York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 27 July 2016**

in: **The Committee Room, 1st Floor, Admin Corridor, Bridlington Hospital**

Time	Meeting	Location	Attendees
8.15am – 8.55am	Non-Executive Director Meeting with Chair	Committee Room, Bridlington Hospital	Non-executive Directors
9.00am – 10.35am	Board of Directors meeting held in private	Committee Room, Bridlington Hospital	Board of Directors
10.45am – 11.45am	Remuneration Committee	Committee Room, Bridlington Hospital	Non-executive Directors and Chief Executive
11.45am – 1.20pm	Discussion on Bridlington Theatre Business Case followed by a walk around site visit and working lunch	Committee Room, Bridlington Hospital	Board of Directors
1.30pm – 4.30pm	**Board of Directors meeting held in public**	**Committee Room, Bridlington Hospital**	**Board of Directors and members of the public**

The values of the Trust are:

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

…with patients at the centre of everything we do

These will be reflected during all discussions in the meeting

York Teaching Hospital NHS
NHS Foundation Trust

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

On: **Wednesday 27th July 2016**

At: **1.30pm – 4.30pm**

In: **The Committee Room, 1st Floor, Admin Corridor, Bridlington Hospital**

A G E N D A					
No	***Time***	***Item***	***Lead***	***Paper***	***Page***
General					
1.	1.30 - 1.40	**Welcome from the Chairman** The Chair will welcome observers to the Board meeting.	Chair		
2.		**Apologies for Absence and Quorum** • Wendy Scott	Chair		
3.		**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	7
4.		**Minutes of the Board of Directors meeting held on 29 June 2016** To review and approve the minutes of the meeting held on 29 June 2016.	Chair	B	11
5.		**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chair		
6.	1.40 - 2.00	**Hull and York Medical School** To receive a presentation of the work of HYMS.	Deputy Chief Executive and Trevor Sheldon	Verbal	

No	Time	Item	Lead	Paper	Page
Our Quality and Safety Ambition: Out patients must trust us to deliver safe and effective healthcare					
7.	2.00 - 2.10	**Patient Story**	Chief Nurse	Verbal	
8.	2.10 - 2.30	**Chief Executive Report** To receive an update on matters relating to general management in the Trust including an STP update.	Chief Executive	C	23
Our People and Capability Ambition: The quality of our services is wholly dependent on our teams of staff					
9.	2.30 - 2.45	**Workforce and Organisational Development Committee minutes** To receive the minutes from the Workforce and Organisational Development Committee.	Chair of the Committee	D (to follow)	
10.	2.45 - 2.55	**Results of the NHS Staff Survey** To receive the report updating the Board on the National NHS Staff Survey results.	Chief Executive	E	29
11.	2.55 - 3.05	**Workforce Metrics and Update Report** To receive a report updating the Board on HR issues.	Chief Executive	F	37
3.05 - 3.15		**Tea break**			
Our Quality and Safety Ambition: Out patients must trust us to deliver safe and effective healthcare					
12.	3.15 - 3.30	**Quality and Safety Performance issues** To be advised by the Chair of the Committee of any specific issues to be discussed. • Patient and Quality Safety Report • Medical Director Report • Chief Nurse Report • Safer Staffing	Chair of the Committee	G G1 G2 G3 G4	49 61 105 127 141

No	Time	Item	Lead	Paper	Page
13.	3.30 - 3.35	**Director of Infection Prevention and Control (DIPC) Quarterly Report** To receive for approval the quarterly report.	Director of Infection Prevention and Control	H	151
14.	3.35 - 3.45	**CQC action Plan** To receive a final report from the Corporate Risk Committee against the CQC action plan.	Chief Executive	I	159
15.	3.45 - 4.00	**Equality and Diversity Annual Report** To receive the annual Report for review.	Director of Estates and Facilities	J	179
Our Finance and Performance ambitions: Our Sustainable future depends on providing the highest standards of care within our resources					
16.	4.00 - 4.15	**Finance and Performance issues** To receive the minutes from the meeting and associated key papers • Finance Report • Efficiency Report • Performance Report	Chair of the Committee	K K1 K2 K3	273 291 309 317
17.	4.15 - 4.20	**Audit Committee Time Out** To receive a summary of the time out meeting held on 7 July 2016.	Chair of the Audit Committee	L	325
18.	4.20 - 4.30	**Monitor Quarterly Return** To consider and approve quarter 1 return.	Finance Director	M	327
Any Other Business					
19.	4.30	**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 24 August 2016 at The Pavilion, Joseph Rowntree Foundation, The Homestead, 40 Water End, York, YO30 6WP.			
20.		**Any Other Business** To consider any other matters of business.			

Items for decision in the private meeting:

- Medical Staffing information
- Corporate Risk Register and Assurance Framework

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

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

Register of directors' interests
July 2016

York Teaching Hospital NHS
NHS Foundation Trust

Additions: Dianne Willcocks member of Great Exhibition of the North (2018) Board

Changes: No changes

Deletions: No changes

A

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

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Michael Sweet (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks (Non-Executive Director)	**Member—**Great Exhibition of the North (2018) Board	Nil	Nil	**Chair—Charitable Trustee** **Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust **Chair—**Advisory Board, Centre for Lifelong Learning University of York **Member—**Executive Committee YOPA **Patron—**OCAY **Chairman** - City of York Fairness and Equalities Board **Member –**Without Walls Board	**Director—**London Metropolitan University **Vice Chairman—**Rose Bruford College of HE	Nil
Mr Patrick Crowley (Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultan-cies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or com-missioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Juliet Walters (Chief Operating Of-ficer)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram (Executive Director Director of Finance)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member** of the NHS Elect Board as a member representa-tive	Nil
Mr Mike Proctor (Deputy Chief Execu-tive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil
Beverley Geary (Chief Nurse)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr James Taylor Medical Director	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

B

York Teaching Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Boardroom York Hospital on 29 June 2016

Present:

Non-executive Directors:

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

Executive Directors:

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

Corporate Directors:

Mr B Golding	Director of Estates and Facilities
Mrs W Scott	Director of Out of Hospital Care

In Attendance:

Mrs A Pridmore	Foundation Trust Secretary

Observers:

Mrs A Bolland	Public Governor – Selby
Mrs M Jackson	Public Governor – York
Mrs J Anness	Public Governor – Ryedale
Mrs S Miller	Public Governor – Ryedale
Mr D Wheeler	Public Governor – Scarborough
Mr P Stovell	Pubic Governor – Bridlington
Mrs H Rowell	Head of Patient Experience

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

16/084 Apologies for absence

Apologies were received from Mrs Rushbrook. Ms Symington asked Mrs Pridmore to confirm that the meeting was quorate. Mrs Pridmore confirmed that the meeting was quorate.

16/085 Declarations of interest

The Board noted the declarations of interest.

16/086 Minutes of the meeting held on the 25 May 2016

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

16/087 Matters arising from the minutes

There were no additional matters arising from the minutes.

16/088 Patient Story

Ms Symington welcomed Mrs Rowell Head of Patient Experience to the meeting. Mrs Geary introduced the presentation and explained that the patient survey is an annual survey for acute hospitals. The results of the survey had been received by the Trust some months ago, but had been embargoed by CQC until recently.

Mrs Rowell described what was included in the survey and confirmed the results this year were very good. Mrs Rowell advised that there had been no significant deterioration in the results from last year, but there were areas where the Trust could do better including food and noise at night on wards. Mrs Rowell described the actions that would be taken over the next 12 months in response to the survey.

Mrs Rowell advised that the patient experience at Bridlington had been excellent and better than national average.

Mrs Rowell advised that the success of the results of the survey were being highlighted in team brief and through other internal channels of communication.

Mr Crowley commented that the results should be seen in the context of where the Trust has come from. The results of the patient survey have improved year on year since the merger. He reminded the Board that Scarborough had historically had poor results from the survey, but the results were now very good.

Professor Willcocks congratulated everyone on their efforts and advised that the charity committee had selected the discharge lounge as one of its priorities for the current year. She suggested that it would be beneficial for the charity and Mrs Rowell's team to work together on the discharge lounge actions. It was agreed Mrs Rowell would have a further conversation with Professor Willcocks outside the meeting.

Action: Mrs Rowell to speak to Professor Willcocks about the discharge lounge and the work the Charity Committee has identified.

16/089 Report from the Chief Executive

STP - Mr Crowley commented about the Sustainability and Transformation Plan (STP). He advised that we are now at the end of the first phase and the plan about a plan is about to be submitted. The plan being submitted in June has three chapters, York and Scarborough, Hull and East Riding and Lincolnshire and Goole. He advised that the information included in the plan was based on meeting the health needs of the population. He added that he had been invited to a meeting in July to discuss the next steps of the plan. Mr Crowley referred to a letter he had received from NHSI that outlined the financial position nationally where the plans suggested that the NHS would be overspend by £0.5b by the end of the financial year. Mr Crowley advised that there were

three actions Trusts had been asked to take. The first related to the merging of back office services, the second was a review of organisations where there had been a significant increase in staffing costs that were not anticipated in the Annual Plan. The third action related to the merging of pathology services.

Mr Crowley reflected on the challenges that would be in the plan from a financial, efficiency and service perspective.

The final plan will cover the six areas included in the Humber, Coast and Vale. He advised that there had been a very enthusiastic start to the development of the plan and there was common thinking between the parties.

Patient Safety Conference – Mr Crowley congratulated those involved in the recent Patient Safety Conference. He advised that over 300 people attended the event.

Ms Raper commented that she had felt the poster session and discussions during the day had been most helpful, she suggested that the posters could be used in road shows round the organisation. Mr Ashton supported Ms Raper's suggestion and added that they would encourage innovation and experimentation.

Mr Crowley felt there had been a significant amount of activity in the organisation around quality, service and improvement that he felt should be harnessed. He suggested that an option could be the development of an institution where improvements could be linked.

China – Mr Crowley reminded the board that before Christmas he had visited China. He advised that recently a delegation of senior doctors from China had visited the Trust and the initial feedback from the delegates was very positive. He added that the delegation visited both York and The Royal Free Hospital. Mr Crowley added that he is expecting the Chinese delegation to send a proposal through to the Trust in the next few weeks.

Canada - Mr Crowley advised that he and Mr Proctor had been invited to visit a hospital in Toronto Canada and Mr Proctor was invited to lead a conference. At the hospital they had talked to the senior team about the Trust's experience around achieving efficiencies and the possibility in the future of working in partnership.

Ward Configuration – Mr Crowley advised that a number of pieces of work and a review of the bed configuration at York had taken place. As a result of this work a bed reconfiguration exercise had been undertaken, the first for over ten years. He explained that the reconfiguration reflects the change in the number of patients admitted who are elderly, many with complex medical conditions and the improvements in surgical techniques which results in patients staying for a shorter period of time on a ward and more procedures being undertaken as day cases.

Apprenticeships – Mr Sweet asked if the Trust was intending on setting itself up as a trainer. Mr Proctor confirmed that was the intention, however, this was not a simple thing to achieve and would involve investment in infra-structure and be subject to external approval and inspection. He added that if the Trust set itself up as a training facility it would be beneficial to the organisation and support the core values.

16/090 Quality and Safety Committee

Mrs Adams advised that the meeting this month was held at York University to coincide with the Trust Patient Safety Conference. Ed Smith and Helen Hey represented the Medical Director and Chief Nurse at the meeting as the Medical Director and Chief Nurse were tied up with the conference.

Mrs Adams explained that this month the Committee were preoccupied with Patient Safety, she asked Mr Taylor to talk about the conference and highlight some of the shining examples of good practice that were presented in relation to care of the deteriorating patient. Mr Taylor echoed the comments made by Mr Crowley and confirmed the event was a success. He added that the University has proved to be a very good venue for such an event. Professor Hignett from Loughborough University was an excellent speaker who provided a more granular presentation. The conference heard two different approaches to 'safety huddles' which he anticipated would empower the wards to develop their own huddles.

Mr Taylor referred to the presentation from Beech ward and the excellent work they have been doing.

Mrs Adams thanked Mr Taylor for his comments. She added that she had been part of a number of patient safety walk rounds recently and had seen huddles in action to very good effect.

Mrs Adams thanked Mr Crowley for his comments about the ward reconfiguration, her concern and where she was seeking some additional assurance was about the amount of change that has taken place and how it had affected staffing. Mr Crowley acknowledged her concerns and agreed there had been some stopping and starting of changes over the last couple of years. He explained that Mrs Walters as Chief Operating Officer naturally wanted to review the wards and undertake a detailed analysis of the Trust's requirements and as a result of that work the changes to the ward configuration had taken place.

The Board noted the comments made by Mr Crowley.

Mrs Adams drew the Board's attention to the discussion held at the Committee around infection control. Mrs Adams particularly raised the Committee's concerns around the surgical deep joint infections and a number of other issues around infection. She asked Mrs Geary to provide an overview of the infection control issues.

Mrs Geary advised that there had been one case of carbapenemase-producing enterobacteriaceae (CPE), but there was no apparent route cause for the infection.

Mrs Geary advised that a Norovirus multi-disciplinary team post infection review meeting had taken place to look at the themes from the infection outbreak and a number of actions had been taken as a result.

Mrs Geary updated the Board on the work being undertaken to review the outbreak of Norovirus seen at Scarborough earlier in the year. She advised that the Commissioners and NHS England were working in partnership with the Trust. It had been recognised that during the outbreak the Trust had seen patients coming into the organisation with active

Norovirus. Mrs Geary advised that further work had been completed on a revised pathway that had now been agreed by all parties. She advised that the Quality and Safety Committee would receive the minutes from the meeting.

Mrs Geary advised that there were plans in place to reconfigure the Infection Control Team, but unfortunately these plans had been delayed due to other pressures. It was hoped that the changes would be in place in the near future.

Mr Taylor updated the Board on the surgical deep joint infections. He advised that infections can result in significant complications for patients that are affected. He advised that as a result of the infections, the orthopaedic procedure can fail and patients can undergo further operations. The initial analysis of findings does not show any key theme or trend, but the Orthopaedic Department is very focused on the issues and will continue to keep it under review.

Mrs Adams thanked Mrs Geary and Mr Taylor for the reassuring information. Around the deep joint infection, Mrs Adams asked if consideration had been given to all the risk factors. She added that she had been concerned during a safety walk round to hear that a post-operative orthopaedic patient had been moved onto a Bridlington medical ward to enable the nurse to be relocated to a short staffed ward in Scarborough.

Mrs Adams advised that as a general point the Committee wanted to raise the profile of the need to move forward with pace and resource on Infection Prevention & Control.

Mrs Adams asked Mr Taylor to update the Board on recently declared Never Events attributable to surgery, she added that she understood this was the third wrong site surgery since June last year. Mrs Adams asked Mr Taylor if he would specifically comment whether the number of similar cases that have been seen in a short period of time would warrant some deeper investigation into use of the pre-theatre checklist, consent procedures and safeguards.

Mr Taylor advised that the recent Never Event was as a result of a patient being treated for Varicose Veins and returning to surgery to have the same leg treated a second time unnecessarily. He advised that on investigation it had been established that there was a difference in the way the bi-lateral procedure had been recorded in the notes and on CPD.

Mr Taylor advised that in terms of the Never Events this year, there have been two surgical related events, the one mentioned above and one that resulted in the wrong mole being removed. The other Never Event this year was a medication error. Mr Taylor advised that the World Health Organisation (WHO) checklist was used in main theatres, however outpatients worked slightly differently. He advised that outpatients are adopting the WHO checklist along with a number of other the key points. He confirmed that he would review the outpatient checklist.

Mrs Adams asked Mr Taylor to comment on the radiology service on the East Coast, the Committee was concerned about what it saw as the common theme around challenges within the out of hours radiology provision at Scarborough hospital. During the Quality and Safety Committee meeting Ed Smith (Deputy Medical Director) had confirmed that there had been an issue for some time and the Committee felt that it was appropriate to draw this to the Board's attention. The Committee felt that it might be worth the Workforce

Committee also having a view and raised the issue of whether this was serious enough to make an appearance on the CRR until a resolution had been achieved.

Mr Taylor advised that Scarborough run a different out of hours system to York. In York the out of hours radiology review work is undertaken by Radiologists in Australia. This is not done in Scarborough and there have been barriers to recruitment which had resulted in a shortage of Radiographers in Scarborough. He agreed with the suggestion that the issue should be picked up through the Workforce and Organisational Development Committee. Professor Willcocks added that there is a detailed paper being presented to the next Workforce and Organisational Development Committee. She suggested that this item was included in the paper.

Mrs Adams advised that the Committee had reviewed benchmarking data about the Trust's maternity services and asked Mrs Geary to comment.

Mrs Geary commented that the data was encouraging. She added that the Committee had also reviewed a report that followed on from the Scarborough Maternity Review that had taken place a year ago. She reminded the Board that in 2014 there had been a number of serious incidents in Scarborough related to maternity that gave rise to a full review of the service. The subsequent action plan was monitored closely by the Quality and Safety Committee. She reminded the Board that a new governance structure was put in place by the Directorate and the risks in the Directorate as a result have reduced. Regionally the Trust was, in the past, an outlier for stillbirth but is now below the regional mean.

The Board noted the comments made and thanked Mr Taylor and Mrs Geary for their report. The Board thanked Mrs Adams for her summary of the work of the Quality and Safety Committee.

16/091 In patient survey

The In Patient Survey was noted as part of the presentation given by Mrs Rowell (Head of Patient Experience) earlier in the meeting.

16/092 Finance and Performance Committee

Mr Keaney presented the minutes from the Finance and Performance Committee. He advised that there were three main concerns occupying the Committee. Those being the achievement of the Emergency Care Standard, along with achievement of the financial control total and how failing to achieve the requirements would impact on the sustainability and transformation funding.

Mr Keaney asked Mrs Walters to update the Board on the performance during the month and Mr Bertram to update the Board on the financial position and include comment on the relationship of the Carter recommendations with the CIP.

Mr Bertram explained that it is becoming very clear that the two key emerging priorities are the Emergency Care Standard and the delivery of the financial control total. He advised that the Committee had discussed amending the layout of the agenda for the Committee so that it, primarily, reflected the two priorities. Mr Bertram added that the Turnaround Avoidance Programme is still a live initiative and continues to describe how the organisation does business and how the culture of the organisation develops.

Mr Bertram referred to the Lord Carter work and advised that this work suggests the Trust should be able to deliver £33m savings over three years, which equates to £11m per annum. The Carter work sits within the efficiency work and will help the Trust to deliver the efficiency target for this year.

Ms Raper asked if Non-executive Directors in another Trust, would identify the same priorities. Mr Bertram explained that another Trust may have different priorities. It would depend on where other organisations were in their achievement of targets and development.

Mr Bertram reported the financial position at the end of month 2. He advised that the Trust's I&E account showed a deficit of £700k against a planned deficit of £900k, so the Trust is £200k ahead of plan. Mr Bertram felt this was an encouraging start to the financial year given the current and well documented risks to the Trust's plan and the concerns raised following the quarter four extreme expenditure control measures.

Mr Bertram referred to the agency staff expenditure and reminded the Board that targets had been set against key headings. In April the Trust was below the anticipated expenditure on agency staff by £19k, but during May expenditure rose and the Trust was now £500k above the target. The additional spend was not as a result of nursing, but relates to Junior Doctors and Consultants to cover sickness, maternity leave or staff not coming through at a deanery level.

Mr Bertram explained that Mr Taylor was involved in the process and that he challenges directorates around the need to use agency staff. Mr Bertram advised that the Trust can accommodate such an increase on a short term basis, but if the increase becomes a trend then it will jeopardise the Trust's finances.

Mr Bertram confirmed that the Vale of York contract had been completed and signed.

He added that NHS Improvement have still not published the business rules, so at this stage it is unclear what the impact of the ambulance turn round would have on the sustainability funding. Mr Bertram advised that from a prudent perspective he had assumed the Trust would lose some of the sustainability funding for not achieving the ambulance turn round target.

Mrs Adams commented that the efficiency shows good delivery, but she asked for assurance that delivery against the plan was realistic. Mr Bertram confirmed that it was, he explained that most of the expenditure controls introduced towards the end of the last financial year had been kept in place.

Ms Symington commented that the Board recognised the difficult decisions that were being made around agency staff. Mr Crowley added that the balance of risk had never been more important around agency caps and actual spend.

Mrs Walters commented that the organisation was very aware that it continues to work in a challenging environment. She reflected on the comments recently made about the Director team by the Regional Director from NHS Improvement. He commented that NHS

Improvement had confidence in the Director team to deliver the required transformation and that the Trust was doing well.

Mrs Walters reflected on what had been achieved including the Cancer targets, 18 week targets and the Emergency Care Standard for May.

Mrs Walters updated the Board on progress against the acute medical model she is leading and advised she had recently attended the launch event where Professor Don Berwick was presenting. She anticipated the new developments and service improvements would start to be in place, in part, by the end of September. She added that she, Mrs Geary and Mr Taylor had met to discuss to ensure that what each was undertaking was consistent so maximising all the work being undertaken.

Mrs Raper asked about the 'No Delays' initiative. Mrs Walters advised the intention is to take a whole system approach across the Trust and galvanise clinical and operational systems in order to ensure they are working effectively together and to identify and address any unnecessary delays in patient flow and pathways. It was noted that this project builds on the service improvements detailed in the Acute and Emergency Care Recovery Plans and that measures are included in order to determine its success.

The Board noted that the 'No Delays' initiative was being operationally led by Mrs McGale with senior nursing and medical colleagues. It was further anticipated that the investment in Discharge Liaison Officers at York and other work would show that sustainable improvements in the ECS performance would be seen. Mrs Walters added that a key part of the work was the operational management of the hospitals in the Operations Centres, with early escalation when delays occur.

Mr Keaney was concerned that the Trust had seen lots of initiatives, but sustained improvements in relation to ECS performance had not been delivered. His concern was that there was the possibility that the Trust would start to go into a downward spiral. Mr Crowley acknowledged the concern raised and reminded the Board that when the Trust has experienced low level of performance and had dealt with the delays, it quickly returned back to normal performance levels.

Mrs Walters added that it should be noted that the number of non-elective patients receiving care through the hospital has increased during the years. Mr Proctor commented that the length of stay in the elderly wards has reduced by 3.5 days which is an excellent result.

The Board noted the work being undertaken.

The Board thanked Mrs Walters and Mr Bertram for their presentations and Mr Keaney for highlighting the key information from the Finance and Performance Committee.

16/093 Corporate Governance Statement

Mrs Pridmore presented the report and outlined the background to it. She advised the Board that NHS Improvement required the statement to be submitted before the end of the month. The Board considered and approved the report for submission to NHS Improvement.

Action: Mrs Pridmore to submit the statement to Monitor.

16/094 Amendment to the Constitution

Ms Symington asked Mrs Pridmore to present the paper. Mrs Pridmore outlined the background to the amendment and advised that this was an interim change. The Constitution review group were currently reviewing the Constitution and some further changes were being made and would be presented to the Board of Directors in the near future. The Board noted that the change to the Non-executive Director membership of the Board was on the basis that it would provide the Trust with the option of appointing up to 7 Non-executive Directors. Mrs Pridmore explained that due to time constraints the Council of Governors had considered the change before the Board of Directors and had approved the amendment.

Ms Raper commented that in stead of increasing the Non-executive Director cohort she would hope that the Board would consider what the Non-executive Directors are involved with.

Mr Bertram asked who would make the decision about the need for a 7th Non-executive Director. Ms Symington confirmed that would be her decision.

The Board noted the paper and the amendment to the Constitution

16/095 Workforce Metrics and Update Report

Mr Crowley presented the paper. Referring to sickness absence, he highlighted that there were a growing range of interventions being introduced to support the management of sickness absence. He referred to the work being undertaken around sickness absence in age bands.

Mr Crowley commented about the appointment of the Freedom to Speak up Guardian. He advised that the 2nd interview panel had taken place and the Trust was currently working with the individual to agree a start date.

Mr Crowley referred to the Certificate of Eligibility for Specialist Registration (CESR) programme and explained that it was designed to attract middle grade doctors into the Emergency Department. He explained how the programme worked and advised that the Trust was working with Derby Hospital to consider how to introduce the programme.

The Board of Directors thanked Mr Crowley for his presentation.

16/096 Environment and Estates Committee

Mr Sweet advised that the Committee had now met on four occasions in four different locations (hospital sites). He explained that it has become increasingly apparent that the meetings as they are currently arranged have too broad an agenda. It has therefore been agreed that consideration would be given to reviewing the approach and manner the Committee works. For this reason the minutes from the meeting held in June have not been included in the pack.

Mr Sweet added that one of the strengths of the meeting is that it is peripatetic, meeting across all of the Trust's major sites. He anticipated this would continue and will enable the Committee to invite locally based managers to contribute to the Committee meetings.

Mr Sweet advised for the Board meeting he would like to provide a list of the main items discussed at the Committee in June. They included:

- Three annual reports – Health and Safety, Fire Safety and RIDDOR
- A review of Estates and Facilities risk register
- Discussion about how Internal Audit Reports would be handled
- Finding a means of ensuring that business cases give appropriate consideration to their environmental implications in terms of energy, space and capital
- Progress against the nationally driven Premises Assurance Model
- Progress against the Carter Report
- New sentencing Guidelines applicable to Health and Safety, corporate manslaughter and food safety.
- Receiving a presentation on the Property & Space Management
- An update on Suitable Development.

Mr Sweet asked Mr Golding to present the annual reports. Mr Golding explained that the Committee had reviewed all three annual reports in detail Mr Golding provided a summary on each of the reports and asked the Board to approve the reports.

The Board noted the content of the reports.

16/097 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 27 July 2016, in the Boardroom, Bridlington Hospital.

16/098 Any Other Business

There was no other business.

Action list from the minutes of the 29 June 2016

Minute number	Action	Responsible office	Due date
16/088 Patient Experience – In patient Survey	Mrs Rowell to speak to Professor Willcocks about the discharge lounge and the work the Charity Committee has identified.	Mrs Rowell	Immediate
16/093 Corporate Governance Statement	Mrs Pridmore to submit the statement to NHS Improvement	Mrs Pridmore	Immediate

Outstanding actions from previous minutes

Minute number and month	Action	Responsible officer	Due date

15/087 Diverse Workforce	A proposal around investment in training for specialist and middle grade doctors in the future to be presented to the Board when developed	Mr Crowley	future
15/117 Community Care update	Provide further detail on the re-ablement discussions when available.	Mrs Scott	When available
16/057 Communications Strategy Update	Present a further update on the Communications strategy at the November Board meeting.	Mrs Brown	November 2016
16/047 NHS Staff Survey	Provide an update report on the progress against the action plan from the Staff Survey to the Board**.**	Mr Crowley	September 2016
16/048 Environment and Estates Committee	Programme in a session on health and safety into the Board day	Mrs Pridmore	To plan
16/076 Workforce Report	A fuller report on the staff survey key areas for improvement to be presented to the Workforce and Organisational Development Committee	Ms McMeekin	July 2016

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 July 2016

Chief Executive's Report

Action requested/recommendation

The Board is asked to note the report.

Summary

This report provides an overview from the Chief Executive.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC outcomes.

Progress of report	Board of Directors
Risk	No risk.

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

Board of Directors – 27 July 2016

Chief Executive's Report

1. Chief Executive's Overview

Brexit

I wish to start my report by reflecting on the most talked-about issue for the past month, namely the EU referendum and the ensuing political 'fallout' which continues to dominate the headlines.

In the weeks following the referendum I have been contacted by several staff members who are concerned about their long term future or that of colleagues, the treatment of staff from other countries, and the impact that leaving the European Union might have on the future of the NHS.

In response to this I have written to all staff to offer reassurance of the value of our overseas staff, and to place on record my personal thanks and support. It is particularly important in times of uncertainty that we focus on the things that cannot and must not change, and I have therefore also reminded everyone that one of our core values is to respect and value each other. Whatever your personal views on our EU membership, the referendum result cannot be seen as a licence to treat each other differently.

The new Prime Minister Theresa May has signalled that she will not seek a second referendum on EU membership, and she has established a Government Department to oversee the negotiations on our departure. This will inevitably take a number of years, and even after our official exit, it is likely to take a long time before we are clear on the new rules. Many organisations will be lobbying on behalf of the NHS to ensure that we are able to continue to recruit skilled workers from outside of the UK, and to ensure that those staff who have already chosen to work here are able to stay.

As soon as we have any clarity about how this affects our staff we will make sure that we offer any help and support we can, and we will of course carefully consider the implications of any changes as and when they emerge.

Emergency Care Standard

From the start of a patient's journey from our Emergency Departments through to admission and discharge we have a number of service standards in place that we must ensure are achieved. These range from the Emergency Department service standards (for example, 15 minutes to initial triage, one hour to be seen by a doctor, four hours in the Department) to patients having their Discharge Status identified within 24 hours prior to their discharge when admitted acutely.

As we know all too well, for some time we have been struggling to consistently achieve these standards, and work has been on-going as part of the Emergency and Acute Recovery Plan to make improvements right across these pathways.

On 12 July we launched “No Delays”, a 16-day period of renewed focus to galvanise our clinical and operational systems and processes in order to ensure they are working effectively together and to identify and address any unnecessary delays.

There are a number of complementary pieces of work which should also contribute to both improved performance and a better patient experience.

Scarborough Hospital is part of a national network of 20 or so small remote hospital sites looking at new ways of managing patients who attend the hospital needing acute and emergency care. A presentation by Dr Ed Smith outlining our plans was well received at the launch event in London. This was attended by the other sites in the network as well as Professor Don Berwick from the American Institute for Healthcare Improvement.

In order to safely and sustainably run a high quality emergency care and admissions service both now and in the future, we need to change the way we manage our patients and how we work together as speciality teams in the hospital. We are testing several new ways of working, including using Advanced Care Practitioners (ACPs) to undertake the important initial assessment work when a patient arrives in the Emergency Department and working with the Elderly Medical team to ensure frail patients receive the care they need more quickly upon arrival at the hospital.

The project will need to work with all directorates that have non-elective inpatients under their care at Scarborough to work through with you the implications of the model and how we can work better together. The project team is meeting with the various specialties over the Summer to take this work forward.

In the York Emergency Department, a pilot began on 1 July to test a new ‘front door’ model to rapidly assess patients on arrival, offer them advice, and direct them to the most appropriate healthcare professional for their needs. This is being delivered in partnership with Vale of York CCG and Yorkshire Doctors.

What is positive about all of this work is that it is starting to deliver results. The key priority for us now is to ensure that this can be sustained, and there is clearly more work to do, however it is important to recognise all the hard work right across our organisation that has contributed to delivering these improvements so far.

<u>NHSI consultation on framework</u>

NHS Improvement has published its new Single Oversight Framework for consultation. The framework aims to provide an integrated approach for both NHS foundation Trusts and Trusts across regulation and performance management.

Under the proposals, all Trusts will be placed in one of four segments depending on their performance. The five domains within the framework are:

- Quality of care (using ratings in four of the five CQC domains plus progress against standards for implementing seven day services)
- Finance and use of resources (being developed with the CQC and including progress against control totals and efficiencies)
- Operational performance (largely reflecting existing national targets and based on a trust’s agreed ‘performance trajectory’)
- Strategic change (a domain yet to be worked up in detail, however this section will focus on ‘progress in implementing STPs)
- Leadership and improvement capability (building on the existing well led framework to

capture good governance and leadership and to introduce a focus on capacity for improvement).

Once the consultation is complete and the new framework is published we will consider carefully what this means for us in terms of our performance management and reporting.

Exciting developments for internal audit

On 1 July North Yorkshire Audit Service (NYAS), our internal audit provider, joined together with staff from West Yorkshire Audit Consortium (WYAC) to provide internal audit and counter-fraud services to NHS Foundation Trusts and Clinical Commissioning Groups in North and West Yorkshire.

They will be hosted by our Trust, and I would like to extend a very warm welcome to our WYAC colleagues who have recently joined us. This is a fantastic achievement and the culmination of many weeks and months of hard work, and the team can now move forward as a single NHS provider of internal audit and counter fraud services within the wider Yorkshire patch.

York Community Stadium

The City of York Council is about to let the construction contract for the new Community Stadium. As Board colleagues will be aware form previous updates, we have been closely involved with the project and will be renting space in the hospitality suite for training and development when the facility is ready in 2018. This will provide us with access to state-of-the-art conferencing and training facilities.

The Trust has also been offered the opportunity to rent some commercial space within the stadium at a preferential rate. The space is suitable to bring together the MSK physio, extended MSK and orthopaedic outpatients services into a purpose-built facility adjacent to a patient-accessible gym. A business case is currently being developed which will provide us with an exit strategy for Clifton Chapel and release much needed space both within the Emergency Department at York and adjacent to renal services.

BAF at a glance

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

2. Recommendation

The Board is asked to note the report.

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

York Teaching Hospital NHS
NHS Foundation Trust

Board Assurance Framework – At a glance.

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

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

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 July 2016

Staff Survey 2015 results - update on actions taken

Action requested/recommendation

The Board is asked to note the actions being taken in response to the Staff Survey results.

Executive Summary

The Committee is asked to note the actions being taken in response to the Staff Survey results.

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

Reference to CQC regulations

There are no references to CQC regulations.

Progress of report	Workforce and Organisational Development Group
Risk	No risk
Resource implications	Resources implication detailed in the report
Owner	Polly McMeekin, Deputy Director of Workforce
Author	Vicki Mallows, Employee Relations & Engagement Manager
Date of paper	July, 2016
Version number	Version 1

Board of Directors – 27 July 2016

Staff Survey 2015 results - update on actions taken

1. Introduction and Background

The full and final 2015 annual national NHS Staff Survey report was shared with Workforce and Organisational Development Committee in March 2016. This included 'weighted' results as key findings, benchmarking against other organisations and an indication as to whether changes in our results were statistically significant.

The core questionnaire used in the 2015 survey significantly changed from the 2014 survey with 14 questions removed, 11 new questions and 26 questions either reworded or a change to the response options. This means that in some cases there is no data to compare questions between years to determine whether the Trust score is good, bad or average.

The Trust adopted a mixed mode methodology for the approach to the survey in 2015, inviting all eligible staff to participate in the survey either via a paper or online questionnaire. In total 3,820 staff responded (3,274 online and 546 paper) which represented a response rate of 45%. This was above the average for combined acute and community trusts (41%) but slightly lower than the response rate of 47% in the 2014 survey.

The responses to the survey are categorised as follows:

Top five ranking scores (where the Trust score compares most favourably with other similar organisations):

- Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell (This was the best score attained by a combined acute and community Trust for this finding);
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months;
- Percentage of staff experiencing physical violence from staff in the last 12 months;
- Percentage of staff working extra hours;
- Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.

Bottom five ranking scores (where the Trust score compares least favourably with other similar organisations):

- Effective use of patient/service user feedback;
- Percentage of staff appraised in last 12 months;
- Staff satisfaction with the quality of work and patient care they are able to deliver;
- Percentage of staff/colleagues reporting most recent experience of violence;
- Effective team working.

Where staff experience has improved (where the experiences of staff at the Trust have improved since the 2014 survey):

- Percentage of staff feeling pressure in the last 3 months to attend work when feeling unwell;
- Staff satisfaction with level of responsibility and involvement;
- Percentage of staff able to contribute towards improvements at work;
- Staff confidence and security in reporting unsafe clinical practice;
- Staff motivation at work.

Where staff experience has deteriorated (where the experiences of staff at the Trust have deteriorated since the 2014 survey):

- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion;
- Percentage of staff appraised in the last 12 months.

The Trust's overall score on the staff engagement indicator was 3.78. This was 'average' when compared to other similar Trusts and the score for each individual Key Finding making up the calculation for this indicator was better than the score in the 2014 survey.

2. Actions Identified

The broad themes of the staff survey were analysed and three key issues were highlighted:

Staff satisfaction with the quality of care they give to patients

Actions:

- Staff should be encouraged to provide feedback specifically linked to how they feel they could provide better care;
- These staff suggestions should be developed into 'You Said We Did' themes to promote how the organisation has taken on board these suggestions and done something with them;
- Case studies should be developed across the organisation highlighting the difference staff can make to patients.

Staff likely to recommend the organisation as a place to work

This is a key finding within the overall staff engagement score.
Actions:

- Work is on-going within HR around making the Trust an 'employer of choice'. This work should be communicated to existing staff as well as being used to attract new employees.
- Further work and visibility around the reward and recognition agenda must continue.
- Work must be undertaken in relation to understanding staff's reasons for leaving the organisation, and appropriate action taken.
- Staff Benefits to be widely promoted to ensure what is on offer is attractive to all levels and localities.

Discrimination, Bullying & Harassment

Actions:

- The Trust to re-evaluate its approach to Equality and Diversity. Rather than being led by national targets - a more cultural embedding of this agenda must happen;
- The Trust must consider the above when the Equality Objectives are reviewed this

year and make them more meaningful for staff;
- Equality and Diversity to be embedded in all Trust activity and be closely aligned to the Staff Engagement work being undertaken;
- The Trust has a 'Challenging Bullying and Harassment' Policy; however the implementation and practical usage of this to be revisited;
- The Trust has a Fairness Forum and LGBT Network. The visibility and work of these groups should supported by the Trust;
- The Trust has no formal mechanism to promote diverse role models. A campaign to highlight role models should be developed i.e. LGBT role models, disabled role models etc.

The HR Managers will, in their capacity as directorate business partners, work with each directorate to translate these corporate objectives into local outcomes and actions. Departments performing well in the above areas will be used as case studies for those areas that need to undertake additional work. Any other specific area of concern at a local level will also be addressed.

3. Actions Taken

The national Staff Survey and the Staff Friends & Family Test (SFFT) are two key measures of staff engagement that are benchmarked across the NHS in England. The Trust is administering the SFFT differently this year, with all staff receiving a questionnaire at least once (either in Quarter 1, 2 or 4). We are taking this opportunity to measure issues raised in the 2015 Staff Survey, via the SFFT. This provides the opportunity to 'take the temperature' throughout the year on key issues, rather than just once a year in the national survey.

The results of the Staff Survey are also provided at a directorate level. HR Managers are working with their respective directorate management teams to respond to their specific responses and the opportunity to ask bespoke questions is being utilised via the SFFT. For example in Specialist Medicine the issue about pressure to attend work when unwell is being addressed during sickness management meetings. In Trauma & Orthopaedics improving communication at ward level is being addressed through the use of white boards, both in terms in sharing information and to give staff the opportunity to share their ideas in improving specific issues. This will be trialled on Ward 28.

The Chair, Sue Symington has written an article on appraisals (one of the 5 areas for improvement) which appeared in the May issue of Staff Matters. To support the effective and accurate reporting of appraisal activity managers will have the capability to record activity themselves via the Learning Hub from 22nd August. This means that at any point in time we will be able to see what the appraisal compliance rate is for any area, rather than waiting for data to be entered centrally and reports produced. This should go some way into providing reassurances to managers that currently exist regarding some real issues, and some perceptions associated with the current reporting methodologies.

Staff should also be taking more responsibility in terms of requesting their appraisal following the introduction of the incremental pay progression policy. Appraisal compliance is also now part of the workforce agenda at the directorate Performance Assurance Meetings.

In terms of the three core themes identified from the Trust-wide Staff Survey results the following has been undertaken:

a) The comprehensive range of staff benefits was highly publicised at the Trust Open Day to promote the organisation as the Employer of Choice in the local area; we also ask new

starters at induction if there is anything their previous employers offered that the Trust doesn't. Undertaking e-learning via the web rather than having to be logged into the Trust network was a recent suggestion; internet access to Learning Hub is currently nearing the end of its testing phase and we anticipate this will be implemented imminently.

b) The innovative recruitment practises of conducting a Recruitment Market Place in April which yielded 31 registered nurse appointments and 37 HCA appointments. In addition 16 people who showed interest on the day have now been invited to attend the Trust for interview, and 72 people are being invited to attend the next HCA Open Day.

c) Improved feedback from leavers by adjusting the Leaver Questionnaire and have made it available on the Trust's website to be completed electronically and submitted, confidentially if preferred. Staff can still complete a paper version. This should improve uptake and therefore the quality of feedback received to enable themes to be identified.

d) The incentive for existing staff to receive additional annual leave if they successfully 'recommend a friend' for nursing posts has been widened to all hard to recruit posts.

e) The Total Reward Statement which summarises the benefits each individual receives has been more widely promoted, with an increased uptake from staff (7% in the year to August 2015, 19% in the part-year Sept 2015-June 2016). We have also made it easier for staff to access their statement by implementing ESR Self Service.

f) Centralised recruitment to improve candidate experience.

g) The Staff Benefits Team are constantly adding new offers as well as maintaining existing provision; Staff Benefits are promoted internally at induction and via Staff Matters, the annual Staff Benefits Fairs and fortnightly HR Drop In sessions; but also externally via social media and the new Staff Benefits website.

To support with the eradication of bullying and harassment the Equality and Diversity provision within the Trust is now incorporated into the Employee Relations Team within HR. The Equality, Diversity & Inclusion Officer supported by the wider HR team will have less focus on facilitation in future and more on delivering change in attitude and culture. This will involve identifying areas requiring improvement and actively undertaking change work to address these. A key objective is that equality and diversity must be embedded in all Trust activity, and be closely aligned to the Staff Engagement work being undertaken.

An additional question has also been added to the SFFT about how the Trust can make it easier for staff to report bullying / harassment / abuse. Approximately a third of staff were sampled for Q1 at the end of June – results are expected by the end of July.

The Staff Survey results are shared widely on 'Staff Room' with supporting materials for the five areas for improvement (bottom scoring Key Findings). These materials were also shared on 12th April and 21st June at the HR Drop In sessions at both YH & SGH, and have also gone on the Communications Board at York Hospital on 6th May and between 16-20 June; with the opportunity for staff to leave suggestions in a box. The Trust has also invited feedback about questions relating to the five areas via the weekly communications bulletin on 15th April, a prompt has also gone on a screensaver. As one of the five areas for action is about satisfaction with the quality of care given, we also work with the Risk Management and Communications teams to improve learning from adverse incidents. Staff suggestions will be reviewed and where possible will be actioned, with feedback corporately in the form of 'You Said We Did' via Staff Brief, Staff Matters and the fortnightly HR Drop In sessions.

4. Recommendation
The Board is asked to note the actions being taken in response to the Staff Survey results.
5. References and further reading (delete if not applicable)
Staff Room / HR and Recruitment / Staff Survey 2015 Results and supporting information.

Author	**Vicki Mallows, Employee Relations & Engagement Manager**
Owner	**Polly McMeekin, Deputy Director of Workforce**
Date	**July 2016**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 July 2016

Workforce Report – July 2016

Action requested/recommendation

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

Executive Summary

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

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

Outcomes 12, 13 & 14

Progress of report	Board of Directors
Risk	No risk

Resource implications	There are Human Resources implications identified throughout this report.
Owner	Patrick Crowley, Chief Executive
Author	Polly McMeekin, Deputy Director of Workforce
Date of paper	July 2016
Version number	Version 1

Board of Directors – 27 July 2016

Workforce Report – July 2016

1. Introduction and background

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

- Sickness absence rates in May 2016 showed an improvement both in the monthly figures and the annual rate, reflecting the impact of a number of interventions that have been taken over the last few months
- Overall turnover rates increased slightly for the second month in a row
- The new National Guardian for the NHS role has now been appointed and the Trust's Freedom to Speak up / Safer Working Guardian also takes up their post on 1 September 2016
- Although the outcome of the BMA's referendum was a rejection of the junior doctor contract, it has been announced that the contract will be introduced in August 2016 with junior doctors transitioning to new terms and conditions between October 2016 and October 2017
- There have been further changes to the requirements for weekly reporting to NHS Improvement on agency usage which breaches NHSI rules

2. Workforce Report

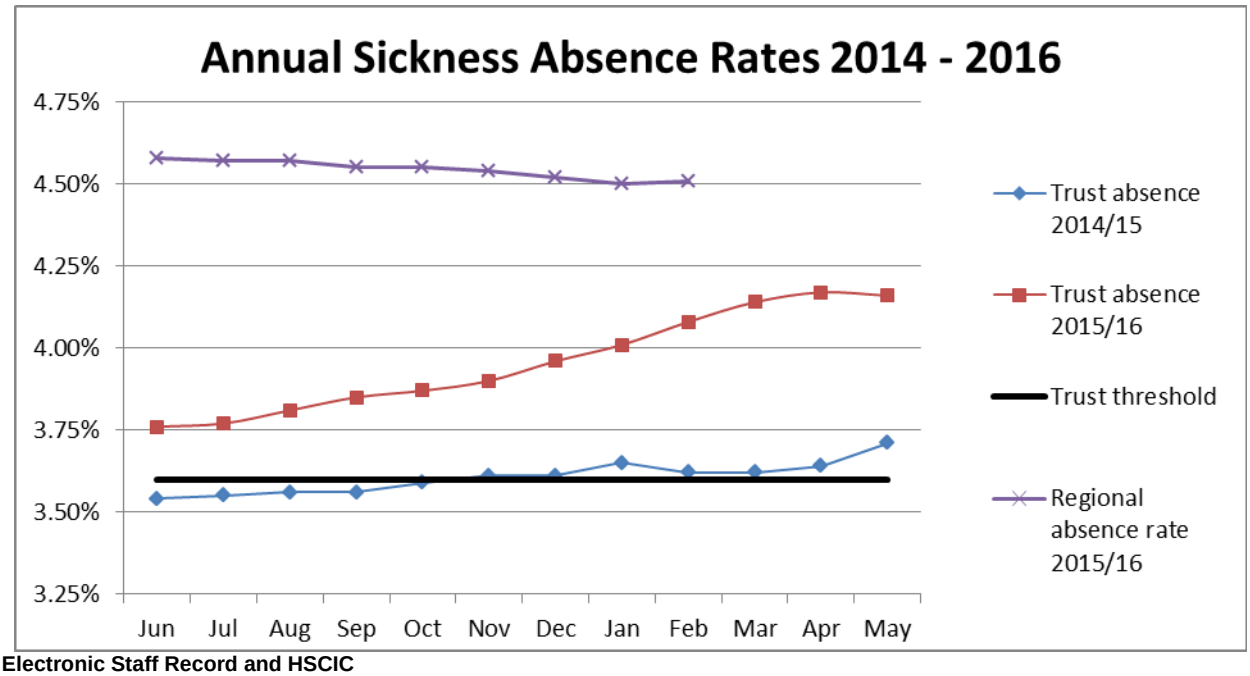
2.1 Sickness Absence

Sickness absence rates

The graph below compares the rolling 12 month absence rates to the Trust's locally agreed threshold and to the regional (Yorkshire and Humber) sickness absence rates. After seeing the annual absence rate rise in each month between April 2015 and April 2016, there was a reduction in the rate in May 2016 to 4.16%.

The Trust absence rate continues to compare favourably with the regional absence rate. There is a time lag in the publication of this data and currently only data up to February 2016 is available. In the year to February 2016, the regional annual absence rate was 4.51% compared to a Trust rate of 4.08%.

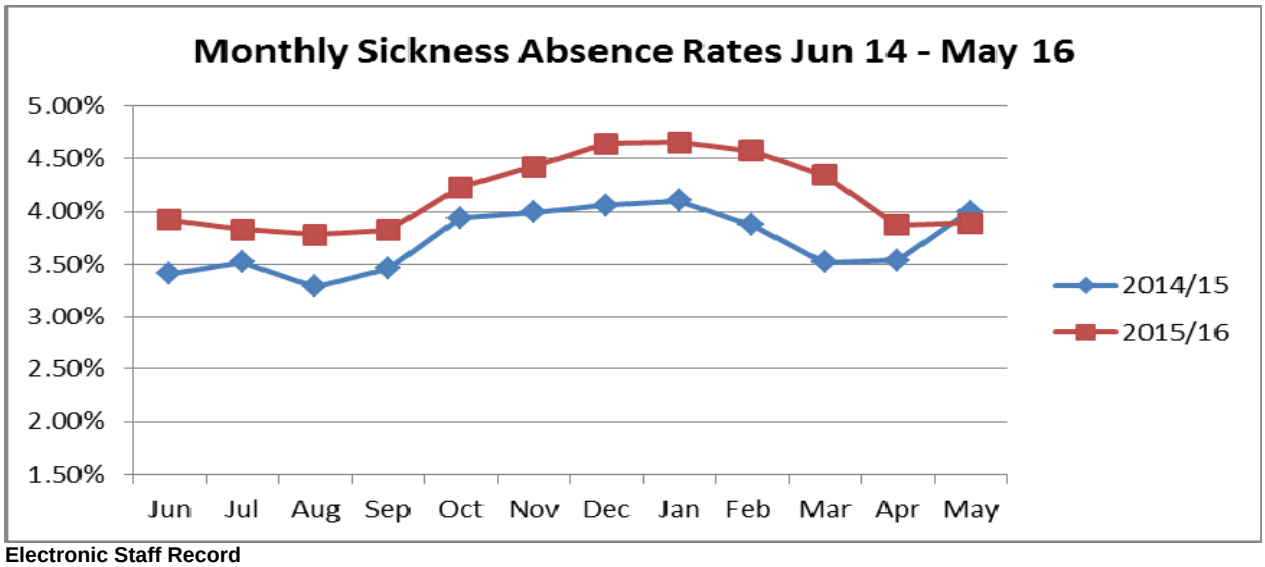
Graph 1 – Annual sickness absence rates



Source: Electronic Staff Record and HSCIC

The graph below shows the monthly absence rates from June 2014 to May 2016. For the second month in a row, the monthly absence rate was below 4% and for the first time in the last year, the monthly absence rate was lower than in was in the same month of the previous year. The monthly absence rate in May 2016 was 3.89%, compared to 4% in May 2015.

Graph 2 – Monthly sickness absence rates



Source: Electronic Staff Record

A variety of interventions, the detail of which has previously been referenced in this report are being explored to improve attendance across the Trust. The interventions include improved access to services such as physiotherapy and psychological wellbeing; health checks for over 40s; preventative support and targeted assistance for line managers.

The Trust is also encouraging staff to explore Mindfulness and offering four sessions (three at York and one at Scarborough) to staff as well as offering free access to 'Headspace' an app to support mental wellbeing.

Sickness absence reasons

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

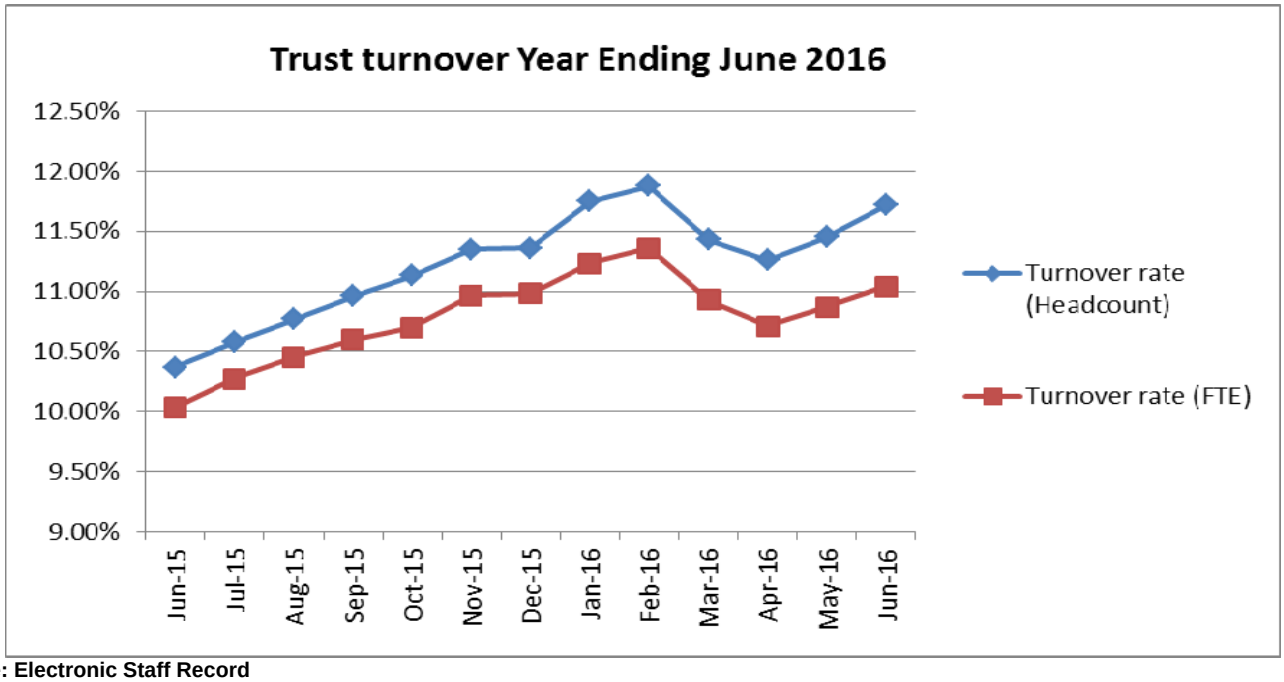
Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
Anxiety/stress/depression – 20.73% of all absence days lost	Gastrointestinal – 19.56% of all absence episodes
MSK problems, inc. back problems –19.03% of all absence days lost	Cold, cough, flu – 15.96% of all absence episodes
Gastrointestinal –8.82% of all absence days lost	Anxiety/stress/depression –9.52% of all absence episodes

2.2 Turnover

There was a small increase in the annual turnover rate for the second month in a row in the year to the end of June 2016. Based on full time equivalent leavers the annual turnover rate in June 2016 was 11.04%; based on headcount the rate was 11.72%. This equates to 919 leavers in the 12 month period.

Reasons for leaving are similar to those reported previously with around two thirds of leavers having voluntarily resigned for reasons such as promotion or relocation. Around a quarter of leavers retired, including those taking advantage of flexible retirement opportunities.

Graph 4 – Overall Turnover Rates



Source: Electronic Staff Record

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

2.3 National Guardian for the NHS

On 7th July the Trust received formal notification from the Care Quality of the appointment of the new National Guardian for speaking up freely and safely within the NHS. Dr Henrietta Hughes is currently the Medical Director for NHS England's North Central and East London region and a practising GP and will take up the post in October 2016.

The Trust has appointed our local Freedom to Speak Up Guardian. This role is full time and will commence from 1st September 2016.

2.4 Medical Workforce

New Junior Doctor contract

Following the ACAS led negotiations between the British Medical Association (BMA) and NHS Employers to reach agreement on the new junior doctor contract, the BMA held a referendum during which its members voted on whether to accept the contract. It was announced on 5 July that members of the BMA had voted to reject the new junior doctor contract. Subsequently, the Secretary of State for Health made a statement in the House of Commons outlining his intention to introduce the new contract in August 2016 with doctors transitioning onto the new terms on a phased basis between October 2016 and October 2017.

A programme of communications is being developed including briefing and drop in sessions to take place from changeover (August) onwards to support junior doctors through the transition. This will include sharing with the junior doctors what the rotas look like under the current contract and what they will look like in the future, so they can easily see what the changes mean for them as individuals.

The Medical Staffing Team has manually redesigned the rotas under the new contract that will transition first and these are compliant with New Deal (current contract) and the new contract. The team is also arranging meetings with those who will transition after the first tranche so that they can redesign the work patterns on a staggered basis.

As at 20th July 2016 the overall vacancy rate for training posts from 3 August 2016 was 10%. This comprises 9% for York and 12.5% for Scarborough. This is an improved position from the beginning of June when the vacancy rate was 17%. It is not anticipated that there will be further significant changes to this rate prior to changeover at the start of August.

2.5 Temporary staffing

Temporary nurse staffing

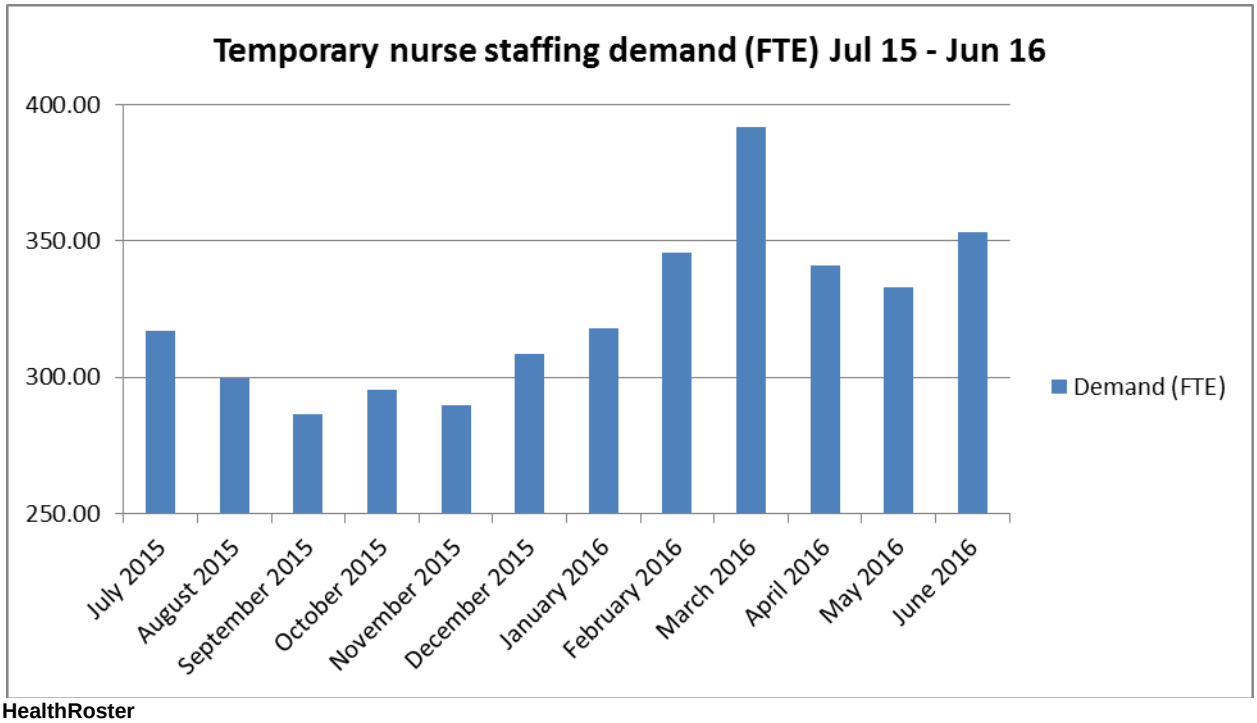
Demand for temporary nurse staffing (RNs and HCAs) in the last year has on average equated to around 323 FTE staff per month. However, demand has recently increased significantly and on average demand in the last five months has equated to around 353 FTE per month.

Despite reductions in April and May compared to March, demand increased again in June. The increase in demand in June of approximately 20 FTE was all for HCAs (a total of 165 FTE HCA requests in June). Demand for RNs in June was the same as in May (189 FTE).

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

- Vacancies – accounting for 53.15% of requests;
- Sickness – accounting for 19.79% of requests;
- Enhanced patient supervision (1:1 specialing) – 8.66%.

Graph 6 – Temporary nurse staffing demand



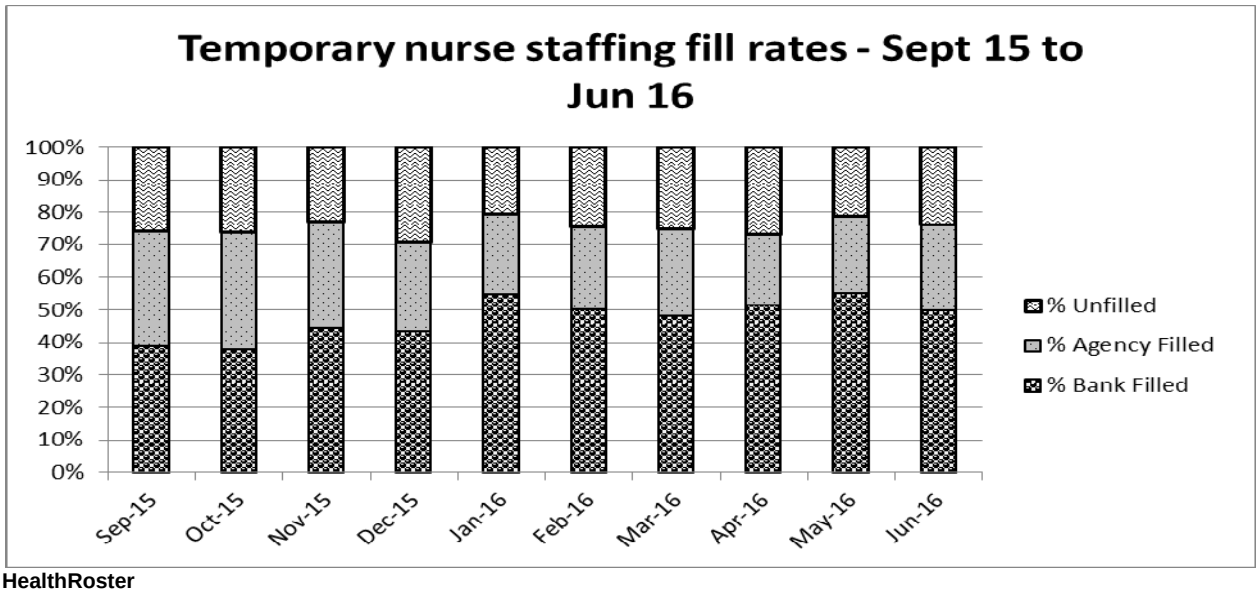
Source: HealthRoster

Graph 8 below shows the proportion of all shifts requested that were either filled by bank or agency or remained unfilled. In June, there was a reduction in bank fill (from 55.04% in May to 49.71%) and an increase in agency fill (from 23.51% in May to 26.21%). This resulted in an overall increase in the proportion of shifts that were unfilled from 21.45% in May to 24.08% in June.

The reduction in bank fill rates will be partly attributable to the cessation of winter incentives for bank work on 31st May.

Staff undertaking bank work (bank only and substantive staff) still continue to receive the 5% enhancement on top of their incremental pay point hourly rate and the average bank fill rate during the first quarter of this financial year of 52% is significantly improved from the rate of 35% in the same period of the last financial year.

Graph 7 – Nursing Temporary Staffing Fill Rates



Source: HealthRoster

Agency usage reporting to NHS Improvement

There continues to be a requirement to report on a weekly basis to NHS Improvement all agency usage which is not compliant with the rules that have been introduced in phases since November 2015. These rules relate to use of off framework agencies, price caps (the total hourly rate paid) and wage rates (the hourly rate paid to the worker) for agency use for all staff groups.

The element of the regulations relating to wage rates was introduced on 1 April 2016, however at this stage Trusts were ***encouraged*** to comply with the rates. From 1 July 2016, Trusts were ***required*** to comply with the rates and any breaches must be reported on Trusts' weekly submission to NHS Improvement. The aim of both the maximum wage rates and the overall price cap is to ensure that agency workers are paid in line with standard NHS terms and conditions.

Trusts must now report in their weekly submissions, any breaches of the regulations under one of the following categories;

- Off framework only – shifts booked via an off framework agency but within both the price and wage caps
- Price cap only – shifts which are above the price cap but within the wage cap and via a framework agency
- Wage cap only - shifts which are above the wage cap but within the price cap and via a framework agency
- Price cap and wage cap - shifts which are above both the price cap and the wage cap and via a framework agency
- Off framework and above price cap – shifts via an off framework agency and above the price cap but within the wage cap
- Off framework and above wage cap – shifts via an off framework agency and above the wage cap but within the price cap
- Off framework, above the price and the wage cap – shifts that breach all regulations, are via an off framework agency and above both the price cap and the wage cap.

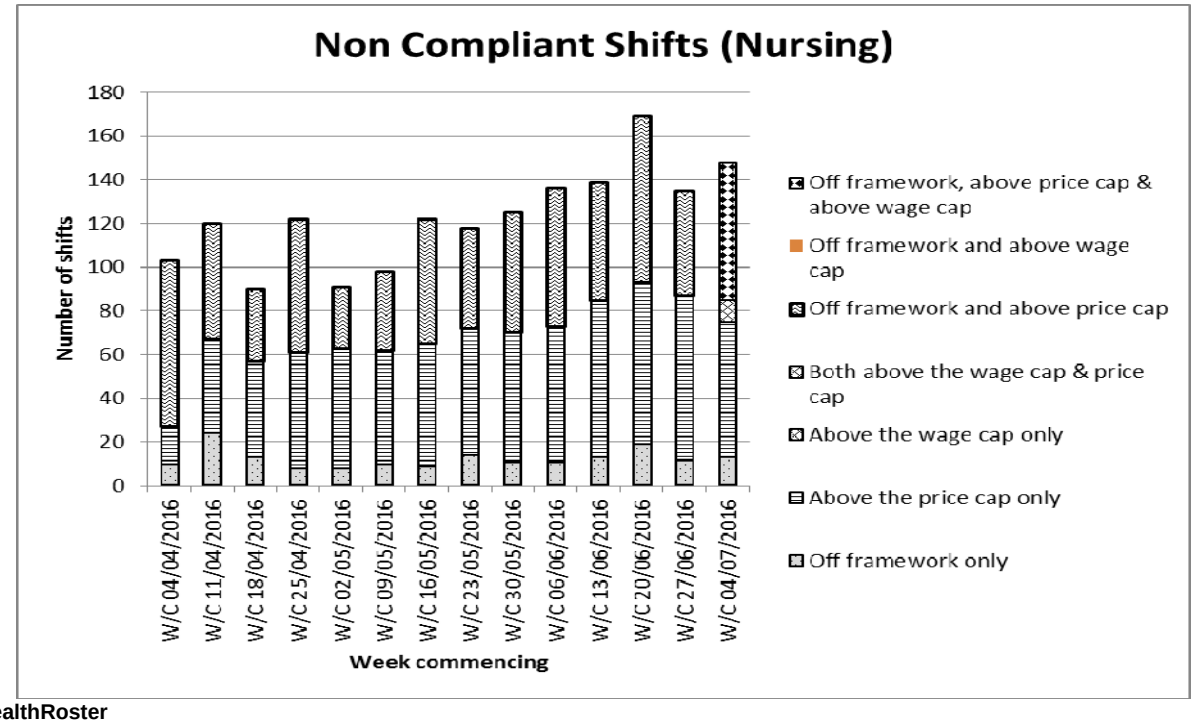
This reporting is undertaken by the Nurse Deployment and Medical Rota teams and is becoming increasingly onerous, requiring approximately one full day of resource each week to manage.

All shifts and bookings which are required to be reported to NHS Improvement are subject to senior

level scrutiny and are only approved where there would be a patient safety implication of leaving the shift unfilled in line with the 'break glass' clause included in the rules. Retrospective review of all the shifts breaching the new regulations are considered weekly by the Executive Team.

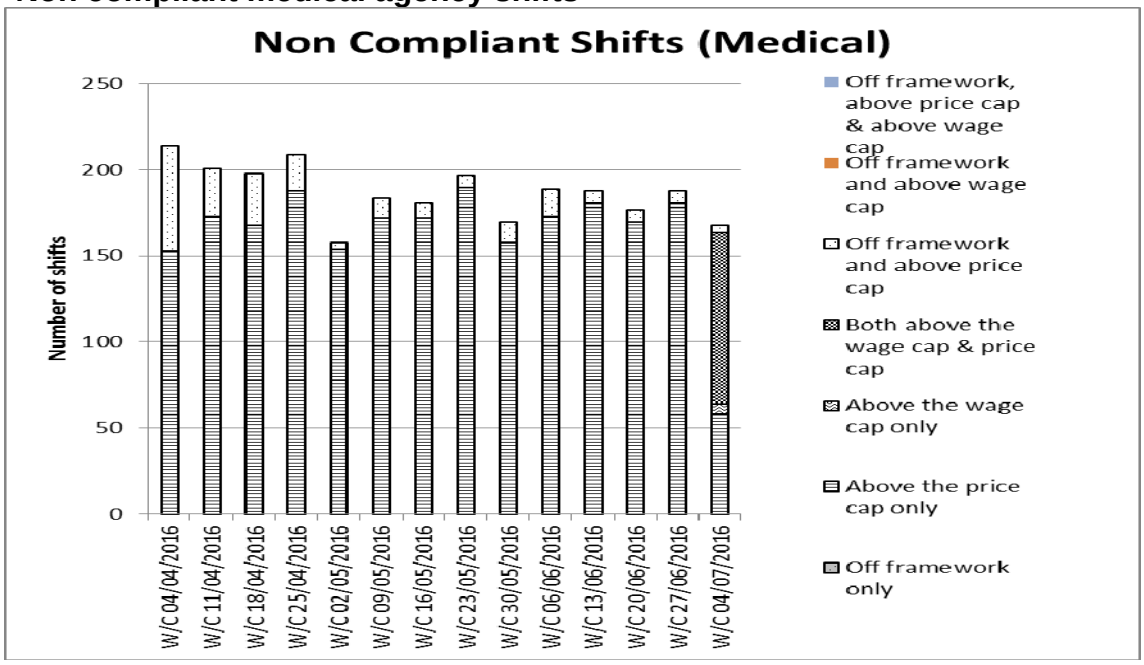
The graphs below show the number of shifts that have been reported as breaches to NHS Improvement each week since the beginning of April. Whilst nursing breaches have increased from the end of May onwards than at the start of the reporting period, medical breaches have reduced slightly compared to April but have plateaued recently.

Graph 8 – Non compliant nursing agency shifts



Source: HealthRoster

Graph 9 – Non compliant medical agency shifts



2.6 Nurse Rostering Project

The HR Team is currently working closely with the Chief Nurse Team on a change programme focussed on the effective and efficient deployment of substantive and temporary nurse staffing. The key objectives of the programme are to improve outcomes, experience and use of resources and are in line with delivering recommendations set out in the Cater report, specifically in relation to electronic rostering.

The key actions from the project in the next few months are ward level 'deep dives' involving a number of stakeholders from the programme steering group. Through the deep dives, data will be collected and analysed from every area currently electronically rostered to review roster effectiveness and efficiency and compliance with Trust agreed rostering principles.

Other actions from the programme will include reviews of all associated processes, education with roster creators and staff and developing plans to improve the way in which rosters are created and deployed for the future.

2.7 Employee Relations Activity

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

Employee Relations Activity	**Apr 2016**	**May 2016**	**Jun 2016**
Number of Disciplinaries (including investigations)*	13	11	9
Number of Grievances	13	15	15
Number of Formal Performance Management Cases (Stage 2 and 3)*	6	4	5
Number of Employment Tribunal Cases*	3	2	2
Number of active Organisational Change cases in consultation (including TUPE)	8	5	6
Number of long term sick cases ongoing	222	190	181
Number of short term sick cases (Stage 2 and 3)	134	170	187

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

Over the last year the HR team have monitored costs of suspension on a quarterly basis. The first quarter of the current financial year saw suspension costs reduce for the fourth quarter in a row. Quarterly costs have reduced from £41,800 in quarter one of the 2015/16 financial year to £6,400 in quarter one of the current financial year.

3. Conclusion

This report has detailed key workforce metrics highlighting any issues or trends. In those areas where there are issues, actions which have already been identified have been detailed. The impact of actions will become apparent in subsequent reports.

4. Recommendation

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

Author	**Polly McMeekin, Deputy Director of Workforce**
Owner	**Patrick Crowley, Chief Executive**
Date	**July 2016**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 July 2016

Quality & Safety Committee Minutes – 19 July 2016

Action requested/recommendation

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

Executive Summary

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

Review of Chief Nurse and Medical Directors Risk Registers.

Patient Safety items for this month
- Nurse Staffing
- Infection Prevention
- Serious Incident Reporting, Datix reporting and Never Events
- Sign up to Safety
- Critical Care Review

Clinical Effectiveness items for this month
- PROMS
- VTE risk in lower limb patients
- Mortality
- National Cardiac Arrest Audit

. Patient Experience items for this month
- Quarterly Patient Experience Report

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

1. Infection prevention issues focusing on the learning from the Norovirus look-back exercise, the impact of ward changes on the deep clean programme and IPC team reconfiguration.

2. Incident reporting – focusing on work to increase rate of reporting and to improve the quality of investigations, feedback and learning.

3. Radiology issues at SGH – an area of concern last month where actions are being developed to address this risk to patient care.

4. Critical Care service improvements resulting from the CQC inspection and service review.

5. Patient Experience Team – focusing on work to improve feedback and learning from patients and to grow the voluntary service.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

References to CQC outcomes.

Progress of report	These minutes have only been submitted for the Board.
Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Jennie Adams, Non-Executive Director
Author	Liz Jackson, Patient Safety Project Support
Date of paper	July 2016
Version number	Version 1

Quality & Safety Committee – 19 July 2016, LaRC Conference Room, York Hospital

Attendance: Jennie Adams, Philip Ashton, Diane Palmer, Donald Richardson, Helen Hey, Liz Jackson

Apologies: Libby Raper, James Taylor, Beverley Geary

	Agenda Item	Comments	Assurance	Attention to Board
	Last meeting notes dated 21 June 2016	The Committee noted the apologies above and welcomed Diane Palmer, Donald Richardson and Helen Hey who were in attendance in the absence of James Taylor and Bev Geary. The minutes were approved as a true and accurate record.		
	Matters arising • Clinical Effectiveness data • Incident reporting • Senior review • Ward Reconfiguration • Out of hours Radiology at Scarborough Hospital • Wrong site surgery and Never Events	A session will be arranged for the Executive Directors to review the contents of the integrated dashboard in August. **Clinical Effectiveness data** The Committee were pleased to note the inclusion of the PROMs data and the National Cardiac Arrest Audit in the Medical Directors report. The Committee agreed to have further discussion as part of the August meeting to identify a small number of reliable sources of clinical effectiveness information that align with the Trust's quality priorities. **Incident reporting** The Committee showed some concern that the number of datix incidents reported is static or declining. DP explained that the Risk and Legal Team have arranged to visit other organisations who are top reporters to look at best practice. Nottingham Hospital incident reports are anonymous which they feel is of some benefit; however, being unable to contact the reporter may mean that the richness of the data is lost. Other Trusts have implemented a reporting telephone hotline. Initiatives such as these are being considered. DP explained that a Datix Incident User Group is being developed, which will be chaired by Junior Doctor Will Lea. This Group will review the usefulness of datix, improve the feedback given to the service users and review the practices at other hospitals. Data will be available from this Group by the end of the year; however, it may take longer to have an	The Committee were assured by the focussed attention in this area and hoped that this would deliver improved levels of reporting and learning.	MD to report on ongoing work around incident reporting and learning to Board

	Agenda Item	Comments	Assurance	Attention to Board
		effect on reporting levels. The Committee queried if incident reports are placed in a junior doctors e-portfolio and whether this might act as a deterrent to reporting. DP explained that any reports regarding a doctor's conduct are discussed with their supervisor. DP advised the Committee that incident reporting is included in the junior doctor induction. A new programme has been devised which includes six face to face sessions, where juniors will be able to gain further experience around incident reporting, root cause analysis, patient safety walk rounds and sharing learning. This programme is not mandatory and doctors will need protected time to attend. Adrian Evans has produced a draft of the revised SI policy and additional training for Consultants that have agreed to be incident investigators will be available at the end of September, which will include discussion with an expert from the Improvement Academy. **Action: Committee to monitor progress with both datix and SI reporting**		
	CRR Ref: MD2	**Senior Review** The Committee discussed the 12 hour senior review compliance, which is one of the government key standards, and continues to be a challenge on the Scarborough site. This work links with the cardiac arrest audit and mortality data. DR advised the Committee that he will lead a team from York who will review the processes in Scarborough and guide the team in developing a solution which will include a review of job plans. The Committee agreed that imaginative solutions are needed. DR explained that both sites now operate the same electronic system, this enables Consultants to access Scarborough patient records from the York site to give accurate advice over the phone. This has already shown some improvement in the review system. Newly recruited Consultants job plans are also written for across site working. **Action: JT to report back to committee on outcome of DR project York** **Ward Reconfiguration** HH advised the Committee that G1 will become Head and Neck surgery and		

	Agenda Item	Comments	Assurance	Attention to Board
	CRR Ref: MD2	Gynaecology and Ward 15 will be used for winter capacity. This is a complex staffing issue and plans are in place. Matrons are currently working on the staffing plans for the frailty unit, the 72 hour short stay ward and AMU and band 4 Associate Nurse roles are now being piloted. **Out of hours Radiology** The Committee reiterated its concern around the number of Radiology SI's presented in June, with the overall theme of difficulties obtaining out of hours CT scans at SGH. DP explained that this is an on-going patient safety issue with further incidents reported this month. These incidents are directly related to the shortage of Radiologists and the number of Radiographers who are able to perform CT scans. Focused work is taking place with Radiologists from the York site going to review practices on the Scarborough site and an in depth action plan will be produced. DP confirmed that this issue is included on the Directorate Risk Register. **Action: The Committee agreed that it should also feature on the Medical Directors Risk Register and that they would review the action plan when available.** **Wrong site surgery and Never Events** The Committee raised concern around the total number of Never Events since the start of the year and how this compared with other Trusts. The incidences of wrong site surgery were queried again to ascertain if this was a broader issue. DP confirmed that never events go through the same rigorous investigation process as serious incidents. The mole removal took place in outpatients where there was no surgical checklist in place; one has now been devised for Dermatology. Removal of the wrong tooth is the most frequently reported wrong site surgery. The Committee queried if checklists were in place in all the lower risk areas outside of main theatres. DP proposed that these areas will be included in the next surgical checklist audit. DP noted that JT had also raised the number of never events with the Patient Safety Group and hoped that raising awareness might help individuals to be more mindful. The Committee gained some reassurance	The Committee were assured by the recognition of this patient safety issue. The Committee were assured by the focus that the Patient Safety Group are giving to this issue.	MD to report to Board

	Agenda Item	Comments	Assurance	Attention to Board
		that these issues were being reported. DP advised that these incidents are included in the quarterly report to Monitor; the Commissioners are aware and are planning to meet with BG and JT. **Action: DP to provide feedback from Patient Safety Group on a bi-monthly basis.**		
	Risk Register for the Medical Director and Chief Nurse CRR Ref: CN6 CRR Ref: MD3	The Committee reviewed the risk registers, with the majority of risks being agenda items. The Committee agreed that Adult and Child safeguarding (CN6) has received recent focus and is also scheduled to come back for discussion. Information Governance (MD3). DR advised the Committee that a confidential waste bin has now been placed in the Junior Doctors Mess for safe disposal of any documentation containing patient information.		
	Patient Safety			
	Nurse Staffing CRR Ref: CN2	HH advised the Committee that recruitment continues and an influx of new starters will commence in September/October. The newly qualified nurses will now commence as pre-reg Nurses rather than HCAs whilst they are waiting for their PIN to come through. There are 12 European Nurses still to arrive. Further European recruitment is being considered, however, the status of these individuals will need to be confirmed by the Government. The cost of this recruitment has increased, the recruitment takes an average of eight months and the individuals only stay up to two years. Local recruitment is going well; however there remain some high risk areas such as, Emergency Medicine – where a business case is pending and Elderly Medicine which is also struggling with recruitment and have been asked to consider Associate Nurses. The Committee reviewed the care hours per patient day data, which HH		

	Agenda Item	Comments	Assurance	Attention to Board
		explained in detail. The average number of patients on the ward at midnight over the month becomes the denominator which can create some significant fluctuations - many of the Carter Hospitals measure the number of patients three times a day providing more robust data. The committee questioned the significant differences in care hours on the AMUs of the two main sites but agreed that it was too soon to draw any firm conclusions from this new data. The Committee agreed that the move away from planned versus actual staffing to the use of a range of matrices versus actual staffing is a positive one. HH advised that the CQC continue to focus on a 1:8 ratio but the IHI are now looking more to outcome measures. E-Rostering – Becky Hoskins has now completed the first stage of her review which has uncovered a need to reboot the project to align more closely with Trust staffing policy. She is now developing actions, working closely with HR. Further roll out has been deferred while the system is amended. The Trust will need to be more rigid with staff working patterns in concordance with HR policy. Additional staff have now been placed on Ward 37 due to the additional care needs of the patients. The Committee agreed that a system wide solution needs to be put in place on this particular ward as it is not the appropriate care setting for many of its patients. This view was further reinforced by a recent safety walkround which highlighted the extreme lengths of stay, the mental health needs and the challenging behaviour of patients.		
	Infection Prevention CRR Ref: CN8 & CN8	The Committee reviewed the Multi Agency Norovirus Look Back Exercise Report noting that the action log was very outward facing and does not specifically identify the internal learning and changes that will need to be in place before next winter or who will be accountable for implementing them. HH explained that the review had identified that staffing had not been a key element in the outbreak. However, staff need to be vigilant in ensuring correct decision making in regard to staff and patient transfers regardless of operational management pressures. Vicki Parkin will be undertaking work with the Matrons, specifically on the Scarborough site. The action log has been written by the CCG and will go to the Trust Infection Prevention		BG to report to Board on IPC items around Noro lookback and IPC consequence of ward changes on both acute

	Agenda Item	Comments	Assurance	Attention to Board
		Steering Group (TIPSG) where an internal action log will be devised, which will identify individuals responsible for actions. DR added that infection control now appears on the patient white boards, which links to the operation centre, to ensure that patients are not moved to infected areas. **Action: BG to clarify internal actions and accountable officer around this report** **Quarterly and Annual DIPC Report** The Committee noted that the Trust is on trajectory for incidents of CDIFF for 2015/16 but over trajectory on MRSA. HH added that four c-diff incidents are still awaiting completion of a post infection review. The Committee discussed the estates issues around a lack of decant space and isolation beds. HH explained that with Graham Ward now commissioned to be permanently open and the planned reconfiguration of wards in York there are no longer decant sites to conduct a deep clean. This issue appears on the Chief Nurse Risk Register but these changes may exacerbate the situation. Side rooms and individual bays are being deep cleaned where possible. Further deep clean initiatives are being considered. HH advised the Committee that there is an issue with the robustness of the data collection around ANTT training which is being looked in to. The Committee were pleased to note the improved situation in the Special Care Baby Unit. A look back exercise for the joint infections in Bridlington is scheduled to take place in August. The Committee were pleased to note that that all those involved in the case of CPE *(carbapenemase producing enterobacteriaceae)* have been contacted. HH advised that the reconfiguration of the Infection Prevention and Control		sites.

	Agenda Item	Comments	Assurance	Attention to Board
		Team is underway.		
	Serious Incidents (SIs), incident reporting and Never Events	Never Events as discussed under Item 2. A new Never Event has been identified in July relating to drug administration. The Committee were pleased to note the inclusion of the recommendations from the SI investigations and expressed some concern that some incidents follow a similar pattern and that the recommendations are repeated. DP and DR confirmed that individuals are struggling to relate actions to the SI summary and SI training is currently taking place which should improve the value of these investigations as learning exercises.		
	Sign up to Safety	**Sepsis** DP and DR advised the Committee that new NICE guidance has been launched which is challenging, and the national CQUIN is difficult to achieve. The Trust already has a screening tool in place and includes 6 measurable steps. The CQUIN is around screening and prompt treatment of sepsis and this year includes inpatient areas and the treatment element including a review of antibiotics within 72 hours. The Trust is achieving 100% compliance with the anti-biotic review in the sample for this audit; however, the promptness of administering the antibiotics is a challenge. 60% of the Emergency Department patients are being screened. DP explained the difficulties in obtaining the numbers for the inpatient sample as the patients are treated before they deteriorate to severe sepsis. Screening is at 65% with the administration of antibiotics in 90 minutes at 30%. Many initiatives are being looked into to improve compliance including sepsis boxes/trollies and administering a stat dose of a broad spectrum antibiotic prior to blood cultures being taken. **Patient Safety Conference** The Committee congratulated the Patient Safety Team on the success of the Patient Safety Conference and queried how the ideas presented at the conference will be spread throughout the organisation. DP advised the Committee that work is being undertaken with some of the teams who submitted abstracts to aid them in measuring their projects and moving them		

	Agenda Item	Comments	Assurance	Attention to Board
		forward. Some of the abstracts went on to be presented at national Forums, such as the National Patient Safety Congress. JA added that the benefits of the ward 35 ward rounds had been discussed at a recent patient safety walk round. DP explained that many individuals have contacted Harriett Lynch, who spoke about huddles at the conference, showing that these new initiatives are gaining broader traction across the Trust.		
	Critical Care Review CRR Ref: MD7	The Committee reviewed the Critical Care action plan, which has been agreed with the Commissioners, and noted the demanding completion dates of the actions. DP advised that a Critical Care Strategic Programme Board has been put in place which will be responsible for the actions in the plan. The Critical Care Outreach Team in Scarborough remains a concern as the nurses often have to support the ICU beds, this is being monitored through the Mortality Steering Group. DR added that ICU can now pend transfers to the bed managers so that they are aware when patients are ready to be transferred out of the unit. The Committee was reminded that this was one of the areas highlighted in the CQC action plan. Their main concern revolved around lack of capacity, delayed discharges of care and transfers to other units. When completed these actions should address these concerns. **Action: The committee asked to review the action plan log at the end of the year.**	The Committee were assured by the focus in this area and the action plan in place.	MP/MD to highlight work of Critical care strategic Programme Board
	Additional Patient Safety Items CRR Ref: CN9 & CN10	The Committee were pleased to see that the Child Health, Mental Health Team are now working through a range of measures, as described in the Chief Nurse Report to improve staff education on this issue. A broader system solution is also required to deliver specialist input.		
	Clinical Effectiveness			
	PROMS	The Committee were pleased to see the inclusion of the PROMS funnel plot charts in the Medical Directors report and noted that the Trust is around average for each of the procedures measured. The Committee queried the extremely high number of hernia operations undertaken by the Trust which DP agreed to investigate.		

	Agenda Item	Comments	Assurance	Attention to Board
		Action: DP to email Committee members following discussion with the Surgical team.		
	VTE risk in lower limb patients	This audit showed a good performance by the trust particularly in providing vital information to this group of patients. DR advised the Committee that there is no clear evidence base for VTE prophylaxis in non-weight baring patients. Guidance has been issued stating that prophylaxis should be given at the patient's first point of contact, which may be the out of hours GP or fracture clinic. Information leaflets are given to patients and certain issues are handled consistently well across site. VTE reliability has been above 99% for the last seven months.		
	Mortality	The Committee reviewed the SHMI data and DP confirmed that the Trust will be moving to the avoidable mortality score soon. The quality of coding and the validity of data are improving but this measure is likely to attract less attention in the future. Training is underway to conduct the new style mortality reviews with a select number of clinicians.		
	National Cardiac Arrest Audit	The Committee reviewed the potentially useful information from the cardiac arrest audit agreeing that a broader context over a longer period of time was needed. The Committee noted that the internal review has identified that reporting is different across sites. DR took the Committee through a summary of the findings which show that a third of the cardiac arrests are unexpected, a third show a missed opportunity to prevent the arrest and third should have had a DNACPR in place. A DNACPR Group has been re-established which will be chaired by DR. Initiatives to decrease the number of cardiac arrests will be put in place. The introduction of the deteriorating patient training and electronic observations both saw a decrease which identifies that raising awareness should improve outcomes. **Action: JT to present the annual national report with trends and benchmarks to be presented when published**	The Committee were assured by the informed position that the Trust are in.	MD to comment on the Cardiac arrest data audit – highlighting importance of CCOT and improved DNACPR decision making
	Patient Experience			
	Quarterly Patient	The Committee were pleased to note the positive stories throughout the Patient Experience Report, including: increased efforts to obtain in patient		BG to raise at Board.

	Agenda Item	Comments	Assurance	Attention to Board
	Experience Report	feedback, Johns Campaign and the analysis of feedback so that changes can be put in place. HH drew the Committees attention to the work being undertaken around complaints, to ensure that they are responded to in a timely manner, advising that further complaints training will take place in October. The Committee celebrated the Patient Experience work with local Healthwatch and were pleased to hear that interviews for the Patient Advise and Liaison Team have taken place.		
	Risk Register round up CRR Ref: MD1	The Committee revisited the Risk Registers to ensure that all risks had been discussed throughout the meeting. The Committee noted the update on EPMA included in the Medical Directors Report. DR added that a discussion phase is currently taking place around the date of the pilot roll out, explaining that the prescribing and administration modules may be rolled out in phases which would lead to better and safer testing. The Committee showed some concern around funding for the project team, DR confirmed that this is currently under discussion.		
	Next meeting of the Quality and Safety Committee: 16 August 2016, Head and Neck Seminar Room Room, York Hospital at 1.30pm.			

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

York Teaching Hospital NHS
NHS Foundation Trust

Patient Safety and Quality Performance Report

July 2016

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

Patient Safety & Quality Performance Report

Chapter Index

Quality and Safety Summary: Trust

Patient Experience	Target/ Threshold 2016/17	Monthly Target/ Threshold	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Litigation - Clinical Claims Settled	-	-	4	8	6	4	5	10	4	5	1	2	3	6	2
Complaints	-	-	33	41	37	58	42	38	28	25	40	46	36	30	33

Care of the Deteriorating Patient	Target/ Threshold 2016/17	Monthly Target/ Threshold	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
12 hour Post Take - York	85%	85%	85%	82%	85%	83%	86%	85%	84%	85%	85%	87%	90%	84%	87%
12 hour Post Take - Scarborough	80%	80%	60%	68%	56%	56%	59%	56%	56%	55%	53%	64%	63%	60%	58%
14 hour Post Take - Trust	100%	100%	82%	85%	81%	81%	83%	80%	82%	81%	80%	86%	85%	83%	84%
Acute Admissions seen within 4 hours	80%	80%	90%	90%	76%	74%	85%	83%	77%	84%	85%	84%	87%	83%	81%
NEWS within 1 hour of prescribed time	90%	90%	87.3%	87.5%	87.4%	87.3%	86.3%	87.1%	87.3%	87.2%	85.6%	85.2%	86.8%	87.6%	87.1%
All Elective patients to have an Expected Discharge Date (EDD) recorded within 24 hours of admission	Q1 91% Q2 91% Q3 93% Q4 93%	91%	89%	90%	91%	88%	88%	90%	88%	93%	94%	89%	87%	86%	88%

Measures of Harm	Target/ Threshold 2016/17	Monthly Target/ Threshold	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Serious Incidents	-	-	12	20	11	16	22	19	13	11	27	21	17	12	31
Incidents Reported	-	-	1218	1253	1295	1280	1278	1358	1269	1313	1370	1312	1280	1189	1194
Incidents Awaiting Sign Off	-	-	947	1178	1229	1183	839	889	1149	1344	1389	1348	987	780	724
Patient Falls	-	-	283	267	297	323	287	308	281	314	315	274	273	236	256
Pressure Ulcers - Newly Developed	-	-	62	62	62	54	62	82	59	61	70	87	70	74	63
Pressure Ulcers - Transferred into our care	-	-	157	124	132	124	119	147	159	145	132	127	125	118	129
Degree of harm: serious or death	-	-	7	11	4	9	9	12	6	8	7	7	6	5	12
Degree of harm: medication related	-	-	107	114	120	98	121	112	102	105	97	132	127	118	102
VTE risk assessments	95%	95%	97.2%	97.3%	97.1%	97.6%	97.2%	98.5%	97.9%	98.2%	98.4%	98.5%	98.6%	98.9%	98.7%
Never Events	0	0	1	0	0	0	0	0	0	0	1	0	1	0	1

Drug Administration	Target/ Threshold 2016/17	Monthly Target/ Threshold	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Insulin Errors	-	-	8	12	6	13	11	8	9	6	6	16	6	9	8
Omitted Critical Medicines	-	-	7	17	14	15	9	12	11	16	17	11	19	13	12
Prescribing Errors	-	-	16	32	26	23	29	21	23	21	24	27	25	28	24
Preparation and Dispensing Errors	-	-	9	19	16	11	14	10	9	17	10	10	16	19	15
Administrating and Supply Errors	-	-	49	37	52	42	56	51	50	45	39	68	59	52	38

Safety Thermometer	Target/ Threshold 2016/17	Monthly Target/ Threshold	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
% Harm Free Care - York	-	-	94.3%	95.0%	95.8%	95.1%	95.2%	96.1%	92.7%	96.7%	96.3%	96.4%	95.3%	97.5%	95.6%
% Harm Free Care - Scarborough	-	-	94.8%	90.8%	90.7%	93.9%	93.1%	91.0%	90.2%	93.3%	95.5%	91.7%	93.3%	95.6%	94.5%
% Harm Free Care - Community	-	-	85.7%	94.1%	93.5%	87.1%	94.5%	88.8%	83.5%	83.3%	88.1%	92.1%	93.1%	90.5%	91.2%
% Harm Free Care - District Nurses	-	-	96.2%	93.9%	94.4%	94.7%	96.2%	95.4%	97.2%	94.2%	97.8%	95.0%	97.7%	93.8%	96.5%

Mortality Information	Target/ Threshold 2016/17	Monthly Target/ Threshold	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15
Summary Hospital Level Mortality Indicator (SHMI)	100	100	104	102	101	97	98	99	102	103	101	101	99	99	99

Infection Prevention	Target/ Threshold 2016/17	Monthly Target/ Threshold	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Clostridium Difficile - meeting the C.Diff objective	48 (year)	48 (year)	6	3	8	3	5	3	7	7	5	3	3	1	3
Clostridium Difficile -meeting the C.Diff objective - cumulative	48 (year)	48 (year)	21	24	32	35	40	43	50	57	62	65	3	4	7
MRSA - meeting the MRSA objective	0	0	2	0	0	0	0	0	0	1	1	0	1	0	1
MSSA	30 (year)	30 (year)	3	4	2	3	6	2	2	2	2	3	9	2	2
MSSA - cumulative	30 (year)	30 (year)	11	15	17	20	26	28	30	32	34	37	9	11	13
ECOLI			8	4	6	6	7	8	8	11	15	7	5	5	8
ECOLI - cumulative			24	28	34	40	47	55	63	74	89	96	5	10	18
MRSA Screening - Elective	95%	95%	85.7%	86.3%	88.2%	82.6%	82.3%	79.9%	89.9%	78.2%	69.2%	74.1%	68.1%	62.5%	64.5%
MRSA Screening - Non Elective	95%	95%	70.3%	74.5%	76.4%	74.3%	71.5%	72.7%	79.7%	75.6%	73.9%	75.6%	82.2%	83.6%	84.2%

Stroke (one month behind due to coding)	Target/ Threshold 2016/17	Monthly Target/ Threshold	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Proportion of patients spending >90% on their time on stroke unit	80%	80%	79.7%	90.0%	91.0%	93.8%	92.2%	89.0%	92.4%	88.2%	86.9%	82.4%	84.9%	92.1%	1 month behind
Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	75%	81.3%	82.1%	96.2%	80.0%	76.5%	76.9%	81.8%	87.5%	85.7%	100.0%	88.9%	n/a	1 month behind
Scanned within 1 hour of arrival	50%	50%	68.0%	83.3%	80.0%	69.2%	44.4%	77.8%	75.0%	82.4%	70.0%	72.2%	73.3%	76.2%	1 month behind
Scanned within 24 hours of hospital arrival	90%	90%	80.6%	91.8%	93.3%	94.0%	96.7%	90.4%	97.1%	92.6%	95.4%	90.8%	93.4%	94.1%	1 month behind

AMTS	Target/ Threshold 2016/17	Monthly Target/ Threshold	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
AMTS Screening	90.0%	90.0%	97.1%	94.8%	95.1%	96.7%	96.2%	92.0%	88.6%	94.2%	90.1%	89.7%	92.1%	91.3%	90.4%

Patient Experience

387 PALs contacts were recorded across the Trust in June.There were 28 complaints at York and 5 at Scarborough in June; a decrease of 3 for the Trust compared to May.

The Friends & Family Test (FFT) is no longer a CQUIN but forms part of the Trust's Commissioner contracts.
The Trust achieved a 27.0% response rate to the Inpatient FFT in June. A total of 2,851 responses were received from Inpatients across the Trust. The 90% target for the % of respondents recomending the Trust was achieved across all sites.
The Trust achieved a 13.7% response rate to the ED FFT in June (York: 14.9%, Scarborough 9.3%), a slight decrease on May (14.8%). The Trust is yet to achieve the 90% target for the % of respondents recommending the Trust.
The Trust achieved a 1.6% response rate to the Community FFT (May 1.3%). The 90% target for the % of respondents recommending the Trust has been consistantly achieved.
Response rates to the Maternity FFT in June are comparable to May 16. Of note, 100% of respondents to the Postnatal question would recommend the Trust.

Measures of Harm

1 Never Event was declared in June categorised under Wrong Site Surgery.

31 Serious Incidents were declared in June (12 x York, 13 x Scarborough & 6 x Community).
11 of the SIs were attributed to 'clinical incident', 12 were attributed to 'slips, trips and falls' and 8 to pressure ulcers.

Infection Prevention

1 case of healthcare associated MRSA bacteraemia was identifed during June. Patient identified under Medicine at York Hospital.

3 cases of Cdiff were identified in June at York hospital. Patients under Elderly, Medicine & General Surgery.The yearly threshold for 2016/17 remains at 48 cases however monthly allocation allows for more cases during the winter months. The monthly allocation for June is 3, therefore the Trust is currently within threshold.

2 MSSA cases were identified during June; both patients at York under Elderly.

8 cases of E-Coli were identified during June; 4 at York (Elderly & Medicine) and 4 at Scarborough (Elderly & Medicine).

Quality and Safety - Miscellaneous

Stroke
Targets achieved for 90% stay on a stroke ward, urgent scans within 1 hour and scans within 24 hours. Data currently unavailble for High Risk TIA patients seen within 24 hours.

Cancelled Operations
3 operations were cancelled within 48 hours of the TCI due to lack of beds in June; this is within the monthly maximum of 65.

Cancelled Clinics/Outpatient Appointments
177 clinics were cancelled with less than 14 days notice across the Trust in June; 121 at York and 56 at Scarborough. 878 outpatient appointments were cancelled for non clinical reasons; this exceeds the monthly maximum of 721 and will result in General Condition 9 which is initially a Performance Notice.

Ward Transfers between 10pm and 6am
The number of inappropriate ward transfers in June was within the monthly maximum threshold of 100 - 81 across the Trust.

Care of the Deteriorating Patient

The Trust achieved 75% in the proportion of Medicine and Elderly patients receiving a senior review within 12 hours of admission in June. York achieved 87% (against the 85% target) and Scarborough achieved 58% (against the 80% target).

The Trust achieved 81.6% in the proportion of Medicine and Elderly patients seen by a doctor within 4 hours of admission against the 80% target. The target was also achieved across both sites; York - 80.5% and Scarborough 82.0%.

The Trust has an internal target of 90% of routine observations being undertaken within 1 hour of the prescribed time. The Trust has continually failed to achieve target throughout 2015/16 and achieved 87.1% in June.

Drug Administration

There were 8 insulin errors reported in June; 4 at York & 4 at Scarborough. A total of 110 have reported in the last 12 months.

24 Prescribing errors were reported in June; 11 at York, 10 at Scarborough and 3 Community.

Mortality

The latest SHMI report indicates the Trust to be in the 'as expected' range. The Jan 2015 - Dec 2015 SHMI saw a 1 point increase at York and Scarborough and no change for the Trust . Trust - 99, York 94 and Scarborough 108.

There were 156 Inpatient deaths across the Trust in June; 101 at York and 42 at Scarborough.

6 ED deaths were reported in June at York and 6 at Scarborough.

CQUINS update (Operations Team)

The Trust is predicting full payment for CQUINs in Q1, with the exception of the two Sepsis Identification and Treatment CQUINs, which have been difficult to achieve both locally and nationally and the Adult Critical Care Timely Discharge CQUIN, which will have full payment minus a penalty for each delayed discharge (each delay over 4 hours is a penalty of £325). The Trust is expecting partial payment for all three CQUINs. Q1 CQUIN submissions are due by the 28th July and we would expect full reconciliation with the CCGs by the end of August.

Litigation

Indicator	Site	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Clinical Claims Settled	York	3	3	3	3	1	1	1	4	0
	Scarborough	2	7	1	2	0	1	2	2	2

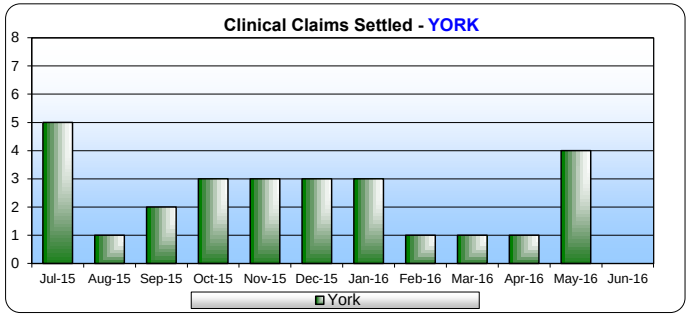
2 clinical claims were settled in June; both attributed to Scarborough.

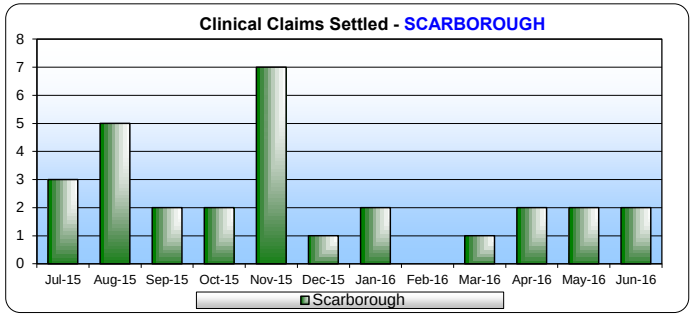
9 clinical negligence claims were received for York site and 8 were received for Scarborough. York had 5 withdrawn/closed claims and Scarborough had 5.

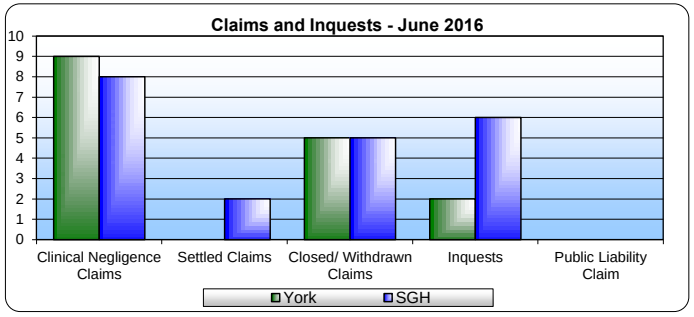
There were 8 Coroner's Inquests heard in June; 2 York & 6 Scarborough.

Litigation

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







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

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

Patient Experience

PALS Contacts
There were 387 PALS contacts in June.

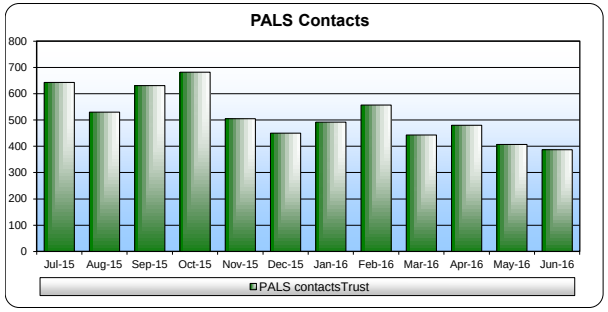
Complaints
There were 33 complaints in June; 28 attributed to York and 5 attributed to Scarborough.

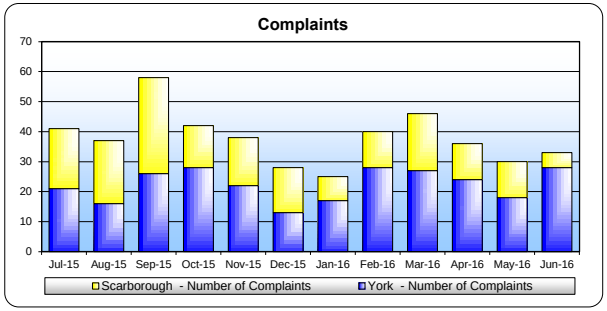
New Ombusman Cases
There were 4 New Ombusman Cases in June– 3 at York and 1 at Scarborough.

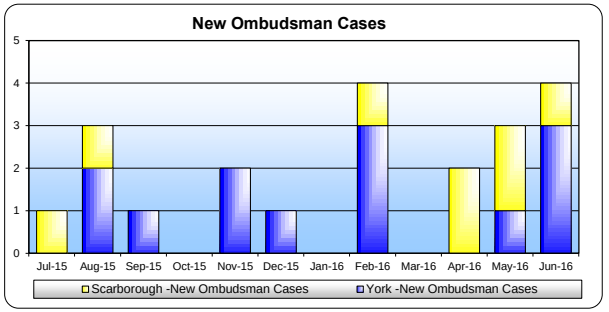
Compliments
44 compliments were received by the Chief Executive in June 2016.

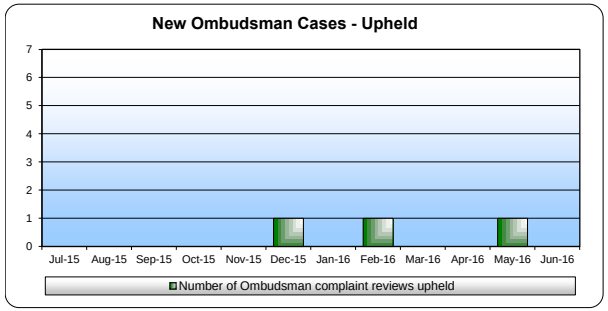
Patient Experience

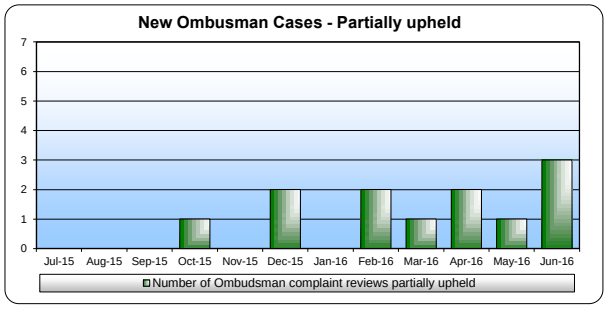
Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
PALS contacts	Trust	643	530	631	682	505	450	492	557	443	480	407	387
Complaints	Trust	41	37	58	42	38	28	25	40	46	36	30	33
New Ombudsman Cases	Trust	1	3	1	0	2	1	0	4	0	2	3	4
New Ombudsman Cases - Upheld	Trust	0	0	0	0	0	1	0	1	0	0	1	0
New Ombudsman Cases - Partially upheld	Trust	0	0	0	1	0	2	0	2	1	2	1	3
New Ombudsman Cases - Not upheld	Trust	1	1	1	1	0	6	0	2	4	2	1	0

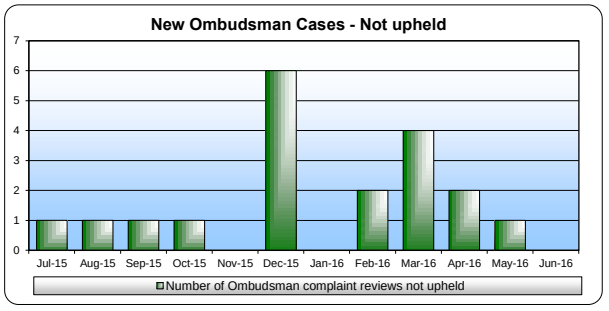












Compliments received by Chief Executive

Directorate	Q3 2015/16	Q4 2015/16	Apr-16	May-16	Jun-16
Acute & General Medicine	10	5	10	2	2
AHP	2	1	1	1	0
Anaesthetics/Theatres & Critical Care	2	3	1	4	3
Child Health	0	0	1	0	0
Community Services	0	1	0	0	0
Elderly Medicine	2	7	4	4	7
Emergency Medicine	9	15	7	4	9
Estates and Facilities	0	0	1	2	0
General Surgery & Urology	7	14	5	5	5
Gynaecology/Obstetrics	1	3	2	1	3
Head & Neck	2	1	0	3	0
Human Resources	0	0	0	1	0
Nursing and Improvement	0	0	0	0	1
Obstetrics and Gynaecology	0	0	2	1	3
Ophthalmology	3	5	4	0	4
Radiology	0	0	1	2	3
Specialist Medicine	10	3	5	4	1
Trauma & Orthopaedics	4	5	5	1	3
Unknown/no directorate given	13	1	0	0	0
Total	**65**	**64**	**49**	**35**	**44**

Patient Experience

Complaints and PALs contacts breakdown - June 2016

Complaints by directorate/division (Datix)	All Sites
Allied Health Professionals	4
Acute & General Medicine	5
Child Health	1
Community Services	1
Elderly Medicine	4
Emergency Medicine	3
Estates and Facilities	0
General Surgery & Urology	1
Head and Neck and Ophthalmology	1
Laboratory Medicine	0
Obstetrics & Gynaecology	4
Orthopaedics and Trauma	4
Pharmacy	0
Radiology	1
Specialist Medicine	0
Theatres, Anaesthetics & Critical Care	4
Other	0
TOTAL	**33**

Complaints by subject (Datix)	All Sites
Access to treatment or drugs	4
Admissions, Discharge and Transfer Arrangements	4
Appointments, Delay/Cancellation	16
All aspects of Clinical Treatment	19
Communications/information to patients (written and oral)	16
Facilities	4
Privacy and Dignity	3
End of Life Care	1
Patient Care	9
Prescribing	0
Restraint	0
Staff Numbers	0
Transport	1
Trust Admin/Policies/Procedures inc pt record management	5
Values and Behaviours (Staff)	14
Waiting times	1
Patient Concerns	0
TOTAL	**97**

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

PALS Contacts by Subject	All Sites
Action Plan	1
Admissions, discharge, transfer arrangements	11
Aids / appliances / equipment	2
Appointments, delay/cancellation (inpatient)	18
Appointments, delay/cancellation (outpatient)	32
Staff attitude	11
Any aspect of clinical care/treatment	47
Communication issues	23
Compliment / thanks	29
Alleged discrimination (e.g. racial, gender, age)	1
Environment / premises / estates	2
Foreign language	1
Failure to follow agreed procedure (including consent)	0
Hotel services (including cleanliness, food)	1
Requests for information and advice	173
Medication	1
Other	4
Mortuary/Post Morten Arrangements	0
Car parking	6
Privacy and dignity	1
Property and expenses	5
Personal records / Medical records	12
Safeguarding issues	2
Signer	0
Support (e.g. benefits, social care, vol agencies)	1
Patient transport	3
TOTAL	**387**

Friends and Family

Indicator		Target	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Inpatients – York	York IP Response Rate	Monitoring Only	20.6%	17.4%	18.9%	18.6%	13.8%	11.9%	22.3%	19.9%	21.2%	25.2%	29.8%	27.5%
Inpatients – Scarborough	Scarborough IP Response Rate		21.3%	18.2%	18.0%	18.2%	17.5%	15.1%	19.9%	19.0%	24.0%	25.4%	25.1%	20.7%
Inpatients - Bridlington	Bridlington IP Response Rate		51.6%	69.0%	62.0%	50.2%	24.6%	32.3%	52.6%	47.7%	53.7%	52.4%	45.1%	53.8%
Inpatients – Combined	**Trust IP Response Rate**		**22.6%**	**20.3%**	**21.2%**	**20.3%**	**15.6%**	**14.0%**	**23.6%**	**21.5%**	**24.2%**	**27.0%**	**29.4%**	**27.0%**
ED – York	York ED Response Rate	Monitoring Only	10.0%	9.2%	7.4%	9.6%	10.0%	10.7%	16.0%	19.2%	15.6%	17.1%	15.7%	14.9%
ED - Scarborough	Scarborough ED Response Rate		6.3%	5.8%	4.9%	3.0%	3.6%	7.0%	10.1%	12.8%	11.1%	11.8%	11.6%	9.3%
ED – Combined	**Trust ED Response Rate**		**8.8%**	**8.0%**	**6.5%**	**7.4%**	**7.9%**	**9.9%**	**14.7%**	**18.0%**	**14.7%**	**16.0%**	**14.8%**	**13.7%**
Maternity – Antenatal		None	29.1%	23.7%	29.3%	22.9%	1.9%	9.8%	27.0%	12.8%	26.8%	21.8%	34.2%	32.9%
Maternity – Labour and Birth			28.5%	23.3%	36.2%	26.1%	3.9%	25.1%	20.2%	5.5%	5.6%	4.7%	45.9%	36.2%
Maternity – Post Natal			27.3%	25.5%	40.5%	27.3%	3.8%	0.0%	17.1%	29.3%	35.0%	38.1%	49.3%	40.6%
Maternity – Community			18.7%	19.8%	20.9%	26.2%	2.8%	5.1%	16.0%	16.7%	24.7%	17.4%	32.6%	29.1%

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

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

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

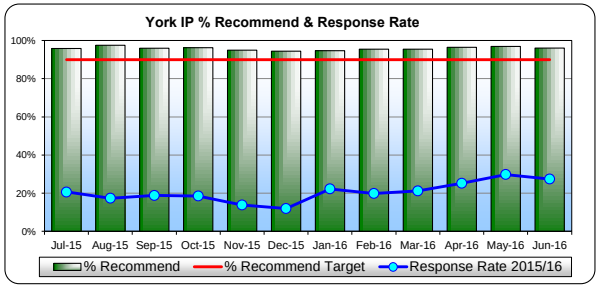
The focus for the Trust is to gain and understand patient feedback and encourage Directorates to use that feedback to drive improvements. Each ward displays a 'Knowing How We're Doing' board which is a giant poster sharing FFT data and comments from that particular ward, along with news and improvements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

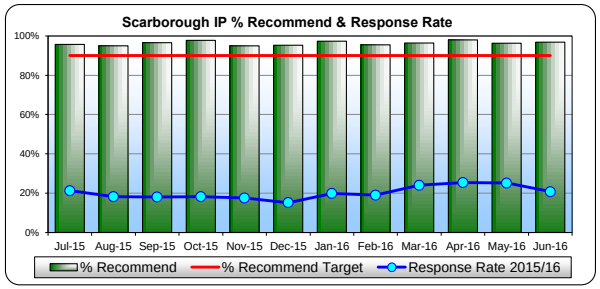
Friends & Family: Inpatients & ED

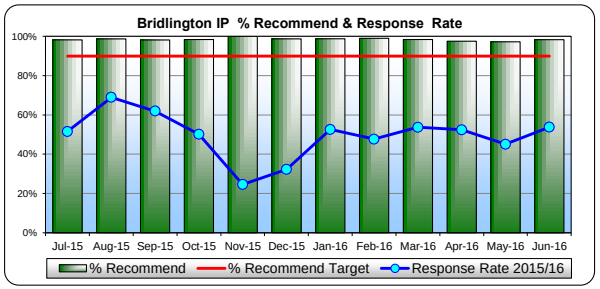
The Friends & Family Test (FFT) has now been rolled out across the Trust, including all Inpatients and Daycases, (previously daycase s and patients <16 were excluded) those attending ED, Community patients and women accessing maternity services being asked the question; "would you recommend this ward/ED/antenatal/labour 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	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr-16	May-16	Jun-16
Trust Inpatient Response Rate (including daycases)	None - Monitoring Only	none	21.4%	16.7%	23.1%	27.8%	27.0%	29.4%	27.0%
York Inpatient Response Rate (including daycases)	None - Monitoring Only	none	19.0%	14.8%	21.1%	27.5%	25.2%	29.8%	27.5%
York Inpatient % Recommend	None - Monitoring Only	none					96.5%	96.9%	96.1%
York Inpatient % Not Recommend	None - Monitoring Only	none					1.0%	0.7%	1.5%
Scarborough Inpatient Response Rate (including daycases)	None - Monitoring Only	none	19.2%	17.0%	21.0%	23.7%	25.4%	25.1%	20.7%
Scarborough Inpatient % Recommend	None - Monitoring Only	none					98.0%	96.4%	96.9%
Scarborough Inpatient % Not Recommend	None - Monitoring Only	none					0.5%	0.4%	0.7%
Bridlington Inpatient Response Rate (including daycases)	None - Monitoring Only	none	60.3%	35.5%	51.4%	50.5%	52.4%	45.1%	53.8%
Bridlington Inpatient % Recommend	None - Monitoring Only	none					97.5%	97.2%	98.3%
Bridlington Inpatient % Not Recommend	None - Monitoring Only	none					0.6%	0.8%	0.0%

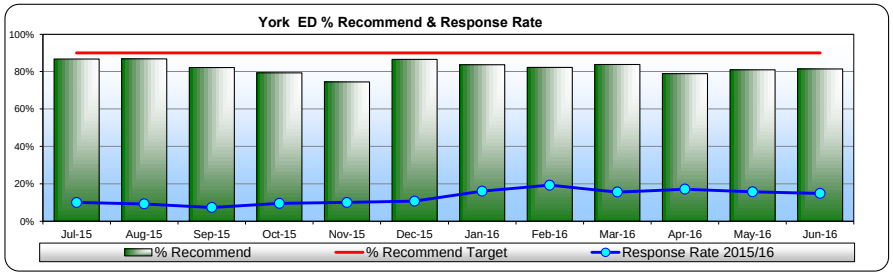
Daycase patients and young people (<16 years) included in FFT April 2015

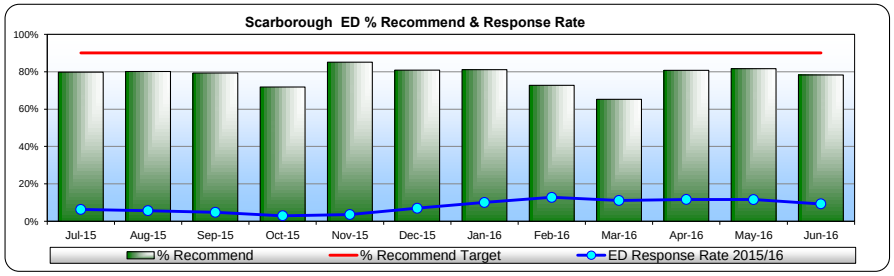






Indicator	Consequence of Breach (Monthly)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr-16	May-16	Jun-16
Trust Emergency Department Response Rate	None - Monitoring Only	none	7.8%	8.3%	15.8%	14.8%	16.0%	14.8%	13.7%
York Emergency Department Response Rate	None - Monitoring Only	none	8.9%	10.1%	17.0%	15.9%	17.1%	15.7%	14.9%
York Emergency Department % Recommend	None - Monitoring Only	none					78.9%	81.0%	81.4%
York Emergency Department % Not Recommend	None - Monitoring Only	none					12.9%	11.6%	11.7%
Scarborough Emergency Department Response Rate	None - Monitoring Only	none	5.7%	4.1%	11.3%	10.9%	11.8%	11.6%	9.3%
Scarborough Emergency Department % Recommend	None - Monitoring Only	none					80.7%	81.6%	78.3%
Scarborough Emergency Department % Not Recommend	None - Monitoring Only	none					11.9%	8.8%	13.9%





Headline Scores

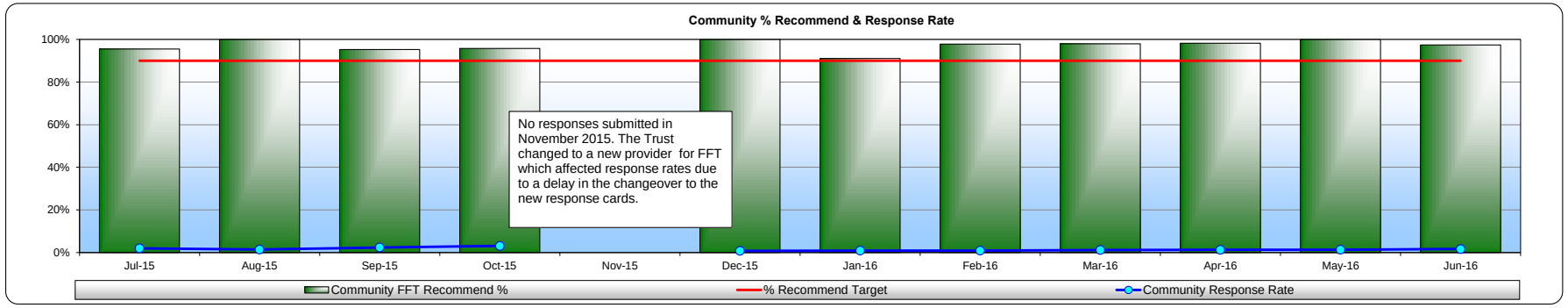
Recommend (%) $\dfrac{\text{Extremely Likely + Likely}}{\text{Extremely Likely + Likely + Neither + Unlikely + Extremely Unlikely + Don't know}} \times 100$

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

Friends & Family: Community

FFT Implemented in Community since January 2015

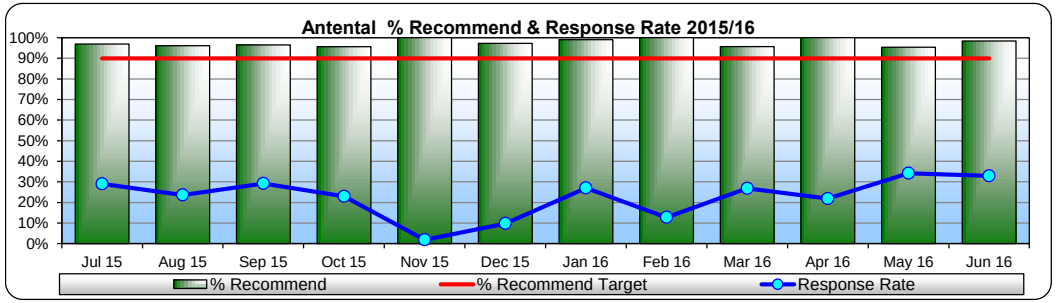
Indicator	Consequence of Breach (Monthly)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr-16	May-16	Jun-16
Community Response Rate	None - Monitoring Only	none	1.9%	1.2%	1.0%	1.4%	1.3%	1.3%	1.6%
Community FFT % Recommend	None - Monitoring Only	none					98.3%	100.0%	97.5%
Community FFT % Not Recommend	None - Monitoring Only	none					0.0%	0.0%	1.3%

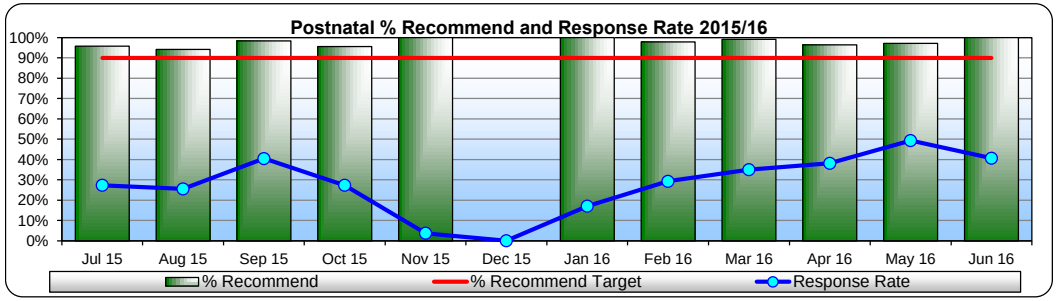


Service/Area	Consequence of Breach (Monthly)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr-16	May-16	Jun-16
Community Inpatient Services	None - Monitoring only	None	121	153	148	106	33	24	31
Community Nursing Services	None - Monitoring only	None	72	41	5	35	4	0	3
Specialist Services	None - Monitoring only	None	73	58	34	23	4	8	8
Children & Family Services	None - Monitoring only	None	2	11	8	2	0	0	0
Community Healthcare Other	None - Monitoring only	None	60	54	63	13	17	30	37

Friends & Family: Maternity

Indicator	Consequence of Breach (Monthly)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Antenatal Response Rate	None - Monitoring only	none	27.3%	12.2%	21.8%	29.5%	21.8%	34.2%	32.9%
Antental % Recommend	None - Monitoring only	none					100.0%	95.4%	98.4%
Antental % Not Recommend	None - Monitoring only	none					0.0%	0.0%	0.0%
Labour and Birth Response Rate	None - Monitoring only	none	29.5%	18.3%	10.4%	30.2%	4.7%	45.9%	36.2%
Labour and Birth % Recommend	None - Monitoring only	none					100.0%	99.0%	99.3%
Labour and Birth % Not Recommend	None - Monitoring only	none					0.0%	0.5%	0.0%
Postnatal Response Rate	None - Monitoring only	none	30.7%	11.0%	27.1%	43.1%	38.1%	49.3%	40.6%
Postnatal % Recommend	None - Monitoring only	none					96.4%	97.2%	100.0%
Postnatal % Not Recommend	None - Monitoring only	none					0.0%	0.6%	0.0%
Postnatal Community Response Rate	None - Monitoring only	none	19.8%	12.2%	19.2%	26.3%	17.4%	32.6%	29.1%
Postnatal Community % Recommend	None - Monitoring only	none					100.0%	99.2%	99.1%
Postnatal Community % Not Recommend	None - Monitoring only	none					0.0%	0.0%	0.0%





2014/15 Performance

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

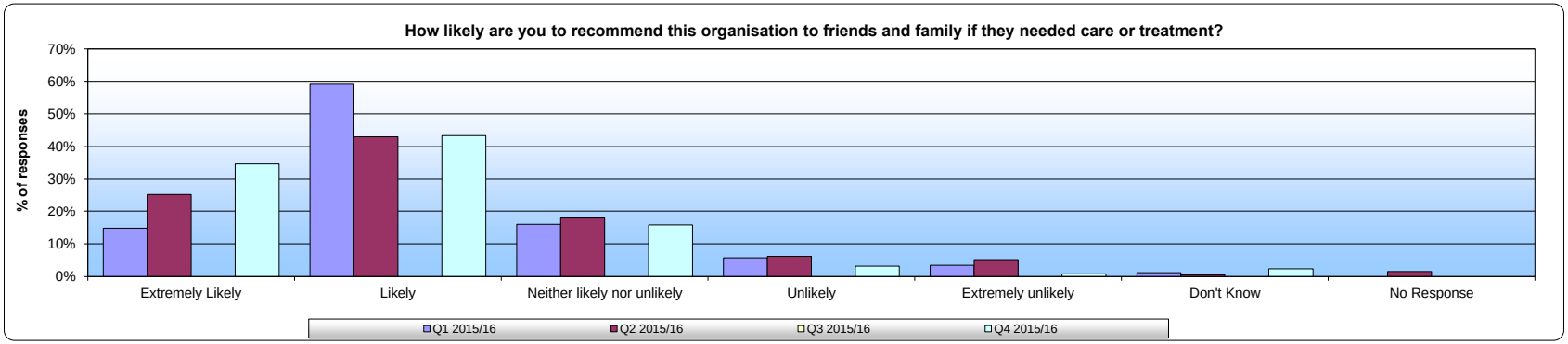
Friends and Family: Staff

York Teaching Hospital NHS
NHS Foundation Trust

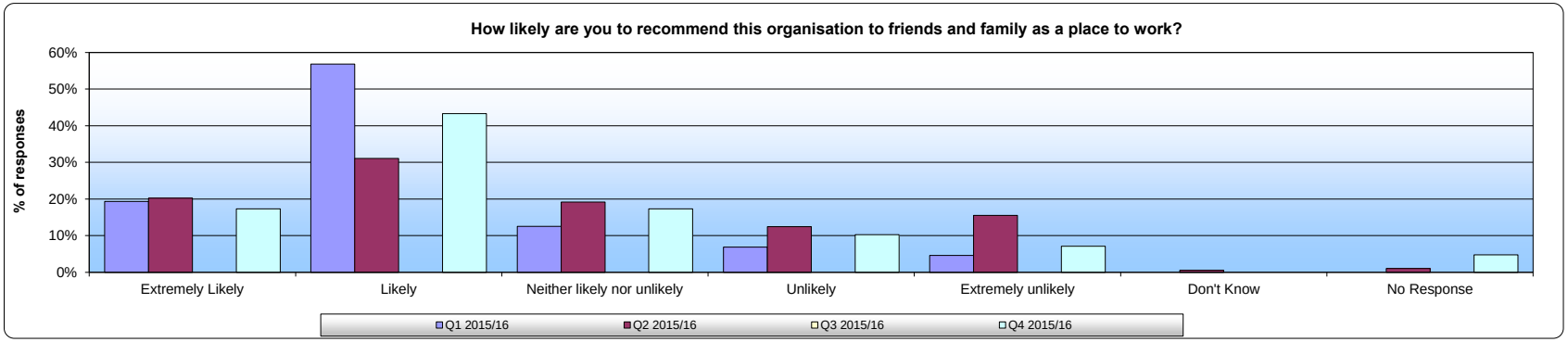
As part of the National Friends and Family CQUIN 2014/15, the Trust was required to submit evidence which demonstrates implementation of staff FFT across all Acute and Community areas.

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

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16
Response rate - Proportion of Trust employees who responded to the survey	None - Monitoring Only	none	49%	35%	Not available	26%
Number of Trust employees who responded to the survey	None - Monitoring Only	none	88	193	Not available	127



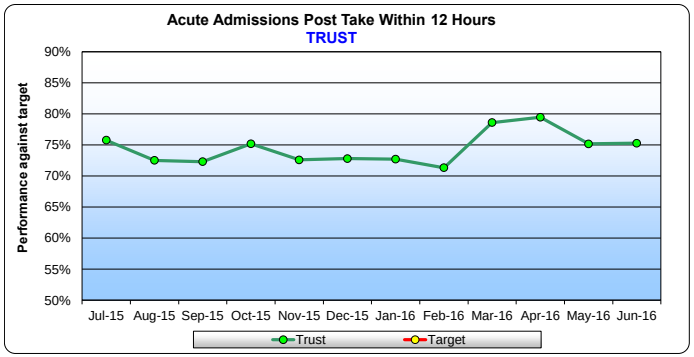
How likely are you to recommend this organisation to friends and family if they needed care or treatment?							
Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q1 2015/16	14.8%	59.1%	15.9%	5.7%	3.4%	1.1%	0.0%
Q2 2015/16	25.4%	43.0%	18.1%	6.2%	5.2%	0.5%	1.6%
Q3 2015/16	Not available	Not available	Not available	Not available	Not available	Not available	Not available
Q4 2015/16	34.6%	43.3%	15.7%	3.1%	0.8%	2.4%	0.0%

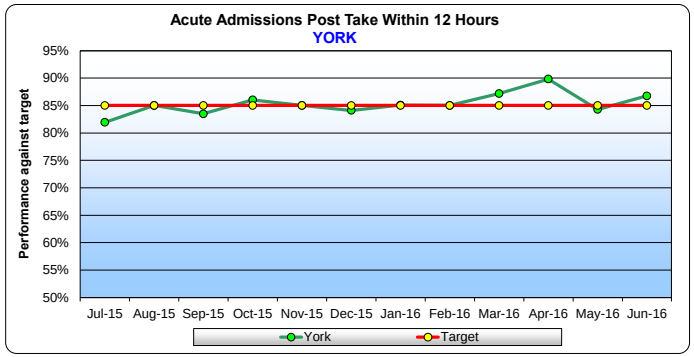


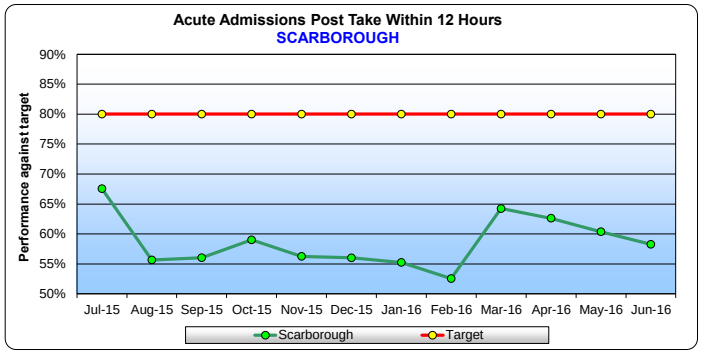
How likely are you to recommend this organisation to friends and family as a place to work?							
Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q1 2015/16	19.3%	56.8%	12.5%	6.8%	4.5%	0.0%	0.0%
Q2 2015/16	20.2%	31.1%	19.2%	12.4%	15.5%	0.5%	1.0%
Q3 2015/16	Not available	Not available	Not available	Not available	Not available	Not available	Not available
Q4 2015/16	17.3%	43.3%	17.3%	10.2%	7.1%	0.0%	4.7%

Quality and Safety: Care of the Deteriorating Patient

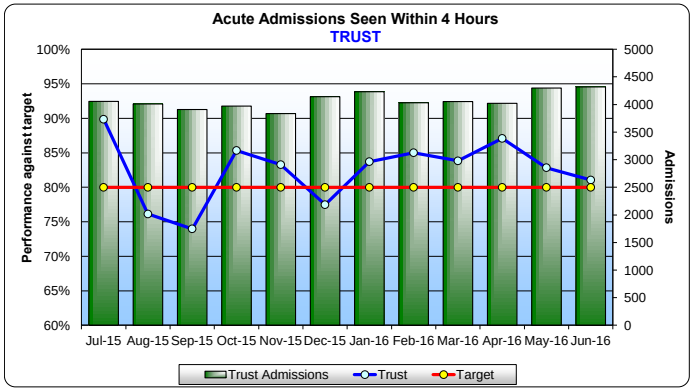
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (SCARBOROUGH)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	80%	60%	57%	57%	60%	63%	60%	58%
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (YORK)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	85%	83%	85%	86%	87%	90%	84%	87%

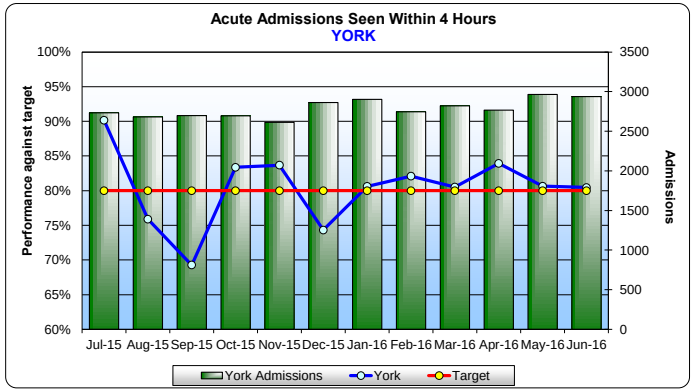


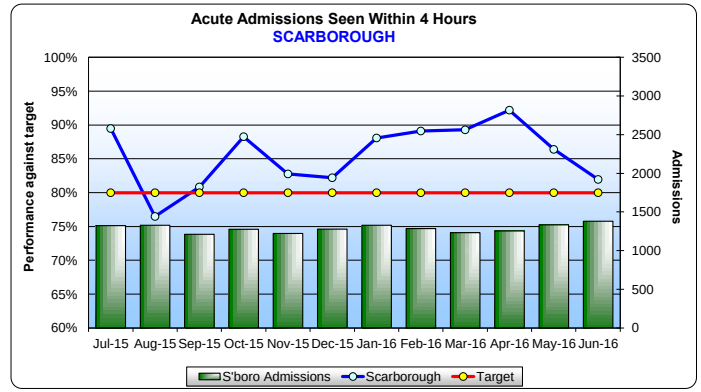




Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	**80% by site**	80.1%	82.0%	84.2%	83.6%	87.1%	82.8%	81.1%

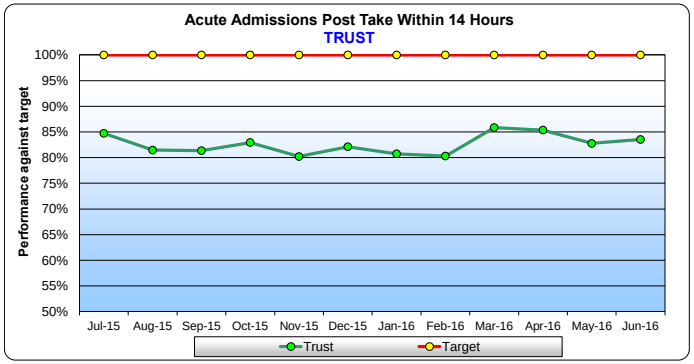


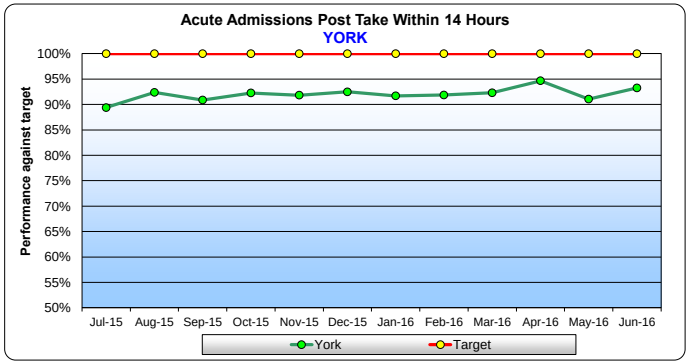


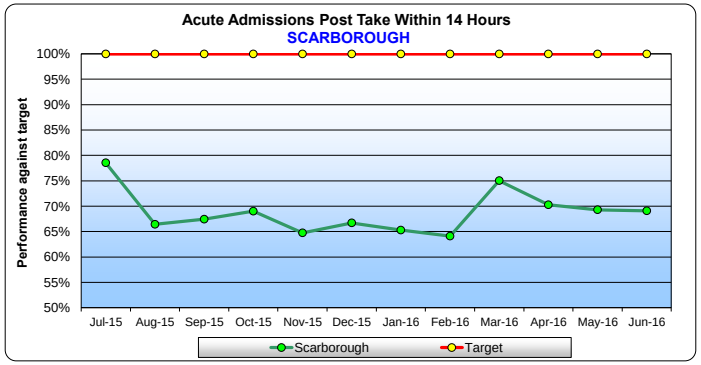


Quality and Safety: Care of the Deteriorating Patient

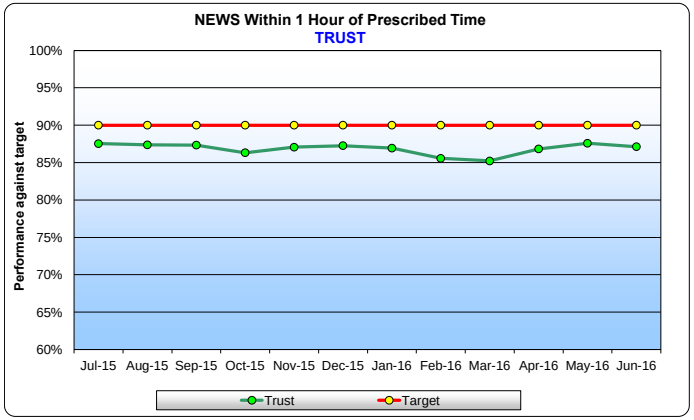
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI		82.5%	81.8%	82.3%	83.9%	85.4%	82.8%	83.5%

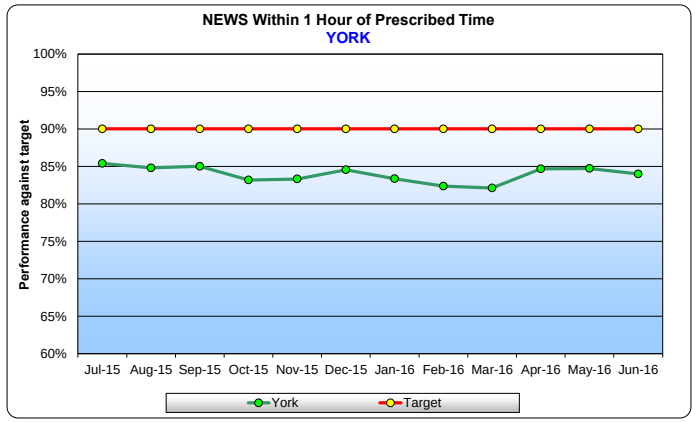


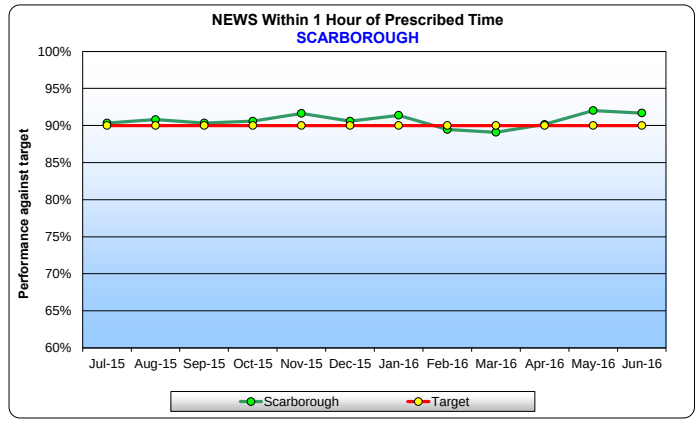




NEWS within 1 hour of prescribed time	None - Monitoring Only		87.4%	86.9%	85.9%	87.2%	86.8%	87.6%	87.1%







Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 31 SIs reported in June; York 12, Scarborough 13 & Community 6.
Clinical Incidents: 11; York 5, Scarborough 4 & Bridlington 2.
Slips Trips & Falls: 12; York 5, Scarborough 4, Bridlington 1 & Community 2.
Pressure Ulcers: 8; York 2, Scarborough 3 & Community 3.

Patients Falls and Found on Floor (source: Datix)
Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. During June there were 132 reports of patients falling at York Hospital, 70 patients at Scarborough and 54 patients within the Community Services (256 in total). For the same period last year there were a total of 283, however figures may increase as more investigations are completed.

Number of Incidents Reported (source: Datix)
The total number of incidents reported in the Trust during June was 1,194; 647 incidents were reported on the York site, 379 on the Scarborough site and 168 from Community Services.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 724 incidents awaiting sign-off by the Directorate Management Teams.

Pressure Ulcers (source: Datix)
During June 22 pressure ulcers were reported to have developed on patients since admission to York Hospital, 15 pressure ulcers were reported to have developed on patients since admission to Scarborough and 26 pressure ulcers were reported as having developed on patients in our community hospitals or community care. These figures should be considered as approximations as not all investigations have been completed.

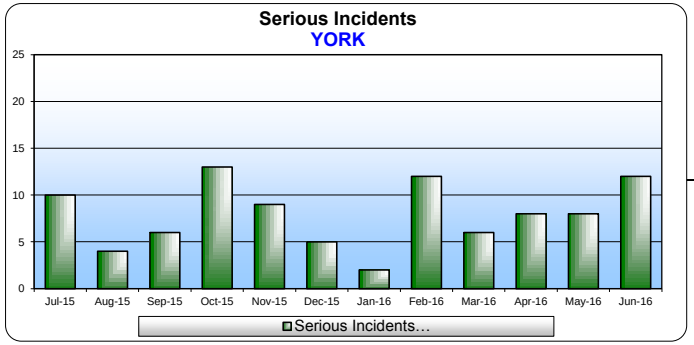
Degree of Harm: Serious/Severe or Death (source: Datix)
During June 12 patient incidents were reported which resulted in serious or severe harm or death. Numbers are subject to change as levels of harm are reviewed and investigations are completed.

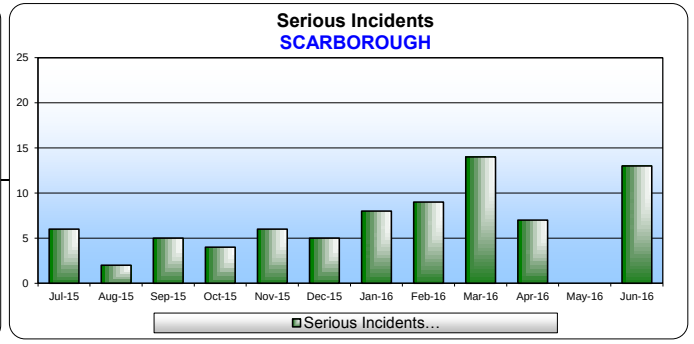
Medication Related Issues (source: Datix)
During June there was a total of 102 medication related incidents reported although this figure may change following validation.

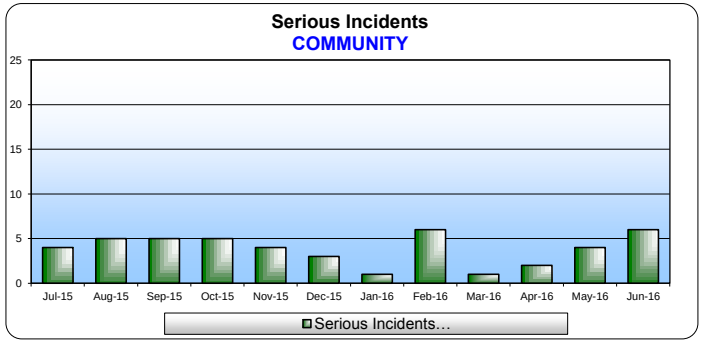
Never Events – One Never Event was declared during June categorised under Wrong Site Surgery.

Measures of Harm

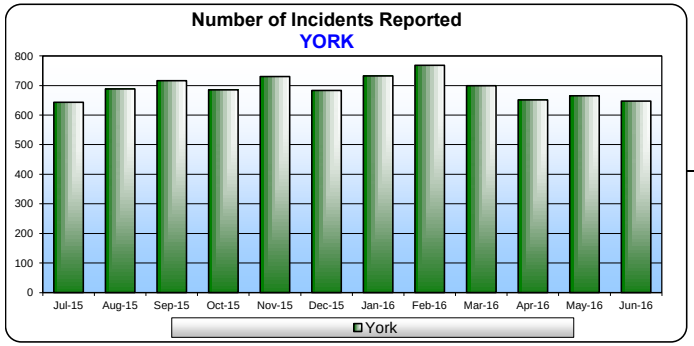
Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Serious Incidents source: Risk and Legal	York	10	4	6	13	9	5	2	12	6	8	8	12
	Scarborough	6	2	5	4	6	5	8	9	14	7	0	13
	Community	4	5	5	5	4	3	1	6	1	2	4	6
Serious Incidents Delogged source: Risk and Legal (Trust)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

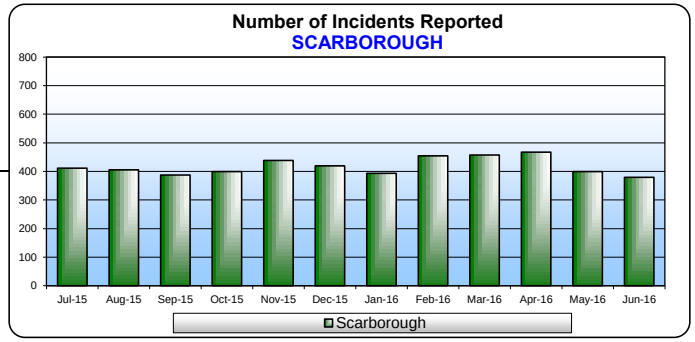


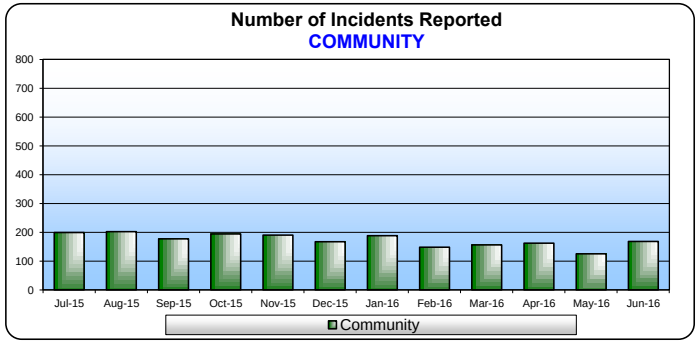




Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Number of Incidents Reported source: Risk and Legal	York	643	688	716	685	730	683	732	768	699	651	665	647
	Scarborough	411	405	387	399	438	419	393	454	457	467	399	379
	Community	199	202	177	194	190	167	188	148	156	162	125	168
Number of Incidents Awaiting sign off at Directorate level		1178	1229	1183	839	889	1149	1344	1389	1348	987	780	724

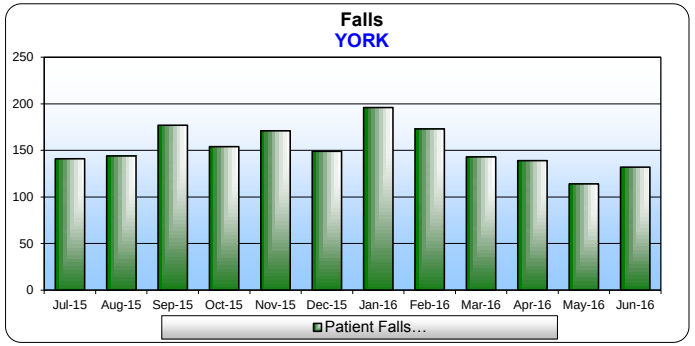


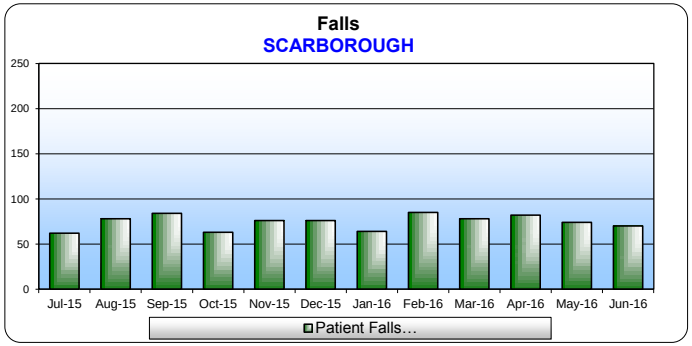


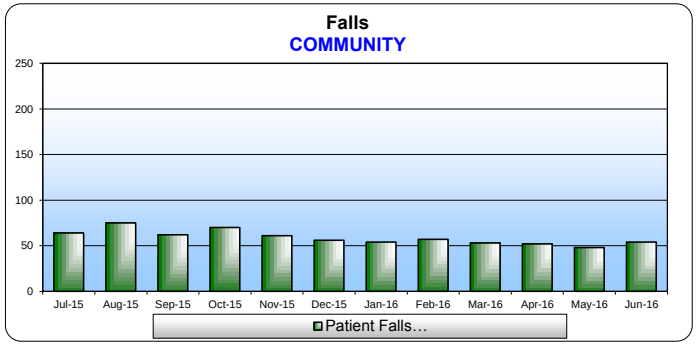


Measures of Harm

Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Patient Falls source: DATIX	York	141	144	177	154	171	149	196	173	143	139	114	132
	Scarborough	62	78	84	63	76	76	64	85	78	82	74	70
	Community	64	75	62	70	61	56	54	57	53	52	48	54

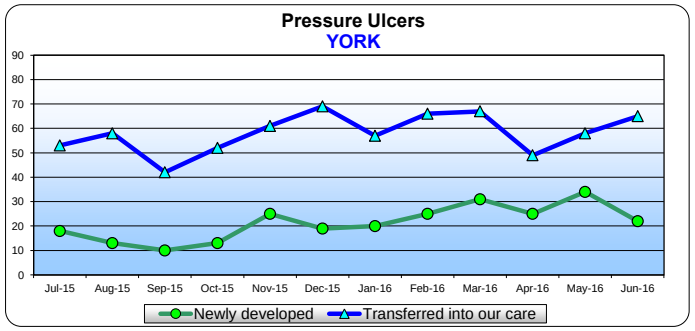


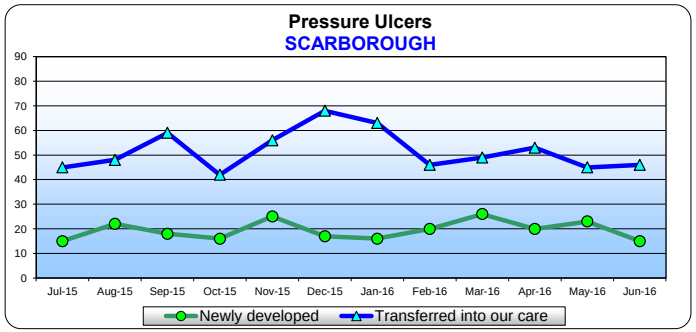


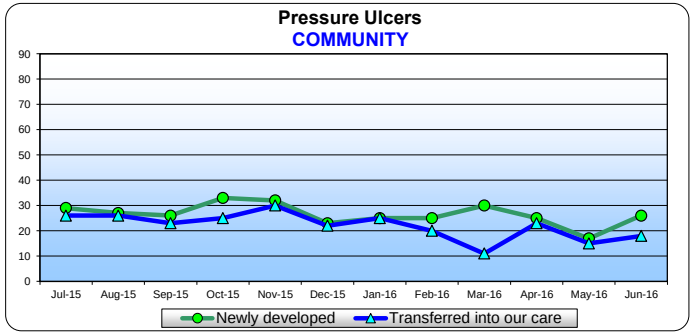


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.

Indicator			Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Pressure Ulcers source: DATIX	York	Newly developed	18	13	10	13	25	19	20	25	31	25	34	22
		Transferred into our care	53	58	42	52	61	69	57	66	67	49	58	65
	Scarborough	Newly developed	15	22	18	16	25	17	16	20	26	20	23	15
		Transferred into our care	45	48	59	42	56	68	63	46	49	53	45	46
	Community	Newly developed	29	27	26	33	32	23	25	25	30	25	17	26
		Transferred into our care	26	26	23	25	30	22	25	20	11	23	15	18



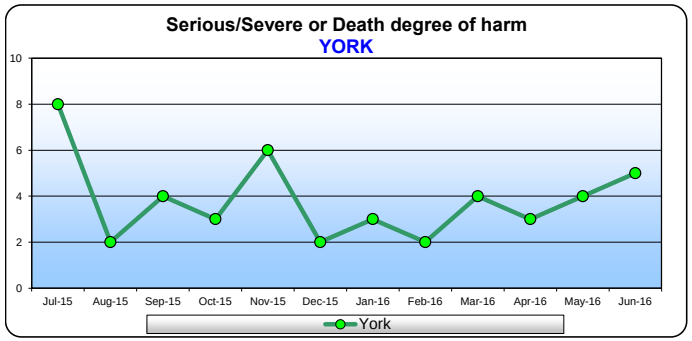


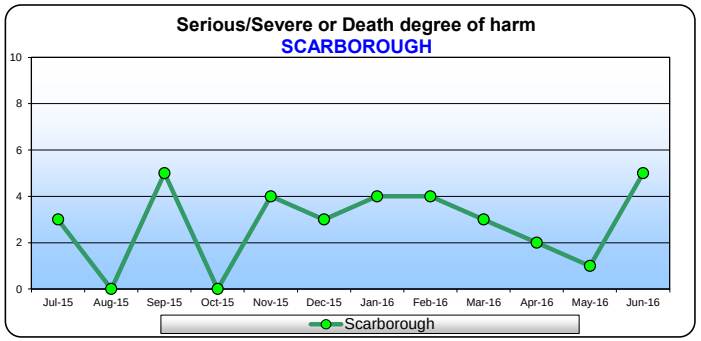


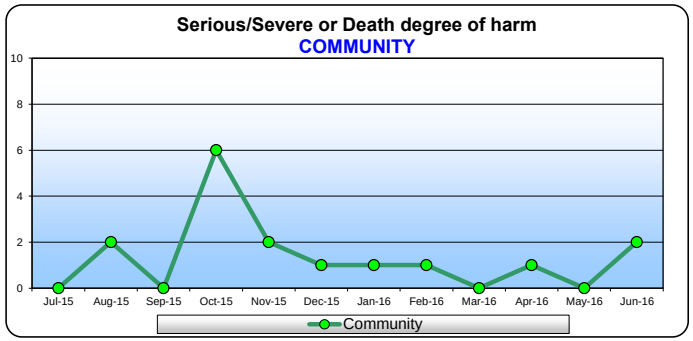
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised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

Measures of Harm

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

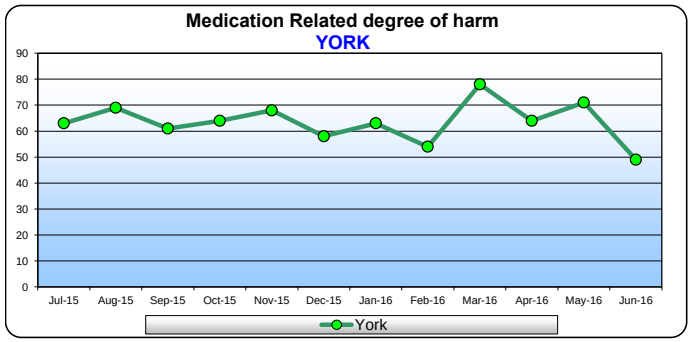


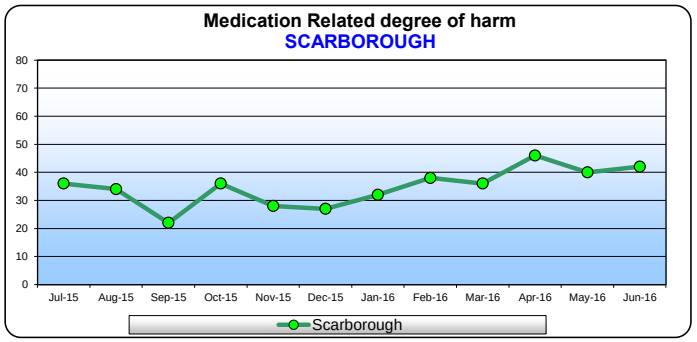


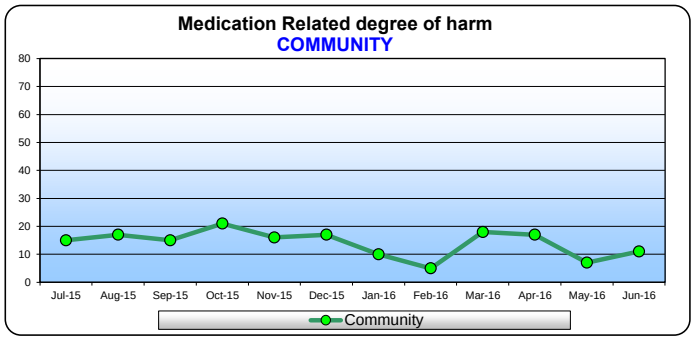


Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Degree of harm: Medication Related Issues source: Datix	York	63	69	61	64	68	58	63	54	78	64	71	49
	Scarborough	36	34	22	36	28	27	32	38	36	46	40	42
	Community	15	17	15	21	16	17	10	5	18	17	7	11

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.

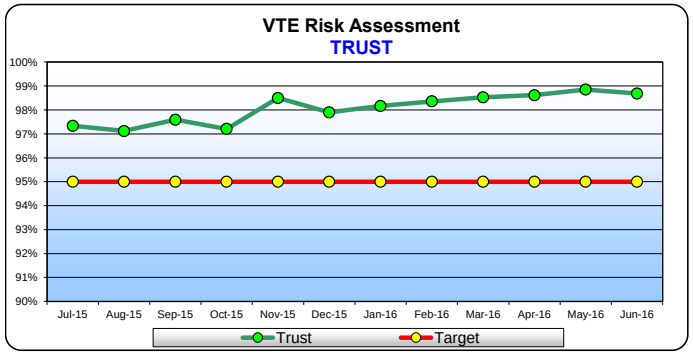


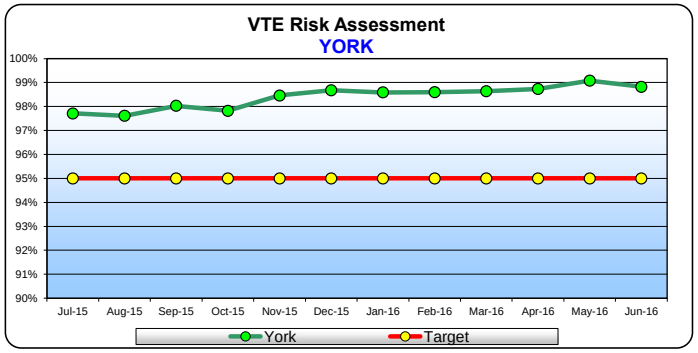


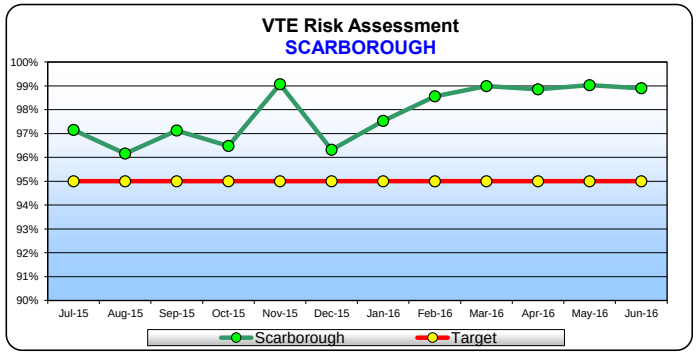


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	£200 in respect of each excess breach above threshold	Trust	95%	97.4%	97.9%	98.4%	98.7%	98.6%	98.9%	98.7%
		York	95%	97.8%	98.3%	98.6%	98.9%	98.7%	99.1%	98.8%
		Scarborough	95%	96.8%	97.3%	98.3%	98.9%	98.9%	99.0%	98.9%







Never Events

Indicator	Consequence of Breach	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
SURGICAL									
Wrong site surgery	As below	**>0**	**0**	**0**	**0**	**2**	1	0	1
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**	**1**	**0**	0	0	0
Overdose of midazolam during conscious sedation		**>0**	**0**	**0**	**0**	**0**	0	0	0
Opioid overdose of an opioid-naïve Service User		**>0**	**0**	**0**	**0**	**0**	0	0	0
Inappropriate administration of daily oral methotrexate		**>0**	**0**	**0**	**0**	**0**	0	0	0
GENERAL HEALTHCARE									
Falls from unrestricted windows	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	**>0**	**0**	**0**	**0**	**0**	0	0	0
Entrapment in bedrails		**>0**	**0**	**0**	**0**	**0**	0	0	0
Transfusion of ABO incompatible blood components		**>0**	**0**	**0**	**0**	**0**	0	0	0
Transplantation of ABO incompatible organs as a result of error		**>0**	**0**	**0**	**0**	**0**	0	0	0
Misplaced naso- or oro-gastric tubes		**>0**	**0**	**0**	**0**	**0**	0	0	0
Wrong gas administered		**>0**	**0**	**0**	**0**	**0**	0	0	0
Failure to monitor and respond to oxygen saturation		**>0**	**0**	**0**	**0**	**0**	0	0	0
Air embolism		**>0**	**0**	**0**	**0**	**0**	0	0	0
Misidentification of Service Users		**>0**	**0**	**0**	**0**	**0**	0	0	0
Severe scalding of Service Users		**>0**	**0**	**0**	**0**	**0**	0	0	0
	MATERNITY								
Maternal death due to post-partum haemorrhage after elective caesarean section	As above	**>0**	**0**	**0**	**0**	**0**	0	0	0

Drug Administration

Omitted Critical Medicines
The audit of critical medicines missed during June indicated 1.75% for York and 1.13% for Scarborough.

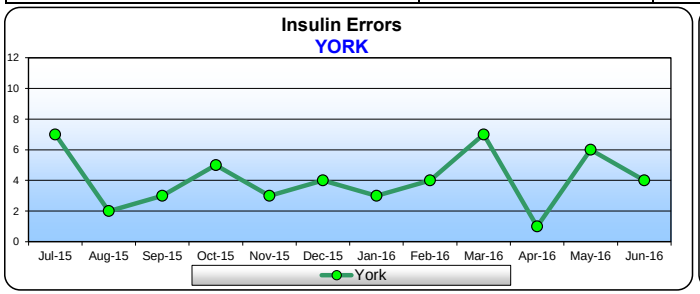
Prescribing Errors
There were 24 prescribing related errors in June; 11 from York, 10 from Scarborough and 3 from Community.

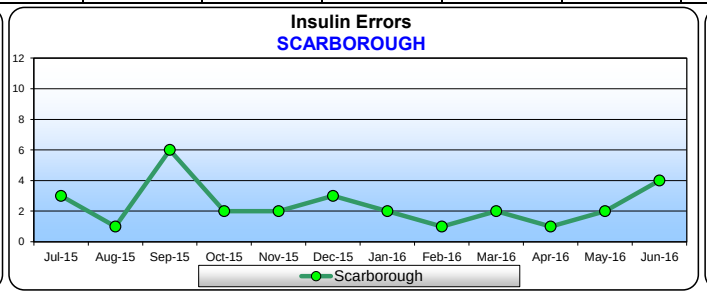
Preparation and Dispensing Errors
There were 15 preparation/dispensing errors in June; 7 from York, 8 from Scarborough and 0 from Community.

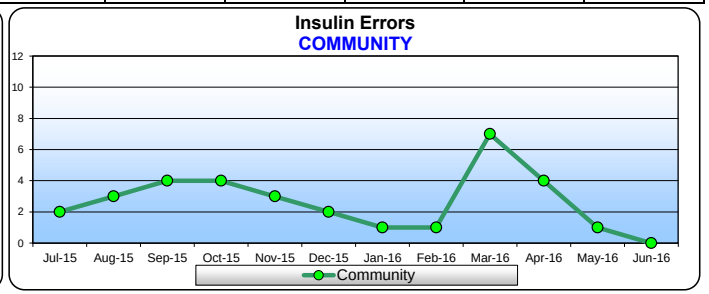
Administrating and Supply Errors
There were 38 administrating/supplying errors in June; 19 were from York, 16 from Scarborough and 3 from Community.

Drug Administration

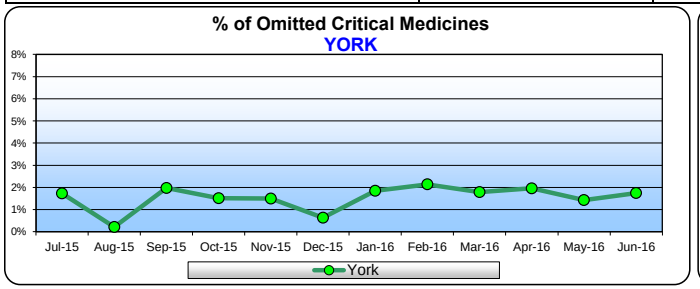
Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Insulin Errors source: Datix	York	7	2	3	5	3	4	3	4	7	1	6	4
	Scarborough	3	1	6	2	2	3	2	1	2	1	2	4
	Community	2	3	4	4	3	2	1	1	7	4	1	0

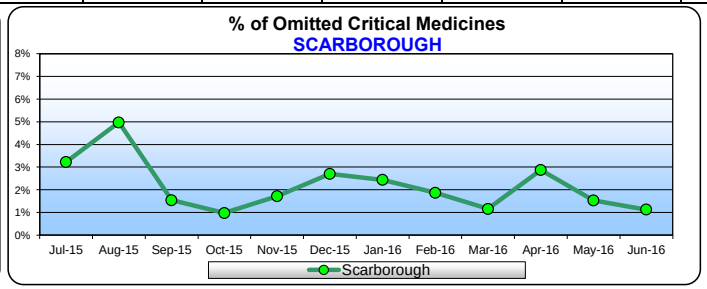


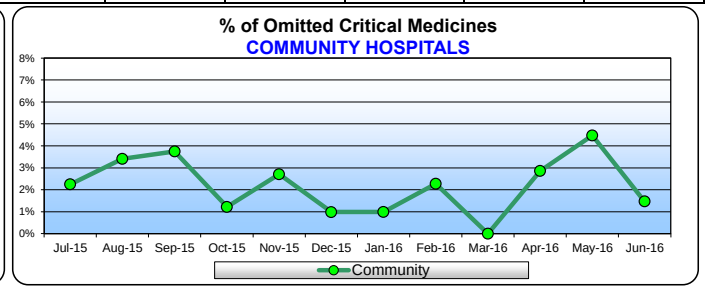




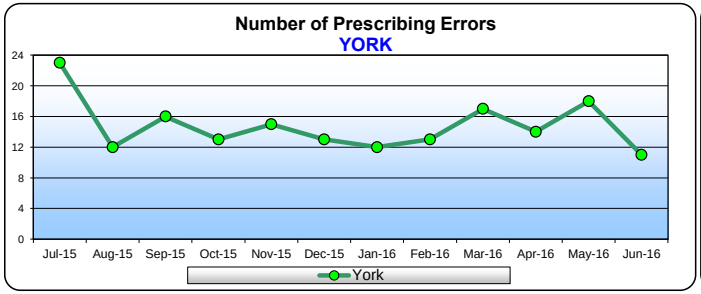
Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Number of Omitted Critical Medicines source: Datix	York	8	1	9	6	6	3	9	10	8	9	6	8
	Scarborough	7	10	3	2	4	7	6	5	3	8	4	3
	Community Hospitals	2	3	3	1	2	1	1	2	0	2	3	1

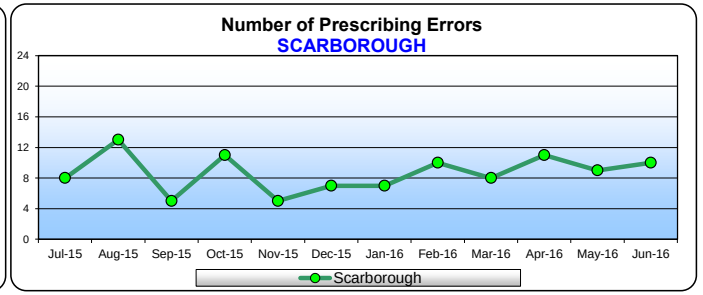


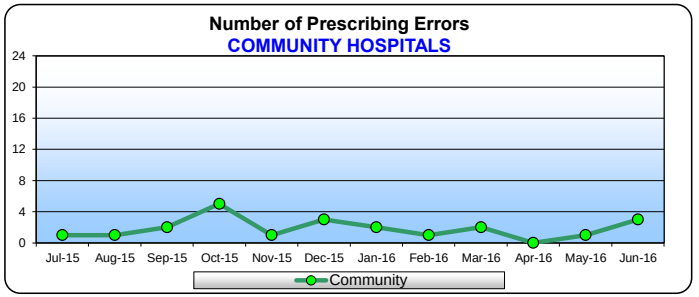




Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Number of Prescribing Errors source: Datix	York	23	12	16	13	15	13	12	13	17	14	18	11
	Scarborough	8	13	5	11	5	7	7	10	8	11	9	10
	Community Hospitals	1	1	2	5	1	3	2	1	2	0	1	3

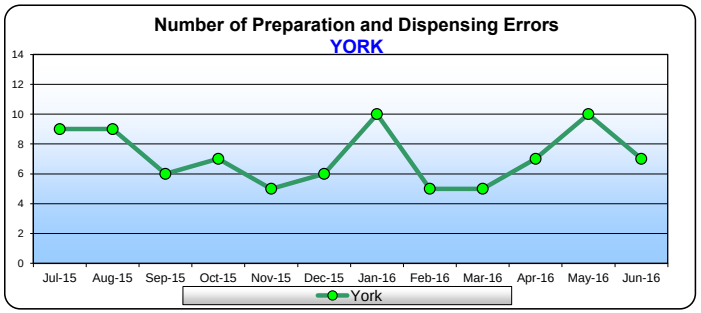


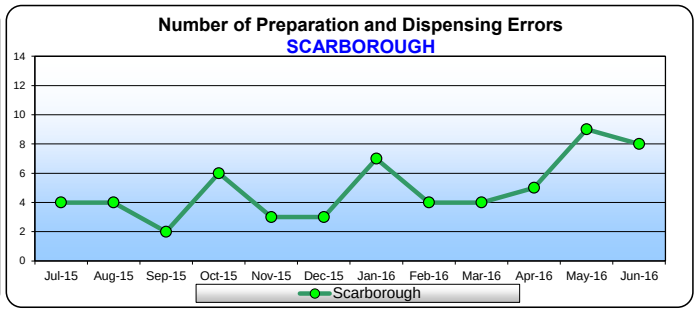


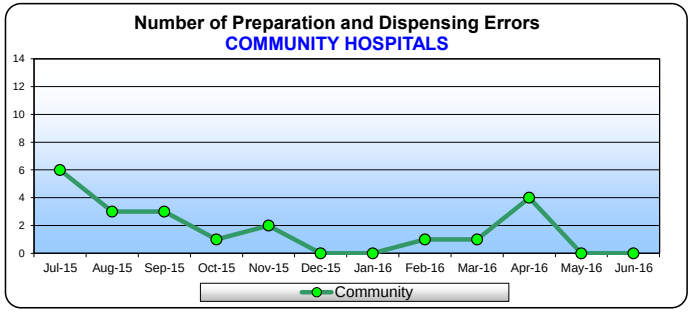


Drug Administration

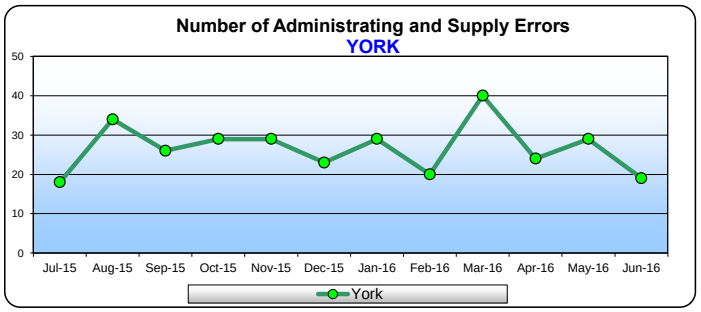
Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Number of Preparation and Dispensing Errors source: Datix	York	9	9	6	7	5	6	10	5	5	7	10	7
	Scarborough	4	4	2	6	3	3	7	4	4	5	9	8
	Community Hospitals	6	3	3	1	2	0	0	1	1	4	0	0

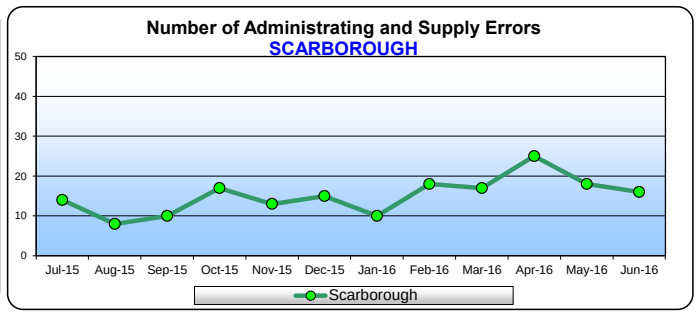


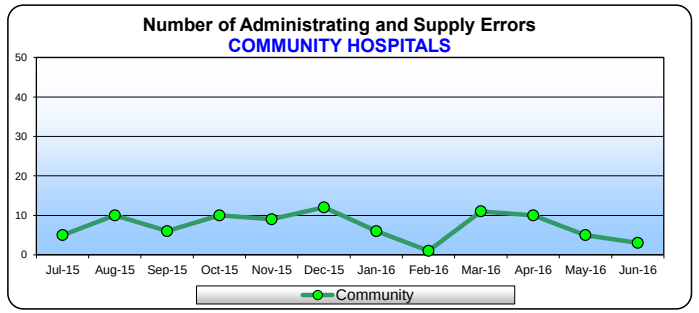




Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
Administrating and Supply Errors source: Datix	York	18	34	26	29	29	23	29	20	40	24	29	19
	Scarborough	14	8	10	17	13	15	10	18	17	25	18	16
	Community Hospitals	5	10	6	10	9	12	6	1	11	10	5	3







Measures of Harm: Safety Thermometer

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

Harm Free Care

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

·York: 95.6%
·Scarborough: 94.5%
·Community Hospitals: 91.2%
·Community care: 96.5%

Harm from Catheter Associated Urinary Tract Infection

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

·York: 0.6%
·Scarborough: 3.8%
·Community Hospitals: 0.0%
·Community Care: 0.0%

VTE

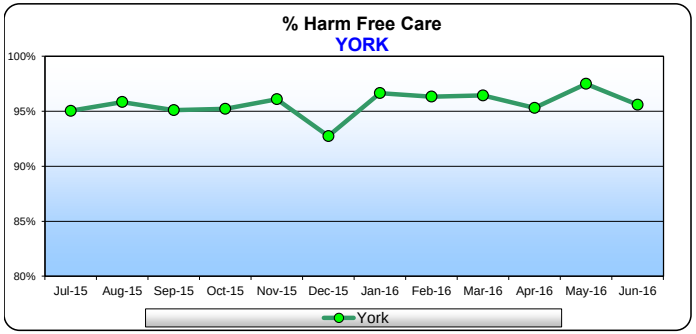
The percentage of patients affected by VTE as measured by the Department of Health definition, monthly measurement of prevalence:

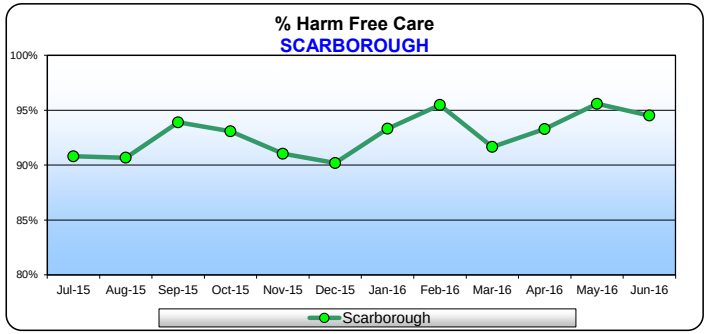
·York: 0.4%
·Scarborough: 0.3%
·Community Hospitals: 0.0%
·Community Care: 0.0%

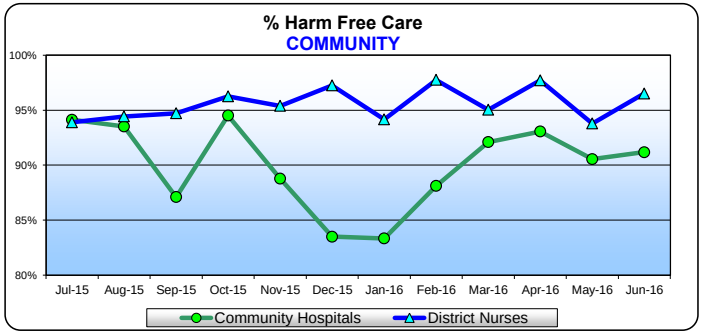
Safety Thermometer

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

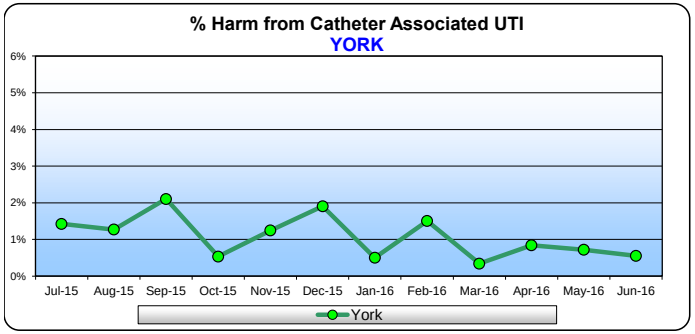
Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
% of Harm Free Care source: Safety Thermometer	York	95.0%	95.8%	95.1%	95.2%	96.1%	92.7%	96.7%	96.3%	96.4%	95.3%	97.5%	95.6%
	Scarborough	90.8%	90.7%	93.9%	93.1%	91.0%	90.2%	93.3%	95.5%	91.7%	93.3%	95.6%	94.5%
	Community Hospitals	94.1%	93.5%	87.1%	94.5%	88.8%	83.5%	83.3%	88.1%	92.1%	93.1%	90.5%	91.2%
	District Nurses	93.9%	94.4%	94.7%	96.2%	95.4%	97.2%	94.2%	97.8%	95.0%	97.7%	93.8%	96.5%

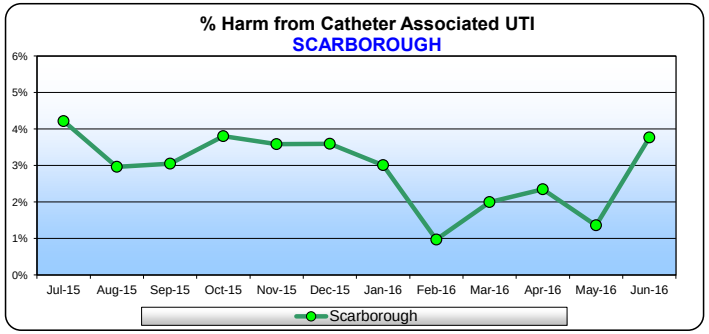


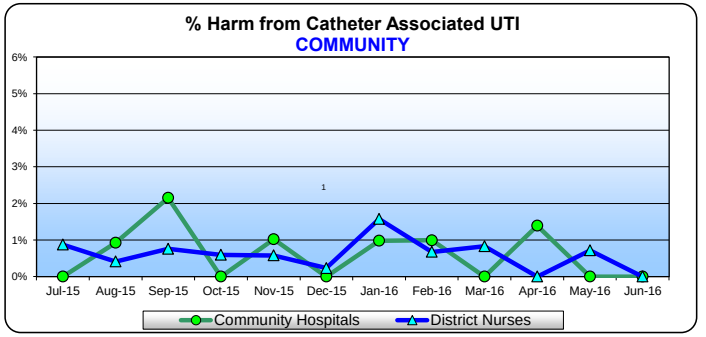




Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	1.4%	1.3%	2.1%	0.5%	1.2%	1.9%	0.5%	1.5%	0.3%	0.8%	0.7%	0.6%
	Scarborough	4.2%	3.0%	3.1%	3.8%	3.6%	3.6%	3.0%	1.0%	2.0%	2.3%	1.4%	3.8%
	Community Hospitals	0.0%	0.9%	2.2%	0.0%	1.0%	0.0%	1.0%	1.0%	0.0%	1.4%	0.0%	0.0%
	District Nurses	0.9%	0.4%	0.8%	0.6%	0.6%	0.2%	1.6%	0.7%	0.8%	0.0%	0.7%	0.0%



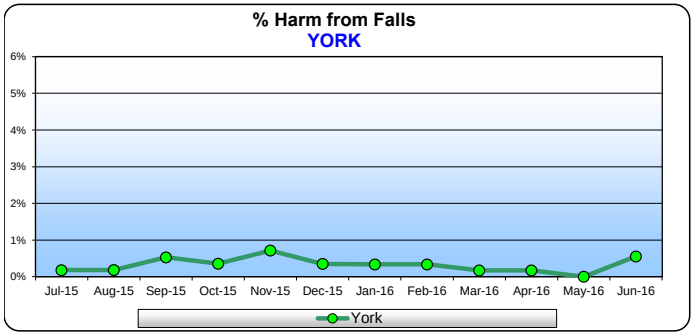


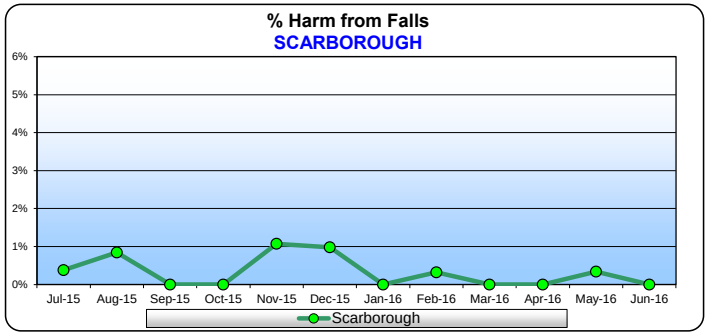


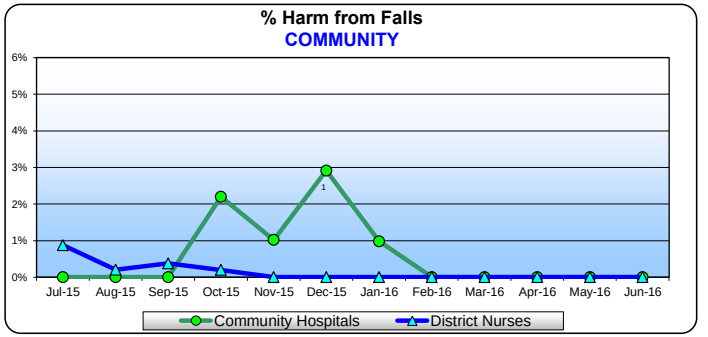
Safety Thermometer

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

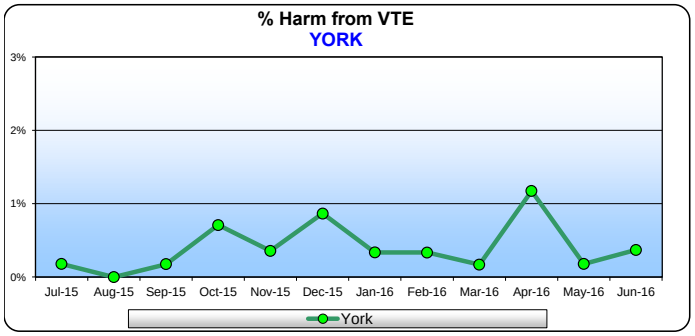
Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
% of Harm from Falls source: Safety Thermometer	York	0.2%	0.2%	0.5%	0.4%	0.7%	0.3%	0.3%	0.3%	0.2%	0.2%	0.0%	0.6%
	Scarborough	0.4%	0.8%	0.0%	0.0%	1.1%	1.0%	0.0%	0.3%	0.0%	0.0%	0.3%	0.0%
	Community Hospitals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

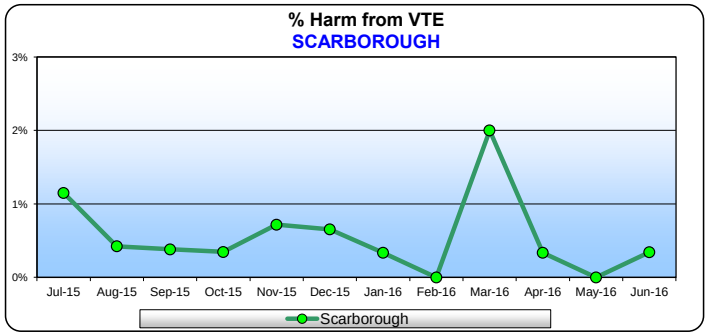


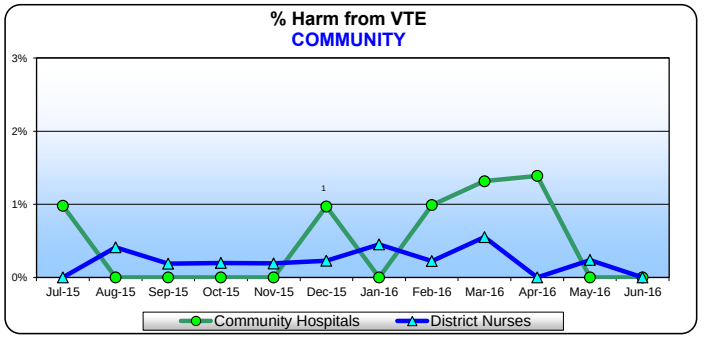




Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
% of VTE source: Safety Thermometer	York	0.2%	0.0%	0.2%	0.7%	0.4%	0.9%	0.3%	0.3%	0.2%	1.2%	0.2%	0.4%
	Scarborough	1.1%	0.4%	0.4%	0.3%	0.7%	0.7%	0.3%	0.0%	2.0%	0.3%	0.0%	0.3%
	Community Hospitals	1.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	1.0%	1.3%	1.4%	0.0%	0.0%
	District Nurses	0.0%	0.4%	0.2%	0.2%	0.2%	0.2%	0.5%	0.2%	0.6%	0.0%	0.2%	0.0%



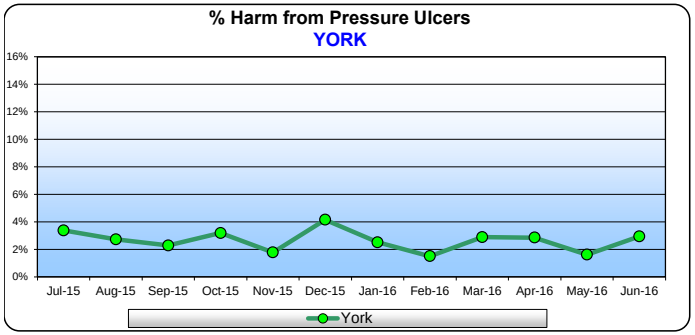


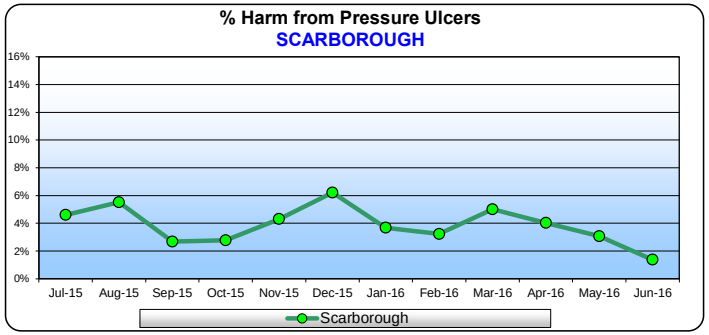


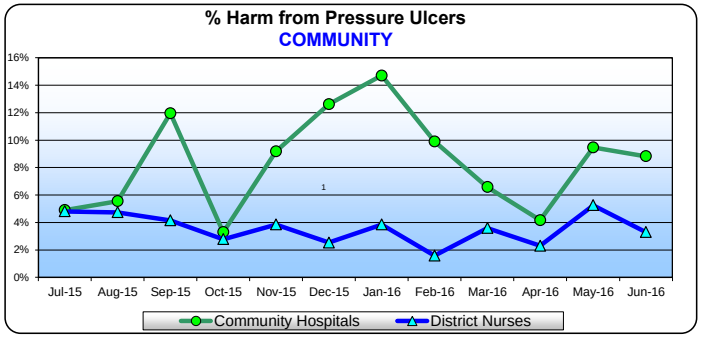
Safety Thermometer

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

Indicator		Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16
% of Pressure Ulcers source: Safety Thermometer	York	3.4%	2.7%	2.3%	3.2%	1.8%	4.2%	2.5%	1.5%	2.9%	2.9%	1.6%	2.9%
	Scarborough	4.6%	5.5%	2.7%	2.8%	4.3%	6.2%	3.7%	3.2%	5.0%	4.0%	3.1%	1.4%
	Community Hospitals	4.9%	5.6%	12.0%	3.3%	9.2%	12.6%	14.7%	9.9%	6.6%	4.2%	9.5%	8.8%
	District Nurses	4.8%	4.7%	4.2%	2.8%	3.8%	2.5%	3.8%	1.6%	3.6%	2.3%	5.3%	3.3%







Mortality

Indicator	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15
SHMI – York locality	98.7986	96	93	93	95	98	99	97	96	95	93	94
SHMI – Scarborough locality	107.7479	108	104	105	107	108	109	107	108	107	107	108
SHMI – Trust	**102**	**101**	**97**	**98**	**99**	**102**	**103**	**101**	**101**	**99**	**99**	**99**

Definition

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

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

Analysis of Performance

The latest SHMI report indicates the Trust to be in the 'as expected' range. The Jan 2015 - Dec 2015 SHMI saw a 1 point increase at York and Scarborough and no change for the Trust . Trust - 99, York 94 and Scarborough 108.

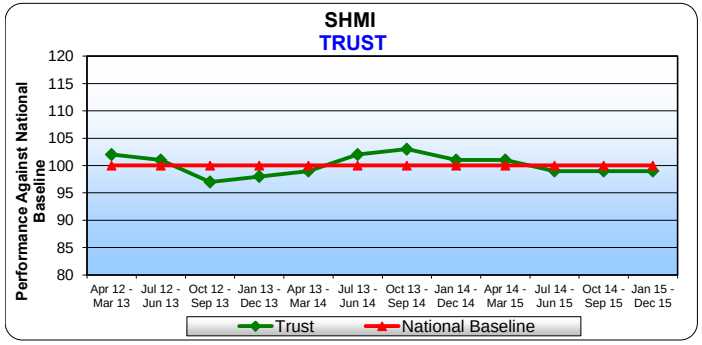
There were a total of 156 inpatient deaths across the Trust in June; including 101 at York and 42 at Scarborough. For the same period last year there were 160 deaths across the Trust (2.5% reduction year on year). The majority of deaths in June 2016 occurred under Geriatric Medicine which is consistent across previous months (81 in June 2016).
In Q1 2016/17 there were a total of 517 inpatient deaths versus 525 in Q1 2015/16. This is a year on year reduction of 1.5%.

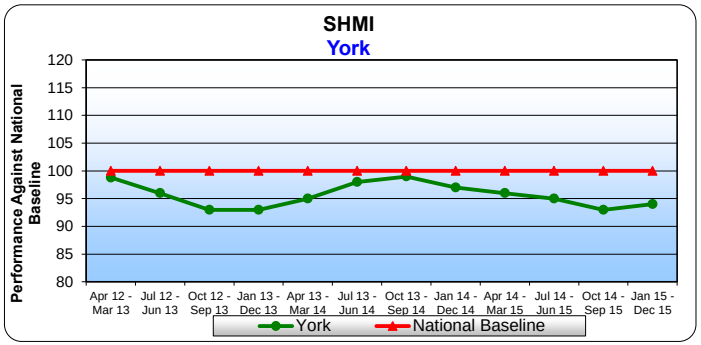
12 deaths occurred in the Emergency departments in June 2016 (York 6, Scarborough 6). A total of 52 occurred in Q1 2016/17 versus 37 in Q1 2015/16, this is a year on year increase of 40.5%. Of note, York has seen a 50.0% increase and Scarborough has seen a 29.4% increase (Q1 2015/16 versus Q1 2016/17).

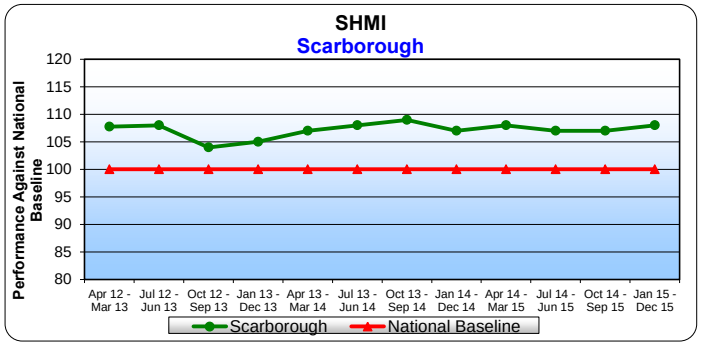
Mortality

York Teaching Hospital NHS
NHS Foundation Trust

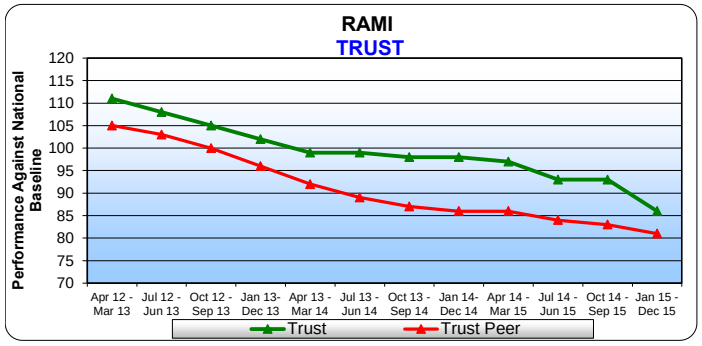
Indicator	Consequence of Breach (Monthly unless specified)	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	102	103	101	101	99	99	99
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	98	99	97	96	95	93	94
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	108	109	107	108	107	107	108

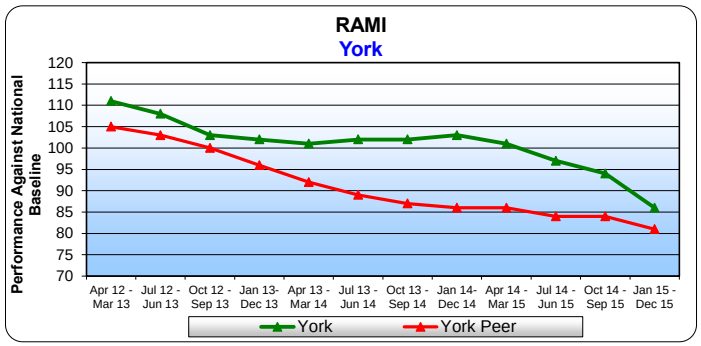


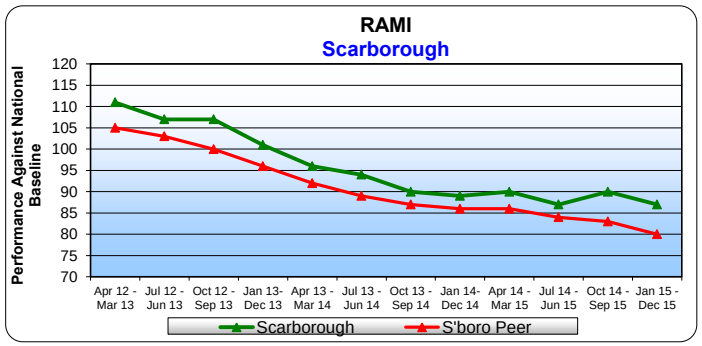




Indicator	Consequence of Breach (Monthly unless specified)	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15
Mortality – RAMI (TRUST)	**none - monitoring only**	99	98	98	97	93	93	86
Mortality – RAMI (YORK)	**none - monitoring only**	102	102	103	101	97	94	86
Mortality – RAMI (SCARBOROUGH)	**none - monitoring only**	94	90	89	90	87	90	87



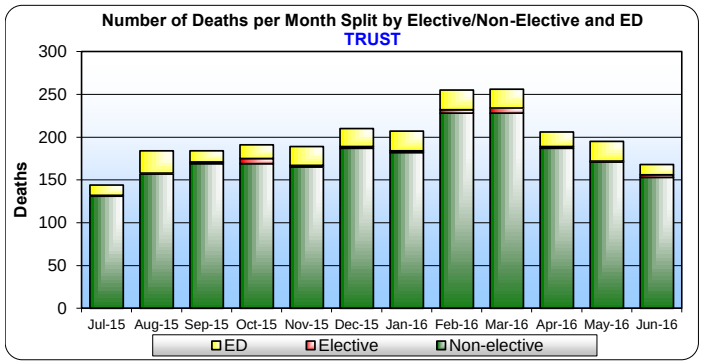


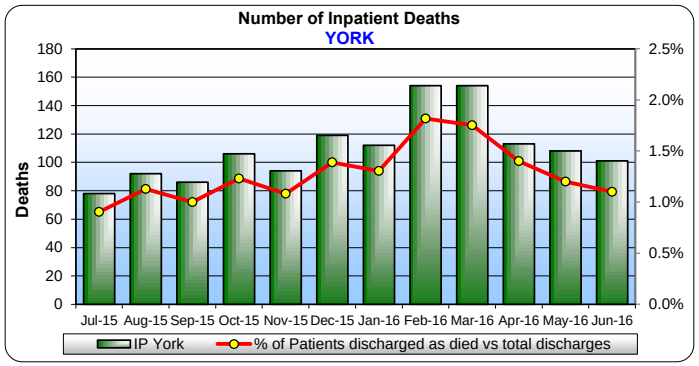


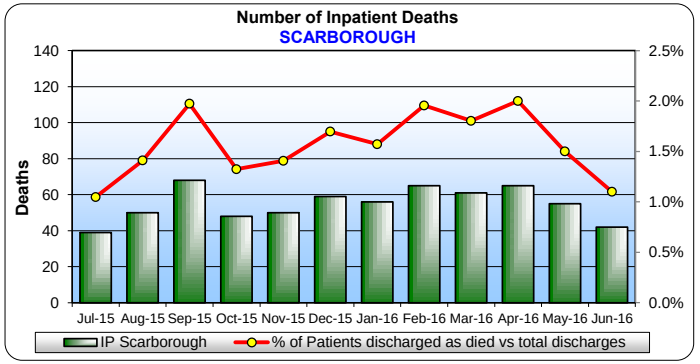
Mortality

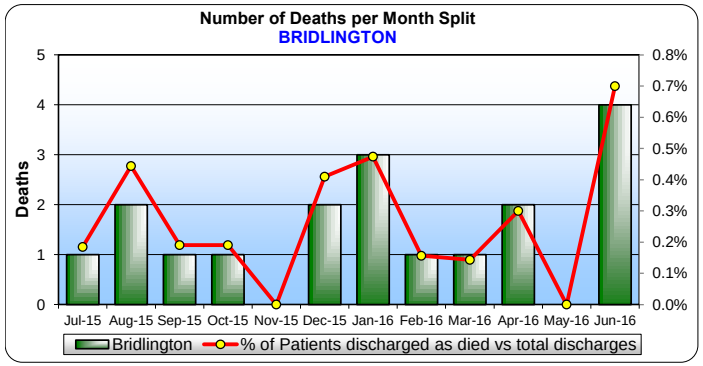
York Teaching Hospital NHS
NHS Foundation Trust

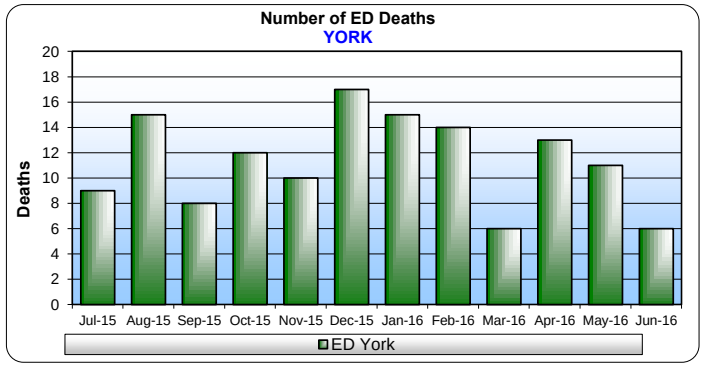
Indicator	Consequence of Breach (Monthly unless specified)	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Number of Inpatient Deaths	None - Monitoring Only	461	531	650	517	189	172	156
Number of ED Deaths	None - Monitoring Only	51	59	68	52	17	23	12

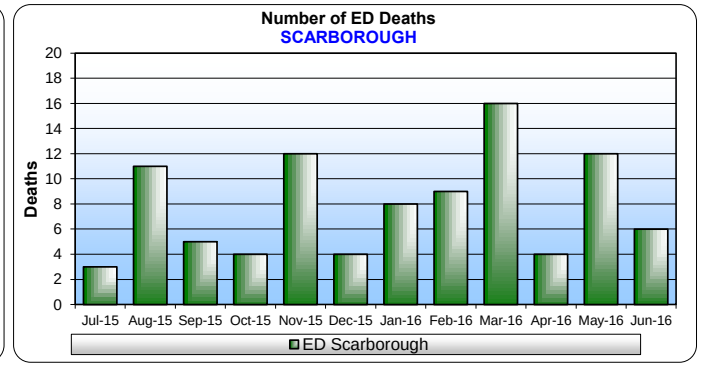


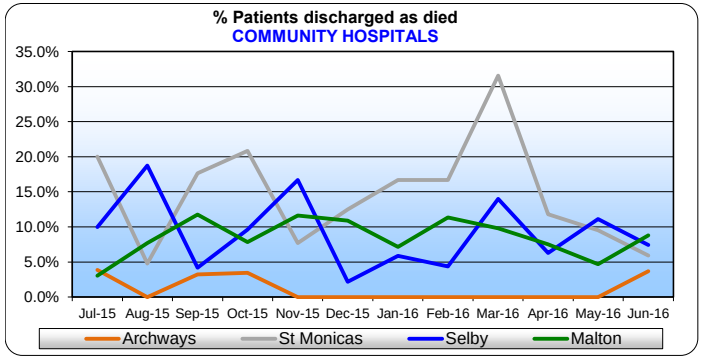


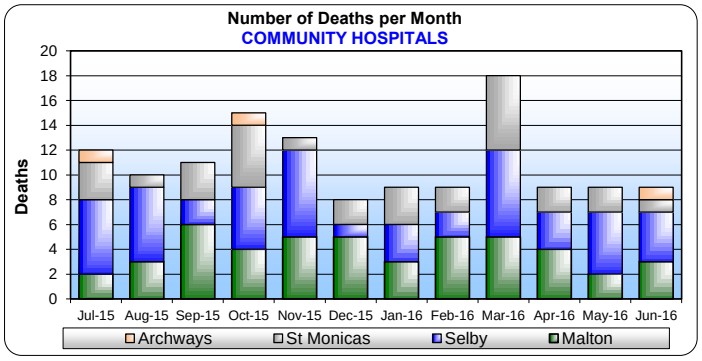












Month	Malton	Selby	St Monicas	Archways	Brid
Jul-15	2	6	3	1	1
Aug-15	3	6	1	0	2
Sep-15	6	2	3	0	1
Oct-15	4	5	5	1	1
Nov-15	5	7	1	0	0
Dec-15	5	1	2	0	2
Jan-16	3	3	3	0	3
Feb-16	5	2	2	0	1
Mar-16	5	7	6	0	1
Apr-16	4	3	2	0	2
May-16	2	5	2	0	0
Jun-16	3	4	1	1	4

Patient Safety Walkrounds – June 2016

Date	Location	Participants	Actions & Recommendations
08/06/2016	Ward 34 and Sleep Service – York Hospital	Brian Golding – Director Nigel Durham – CD Sharon Lewis – Directorate Manager Christine Morris – Matron Jenni Lee - Sister Philip Ashton - NED	Nurse staffing issues currently present the highest risk to patient safety on the ward. The Ward is facing significant turnover with three experienced nurses recently left. The remaining nurses are a relatively inexperienced team under new leadership. The Ward has five Spanish nurses and communication difficulties particularly with patients have been identified. The team felt that there should be three RCNs at night for the NIV service to be robust. This service stops when staff are unavailable thereby putting pressure on HDU. Action - discuss a potential business case via their PMM to strengthen staffing – taking into account the impact that a fully staffed ward could have on HDU, with the potential to create a High Observation Unit. The flooring in the main circulation areas in the ward is a particular concern, much of it is damaged and temporarily repaired, posing trip hazards and infection reservoirs. Action - liaise with Jenny Hey on the Summer Ward Programme to maximise benefit to Ward 34.
17/06/2016	Ward 35 and Ward 37 – York Hospital	Bev Geary – Director Jamie Todd – Directorate Manager Katie Holgate – Matron Jennie Adams - NED	Ward 35 The window restrictors prevent widows from being adequately opened during Summer months. Action – request window bars to be positioned and restrictors to be removed to maximise air flow. Ward 37 There are an increasing number of incidents where patients fall and experience severe harm. Action - temporarily increase HCA provision to provide enhanced supervision to patients at risk and liaise with CCG and mental health providers about patients who are delayed in their discharge/transfer of care and progress Dementia Café.
22/06/2016	Ward 32, CCU and Cardiac Rehab - York Hospital	Sue Rushbrook – Director Mandy Mullin – Deputy Directorate Manager Christine Morris – Matron Juliette King - Sister Ward 32 Anne Barfoot - Sister CCU Philip Ashton - NED	Ward 32 Storage of equipment including three gas cylinders in a store room is a concern. Action – discuss with Estates Team. Lack of piped oxygen and air to two escalation beds. Action – discuss with Estates Team the need for piped gases to all beds. Broken Window. Action – request repair from Estates Team. Missing dynamaps. Action – DDM to investigate. Named Angio / PCI nurse supports other wards when staffing reduced. Action - continue to liaise with Corporate Nursing Team. CCU Staffing levels including outreach service to ED remains a concern. Action - continue to liaise with Corporate Nursing Team.

Infection Prevention - MRSA Incidence

York Teaching Hospital NHS
NHS Foundation Trust

MRSA bacteraemia

Cases by Directorate from April 16 to March 17

YORK HOSPITAL	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Anaesthetics													0
Elderly													0
Head and Neck													0
Haematology													0
Medical			1										1
Obs and Gynae													0
Orthopaedics													0
Paediatrics													0
Specialist Medicine	1												1
Surgical													0
York	1	0	1	0	0	0	0	0	0	0	0	0	2

Scarborough and Bridlington Hospitals	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Acute Medicine													0
Anaesthetics													0
Elderly Medicine													0
Medical													0
Obs and Gynae													0
Orthopaedics													0
Surgical													0
Paediatrics													0
Scarborough and Bridlington	0	0	0	0	0	0	0	0	0	0	0	0	0

COMMUNITY	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Archways													0
Rehabilitation Units													0
St Helens													0
Whitecross Court													0
Malton													0
Selby													0
St Monicas													0
Whitby													0
Community	0	0	0	0	0	0	0	0	0	0	0	0	0

Infection Prevention - CDIFF Incidence

York Teaching Hospital NHS
NHS Foundation Trust

Clostridium difficile (toxin positive only) - Toxin positive by EIA only - as per mandatory reporting

Post 3 day cases by Directorate from April 16 to March 17

YORK HOSPITAL	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Anaesthetics													0
Elderly			1										1
Haematology													0
Medical		1	1										2
Neurology													0
Surgical			1										1
Specialist Medicine													0
Head and Neck													0
Orthopaedics													0
Obs and Gynae													0
Paediatrics													0
York	0	1	3	0	0	0	0	0	0	0	0	0	4

Scarborough and Bridlington Hospitals	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Acute Medicine													0
Anaesthetics													0
Elderly Medical	2												2
Medical													0
Obstetrics													0
Orthopaedics													0
Paediatrics													0
Surgical	1												1
Scarborough and Bridlington	3	0	0	0	0	0	0	0	0	0	0	0	3

COMMUNITY	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Archways													0
Rehabilitation Units													0
St Helens													0
Whitecross Court													0
Malton													0
Selby													0
St Monicas													0
Whitby													0
Community	0	0	0	0	0	0	0	0	0	0	0	0	0

Infection Prevention - ECOLI Incidence

York Teaching Hospital NHS
NHS Foundation Trust

E coli bacteraemia

Post 2 day cases by Directorate from April 16 to March 17

YORK HOSPITAL	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Anaesthetics													0
Elderly		1	3										4
Haematology	2												2
Head and Neck													0
Medical		1	1										2
Neurology													0
Obs and Gynae													0
Oncology													0
Paediatrics													0
Specialist Medicine													0
Surgical		1											1
York	2	3	4	0	0	0	0	0	0	0	0	0	9

Scarborough and Bridlington Hospitals	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Acute Medicine													0
Anaesthetics													0
Elderly Medicine		2	3										5
Medical			1										1
Obstetrics													0
Orthopaedics													0
Paediatrics													0
Surgical	2												2
Scarborough and Bridlington	2	2	4	0	0	0	0	0	0	0	0	0	8

COMMUNITY	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Archways													0
Rehabilitation Units													0
Malton	1												1
Selby													0
St Monicas													0
Whitby													0
Community	1	0	0	0	0	0	0	0	0	0	0	0	1

Infection Prevention - MSSA Incidence

York Teaching Hospital NHS
NHS Foundation Trust

MSSA bacteraemia

Post 2 day cases by Directorate from April 16 to March 17

YORK HOSPITAL	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Anaesthetics													0
Elderly			2										2
Head and Neck													0
Haematology													0
Medical	1												1
Obs and Gynae													0
Orthopaedics													0
Paediatrics													0
Specialist Medicine													0
Surgical	3	1											4
York	4	1	2	0	0	0	0	0	0	0	0	0	7

Scarborough and Bridlington Hospitals	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Acute Medicine													0
Anaesthetics													0
Elderly Medicine	2	1											3
Medical	2												2
Obs and Gynae													0
Orthopaedics	1												1
Surgical													0
Paediatrics													0
Scarborough and Bridlington	5	1	0	0	0	0	0	0	0	0	0	0	6

COMMUNITY	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Archways													0
Rehabilitation Units													0
St Helens													0
Whitecross Court													0
Malton													0
Selby													0
St Monicas													0
Whitby													0
Community	0	0	0	0	0	0	0	0	0	0	0	0	0

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	281	294	305	301	254	271	316	289	313	309	276	289
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	85.4%	87.1%	87.9%	85.7%	86.2%	87.5%	83.2%	89.6%	90.1%	88.7%	90.4%	84.8%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	7.5%	6.5%	7.2%	4.7%	3.9%	4.8%	7.6%	2.4%	6.7%	4.2%	3.6%	4.5%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	95.2%	73.7%	86.4%	64.3%	90.0%	76.9%	79.2%	28.6%	61.9%	92.3%	80.0%	69.2%
		Births	No. of babies	CPD	≤295	296-309	≥310	310	287	316	290	291	270	276	245	304	249	292	283
		No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	304	282	311	286	287	269	274	244	295	245	291	280
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	0	0	0	0	0
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	0	0	0	0	0
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	5	11	5	2	8	6	6	5	5	10	2	4
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	1	0	0	0	0	0	0	0	0	0
		SCBU at capacity of intensive cots	No. of times	SCBU	0	1	2 or more	1	0	1	0	1	1	0	0	1	2	6	4
		SCBU no of babies affected	No. of babies affected	SCBU	0		1 or more	1	0	0	0	0	0	0	0	0	1	0	2

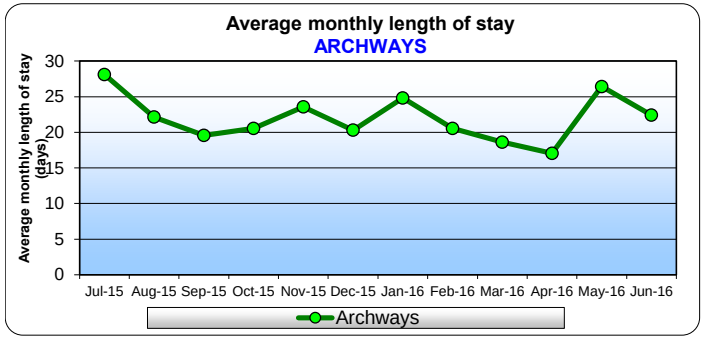
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	35-31	≤31.0	32.0	29.8	28.5	29.3	30.1		29	29	29	28	28	31
		1 to 1 care in Labour	CPD	CPD	≥100%		<100%	70.4%	61.3%	63.0%	70.3%	69.0%	65.8%	65.3%	62.0%	57.3%	72.7%	74.6%	74.6%
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%		<100%	58.0%	37.1%	50.0%	60.0%	50.0%	56.0%	64.0%	50.0%	48.0%	67.0%	63.0%	60.0%
		Consultant cover on L/W	av. hours/week	DM / CD	40		≤39	76	76	76	76	76	76	76	76	76	76	76	76
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	10		≤9	10	10	10	10	10	10	10	10	10	10	10	10
		Supervisor : M/w ratio 1 :	Ratio	Rota - Contact SOM	15	16-18	≥17	14	14	14	14	14	14	14	14	14	12	12	12

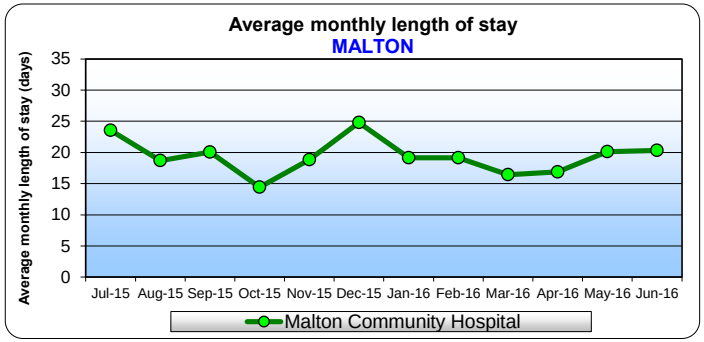
Clinical Indicators	Neonatal/Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	63.2%	57.8%	62.3%	63.1%	60.1%	58.9%	58.3%	56.1%	63.4%	68.1%	62.8%	65.2%
	Morbidity	Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17%	≥18%	10.0%	12.9%	12.7%	14.1%	15.5%	15.9%	14.9%	11.8%	14.2%	9.4%	9.6%	12.1%
		C/S Births	Em & elect - %	CPD	≤26%	26-28%	>28%	25.5%	27.9%	24.4%	22.4%	23.7%	25.2%	25.7%	31.0%	23.7%	22.9%	27.1%	22.5%
		Eclampsia	No. of women	CPD	0		1 or more	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	2	3	1	1	2	0	0	0	0	0	0	0
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	18	21	11	17	16	31	24	17	12	17	14	7
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	1	2	1	5	3	2	2	3	1	1	2	6
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	0	0	1	0	0	0	1	0	0	0	0
		Neonatal Death	No of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	1	0	0	0	0	0	0
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	0	1	1	0	0	1	1	2	0	3	1	1
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0
		Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70%	>70%	76.3%	72.3%	72.7%	74.5%	79.1%	71.0%	73.4%	74.6%	75.3%	80.8%	76.6%	73.9%
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	9.9%	13.1%	9.6%	12.2%	9.4%	14.5%	9.9%	13.1%	12.2%	9.4%	12.7%	10.0%
	Risk Management	SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	0	0	0	0	0	1	0	1	1	0
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	10	12	6	7	7	13	14	6	9	9	9	4
		PPH > 1.5L as % of all women	% of births	CPD				3.2%	4.2%	1.9%	2.4%	2.4%	4.8%	5.1%	2.4%	3.1%	3.7%	2.9%	1.4%
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	2	3	4	7	6	2	0	2	3	3	2	3
		3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.5- 4%	≥4%	2.2%	3.4%	3.4%	4.0%	2.7%	1.0%	0.5%	1.8%	0.8%	0.5%	1.5%	1.8%
	New Complaints	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	2	2	0	0	0	2	0	0	1	1	0	1
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	1	0	1	1	0	0	2	1	1	0	2

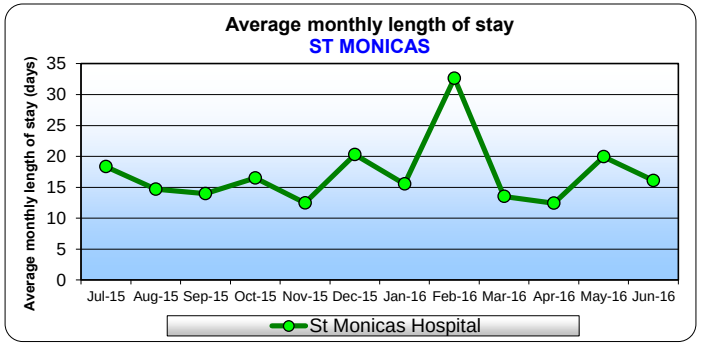
SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	194	155	186	200	138	202	191	196	201	174	195	163
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	8140.0%	92..3%	83.9%	86.5%	89.9%	90.6%	93.2%	89.3%	86.1%	88.5%	86.2%	82.8%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	15.5%	7.1%	8.6%	6.5%	8.7%	6.4%	3.1%	8.2%	8.5%	7.5%	11.3%	11.0%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	86.7%	100.0%	100.0%	76.9%	100.0%	100.0%	100.0%	93.8%	76.5%	76.9%	100.0%	77.8%
		Births	No. of babies	CPD	≤170	171-189	≥190	134	139	133	139	121	107	123	142	111	118	148	133
		No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	134	139	132	139	120	106	120	139	111	115	148	133
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	1	3	2	1	0
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	1	3	0	0	0
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	0	0	0	0	0	0	0	0	0	0	0
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0
		SCBU at capacity	No. of times	SCBU	0	1	2 or more	4	6	1	2	10	2	0	1	1	9	5	8
		SCBU no of babies affected	No. of babies affected	SCBU	0		1 or more	0	0	0	0	1	0	0	0	0	0	0	2
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	35-31	≤31.0	39.1	36.8	37.0	38.8	39.4	40.2	40.4	43.0	40.2	39.4	38.3	38.1
		1 to 1 care in Labour	CPD	CPD	≥100%		<100%	86.6%	83.5%	85.6%	91.4%	82.5%	84.9%	84.2%	82.7%	86.5%	89.6%	84.0%	85.7%
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%		<100%	84.7%	75.4%	83.0%	82.2%	85.0%	81.0%	74.0%	62.0%	82.2%	87.0%	80.0%	85.0%
		Consultant cover on L/W	av. hours/week	DM / CD	40		≤39	40	40	40	40	40	40	40	40	40	40	40	40
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	10		≤9	3	3	3	3	3	3	3	3	3	3	3	3
		Supervisor : M/w ratio 1 :	Ratio	Rota - Contact SOM	15	16-18	≥17	14	14	14	14	14	14	14	14	14	12	12	12
Clinical Indicators	Neonatal/Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	62.7%	71.2%	75.2%	73.4%	61.2%	66.4%	66.7%	69.0%	69.9%	66.9%	74.3%	63.0%
	Morbidity	Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17%	≥18%	11.2%	10.1%	3.8%	10.1%	11.6%	6.5%	10.6%	4.9%	7.2%	11.3%	9.5%	7.5%
		C/S Births	Em & elect - %	CPD	≤26%	26-28%	>28%	26.1%	18.7%	20.3%	16.5%	26.4%	27.1%	22.8%	26.1%	23.4%	22.6%	16.2%	30.1%
		Eclampsia	No. of women	CPD	0		1 or more	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	0	0	0	0	0	0	0	0	0	0	0	0
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	3	1	2	4	5	3	4	7	3	1	4	2
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	3	1	1	2	2	0	1	2	1	1	1	1
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	0	0	0	0	0	1	0	1	1	0	0
		Neonatal Death	No of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	0	0	0	1	1	0	0	0	0	0	2	0
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0
		Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70%	>70%	55.2%	59.0%	53.0%	58.3%	65.0%	59.4%	62.5%	57.6%	64.0%	58.3%	60.8%	61.7%
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	23.9%	15.1%	30.3%	20.1%	22.5%	22.6%	15.8%	19.4%	14.4%	22.6%	20.3%	21.1%
	Risk Management	SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	2	0	1	0	3	1	4	3	2	2	3	1
		PPH > 1.5L as % of all women	% of births	CPD				1.5%	0.0%	0.8%	0.0%	2.5%	0.9%	3.0%	2.2%	1.8%	1.7%	2.1%	0.0%
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	2	2	2	0	0	0	2	0	2	2	1	0
		3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.5- 4%	≥4%	4.0%	0.9%	0.0%	3.4%	3.4%	1.3%	0.0%	1.0%	1.1%	2.2%	1.6%	0.0%
	New Complaints	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	1	1	1	0	0	1	0	1	1	0	0	0
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	1	2	0	0	0	0	0	0	1	1	0

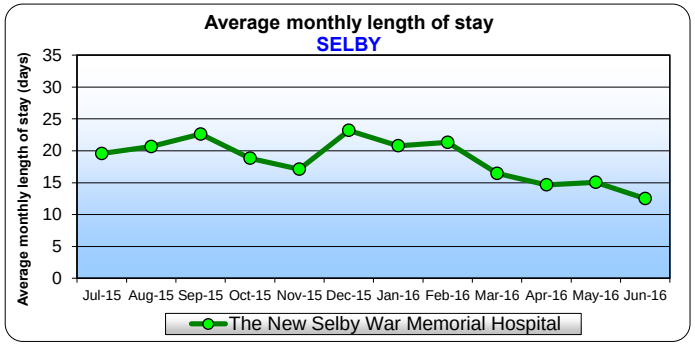
Community Hospitals

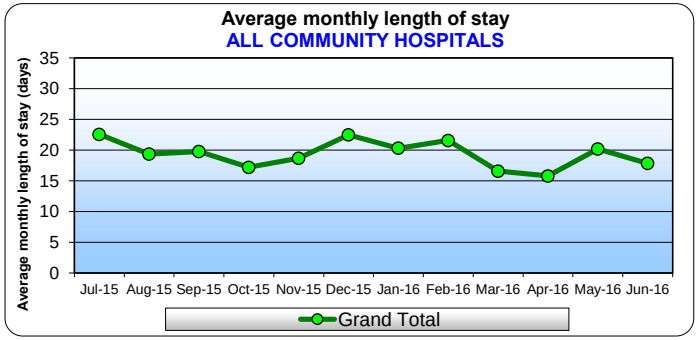
Indicator	Hospital	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Community Hospitals average length of stay (days) Excluding Daycases	**Archways**	22.0	22.5	20.9	21.7	17.0	26.4	22.4
	Malton Community Hospital	24.3	20.5	19.4	18.8	16.9	20.1	20.4
	St Monicas Hospital	19.3	19.3	18.8	16.4	12.4	19.9	16.1
	The New Selby War Memorial Hospital	23.6	23.0	20.4	14.1	14.7	15.1	12.5
	Total	22.7	21.5	20.0	17.9	15.8	20.2	17.9





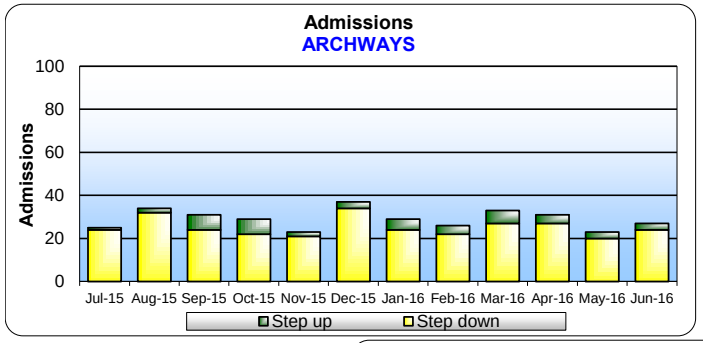


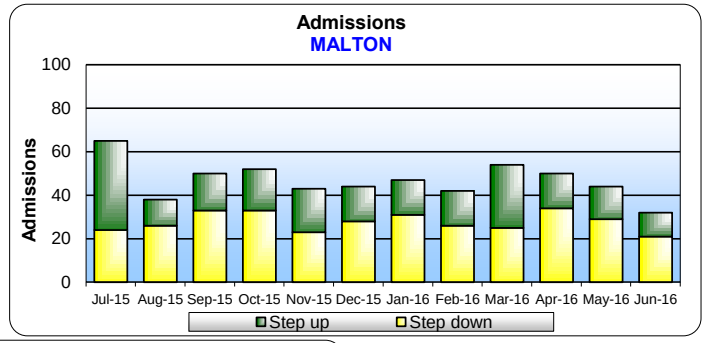


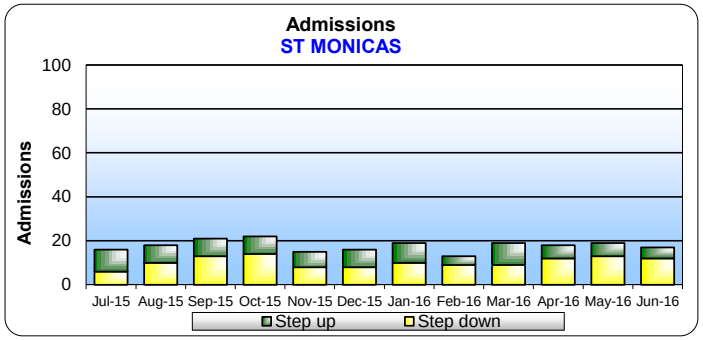


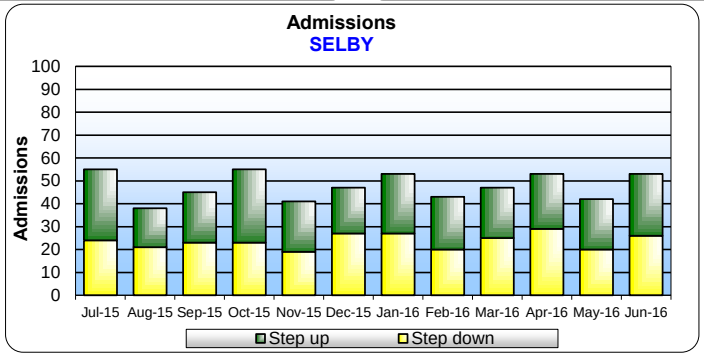
Community Hospitals

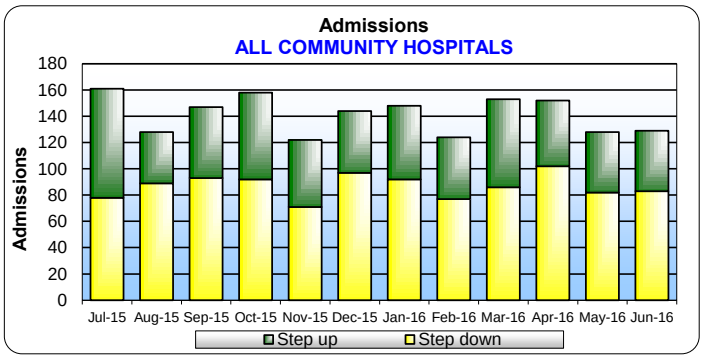
Indicator	Hospital		Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	**Archways**	**Step up**	10	12	15	10	4	3	3
		Step down	80	77	73	71	27	20	24
	Malton Community Hospital	**Step up**	70	55	61	42	16	15	11
		Step down	83	84	82	84	34	29	21
	St Monicas Hospital	**Step up**	26	23	23	17	6	6	5
		Step down	29	30	28	37	12	13	12
	The New Selby War Memorial	**Step up**	70	74	71	73	24	22	27
		Step down	68	69	72	75	29	20	26
	Total	**Step up**	131	113	122	142	50	46	46
		Step down	436	504	295	267	102	82	83











Quality and Safety: Misc

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	0	8	4	13	8	3	2
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	**0**	0	0	0	0	0	0	0
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	0	0	3	0	0	0	0
% Compliance with WHO safer surgery checklist	No financial penalty	**100%**	100%	100%	100%	100%	100%	100%	100%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**99%**	99.7%	99.8%	99.9%	To follow	99.9%	To follow	To follow
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**95%**	97.1%	98.4%	99.0%	To follow	98.7%	To follow	To follow
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	**>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%**	5.1%	4.3%	Reports currently unavailable from the HSCIC due to a change in system.				
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in Service Condition 3 and General Condition 9	**Set baseline in Q1 and agree trajectory**	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and General Condition 9	**Best Practice Standards**	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced and tabled at sub CMB quarterly.						
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.1%	99.7%	99.2%	n/a	99.5%	100.0%	n/a
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	**95%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						

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G2

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors - 27 July 2016

Medical Director's Report

Action requested/recommendation

Board of Directors are requested to:

- Be aware of progress with the Patient Safety Strategy/Sign up to Safety Campaign
- Note the action plan from the recent external review of critical care services
- Be aware of the latest health gain data from the Patient Reported Outcome Measures (PROMs) reports
- Note the results from the National Audit on VTE Risk in Lower Limb Immobilisation in Plaster Casts
- Consider the latest Summary Hospital-level Mortality Indicator (SHMI)
- Review the results from the National Cardiac Arrest Audit
- Note the progress with the implementation of Electronic Prescribing and Medicines Administration.

Summary

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

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

Implications for equality and diversity

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

Reference to CQC outcomes

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

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

Board of Directors - 27 July 2016

Medical Director's Report

1. Introduction and background

In the report this month:

- progress with the Patient Safety Strategy/Sign up to Safety Campaign
- action plan from the recent external review of critical care services
- the latest health gain data from the Patient Reported Outcome Measures (PROMs) reports
- results from the National Audit on VTE Risk in Lower Limb Immobilisation in Plaster Casts
- the latest Summary Hospital-level Mortality Indicator (SHMI)
- results from the National Cardiac Arrest Audit
- progress with the implementation of Electronic Prescribing and Medicines Administration.

2. Sign up to Safety Campaign/Patient Safety Strategy – update

Put safety first- reduce harm

The NICE Guideline 51, Sepsis; recognition, diagnosis and early management was published on 13th June. The guideline provides some information on structured assessments which will be reviewed by the Trust Sepsis Steering group and where necessary our screening tool will be modified to meet the NICE recommendation.

As part of the national CQUIN we continue to audit our compliance with timely identification and treatment for severe sepsis in the emergency departments (EDs) and acute in patient settings. Audit to date suggests that screening is completed in **less than 60%** of potential cases in EDs and approximately **50%** of potential in patient cases. Initiation of treatment and day 3 antibiotic review occurs in only **50%** of patients with severe sepsis admitted to our EDs and approximately **55%** of in patients. Failure to recognise the severity of the illness and to recognise that it is sepsis can result in death which if recognised earlier may have been avoidable.

The key message in NG51is that whenever infection is suspected clinicians should think **'COULD THIS BE SEPSIS?**'

Continually learn and make our organisation more resilient to risks.

The Trust has agreed to be part of the national pilot to roll out training on mortality case record reviews using the Structured Judgement Review Method. A group of senior clinicians from the Trust were joined by colleagues from Harrogate to receive training on the method. The training was provided by colleagues from the Improvement Academy and progress will be monitored by a team from the Royal College of Physicians.

Honesty – be transparent and support staff to be candid with patients and families when things go wrong.

We are revising our Senior Incident Policy and processes as a result of feedback from staff and relatives involved with serious incident investigations. Guidelines on investigation processes associated with serious incidents will be more clearly defined and staff will be offered training in the Autumn in the incident investigation process in addition to supervision and clinical support throughout the time of the investigation.

Collaborate - take a leading role in supporting local collaborative learning.

We continue to work with our local partners and in particular with the Improvement Academy, Leeds teaching Hospital, Barnsley Hospital and the Royal College of Paediatrics and Child Health on the implementation of Safety Huddles in our acute hospital wards.

Support - give staff the time and support to improve and celebrate the progress.

Our Junior Doctor Safety Improvement Group has produced a video highlighting the work of the group. The video was entered into the national Sign up to Safety Campaign 2nd Birthday Competition and was awarded 3rd place.

The Trust Patient Safety Conference was held on 21st June at the University of York and was very successful with 310 attendees of which most were York Teaching Hospital staff. The poster section had over 60 submissions and there were 12 short papers selected for presentation in the afternoon concurrent sessions. The evaluations are overall very positive with most delegates indicating that their expectations were achieved. The conference provided an opportunity for a range of staff from a variety of settings and disciplines to either share their work or to learn of the work of others, with the opportunity for networking during the exhibition time.

The Trust was represented recently at the Patient Safety Congress in Manchester on 5-6th July where 5 of our submissions were shortlisted for the poster competition.

3. External Critical Care Review

Following a recent review of our critical care services a Critical Care Strategic Programme Board has been established to lead the joint provider and commissioner's response and strategic development of the critical care services in Scarborough and York. The Strategic Programme Board will be responsible for achievement of actions as identified in the plan below.

Item	Action	Owner	Deadline	Completed	Comments / Status (if delayed)	Revised Date	RAG
Capacity, in order improve rates of non clinical transfers and delayed admissions	Additional Bed York	GE	30/10/2016		Recruitment of staff in progress, equipment now in place.		Green
	Additional Bed Scarborough	GE	30/10/2016		Bespoke advert requested, equipment to be purchased.		Amber
	Scoping of long term ventilation unit development	TH	30/08/2016		Visit to unit in Cardiff to be scheduled.		Green
	Review Surgical Strategy for elective patients requiring Critical Care post operatively	TH with Surgical CDs	31/07/2016	17/06/2016	Meeting held and CD&DM confirmed this will continue. Written response to be provided for CCG.		Green
	Coding of Level facilities	Meeting to be scheduled to review further independent audit work	Nicky Slater	31/05/2016	17/06/2016	General Surgery CD&DM confirmed this had taken place and process now in place.		Green
	Workforce	Intensivist rota for Scarborough	JC	30/08/2016		Recruitment for Scarborough based intensivists failed. New joint site job plans in development and posts to be re-advertised.		Amber
		Clinical Educator for Scarborough	GE	30/09/2016		Business Case in development		Amber
		Established outreach	BH	22/04/2016	22/04/2016	Confirmed as fully established in the meeting, Long term sickness absence being addressed.		Green
		Shift Co-ordinator	BH	31/08/2016		Bespoke		Amber

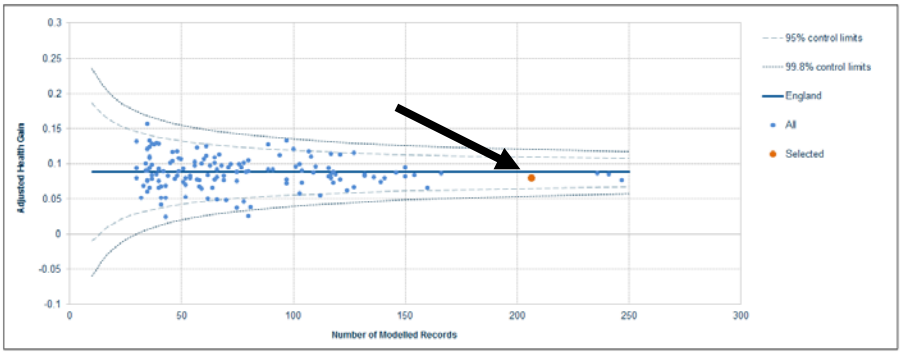
	Scarborough				advert to be requested in order to facilitate recruitment.		
Rate of Cardiac Arrest		Medical Director					
Delayed Discharges/Hospital Flow	To ensure patients are discharged within four hours of being identified as fit for discharge.	Head of Patient Flow	30/06/2016		Monitoring monthly data and revised escalation process in June		**Red**
Delayed Discharges/Hospital Flow	To review delayed discharges to community and improved pathways and reduced admissions from long term units.	CCG	30/08/2016				**Amber**
Lead Commissioner	to identify Lead Commissioner/development of Strategic Board	CCG	31/05/2016		Dates scheduled for strategic board - lead commissioner to be confirmed.		**Amber**
NIV Service	To be re-started from 1st May 2016 York	ND	01/05/2016	01/05/2016	Concerns shared re sustainability of the service over summer 2016		**Green**
NIV Service	York and Scarborough Service to be reviewed alongside all medical level one care.	ND	30/06/2016		Medical meeting on 24 June 2016, business case in development.		**Green**
M & M meetings	To be implemented with identified SPA time.	TH/JC	31/10/2016	31/05/2016	Scheduled using SPA time in the rota		**Green**
Environment of Scarborough Unit	To identify new Facilities	JH	30/06/2016		Being progressed as part of ward reconfiguration work. Cross specialty review to be scheduled for June/July		**Amber**
Integrate and standardise policies and procedures	To review all department policies and procedures and identify standardised practice for both units.	JC	31/12/2016		Progress already made, nursing documentation and prescription chart to be completed during summer.		**Green**
Escalating access issues due to capacity.	Ensure patients not admitted due to capacity are flagged and Datix completed	DH	31/05/16		Meeting with medical directorate on 7th July		

					to discuss further.		

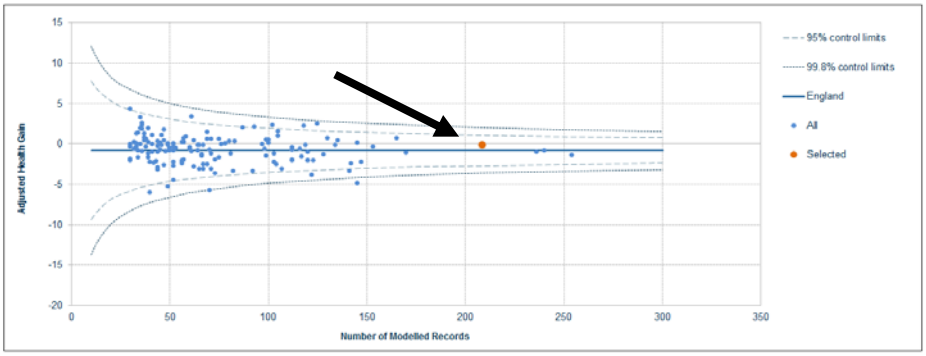
4. Patient Reported Outcome Measures (PROMs) – health gain April – December 2015

PROMs, measures health gain in patients undergoing hip replacement, knee replacement, varicose vein and groin hernia surgery in England, based on responses to questionnaires before and after surgery. The funnel plots illustrated below were published by the Health and Social Care Information Centre in May 2016. EQ-5D and EQ VAS are pre and post procedure index scores which represent a combination of five key criteria concerning patients' self-reported general health with the remaining scores calculated from condition specific questions. The Trust scores can be identified by the black arrow pointing at the red dot.

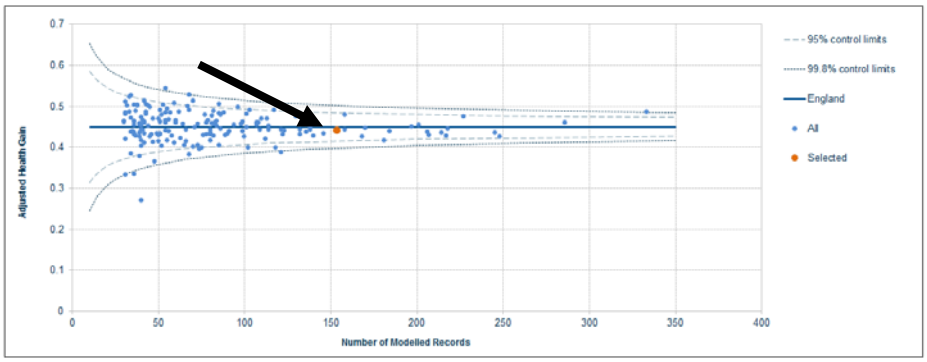
Groin Hernia EQ-5D Index



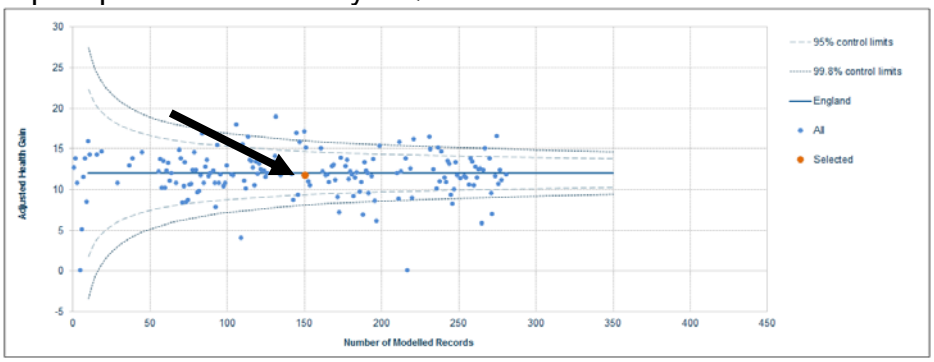
Groin Hernia EQ VAS



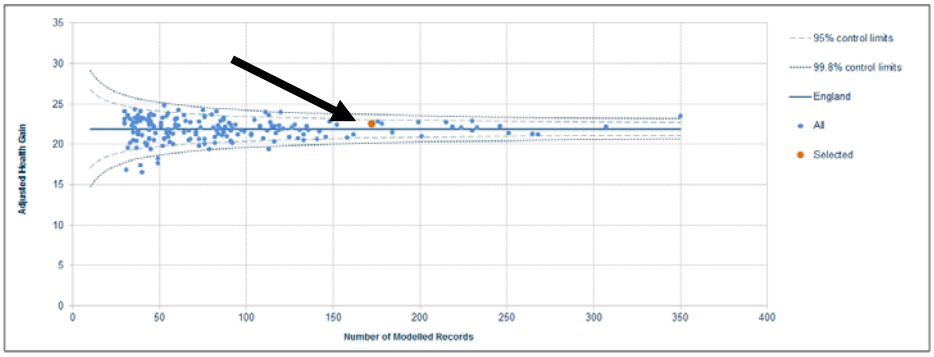
Hip Replacement Primary EQ-5D Index



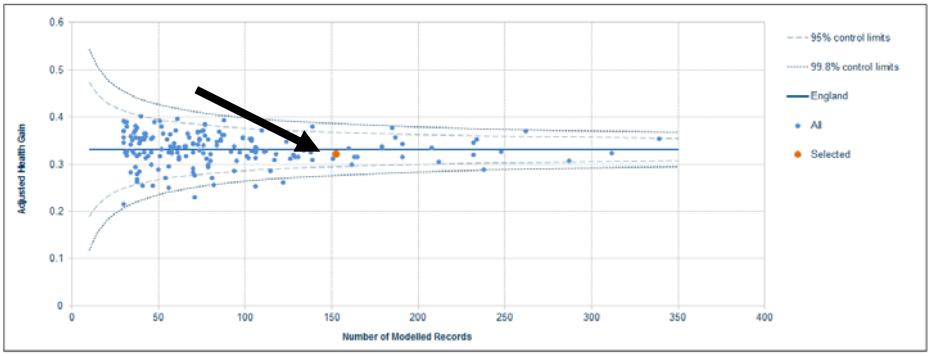
Hip Replacement Primary EQ VAS



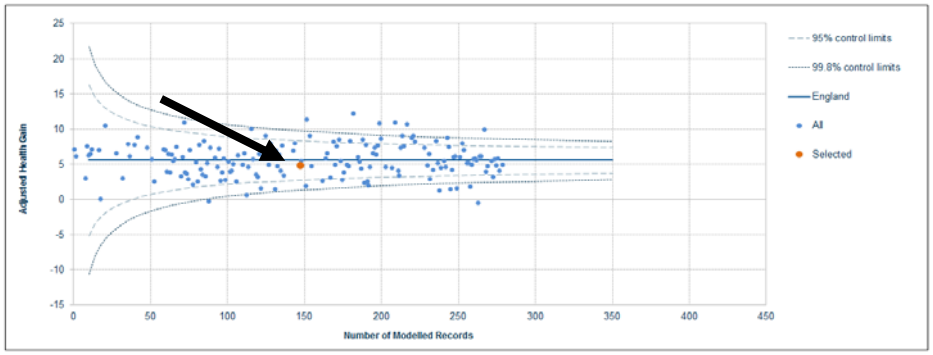
Hip Replacement Primary Oxford Hip Score



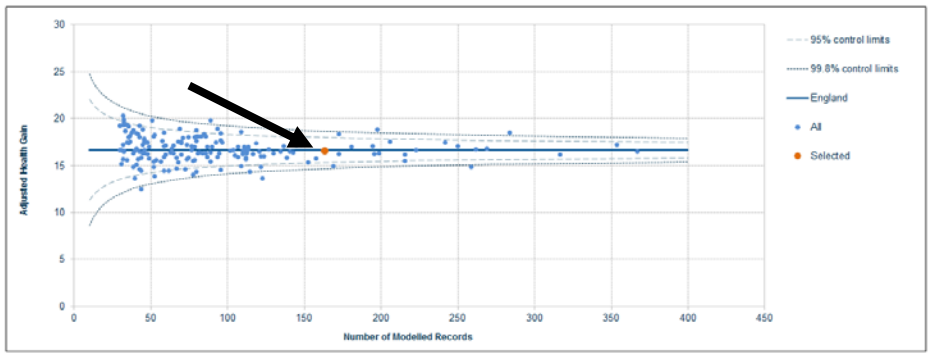
Knee Replacement Primary EQ-5D Index



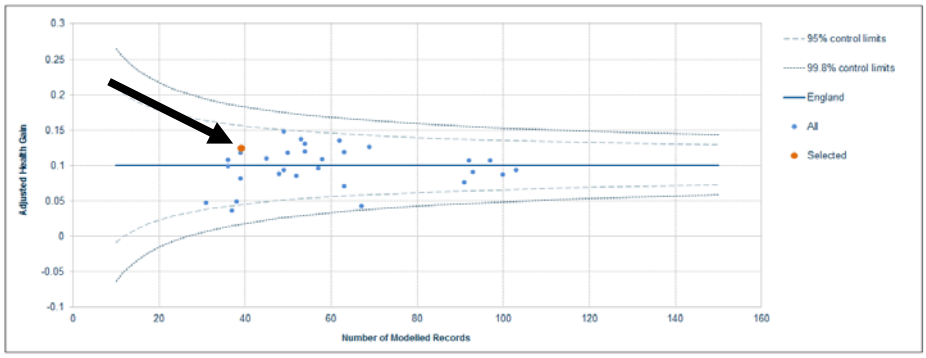
Knee Replacement Primary EQ VAS



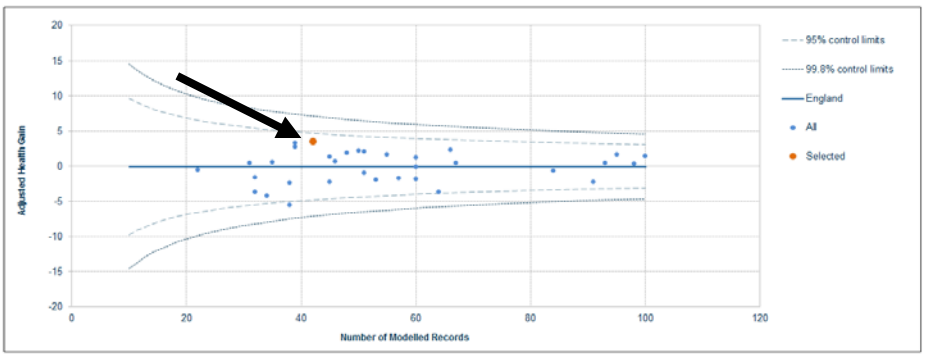
Knee Replacement Primary Oxford Knee Score



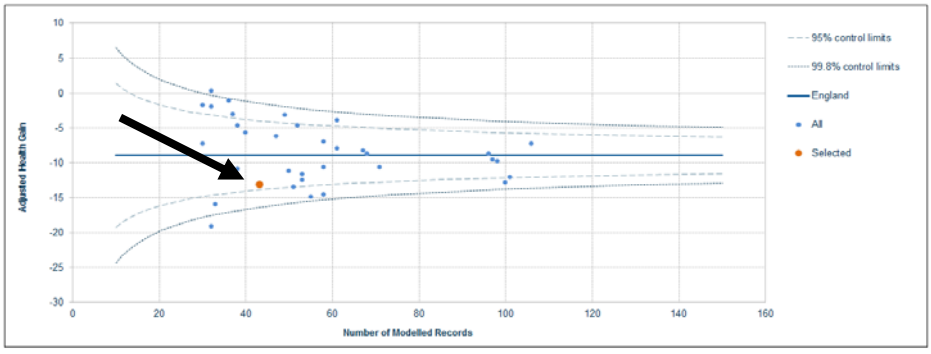
Varicose Veins EQ-5D Index



Varicose Veins EQ-VAS



Varicose Veins Aberdeen Varicose Vein Questionnaire



5. National Audit on VTE Risk in Lower Limb Immobilisation in Plaster Casts

Scarborough

Summary of national findings

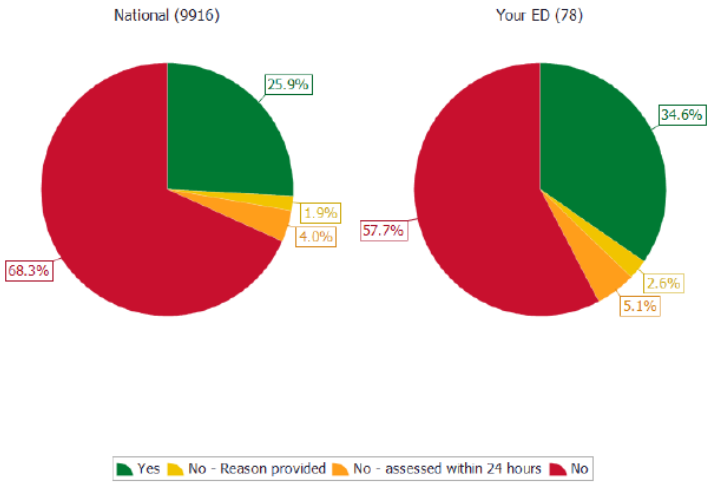
	RCEM Standard	Your ED (78 cases)	National Results (9916 cases)		
			Lower quartile	Median*	Upper quartile
Assessment					
VTE risk assessment carried out		35%	0%	11%	40%
VTE risk level documented		85%	50%	84%	98%
Thromboprophylaxis indicated		32%	0%	6%	22%
Treatment					
STANDARD 1: If a need for thromboprophylaxis is indicated, there should be written evidence of the patient receiving or being referred for treatment.	100%	92%	89%	100%	100%
Patient information					
STANDARD 2: Evidence that a patient information leaflet outlining the risk and need to seek medical attention if they develop symptoms for VTE has been given to all patients with temporary lower limb immobilisation.	100%	22%	0%	2%	17%

Notes about the results

*The median value of each indicator is that where equal numbers of participating EDs had results above and below that value.
These median figures may differ from other results quoted in the body of this report which are mean (average) values calculated over all audited cases.

The lower quartile is the median of the lower half of the data values.
The upper quartile is the median of the upper half of the data values.

Q4 Was a VTE risk assessment carried out in the ED prior to discharge?

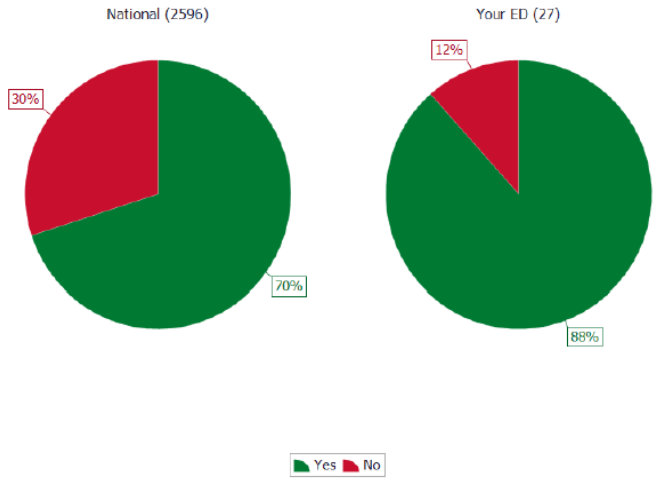


Sample: all patients

This shows that only a quarter of patients have a formal VTE assessment recorded in the ED.

A further 4 % were assessed at a review within 24 hours of ED attendance.

Q5 Was there any indication in the notes to show the patient's risk level of VTE?

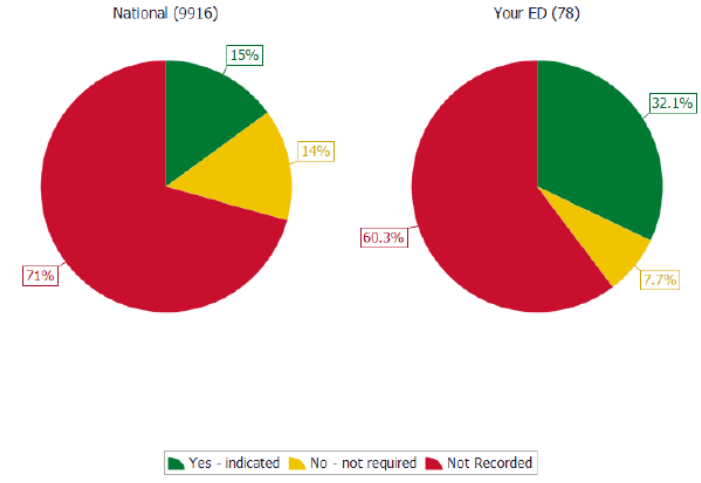


Sample: Q4=yes (n=2596)

In those patients where risk assessment was carried out in the ED prior to discharge, 70% of notes indicated their level of risk of VTE.

Although risk assessment was only carried out in a quarter of patients, the level of risk of VTE was noted in the majority of these cases.

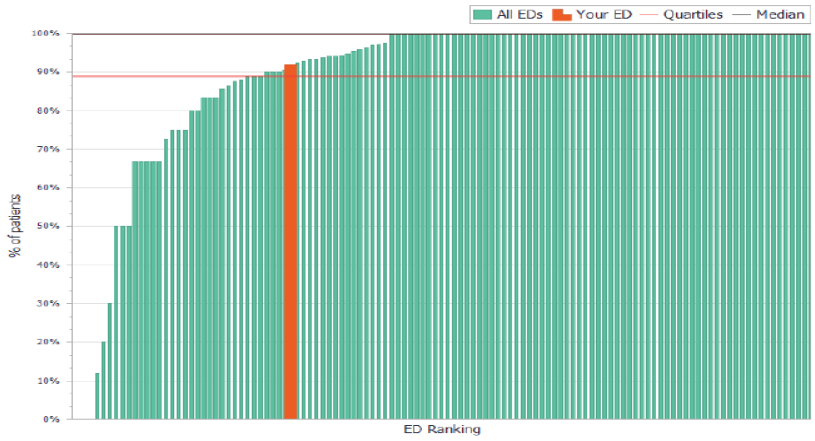
Q6 Are there any notes on whether or not thromboprophylaxis is indicated?



Sample: all patients

Thromboprophylaxis indication was not documented in 71% of cases. This is an area RCEM encourages improvements to be made. Where documented, thromboprophylaxis was definitively indicated for half of these patients.

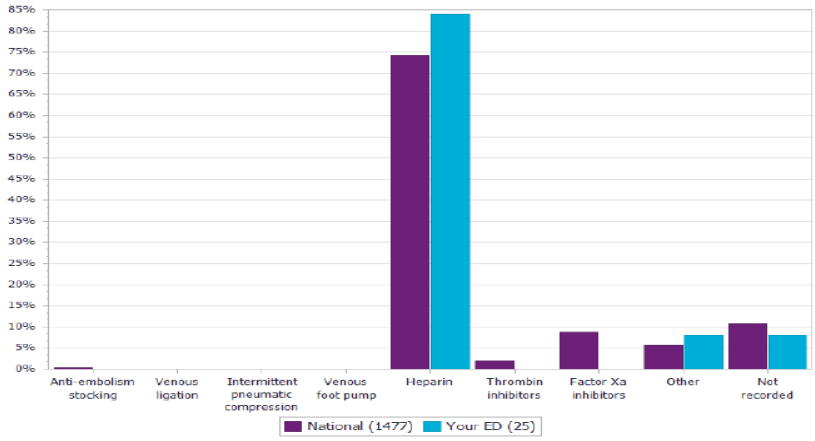
Q7 Is there written evidence of the patient receiving or being referred for thromboprophylaxis?



STANDARD 1: If a need for thromboprophylaxis is indicated, there should be written evidence of the patient receiving or being referred for treatment.

Sample: Q6=yes - indicated (n=1477)

Q7 Is there written evidence of the patient receiving or being referred for the following type(s) of thromboprophylaxis?

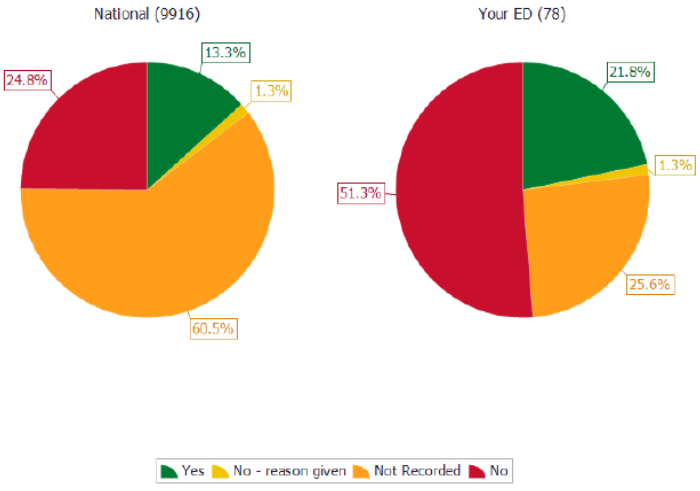


Sample: Q6=Yes – indicated (n=1477)

Heparin is by far the most commonly used treatment.

In 10% of patients, the type of thromboprophylaxis is not recorded. This may not necessarily indicate poor practice as there may be an alternative arrangement in place, e.g. patient is seen in a fracture clinic the following day, where VTE prophylaxis is conducted.

Q8 Was an information leaflet on the risk of VTE, symptoms and where to seek medical help provided to the patient?



STANDARD 2: Evidence that a patient information leaflet outlining the risk and need to seek medical attention if they develop symptoms for VTE has been given to all patients with temporary lower limb immobilisation.

Sample: all patients

There is a clear benefit to providing written information to patients as we know that verbal communication in the ED may not be retained for a variety of reasons.

York

Summary of national findings

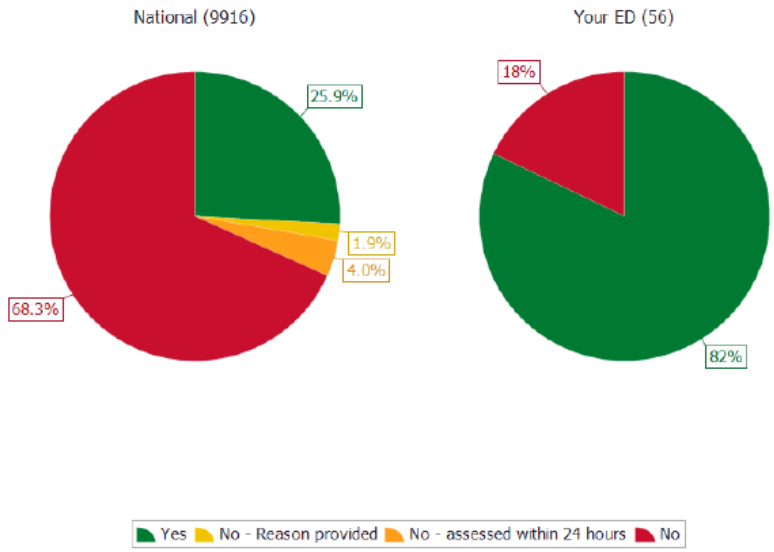
	RCEM Standard	Your ED (56 cases)	National Results (9916 cases)		
			Lower quartile	Median*	Upper quartile
Assessment					
VTE risk assessment carried out		82%	0%	11%	40%
VTE risk level documented		91%	50%	84%	98%
Thromboprophylaxis indicated		63%	0%	6%	22%
Treatment					
STANDARD 1: If a need for thromboprophylaxis is indicated, there should be written evidence of the patient receiving or being referred for treatment.	100%	97%	89%	100%	100%
Patient information					
STANDARD 2: Evidence that a patient information leaflet outlining the risk and need to seek medical attention if they develop symptoms for VTE has been given to all patients with temporary lower limb immobilisation.	100%	54%	0%	2%	17%

Notes about the results

*The median value of each indicator is that where equal numbers of participating EDs had results above and below that value.
These median figures may differ from other results quoted in the body of this report which are mean (average) values calculated over all audited cases.

The lower quartile is the median of the lower half of the data values.
The upper quartile is the median of the upper half of the data values.

Q4 Was a VTE risk assessment carried out in the ED prior to discharge?

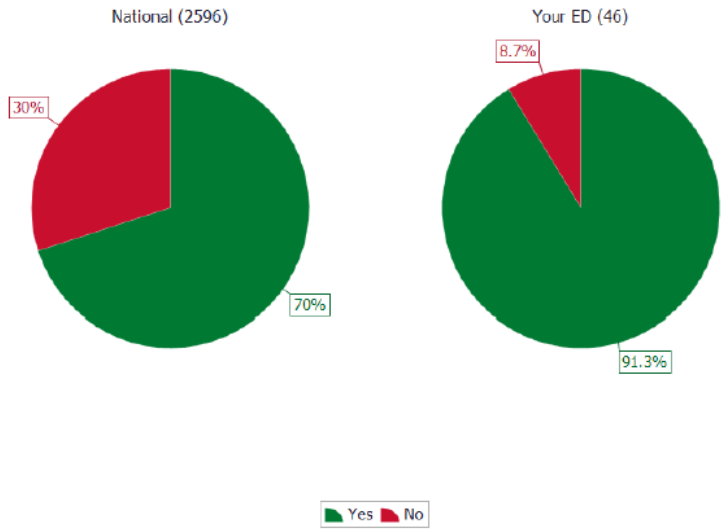


Sample: all patients

This shows that only a quarter of patients have a formal VTE assessment recorded in the ED.

A further 4 % were assessed at a review within 24 hours of ED attendance.

Q5 Was there any indication in the notes to show the patient's risk level of VTE?



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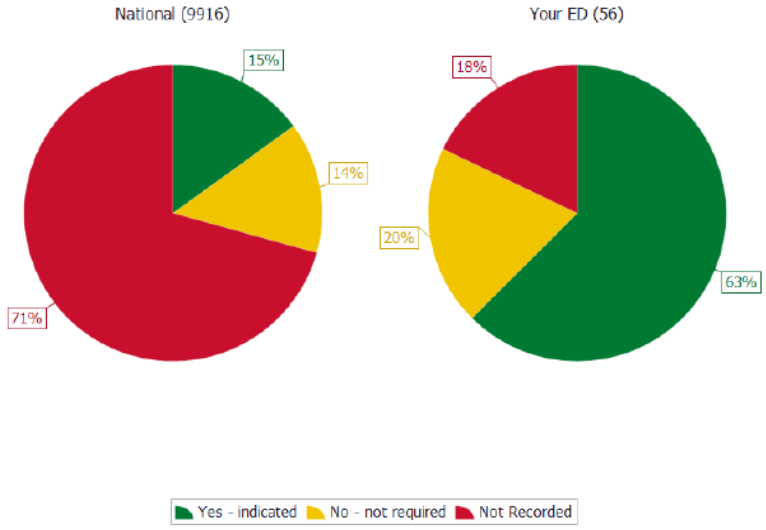

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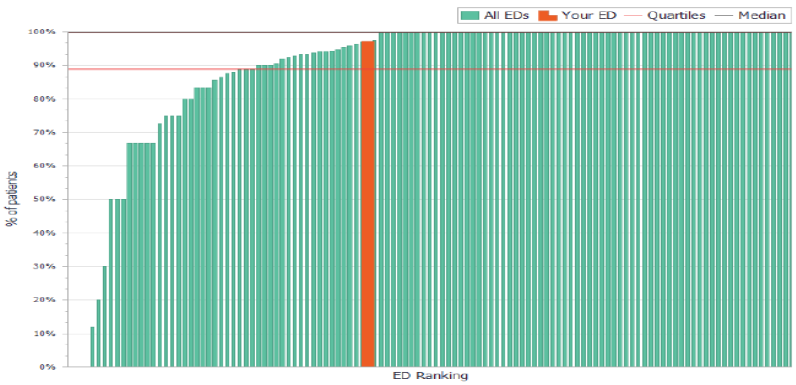

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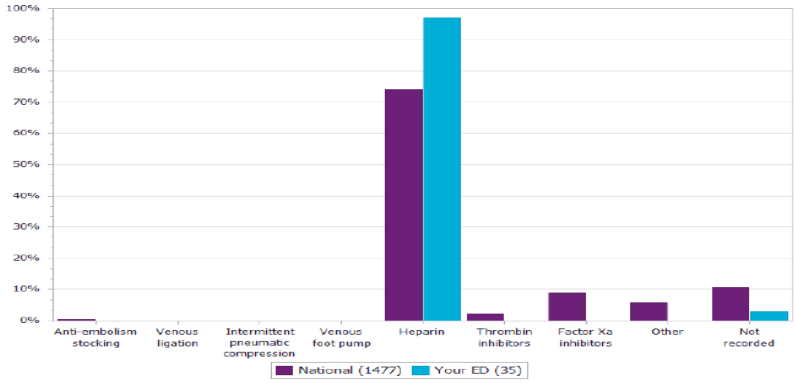

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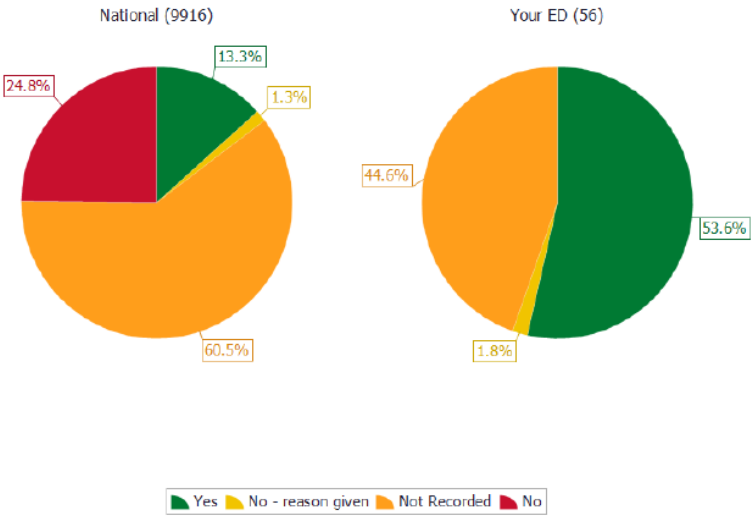

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Sample: all patients

There is a clear benefit to providing written information to patients as we know that verbal communication in the ED may not be retained for a variety of reasons.

6. SHMI Update January to December 2015

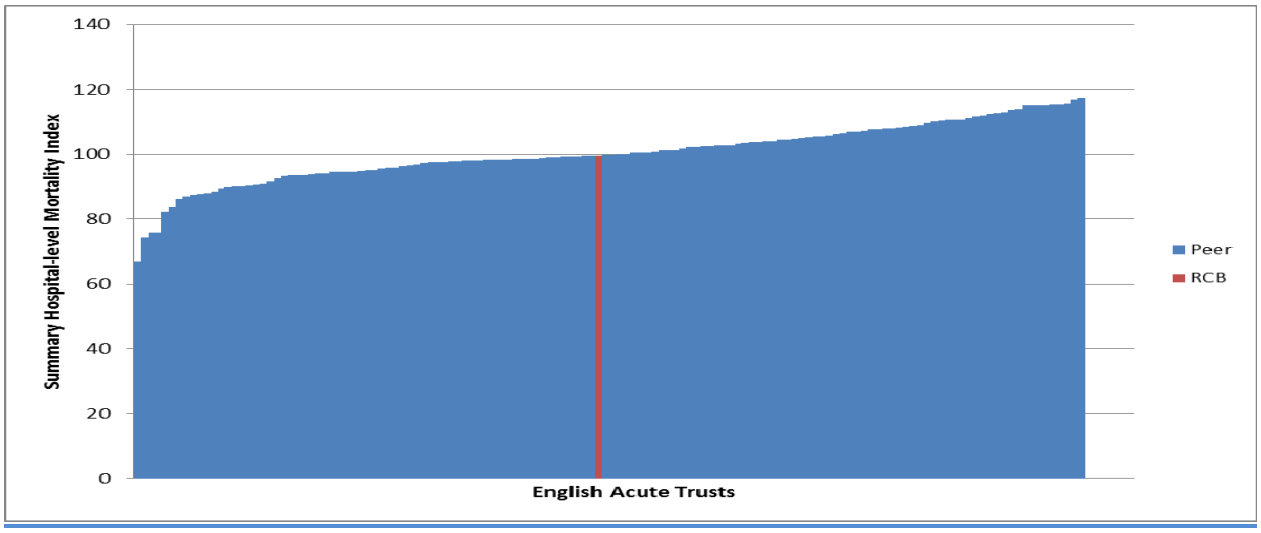
The Trust SHMI for the period January to December 2015 increased slightly to 99.5 from 98.7 in the period October 2014 to September 2015. This meant the Trust had 16.5 fewer deaths than expected based on the model calculations. The number of observed deaths at the Trust reduced by seven compared with the previously reported 12 month period with expected deaths down by 32.9. Activity increased by 574 cases. The crude mortality rate based on this activity was 3.85% almost identical to the previous report suggesting that risk for all patients reduced slightly and contributed to the increase in the SHMI whilst we had fewer deaths and more activity.

Cases	Observed Deaths	Expected Deaths	SHMI	Excess Deaths
82520	3185	3201.5	99.5	-16.5

October 2014 to September 2015

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

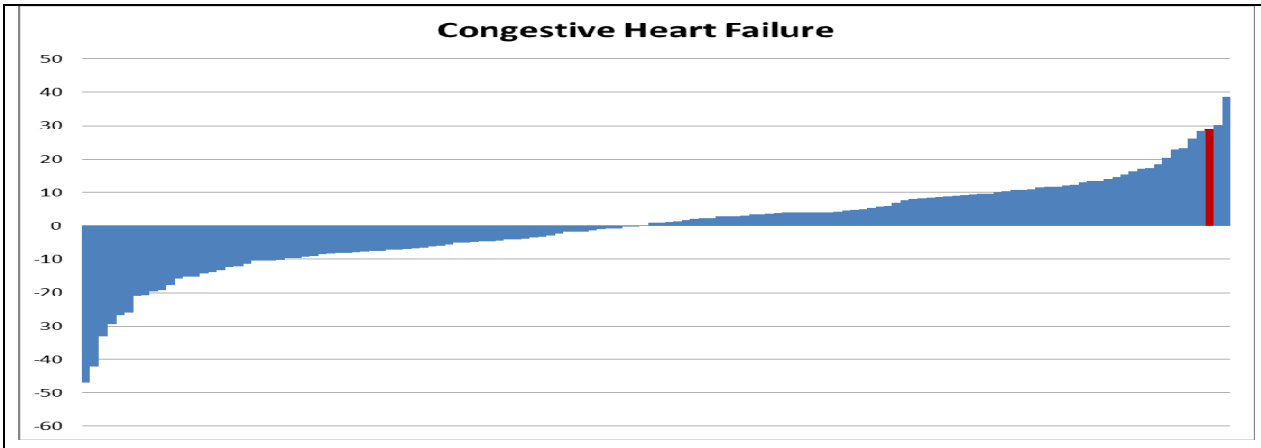
The graph below indicates the Trust position for January to December 2015 (bold or red line) when compared with other English Acute Trusts.



There were four SHMI categories where the Trust had more than 10 expected deaths (listed in the table below). Of note congestive heart failure reported still with 28.9 excess deaths, the conditions of gastrointestinal haemorrhage and COPD had fewer than 10 excess deaths in the previous period with gastrointestinal haemorrhage increasing by 5.8 and COPD increasing by 9.1.

Condition	Cases	Observed	Expected	SHMI	Excess Deaths
Congestive heart failure nonhypertensive	740	146	117.1	124.6	28.9
Gastrointestinal hemorrhage	820	70	56.3	124.3	13.7
Chronic obstructive pulmonary disease and bronchiectasis	1387	111	99.4	111.7	11.6
Allergic reactions Rehabilitation care fitting of prostheses and adjustment of devices	1351	33	22.5	146.5	10.5

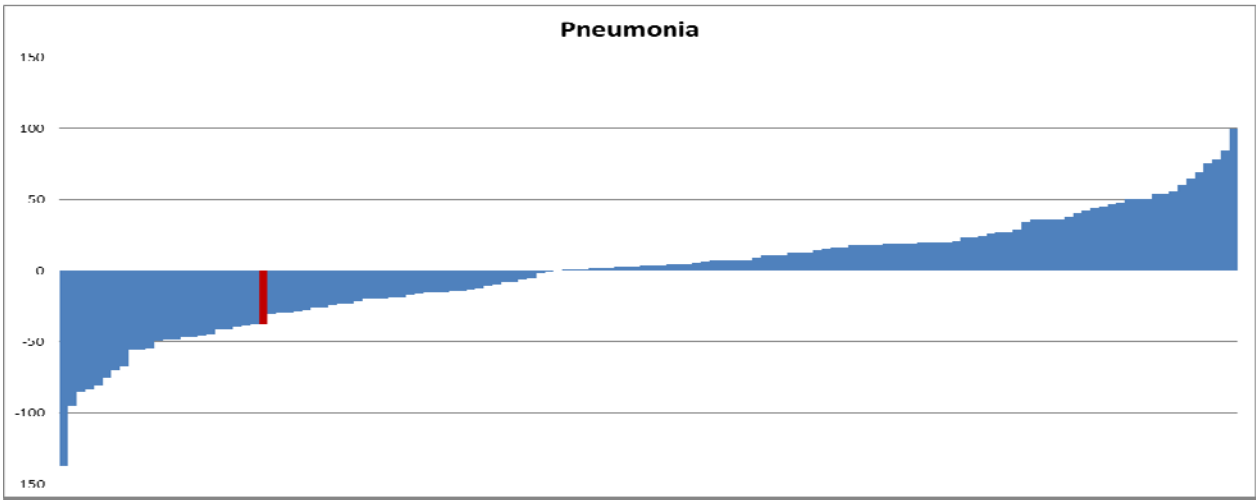
The comparison across England for congestive heart failure is shown below. York has the third highest level of excess deaths in this diagnostic group.



We also had groups with fewer deaths than expected, the three conditions with the fewest excess deaths are listed below. Pneumonia remains as having the largest negative variation between observed and expected deaths.

Condition	Cases	Observed	Expected	SHMI	Excess Deaths
Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	2856	548	585.3	93.6	-37.3
Acute & unspecified renal failure	275	39	48.4	80.5	-9.4
Complication of device implant	788	10	16.8	59.6	-6.8

A comparison with the Trust position for pneumonia in comparison to other English Trusts is illustrated below.



The table below shows the position for the two conditions with the most excess deaths at Trust level and by site.

Condition	Cases	Observed	Expected	Excess Deaths	SHMI
Congestive heart failure nonhypertensive	740	146	117.1	28.9	124.6
York	421	79	66.1	12.9	119.5
Scarborough	279	51	44.3	6.7	115.1
Gastrointestinal hemorrhage	820	70	56.3	13.7	124.3
York	505	45	34.5	10.5	130.4
Scarborough	302	22	20.1	1.9	109.5

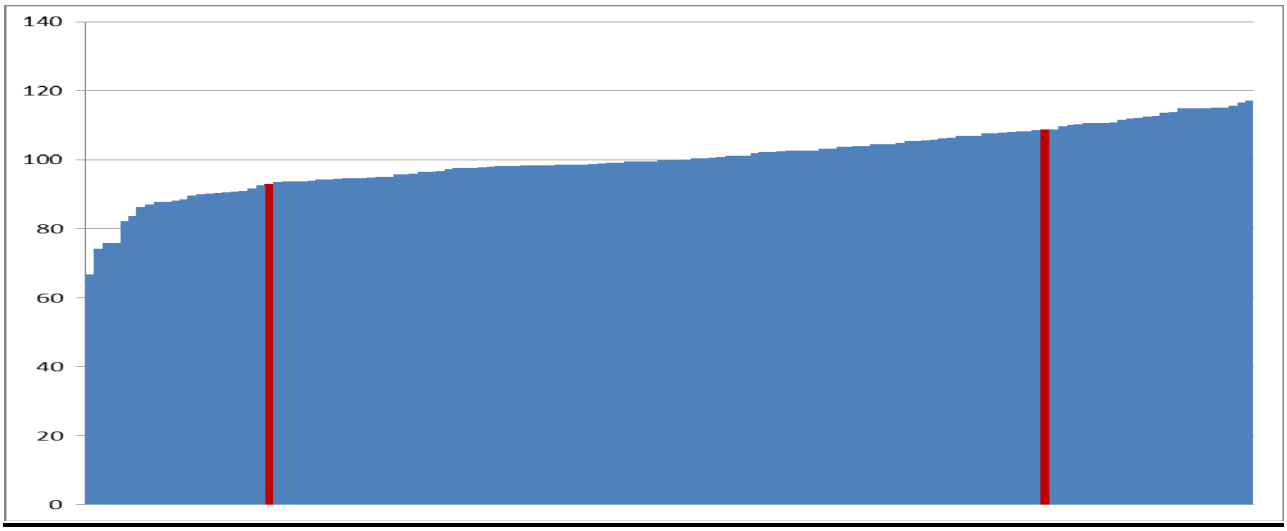
The position of the Yorkshire trusts is reported below for information.

Trust	SHMI	Trust	SHMI
Sheffield	93.62	Calderdale & Huddersfield	113.8
Leeds	100.65	Hull & East Yorkshire	112.23
Airedale	90.74	York	99.49
Bradford	94.65	Doncaster & Bassetlaw	100.04
Mid Yorkshire	94.73	Barnsley	98.57
Harrogate	93.92	Rotherham	105.01

The number of observed and expected deaths is listed by site in the table below.

Site	Cases	Observed	Expected	Excess
York	54336	1759	1890.41	-131.41
Scarborough	24467	1193	1096.31	96.69
Total	78803	2952	2986.72	-34.72

This means that Scarborough SHMI would be 108.82 and York at 93.05, as illustrated by the thick/red lines below.



7. National Cardiac Arrest Audit (NCAA)

Cardiac arrests from November, December 2015 and January 2016 were reviewed using NCAA criteria. Areas included in the review were A&E, Theatre, ITU, CCU, Out of Hospital and both York and Scarborough acute sites.

Scarborough Hospital
During the review period, a total number of 31 Cardiac Arrests calls were recorded at Scarborough Hospital:

- November – 14 (45%)
- December – 11 (35.5%)
- January – 6 (19.5%)

14 cardiac arrest calls (45%) we made between the hours of 08:00 and 20:00. 17 calls (55%) were made out of hours.

Age and Sex Distribution
The tables below indicate the age and sex distribution for the cardiac arrest calls made, the day

of the week these occurred and the locations of the calls.

Age and sex distribution:

	0-15	16-64	65-74	75-84	85+
Male	0	2	5	5	7
Female	0	5	2	3	2
Total	0 (0%)	7 (22.5%)	7 (22.5%)	8 (26%)	9 (29%)

Day of the week:

	Week day	Bank Hol	Weekend
Daytime	8 (26%)	1 (3.5%)	5 (16%)
Out of Hours	8 (26%)	2 (6.5%)	7 (22%)
Total	16 (52%)	3 (10%)	12 (38%)

Location of cardiac arrest calls:

ICU	A&E	Theatre	Wards	CCU
3	9	2	15	2

The completion of observations was reviewed for each case. Leading up to the event, observations were completed on time for 13 of the 25 patients that had an in-hospital cardiac arrest (52%). 21 of these patients (84%) were found to have a NEWS score of ≥ 5 prior to the arrest (range 1 – 14). 18 patients (72%) had a NEWS score greater than 8 prior to the cardiac arrest.

The total number of observations completed within the previous 24 hours ranged from 2 sets to 28 sets.16 patients (64%) had 9 or more sets of observations completed within the previous 24 hours.
The table below illustrates the number of hours each patient had a raised NEWS score of ≥ 5 prior to the event.

Number of hours with NEWS ≥ 5	<1	2	3	4	7	8	>8	>24
Number of patients	10	3	3	3	2	3	5	2

The review looked at the responses to the raised NEWS scores. In 22 cases (88%) the Nurse in charge was informed of the raised NEWS score. A review by the Critical Care Outreach Team was requested in 9 cases (36%). In 22 cases (88%), the patients were reviewed by a ward Doctor. The grades of the Doctor completing the review were;

- Consultant (11 cases)
- Registrar (11 cases)
- Foundation Year 2 (3 cases).

17 patients (68%) were reviewed by a ward Consultant within the last 24 hours and 12 patients (48%) were seen on the ward by a Critical Care Doctor. Ceiling of Care or DNACPR was documented in 13 cases (52%).

Cause of Cardiac Arrest
Failure of DNACPR decision making was noted in 10 cases;

- No DNACPR – 9 Patients (29%)

- DNACPR not noticed – 1 Patient (3%).

In one case (3%), it was found that there was a failure to escalate despite recognition of deterioration. 20 Patients (65%) were found to have had an unpredictable deterioration.

York Hospital

During the review period, a total number of 29 Cardiac Arrests calls were recorded at York Hospital:

- November – 10 (34.5%)
- December – 11 (38%)
- January – 8 (27.5%).

15 cardiac arrest calls (52%) we made between the hours of 08:00 and 20:00. 14 calls (48%) were made out of hours.

Age and Sex Distribution

The tables below indicate the age and sex distribution for the cardiac arrest calls made, the day of the week these occurred and the locations of the calls for York Hospital.

Age and sex distribution:

	0-15	16-64	65-74	75-84	85+
Male	0	3	4	8	1
Female	0	1	4	0	8
Total	0 (0%)	4 (14%)	8 (27.5%)	8 (27%)	9 (31%)

Day of the week:

	Week day	Bank Hol	Weekend
Daytime	9 (31%)	0	5 (17%)
Out of Hours	8 (28%)	0	7 (24%)
Total	17 (59%)	0	12 (41%)

Location of Arrest:

ICU	A&E	Theatre	Wards	CCU	AMU	Other Main entrance
1	0	0	19	2	6	1

The completion of observations was reviewed for each case. Leading up to the event, observations were completed on time for 10 of the 28 patients that had an in-hospital cardiac arrest (35%). 21 of these patients (75%) were found to have a NEWS score of ≥ 5 prior to the arrest (range 1 – 12). 7 patients (25%) had a NEWS score greater than 8 prior to the cardiac arrest.

The total number of observations completed within the previous 24 hours ranged from 1 set to 13 sets. Two patients (7%) had 9 or more sets of observations completed within the previous 24 hours.

The table below illustrates the number of hours each patient had a raised NEWS score of ≥ 5 prior to the event.

Number of hours with NEWS ≥ 5	<1	2	3	4	5	7	8	>8	>24
Number of patients	4	2	0	2	1	3	2	3	3

The review looked at the responses to the raised NEWS scores. In 7 cases (24%) the Nurse in charge was informed of the raised NEWS score. A review by the Critical Care Outreach Team was requested in 4 cases (14%). In 13 cases (45%), the patients were reviewed by a ward Doctor. The grades of the Doctor completing the review were;

- Consultant (2 cases)
- Registrar (4 cases)
- Foundation Year 1 or 2 (5 cases)
- Unknown (2 cases).

13 patients (45%) were reviewed by a ward Consultant within the last 24 hours and one patient (3.5%) was seen on the ward by a Critical Care Doctor (Registrar). Ceiling of Care or DNACPR was documented in 11 cases (38%).

Cause of Cardiac Arrest
Failure of DNACPR decision making was noted in 10 cases;

- No DNACPR – 13 Patients (45%)
- DNACPR not noticed – 0 Patients.

In two cases (7%), it was found that there was a failure to escalate recognised deterioration. 12 Patients (41%) were found to have had an unpredictable deterioration.

Identified learning across site

- Lack of DNACPR decision making and recording
- Lack of 24/7 Critical Care Outreach service
- Outreach used to staff extra ITU bed to prevent non clinical transfers
- Outreach used to transfer non clinical transfers
- Non adherence to NEWS triggers and observation intervals.

8. Electronic Prescribing Medicines Administration - update

Summary of Key Dates:

System development complete	August 2016
User Acceptance Testing (phased)	August 2016 onwards
Shadow Testing on wards	Sept / Oct 2016
Initial rollout phase (pilot)	October 2016
Rollout Phase 1 (c. 7 months duration)	November 2016 onwards

Project Progress to date:

- Prescribing & Administration screens demonstrations to wide clinical teams
- Training approach agreed: key messages defined & training clip requirements identified
- System Testing plan agreed with wider EPMA project team
- Clinical Safety Hazard Log completed with agreed mitigation measures
- Communications strategy drafted
- Rollout order agreed in principle
- New drug trolleys / power points in situ across all wards
- Additional hardware/works on York wards defined
- Completion of Pharmacy technical testing.

Development Progress to date:

- 90% of the coding (programming) for EPMA is complete
- Enhanced allergy review functionality ready for rollout as precursor to EPMA
- Identification & verification of Formulary drugs data in FDB Drug database is 98% complete
- Pharmacy technical testing is complete
- Technical solution for business continuity defined.

Whilst the IT development will be driven by the functional specifications there will be an iterative nature to it depending on feedback received at each of the demonstration stages.

Anticipated progress next quarter:

- Remaining development work completed
- User Acceptance Testing completed incl. shadow testing on wards
- FDB acceptance testing completed
- Business continuity plan shared with wider organisation
- Rollout order confirmed & super users identified on pilot ward
- Devices in place on pilot ward
- Additional hardware/works on Scarborough / Bridlington wards defined
- Training packages completed & accessible via learning hub
- Agreed mechanism in place for agency staff re access / training.

Key Risks:

The Clinical Safety Hazard log will provide assurance to the Trust of the clinical safety of the product. Project Risk Register (including pre-rollout risks) is in place and reviewed monthly. The current red risks include the following:

- Interface between electronic & paper systems e.g. Theatres
- Potentially insufficient staff to support rollout
- Business continuity solution & potential risk to discharges.

9. Recommendations

Board of Directors are requested to:

- Be aware of progress with the Patient Safety Strategy/Sign up to Safety Campaign
- Note the action plan from the recent external review of critical care services
- Be aware of the latest health gain data from the Patient Reported Outcome Measures (PROMs) reports
- Note the results from the National Audit on VTE Risk in Lower Limb Immobilisation in Plaster Casts
- Consider the latest Summary Hospital-level Mortality Indicator (SHMI)
- Review the results from the National Cardiac Arrest Audit
- Note the progress with the implementation of Electronic Prescribing and Medicines

Administration.	
Author	**Diane Palmer, Deputy Director of Patient Safety**
Owner	**James Taylor, Medical Director**
Date	**July 2016**

G3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 July 2016

Chief Nurse Report

Action requested/recommendation

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

Executive Summary

Patient Safety

Infection prevention and Control –the look back exercise into the extended noro-virus outbreak at Scarborough has agreed a number of key actions. These are multiagency. A pathway will be developed ahead of the next winter vomiting season.

At the end of June 2016, the vacancy position for adult inpatient areas was 130.35fte Registered Nurses (RN) and 56.82fte Care Staff (HCA). Of these, 101.55fte RN posts and 49.48fte HCA posts have been recruited to and the individuals will commence in post over the coming months. The remaining RN vacancy position is 37.00fte and 18.14fte HCAs.

The Trust continues to work through its action plan on improving the service and enhance the experience for children admitted to the service with a mental health diagnosis. Staff training is due to commence in September and environment inspections of the paediatric ward areas are being undertaken.

Effectiveness

The Organisational level deep dive for the nursing rostering project is now complete and the report on its findings is being formulated. This report will be presented to both Corporate Directors and the Workforce Organisational Development committee in July.

A new national nursing framework was launched earlier in the month. Leading Change, Adding Value has 10 commitments that can be applied at all levels. The 6Cs continue as our core values.

Patient Experience

The Trust continues to meet our target for 90% of patients to recommend the Trust. The inpatient recommended rate was 97%. The ED recommended rate is 81% compared to a national average of 86%. The response rate for inpatients in April 2016 has continued with an upward trend to 29% (national average 24.1%). The ED response rate has dropped again to 15% (national average 13.3%).

The results of the national inpatient survey 2015 indicated that patients did not know how to give feedback about their experience of care. Learning from complaints and concerns highlights the benefits of early discussion of concerns for example, while the patient is in hospital. Posters, featuring photographs of matrons, have been created and are on all ward entrance doors. Copies of the 'Your Experiences Matter' leaflet should be available in all wards and outpatient areas – stocks are checked monthly. Every FFT box now has a poster explaining the purpose of asking for this feedback and blank cards available for completion.

Work continues on the implementation of John's Campaign across the Trust, as part of the CQUIN target for 2016-17.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC regulations.

Progress of report	Quality and Safety
Risk	No risk
Resource implications	No resource implications.
Owner	Beverley Geary, Chief Nurse

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

Board of Directors – 27 July 2016

Chief Nurse Report

1. Introduction and Background

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

The nursing and midwifery strategy has four main focus areas:

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

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

Nursing strategy

The previous Nursing and midwifery strategy was launched 3 years ago. It was closely aligned to the Chief Nursing Officer for England 6 C's Compassion in Practice.

A new nursing Framework has recently been launched, Leading Change, Adding Value aimed at all who work in nursing, midwifery and the care sector and whilst it supports everyone to understand the leadership role everyone needs to play to deliver the challenges and outcomes in the Five Year Forward View it has 10 commitments that can be applied at all levels. The 6 C's continue as the core values the new framework includes championing the use of Technology to address unwanted variation, leading and driving research and also focusses upon working with families and communities.

Our current organisational nursing and Midwifery strategy is due to be refreshed following consultation with Nurses, Midwives and Care Staff from across the organisation, and work will begin later in the year to develop this and align to the new national framework.

2. Patient Safety

2.1 Nursing and Midwifery Staffing

The focus on recruitment continues, at the end of June 2016, the vacancy position for adult inpatient areas was 130.35fte Registered Nurses (RN) and 56.82fte Care Staff (HCA). Of these, 101.55fte RN posts and 49.48fte HCA posts have been recruited to and the individuals will commence in post over the coming months. The remaining RN vacancy position is 37.00fte and 18.14fte HCAs.

Recruitment of Nurses, Midwives and Healthcare Assistants is continuing through the Trust. 58 European nurses will have commenced employment on the York site and 1 at Scarborough by the end of July 2016. 2 European nurses have resigned from the Trust due

to personal circumstances unrelated to their employment with the Trust. The final 3 European nurses are expected to commence during August 2016. The Trust continues to support these nurses with their arrival and induction into the Trust; all European nurses have recently been contacted to offer reassurance following the referendum result.

In addition, a campaign to attract final year nursing students, with a view to commencing employment in August/September/October 2016 is underway. Since January 2016, the Trust has offered posts to 112 final year nursing students. 24 of these have subsequently withdrawn from their offers of employment, choosing to take alternative jobs with other organisations. Further engagement is taking place with universities who have additional nurse graduations in March 2017. Significant work continues to retain those who have been offered positions. In addition 5 nurses who have returned to nursing practice following a career break have also been appointed. Further interviews are taking place during July and August 2016.

Healthcare Assistant recruitment continues to take place with interviews scheduled during July and August 2016.

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

2.2 National Quality Board Safe Sustainable and productive staffing

The Board are aware that the NQB in 2013 set out 10 expectations and a framework for safe staffing (*1). An update was recently published (*2) which focusses on improvement in quality and reduction in avoidable costs. The revised guidance is underpinned by three principles':

- Right Care
- Minimising avoidable harm
- Maximising the value of available resources

The guidance is clearly is clear aligned to the Cater review, 5 Year Forward View and the new national nursing and midwifery and care staff framework, Leading Change, Adding Value.

In the coming weeks we will undertake an assessment of the expectations detailed in the document and present our findings to the Committee and Board.

2.3 Child Health

Over the last two years we have seen an increase in the number of children and adolescents attending the ED department with Mental Health issues and deliberate self- harm. These patients can be very difficult to managed and we have experienced a significant increase in patients absconding and in a number of SI's where patients have harmed themselves on our wards.

This is now a corporate risk, and a local action plan has been developed and a number key actions have already been addressed, as follows:

- A new Band 6 CAMHS nurse has been appointed on ward 17 and liaising with CAMHS services (reviewing new policies and guidance to assist staff in assessment tools to guide their practice. This postholder is instrumental in teaching ,education and supervision of staff))

- Bespoke Mental health training sessions have been planned (4 days) during September and October2016 which includes all levels of nursing staff and medical staff
- Tees Esk and Wear Valley NHS Trust have completed an environment assessment of ward 17 and we are looking at feasible actions from this
- The Trust's health and safety advisor invited to do a walk around on ward 17 and DOK
- CAMHS worker employed by Tees Esk and Wear Valley NHS Trust is now available within the Emergency Department
- Discussions are continuing CAMHS regarding escalation processes to minimise risk on Duke of Kent ward
- Agreed funding for additional nursing for enhanced care for Duke of Kent Ward.

2.4. Infection prevention and Control

The committee are aware that multi-agency lessons learned exercise was undertaken to establish themes and actions from the prolonged Norovirus outbreak on the Scarborough site in April of this year.

As previously reported there was good representation from across the health care community, a number of actions have been identified and a multi-agency pathway will be developed.

The annual IPC report and Q1 update are submitted in separate papers.

3. Effectiveness

3.1 Nursing Dashboards

The nursing dashboard continues to be populated each month and will be developed further in the next few months to include additional metrics. The site level nursing dashboards for Bridlington, Scarborough, and York are attached at appendix 1.

3.2 Nurse Rostering Project

The Organisational level deep dive is now complete and the report on its findings is being formulated. This report will be presented to both Corporate Directors and the Workforce Organisational Development committee in July.

Process mapping activities have been undertaken to compare the centralised and devolved e-rostering models that exist across the Trust. This information will help inform future recommendations as to whether one model is more effective than the other.

This high level deep dive identifies a significant number of actions, some which will require collaboration with staff side colleagues.

As phase 2 of the project is now initiated, local level deep dives will now follow. Trust-wide communications have been provided with further guidance to follow in the form of frequently asked questions. The emergency departments on both York and Scarborough sites have been formally notified of their forthcoming deep dive; we now enter the preparatory information gathering phase.

3.3 CHPP

The Board are aware of the introduction of Care Hours' per patient in May of this year. This is the first step in developing methodology to contribute to a review of staff deployment, in time this will extend to other health professionals.

NHS Improvement are leading the work, the initial focus will be to assess and evaluate the acute in-patient data collection by October 2016. A review and evaluation of the initiative is also planned.

The organisation is participating in this work by submitting data on a monthly basis. Any updates, plans or risks will be reported as they are identified to future meetings.

4. Patient Experience

4.1 Friend and Family Test Latest Results – May 2016

We continue to meet our target for 90% of patients to recommend the Trust. The inpatient recommended rate was 97%. The ED recommended rate is 81% compared to a national average of 86%. The response rate for inpatients in April 2016 has continued with an upward trend to 29% (national average 24.1%). The ED response rate has dropped again to 15% (national average 13.3%).

The greatest numbers of narrative comments are 'thank you's' for staff. Themes from the narrative comments include noise at night, waiting times and comfort/environment.

The patient experience team is working with Ward 37 to introduce an alternative card, which is easier to complete for people with dementia.

4.2 Complaints

A revised template for complaint responses includes a specific section to clearly set out the learning/actions and people responsible. This promotes an emphasis on learning and improvement and clear responsibilities for taking actions forward.

4.3 PALS

The PALS team moved onto the Datix Web information management system from 1 July 2016. This will support seamless working between complaints and PALS staff and deliver consistency of reporting across complaints and PALS issues (supporting triangulation).

4.4 Volunteering

In Q1 volunteer numbers have increased from 279 to 303.

A process mapping day took place on 28 June looking at the volunteer recruitment process. The aim is to use the outcome to redesign the process to reduce administration time, which can then be invested in supporting volunteers and their supervisors in their roles.

New volunteering roles have been created for end of life care volunteer, bereavement centre volunteer, Ward 15 (based on a dining-companion role, with added elements of clinic liaison) and child health.

4.5 Your Experiences Matter

The results of the national inpatient survey 2015 indicated that patients did not know how to give feedback about their experience of care.

Learning from complaints and concerns highlights the benefits of early discussion of concerns for example, while the patient is in hospital.

Posters, featuring photographs of matrons, have been created and are on all ward entrance doors.

Copies of the 'Your Experiences Matter' leaflet should be available in all wards and outpatient areas – stocks are checked monthly.

Every FFT box now has a poster explaining the purpose of asking for this feedback and blank cards available for completion.

4.6 RCM Caring for you Charter

York Maternity services have signed up to the RCM Caring for You charter.

The Royal College of Midwives' Caring for You Campaign aims to improve RCM members health, safety and wellbeing at work so they are able to provide high quality maternity care for women and their families.

A survey was carried out by the RCM during March 2016 questioning midwives, maternity support workers and student midwives about their health and safety at work. This showed that midwives are feeling under intense pressure to be able to meet the demands of the service resulting in high levels of stress and burnout. Poor workplace cultures also impact on the quality of care women and families receive.

The 'Caring for You' Campaign aims to improve staff wellbeing by implementing a local action plan. This will include ensuring that maternity staffs have access to flexible working and a positive culture around working time and taking breaks. Committing to a zero tolerance policy on undermining and bullying behaviours and enabling maternity staff to access both physical and emotional support.

These commitments will help to nurture a compassionate and supportive workplace that cares for maternity staff so that they can care for women effectively.

York maternity services are one of the first maternity services to sign up to the 'Caring for You' Charter.

4.7 John's Campaign

As highlighted in last month's report, the Trust is implementing "John's Campaign", designed to promote:

- The right of carers to stay with people with dementia in hospital
- The right of people with dementia to have their carers with them in hospital.
- For carers to not just be allowed on the wards, but to be welcomed.

The roll out of the campaign across the Trust is a CQUIN target for 2016-17. The Trust's

campaign began in May 2016 as part of dementia awareness week. The following 50 word pledge was submitted to the campaign and launched in internal and media communications.

"Our Trust is committed to providing patient centred care, in partnership with carers. We recognise the important role that carers play in providing continuity of support for patients with dementia during their hospital stay. We pledge to introduce John's Campaign this year so that everyone can play their part."

Since May, progress has been achieved against a number of the key targets:

- Dementia champions were trained in June 2016 (30); all have been informed of the pledge and their role in promoting this campaign with work colleagues. There are plans to increase the number of dementia champions in October 2016.
- Dementia e - learning has the John's campaign 'youtube' link and Trust pledge incorporated into it and this is available for all staff.
- All dementia friends training deliver the campaign at the end. This is an hour training for all Trust staff to raise awareness.
- A leaflet is being developed for carers to incorporate all aspects of Dementia care including John's campaign.
- The campaign has been presented to service user groups consisting of carers of people with dementia and there has been a positive response.
- During September and October 2016 there will be six full day sessions with an external trainer, 120 members of staff will be trained in dementia care including the Johns campaign pledge.

The detailed quarterly patient experience report for Q1 is provided in a separate paper.

5. Recommendation

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

6. References and further reading (delete if not applicable)

National Quality Board: How to ensure the right people, with the right skills, are in the right place at the right time. NHS England 2013

Compassion in Practice NHS England 2012

Operational productivity and performance in English NHS acute hospitals: Unwarranted variations An independent report for the Department of Health by Lord Carter of Coles February 2016

National Quality Board: Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time. NHS England July 2016

The NHS Five Year Forward View NHS England October 2014.

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

Nursing Dashboard - Trustwide

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financi	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - New PU				16	19	19	13	18	16	15	16	21	8	17	16
		Cat 4	No. of Patients (PP)	Safety Thermometer - New PU				0	2	0	1	0	0	0	2	0	1	1	1
		Cat 3	No. of Patients (PP)	Safety Thermometer - New PU				1	3	2	2	4	3	1	5	1	2	3	4
		Cat 2	No. of Patients (PP)	Safety Thermometer - New PU				12	11	9	4	12	9	8	7	17	3	10	4
		Unstageable	No. of Patients (PP)	Safety Thermometer - New PU				3	3	8	6	2	4	6	2	3	2	3	7
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - New PU				0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				41	33	36	31	33	31	28	36	35	21	31	32
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	0	1	1	4	0	0	0	0	1	0	1
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer -CQUIN HARM FREE %	**95%**	Red		93.73	94.06	94.23	95	94.28	92.79	94.4	95.99	94.13	95.52	95.33%	95.33%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - UTI - NEW UTI				20	20	24	23	17	21	20	17	19	19	19	14
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	fety Thermometer - OMITTED CRITICAL MEDS				18	16	17	9	12	10	19	18	14	21	16	13
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				3	2	1	4	3	3	1	0	6	8	1	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				2	1	1	2	2	3	2	3	1	2	1	3
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				1	3	1	0	0	1	0	1	4	0	0	0
Workforce	**Vacancies**	Inpatient area vacancies -RN (month end)	Number	CN Team				148.57	168.94	167.67	148.05	127.31	158.87	125.36	128.13	147.27	120.72	133.76	130.35
		Inpatient area vacancies - HCA (month end)	Number	CN Team				18.47	30.29	26.08	39.05	34.15	31.05	55.57	58.53	34.83	54.54	59.11	56.82
	Turnover	Registered Nurses	%	Workforce Info				11.21%	11.63%	12.33%	11.53%	12.24%	11.68%	11.83%	14.10%	15.04%	11.10%	11.32%	11.03%
		Healthcare Assistants	%	Workforce Info				11.78%	12.31%	12.15%	12.23%	12.01%	12.24%	10.06%	13.23%	12.81%	9.26%	9.22%	9.80%
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				4.35%	3.76%	3.82%	5.17%	4.37%	4.64%	4.64%	4.45%	4.31%	3.87%	3.89%	
	Safer Staffing Return	**Qualified** Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green		93.95%	91.31%	91.70%	92.80%	92.00%	91.20%	90.40%	92.80%	88.80%	91.74%	92.80%	93.70%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Red		95.93%	96.67%	88.60%	93.50%	95.40%	88.90%	89.70%	91.10%	91.60%	87.89%	92.00%	97.80%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green		100.85%	100.10%	98.50%	96.70%	100.70%	93.70%	98.00%	96.30%	97.84%	97.02%	97.80%	94.10%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red		105.51%	104.03%	100.60%	109.30%	104.50%	114.20%	115.00%	110.70%	108.48%	119.50%	111.50%	108.20%
	Bank & Agency	**Overall** Fill Rate	%	Workforce Info				87.38%	80.29%	74.26%	77.55%	77.04%	70.76%	79.40%	75.30%	74.67%	73.19%	78.55%	75.92%
		Bank Fill Rate RN	%	Workforce Info				29.66%	28.35%	29.14%	43.74%	36.98%	36.20%	46.38%	42.94%	34.71%	45.41%	50.67%	46.18%
		Bank Fill Rate HCA	%	Workforce Info				43.07%	51.09%	56.02%	51.13%	53.85%	52.56%	67.07%	60.31%	60.18%	58.63%	60.76%	53.75%
		Bank - RN Hours filled	Number of Hours	Workforce Info				8,167	8,480	8,868	9,458	10,100	10,499	14,508	14,266	15,115	14,122	15,569	14,186
		Bank - HCA Hours filled	Number of Hours	Workforce Info				10,372	9,616	9,089	9,508	10,711	11,161	13,716	13,879	15,494	14,286	14,273	14,395
		Agency Fill Rate RN	%	Workforce Info				54.73%	48.66%	42.01%	34.12%	40.36%	32.56%	30.26%	29.82%	31.09%	23.05%	22.48%	25.47%
		Agency Fill Rate HCA	%	Workforce Info				47.72%	34.40%	23.35%	26.06%	22.78%	20.93%	16.55%	18.66%	20.17%	20.61%	24.84%	27.07%
		Agency - RN Hours filled	Number of Hours	Workforce Info				15,068	14,553	12,783	7,379	11,021	9,444	9,465	9,905	11,824	7,168	6,908	7,823
		Agency - HCA Hours filled	Number of Hours	Workforce Info				11,494	6,476	3,789	4,847	4,530	4,444	3,385	4,295	5,193	5,022	5,835	7,250
Infection Prevention	**MRSA**	MRSA Bacteraemia	Cummulative	IC Team	**0**	Red	1.00	0	0	0	0	0	0	1	1	0	1	0	1
		MRSA Screening - Elective	Compliance %	Signal	**95%**	Red		92.11	94.72	94.48	95.69	94.32	89.85	78.4	70.83	73.81	68.21	62.96	64.24
		MRSA Screening - Non-Elective	Compliance %	Signal	**95%**	Red		81.11	82.55	80.52	79.71	83.55	83.58	79.94	79.62	80.28	82.21	83.7	78.91
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	**48**	Green	3.00	3	8	3	5	2	8	7	5	3	3	1	3
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	**<30**	Red	9.00	4	2	3	6	2	2	2	2	3	9	2	2
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			5.00	4	6	6	6	3	14	11	15	7	5	5	9
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	**95%**	Amber		94.6	94%	94%	94%	94.93%	94%	94%	94%	97%	95%	93%	94%

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financi	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Risk Management (Trust wide)	**Serious Incidents**	SI's declared	Number	Datix - Healthcare Goverance Team				20	11	16	21	19	12	11	27	21	17	12	31
	Critical Incidents	CI's reported	Number	Datix - Healthcare Goverance Team				10	7	0	0	0	0	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Goverance Team				0	0	0	0	0	0	0	1	0	1	0	1
Patient Experience	**Friends and Family**	Inpatient Friends and Family Test	%Recommend	Signal				96.14%	97.01%	96.51%	96.98%	95.46%	95.26%	96%	96.01%	96.19%	98.89%	96.92%	
			%Not Recommend	Signal				0.92%	0.75%	0.90%	0.88%	1.26%	1.83%	1.19%	1.44%	1.20%	0.83%	0.73%	
		A&E Friends and Family Test	% Recommend	Signal				85.05%	85.09%	81.49%	78.34%	76.10%	85.61%	83.31%	80.95%	80.86%	79.21%	81.09%	
			% Not Recommend	Signal				9.43%	10.83%	12.77%	13.75%	16.90%	8.70%	11.36%	11.41%	13.02%	12.70%	11.16%	
		Maternity (Ante Natal)	% Recommend	Signal				96.90%	96.08%	96.46%	95.60%	100%	97.22%	99.01%	100%	95.65%	100%	95.35%	
			% Not Recommend	Signal				0.00%	0.00%	1.70%	1.10%	0	0	0	0	1.09%	0%	0%	
		Labour & Birth	% Recommend	Signal				97.60%	94.90%	98.76%	95.50%	93.75%	98.97%	98.75%	100%	95.65%	100%	98.99%	
			% Not Recommend	Signal				0.80%	1.02%	0	0.90%	6.25%	0	0	0	4.35%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal				95.79%	94.09%	98.37%	95.60%	100%	0	100%	97.87%	99.15%	96.43%	97.16%	
			% Not Recommend	Signal				0.00%	2.33%	1.62%	1.10%	0	0	0	1.06%	0%	0%	0.57%	
		Community Post Natal	% Recommend	Signal				100.00%	98.44%	100%	95.66%	100%	94.44%	98.31%	98.41%	94.85%	100%	99.15%	
			% Not Recommend	Signal				0.00%	0.00%	0	2.59%	0	5.56%	1.69%	0	1.03%	0%	0%	
	Complaints	Complaints Total	Number	PE Team				17	8	20	42	Not Available	Not Available	19	31	36	27	30	33
		Staff Attitude	Number	PE Team				3	2	6	7	Not Available	Not Available	1	3	3	3	2	4
		Patient Care	Number	PE Team				7	3	6	6	Not Available	Not Available	5	3	5	1	5	2
		Communication	Number	PE Team				7	3	8	5	Not Available	Not Available	2	3	8	4	2	3

Nursing Dashboard - York

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	Cum.Total	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			3	1	2	3	1	8	2	4	4	2	1	3
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	1	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	1	0	0	1	2	0	1
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			2	1	2	0	1	5	1	3	3	0	0	2
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			1	0	0	2	0	2	1	1	0	0	1	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			11	18	18	15	18	23	18	18	21	9	12	20
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			0	0	0	1	2	0	0	0	0	1	0	1
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%		95.03	95.83	95.1	95.22%	96.09%	92.73%	96.66%	96.33%	96.44%	95.30%	97.50%	95.59%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			8	7	11	3	7	11	3	9	2	5	4	3
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			8	1	9	6	6	3	9	10	8	9	6	8
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	0	1	3	2	3	0	0	1	6	0	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	0	0	1	0	2	2	2	0	1	1	2
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE			0	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			86.24	105.30	104.66	87.43	85.39	98.15	68.51	68.75	86.14	70.2	74.63	67.66
		Inpatient area vacancies - HCA	Number	CN Team			15.99	25.92	30.91	40.81	34.15	31.05	55.87	58.53	34.83	24.8	41.43	37.9
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			2.56%	3.11%	3.43%	4.47%	3.96%	3.74%	3.99%	4.36%	3.56%	4.27%	3.96%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		90.80	87.60	85.4	85.8	90.3	88	88.9	86.7	86.9%	89.55%	86.30%	88.00%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		95.60	93.70	94.3	94.3	96.6	94.5	93.7	94.2	95.1%	96.43%	95.90%	102.30%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		116.30	104.90	99.5	100	95.4	93.6	95.6	92.4	93.1%	98.06%	102.10%	95.60%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		120.10	109.00	106.7	109.1	108.5	103.1	105.1	103.7	104.3%	106.28%	106.50%	113.30%
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info			25.90	28.62	29.2	27.94	31.9	32.55	33.7	39.2	38.1	41.70%	42.80%	38.20%
	Agency Fill Rate	Fill Rate	%	Workforce Info			62.70	53.11	44.9	43.31	43.1	36.69	42.4	33.9	36.8	30.40%	33.40%	37.80%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	2	0	0	0	0	0	0	0	1	0	1	0	1
		MRSA Screening - Elective	Compliance %	Signal	95%		95.10%	97.00%	97.20%	96.61%	97.85%	94.63%	75.64%	70.54%	74.41%	71.79%	6.59%	64.80%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		76.36%	78.67%	78.21%	74.49%	79.69%	76.26%	79.09%	74.85%	78.53%	79.41%	82.29%	80.49%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48	2	0	3	2	4	3	5	5	4	1	0	1	3
	MSSA	MSSA Bacteraemia	Cummulative	IC Team		7	3	0	1	5	0	1	0	2	3	4	1	2
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team		9	1	4	2	3	4	4	4	10	6	2	3	4
Risk Management	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			10	4	6	13	9	5	2	12	6	7	8	12
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance			4	6	0	0	0	0	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	1	0	1	0	1
Patient Experience	Friends and Family	Inpatient Friends & Family Test	%Recommend	Signal			95.84	97.53	95.98	96.25	94.96	94.43	94.68	95.48	95.48	96.46%	96.92%	
			%Not Recommend	Signal			0.93	0.75	1.00	1.12	1.60	2.46	1.53	1.92	1.34	1.04%	0.73%	
		A&E Friends and Family Test	% Recommend	Signal			86.76	86.84	82.20	79.35	74.50	86.57	83.70	82.27	83.83	78.93%	80.98%	
			% Not Recommend	Signal			8.06	8.92	12.43	12.83	18.30	7.89	11.28	10.44	10.92	12.86%	11.63%	
		Maternity (Ante Natal)	% Recommend	Signal			97.67	93.93	95.24	86.79	100.00	93.75	97.80	100.00	91.00	100.00	95%	
			% Not Recommend	Signal			0.00	0.00	3.17	1.89	0.00	0.00	0.00	0.00	0.02	0.00	0%	
		Birth	% Recommend	Signal			96.00	96.00	98.50	95.50	91.67	98.50	96.80	100.00	100.00	100.00	99%	
			% Not Recommend	Signal			0.00	0.00	0.00	0.90	8.30	0.00	0.00	0.00	0.00	0.00	0%	
		Maternity (Post Natal)	% Recommend	Signal			100.00	100.00	97.06	95.60	100.00	100.00	100.00	97.10	99.00	100.00	98%	
			% Not Recommend	Signal			0.00	0.00	1.47	1.09	0.00	0.00	0.00	0.00	0.00	0.00	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team			6	5	8	24	not available	not available	18	22	28	23	20	12
		Staff Attitude	Number	PE Team			1	1	3	2	not available	not available	1	2	3	3	2	1
		Patient Care	Number	PE Team			2	2	2	4	not available	not available	5	1	3	1	4	2
		Communication	Number	PE Team			3	2	3	5	not available	not available	2	3	5	3	1	3

Nursing Dashboard - Scarborough

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			3	4	4	1	3	5	1	2	7	2	4	2
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU			0	1	0	0	0	0	0	1	0	0	1	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			2	2	2	1	3	3	1	1	5	1	2	0
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			1	1	2	0	0	2	0	0	2	1	1	2
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			1	2	4	8	8	8	4	11	6	7	10	4
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			0	0	0	0	2	0	0	0	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%		0.91	0.91	93.89%	93.08%	91.04%	90.20%	93.31%	95.48%	91.67%	93.29%	95.58%	94.52%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			11	7	8	11	10	11	9	3	6	7	4	11
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			7	10	3	2	4	7	6	10	3	8	4	3
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	1	0	0	1	0	1	0	2	0	0	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	0	1	1	1	1	0	0	0	1	0	1
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	0	0	0	0	1	0	0	4	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			44.25	44.65	43.75	40.37	29.89	37.93	36.93	42.83	41.67	38.59	38.4	40.27
		Inpatient area vacancies - HCA	Number	CN Team			-0.17	-0.38	-7.56	-3.86	1.85	1.35	5.95	2.65	4.24	7.88	7.94	10.28
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			5.15%	4.98%	5.16%	4.61%	5.08%	6.67%	6.46%	6.63%	3.43%	4.11%	3.47%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		86.80%	81.50	80.5	81.7	83.8	87.5	86.6	83.7	80.8%	85.27%	86.20%	85.00%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		93.50%	90.00	89.8	92.3	104.6	102.5	92.6	91.8	88.2%	89.92%	89.70%	96.20%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		112.00%	113.20	109.4	109.2	94.1	90.8	104.9	100.5	100.5%	99.61%	99.90%	91.60%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		115.40%	119.50	105.9	108.8	108.4	108.8	113.5	118.9	114.0%	115.87%	111.70%	108.60%
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info			51.00%	48.64%	51.80%	59.40%	62.00%	57.17%	73.70%	65.80%	58.60%	61.90%	74.90%	63.10%
	Agency Fill Rate	Fill Rate	%	Workforce Info			33.30%	27.72%	22.70%	19.40%	18.70%	14.63%	11.30%	11.20%	12.40%	10%	5.90%	8.30%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	3	0	0	0	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%		91.18	95.31	88.89	95.92	92.36	74.38	66.67	50	50.56	45.71	34.69%	37.17%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		89.44	89.93	85.76	90.32	91.55	86.69	87.48	86.47	84.13	87.62	86.51%	75.82%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48	16	2	0	1	0	0	2	1	0	1	2	0	0
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	<30	14	1	0	2	1	2	1	2	0	0	4	0	0
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team		38	3	0	4	3	4	3	6	3	1	1	2	3
Risk Management	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			6	2	4	4	6	4	6	9	12	7	0	11
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance			5	1	0	0	0	0	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0	0	0
Patient Experience	Friends and Family Test	Inpatient Friends and Family Test	%Recommend	Signal			95.74	95.02	96.61	97.81	95.00	95.32	97.38	95.52	96.45	98.02%	96.35%	
			%Not Recommend	Signal			1.26	1.39	0.85	0.40	1.00	1.10	0.56	1.07	1.62	0.46%	0.42%	
		A&E Friends and Family Test	% Recommend	Signal			79.76	80.12	79.31	71.83	85.10	80.85	81.10	72.73	65.25	80.74%	81.63%	
			% Not Recommend	Signal			13.69	16.27	13.79	19.72	9.20	12.77	11.81	17.48	24.11	11.85%	8.84%	
		Maternity (Ante Natal)	% Recommend	Signal			95.34	21.18	98.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	96%	
			% Not Recommend	Signal			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	
		Birth	% Recommend	Signal			96.00	93.75	100.00	100.00	100.00	100.00	98.00	100.00	92.30	100.00	99%	
			% Not Recommend	Signal			0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1%	
		Maternity (Post Natal)	% Recommend	Signal			100.00	100.00	100.00	96.20	100.00	90.90	97.10	100.00	100.00	100.00	100%	
			% Not Recommend	Signal			0.00	0.00	0.00	0.00	0.00	9.10	2.90	0.00	0.00	0.00	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team			11	3	11	13	Not Available	Not Available	1	5	7	4	2	3
		Staff Attitude	Number	PE Team			2	1	3	0	Not Available	Not Available	0	0	0	0	0	2
		Patient Care	Number	PE Team			5	1	4	2	Not Available	Not Available	0	1	2	0	1	0
		Communication	Number	PE Team			4	1	4	5	Not Available	Not Available	0	0	2	1	1	0

Nursing Dashboard - Bridlington

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	CummTotal	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	1	2	2	0	0	2	0	2	0
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	1	1	0	0	0	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	1	1	0	0	2	0	2	0
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	1	0	0	0	0	0	0	0	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			0	2	3	0	1	0	0	0	2	3	0	1
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			0	0	0	0	0	0	0	0	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%		0.90	0.91	91.84%	95.65%	92.45%	91.49%	96.30%	93.88%	85.11%	94.64%	90.00%	90.63%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			1.00	0.00	1	1	1	1	0	1	1	0	0	0
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			1.00	0.00	2	0	0	0	3	0	1	0	3	0
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0.00	0.00	0	0	0	0	0	0	1	1	0	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0.00	0.00	0	0	0	0	0	0	0	0	0	0
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE			0.00	0.00	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			8.18	8.06	6.4	6.52	5.52	7.08	6.28	6.78	11.68	5.78	7.4	7.4
		Inpatient area vacancies - HCA	Number	CN Team			2.07	1.42	-0.2	0.08	0.08	1.68	2.68	2.68	3.3	1.68	3.44	1.5
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			3.16%	11.39%	8.05%	6.06%	6.36%	6.99%	8.65%	6.46%	7.89%	10.89%	14.40%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		96.80	90.20	89	89.8	94.7	86.9	92.6	93.4	90.3%	93.42%	88.90%	95.10%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		95.50	79.80	75.8	73.9	93.2	90.7	76.7	80.1	76.6%	84.69%	79.40%	84.20%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		81.40	85.80	82.3	85.2	73.8	67.9	94.9	92.2	88.9%	93.82%	85.80%	72.70%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		121.30	121.50	106.4	112.7	145	166.1	161.3	153.4	140.3%	150.00%	133.90%	143.30%
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info			70.70%	49.24%	61.40%	82.80%	83.50%	70.95%	81.40%	81.80%	83.30%	80%	84.70%	76.30%
	Agency Fill Rate	Fill Rate	%	Workforce Info			20.20%	37.39%	19.50%	6.50%	7.78%	3.39%	1.20%	2.80%	2.00%	1.90%	0.80%	2.90%
Infection Prevention	MRSA	MRSA Bacteraemia	Accumulated number of patients	IC Team	0	3	0	0	0	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%		88.00	90.55	93.33	94.06	91.1	90.78	82.11	79.67	80.92	75.92	95.2	97.32
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		100.00	88.89	66.67	100	83.33	100	100	--	66.67	100	100	100
	C.Difficile	C DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	48	3	0	1	0	1	0	0	0	0	0	1	0	0
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	<30	0	0	0	0	0	0	0	0	0	0	1	1	0
	E-Coli	E-Coli Bacteraemia	Accumulated number of patients	IC Team		4	0	0	0	1	0	0	0	2	0	0	0	1
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - healthcare governance			0	0	0	0	0	0	2	0	0	0	0	3
	Critical Incidents	CI's reported	Number	Datix - healthcare governance			0	0	0	0	0	0	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - healthcare governance			0	0	0	0	0	0	0	0	0	0	0	0
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal			98.21%	98.71%	98.16%	98.39%	100.00%	98.73%	98.77%	99.02%	98.40%	97.54%	97.23%	
			%Not Recommend	Signal			0.36%	0.32%	0.61%	0.81%	0.00%	0.00%	0.92%	0.00	0.00	0.62%	0.79%	
		A&E Friends and Family Test	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	
		Maternity (Ante Natal)	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	
		Birth	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	
		Maternity (Post Natal)	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team			0	0	0	1	not available	not available	0	1	0	0	0	0
		Staff Attitude	Number	PE Team			0	0	0	0	not available	not available	0	0	0	0	0	0
		Patient Care	Number	PE Team			0	0	0	0	not available	not available	0	1	0	0	0	0
		Communication	Number	PE Team			0	0	0	0	not available	not available	0	0	0	0	0	0

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 July 2016

Safe Nurse and Midwifery Staffing Report

Action requested/recommendation

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

Executive Summary

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

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

	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	99.2%	100.0%	100.0%	98.3%
Bridlington and District Hospital	95.1%	84.2%	72.7%	143.3%
Malton Community Hospital	81.3%	112.9%	100.0%	100.0%
Scarborough General Hospital	85.0%	96.2%	91.6%	108.6%
Selby And District War Memorial Hospital	94.0%	100.7%	93.3%	113.3%
St Helens Rehabilitation Hospital	95.8%	93.3%	96.7%	96.7%
St Monicas Hospital	100.0%	100.0%	100.0%	100.0%
White Cross Rehabilitation Hospital	105.0%	90.7%	96.7%	100.0%
York Hospital	88.0%	102.3%	95.6%	113.3%

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

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

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

	Care Hours Per Patient Day (CHPPD)			
	Cumulative count over the month of patients at 23:59 each day	**Registered midwives/ nurses**	**Care Staff**	**Overall**
Archways Intermediate Care Unit	583	1.8	2.7	4.4
Bridlington and District Hospital	1241	4.0	3.3	7.3
Malton Community Hospital	793	2.0	3.1	5.1
Scarborough General Hospital	8030	3.8	2.6	6.5
Selby and District War Memorial Hospital	504	3.3	3.0	6.3
St Helen's Rehabilitation Hospital	564	2.7	2.4	5.1
St Monica's Hospital	271	3.5	4.1	7.6
White Cross Rehabilitation Hospital	570	2.8	2.4	5.1
York Hospital	15821	3.9	2.9	6.7

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

Significant recruitment to RN vacancies is underway, however the impact of some of these appointments will not be realised until around September /October 2016 when the newly qualified nurses commence in post.

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

Implications for equality and diversity

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	First presentation
Risk	No risk
Resource implications	Resources implication detailed in the report
Owner	Beverley Geary, Chief Nurse
Author	Nichola Greenwood, Nursing Workforce Projects Manager
Date of paper	July 2016
Version number	Version 1

Board of Directors – 27 July 2016

Safe Nurse and Midwifery Staffing Report

1. Introduction and background

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

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

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

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

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

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

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

2. High level data by site

	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	99.2%	100.0%	100.0%	98.3%
Bridlington and District Hospital	95.1%	84.2%	72.7%	143.3%
Malton Community Hospital	81.3%	112.9%	100.0%	100.0%
Scarborough General Hospital	85.0%	96.2%	91.6%	108.6%
Selby And District War Memorial	94.0%	100.7%	93.3%	113.3%

Hospital				
St Helens Rehabilitation Hospital	95.8%	93.3%	96.7%	96.7%
St Monicas Hospital	100.0%	100.0%	100.0%	100.0%
White Cross Rehabilitation Hospital	105.0%	90.7%	96.7%	100.0%
York Hospital	88.0%	102.3%	95.6%	113.3%

3. Care Hours per Patient Day

	Care Hours Per Patient Day (CHPPD)			
	Cumulative count over the month of patients at 23:59 each day	**Registered midwives/ nurses**	**Care Staff**	**Overall**
Archways Intermediate Care Unit	583	1.8	2.7	4.4
Bridlington and District Hospital	1241	4.0	3.3	7.3
Malton Community Hospital	793	2.0	3.1	5.1
Scarborough General Hospital	8030	3.8	2.6	6.5
Selby and District War Memorial Hospital	504	3.3	3.0	6.3
St Helen's Rehabilitation Hospital	564	2.7	2.4	5.1
St Monica's Hospital	271	3.5	4.1	7.6
White Cross Rehabilitation Hospital	570	2.8	2.4	5.1
York Hospital	15821	3.9	2.9	6.7

4. Exceptions

There were 3 wards where RN staffing during the day fell below 80% during June. These wards were Beech and Chestnut in Scarborough and, Ward 29 in York. The reasons for this were largely due to RN vacancies and where planned staffing levels for RNs were not met, additional healthcare assistants were rostered to work where necessary. In respect of Ward 29, the staffing requirements were adjusted due to low bed occupancy, resulting in staff being redeployed to other wards.

There were 2 wards where RN planned staffing levels fell below 80% during night shifts. On Stroke ward in Scarborough this was due to sickness vacancies and on Lloyd Ward in Bridlington, due to low bed occupancy levels; resulting in staff being redeployed to other wards.

A detailed exception breakdown is detailed below.

<u>Enhanced Supervision</u>

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

areas are:

Scarborough	York	
Ann Wright	AMU	Ward 17
Oak	Ward 23	Ward 28
	Ward 31	Ward 35
	Ward 37	Ward 39

Provision of Safe Ward Cover

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

Bridlington	Community	Scarborough	York
Johnson	Fitzwilliam	Beech	CCU
	Maple	CCU	Ward 25
	Selby	Chestnut	Ward 26
	Whitecross Court	Duke of Kent	Ward 28
		Holly	Ward 35
		Stroke	Ward 39

Bed Occupancy

Lloyd and Kent Wards at Bridlington and Ward 29 in York changed their ratio of registered and unregistered staff according to bed occupancy, with staff being deployed to other ward areas. Waters Ward currently has additional capacity open. G2 and G3 share a healthcare assistant, the healthcare assistant was predominantly on G2 during June 2016.

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

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

5. Vacancies by Site

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

	Reported vacancies		Vacancies filled pending start		Unfilled Vacancies	
	RN	**HCA**	**RN**	**HCA**	**RN**	**HCA**
Bridlington	7.4	1.5	0.6	1.00	6.8	0.5
Community	15.02	7.14	4.75	2.7	14.87	4.44
Scarborough	40.27	10.28	25.4	14.6	18.47	-2.52
York	37.66	37.9	70.8	31.18	-3.14	15.72
Total	**130.35**	**56.82**	**101.55**	**49.48**	**37.00**	**18.14**

101.55fte RN posts and 49.48fte HCA posts have been recruited to and the individuals will commence in post over the coming months. The remaining RN vacancy position is 37.00fte and 18.14fte HCAs.

As shared at the last Board meeting, approval has been given for the Trust to continue to over-recruit to nursing posts to help manage the predicted turnover of nurses during the remainder of the year.

The Trust will be undertaking further Healthcare Assistant interviews in July and August, preparing for the winter period, with start dates expected between September and December 2016.

6. Recommendation

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

7. References and further reading

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

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

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

York Teaching Hospital NHS Foundation Trust

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

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

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

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

Comments

Only complete sites your organisation is accountable for					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Site code *The Site code is automatically populated	Hospital Site 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								
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1080	864	900	1182	660	660	330	583	80.0%	131.3%	100.0%	176.7%	537	2.8	3.3	6.1
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		900	877.5	900	862.5	660	660	0	0	97.5%	95.8%	100.0%	-	437	3.5	2.0	5.5
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1440	1134	1260	1176	990	836	660	715	78.8%	93.3%	84.4%	108.3%	946	2.1	2.0	4.1
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1800	1464	1440	1410	1650	1331	1320	1232	81.3%	97.9%	80.7%	93.3%	663	4.2	4.0	8.2
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1440	1080	1080	1080	660	660	660	660	75.0%	100.0%	100.0%	100.0%	823	2.1	2.1	4.2
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2250	1987.5	900	682.5	1320	1177	330	451	88.3%	75.8%	89.2%	136.7%	568	5.6	2.0	7.6
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		1575	1470	450	345	660	715	330	275	93.3%	76.7%	108.3%	83.3%	316	6.9	2.0	8.9
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		720	720	360	360	660	660	0	0	100.0%	100.0%	100.0%	-	323	4.3	1.1	5.4
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1080	870	900	1032	660	660	660	649	80.6%	114.7%	100.0%	98.3%	555	2.8	3.0	5.8
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE		2700	2220	450	315	1650	1661	0	0	82.2%	70.0%	100.7%	-	183	21.2	1.7	22.9
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Lilac	101 - UROLOGY	100 - GENERAL SURGERY	1800	1537.5	1800	1515	660	715	660	671	85.4%	84.2%	108.3%	101.7%	625	3.6	3.5	7.1
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		2250	1957.5	1125	1177.5	1320	1144	660	693	87.0%	104.7%	86.7%	105.0%	608	5.1	3.1	8.2
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE		1440	1182	1980	1908	990	880	990	1078	82.1%	96.4%	88.9%	108.9%	981	2.1	3.0	5.1
RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	430 - GERIATRIC MEDICINE		1080	966	720	678	990	638	330	517	89.4%	94.2%	64.4%	156.7%	465	3.4	2.6	6.0
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		900	852	1260	1242	660	605	330	363	94.7%	98.6%	91.7%	110.0%	738	2.0	2.2	4.1
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		1125	1027.5	900	780	660	308	0	253	91.3%	86.7%	46.7%	-	125	10.7	8.3	18.9
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		660	637.5	660	225	198	77	0	11	96.6%	34.1%	38.9%	-	16	44.7	14.8	59.4

RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE		900	892.5	900	885	660	594	330	319	99.2%	98.3%	90.0%	96.7%	362	4.1	3.3	7.4
RCB55	YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1464	1410	876	840	660	660	660	660	96.3%	95.9%	100.0%	100.0%	857	2.4	1.8	4.2
RCB55	YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1620	1428	1080	1122	990	990	572	649	88.1%	103.9%	100.0%	113.5%	752	3.2	2.4	5.6
RCB55	YORK HOSPITAL - RCB55	15	120 - ENT	101 - UROLOGY	1800	1665	1350	1215	990	979	330	319	92.5%	90.0%	98.9%	96.7%	768	3.4	2.0	5.4
RCB55	YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2355	2250	1005	1057.5	1232	1210	572	572	95.5%	105.2%	98.2%	100.0%	606	5.7	2.7	8.4
RCB55	YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		1440	1170	360	372	990	1045	330	319	81.3%	103.3%	105.6%	96.7%	448	4.9	1.5	6.5
RCB55	YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1575	1357.5	1350	1627.5	660	660	990	1133	86.2%	120.6%	100.0%	114.4%	883	2.3	3.1	5.4
RCB55	YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1260	1062	1080	1146	660	660	990	990	84.3%	106.1%	100.0%	100.0%	681	2.5	3.1	5.7
RCB55	YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1575	1455	1350	1455	660	660	990	990	92.4%	107.8%	100.0%	100.0%	875	2.4	2.8	5.2
RCB55	YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1620	1344	900	1410	660	660	660	1056	83.0%	156.7%	100.0%	160.0%	820	2.4	3.0	5.5
RCB55	YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1440	942	720	630	660	649	330	308	65.4%	87.5%	98.3%	93.3%	396	4.0	2.4	6.4
RCB55	YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		2025	1852.5	900	825	660	660	330	341	91.5%	91.7%	100.0%	103.3%	518	4.9	2.3	7.1
RCB55	YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY		1506	1428	1116	1044	660	660	990	979	94.8%	93.5%	100.0%	98.9%	811	2.6	2.5	5.1
RCB55	YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	361 - NEPHROLOGY	1440	1212	1080	1080	660	660	990	990	84.2%	100.0%	100.0%	100.0%	868	2.2	2.4	4.5
RCB55	YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1440	1320	1080	1014	660	660	990	968	91.7%	93.9%	100.0%	97.8%	885	2.2	2.2	4.5
RCB55	YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1260	1080	1080	1362	660	660	990	1023	85.7%	126.1%	100.0%	103.3%	875	2.0	2.7	4.7
RCB55	YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1065	1065	1860	2220	660	638	660	1452	100.0%	119.4%	96.7%	220.0%	612	2.8	6.0	8.8
RCB55	YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1260	1098	1080	1308	660	649	660	1012	87.1%	121.1%	98.3%	153.3%	666	2.6	3.5	6.1
RCB55	YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE		1440	1410	1260	1134	990	990	990	979	97.9%	90.0%	100.0%	98.9%	596	4.0	3.5	7.6
RCB55	YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	4500	3720	3600	3060	2640	2420	1980	2200	82.7%	85.0%	91.7%	111.1%	788	7.8	6.7	14.5
RCB55	YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1800	1642.5	330	255	1320	1210	0	0	91.3%	77.3%	91.7%	-	200	14.3	1.3	15.5
RCB55	YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY	120 - ENT	990	1027.5	495	442.5	396	396	0	22	103.8%	89.4%	100.0%	-	195	7.3	2.4	9.7
RCB55	YORK HOSPITAL - RCB55	G1	430 - GERIATRIC MEDICINE		1440	1170	720	720	660	660	660	660	81.3%	100.0%	100.0%	100.0%	578	3.2	2.4	5.6
RCB55	YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1080	966	540	480	660	638	330	561	89.4%	88.9%	96.7%	170.0%	629	2.6	1.7	4.2
RCB55	YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		720	708	360	324	660	638	0	0	98.3%	90.0%	96.7%	-	198	6.8	1.6	8.4
RCB55	YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5400	4492.5	450	480	3960	3300	330	319	83.2%	106.7%	83.3%	96.7%	316	24.7	2.5	27.2
RCBAW	ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		720	714	900	900	330	330	660	649	99.2%	100.0%	100.0%	98.3%	583	1.8	2.7	4.4
RCBL8	MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		1125	915	1575	1777.5	660	660	660	660	81.3%	112.9%	100.0%	100.0%	793	2.0	3.1	5.1
RCB07	SELBY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB07	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1125	1057.5	1125	1132.5	660	616	330	374	94.0%	100.7%	93.3%	113.3%	504	3.3	3.0	6.3

RCBTV	ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		900	862.5	1125	1050	660	638	330	319	95.8%	93.3%	96.7%	96.7%	564	2.7	2.4	5.1
RCB05	ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		615	615	772.5	772.5	330	330	330	330	100.0%	100.0%	100.0%	100.0%	271	3.5	4.1	7.6
RCBP9	WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		900	945	1125	1020	660	638	330	330	105.0%	90.7%	96.7%	100.0%	570	2.8	2.4	5.1
		Total			74040	65124	50629.5	50131.5	43076	40205	26554	29634					28377			

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 July 2016

Director of Infection Prevention and Control (DIPC) Quarterly Report (Q1)

Action requested/recommendation

The Board are asked to receive and note the Infection Prevention (IP) report for Q1.

Executive Summary

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

Clostridium difficile infection (CDI): At 7 cases in Q1 the Trust is significantly below the estimated upper limits of the objective of 48. The incidence nationally however shows an upward trend.

MRSA Bacteraemia: Q1 – 2 cases, national objective – zero tolerance.

MSSA Bacteraemia: Q1 – 13 cases (5 cases above trajectory for the quarter).

The revised Governance structure has been in place since February 2016 and has greatly improved the process of escalation of IP concerns resulting in more timely and appropriate responses from the organisation to the major issues that affect safe IP practice.

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

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

Implications for equality and diversity

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

Reference to CQC

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

Progress of report	Received by Quality and Safety Committee
Risk	Risk to patient safety from healthcare associated infection through variation in compliance with Infection Prevention practice and policy standards
Resource implications	Contractual fines when MRSA bacteraemia and *Clostridium difficile* incidence exceed trajectory and lapses in care identified.
Owner	Beverley Geary, Chief Nurse, Director of Infection Prevention and Control (DIPC)
Author	Vicki Parkin, Deputy DIPC

Date of paper	July 2016
Version number	1

Board of Directors – 27 July 2016

Director of Infection Prevention and Control (DIPC) Quarterly Report

1. Introduction

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

The impact of infection prevention interventions reported in Q4 2015/16 continues to have a positive impact on the reduction of Healthcare Associated Infection (HCAI) in Q1 2016/17.

MRSA emergency screening shows some improvement in Q1 with average compliance of 82% however in recent executive PMM's this figure has been challenged by some of the Directorates and their records show a more positive picture, therefore some validity checking of data source is underway to ensure accuracy.
IP aim to facilitate shared learning between areas of good compliance with those who are still struggling to maintain improvement.

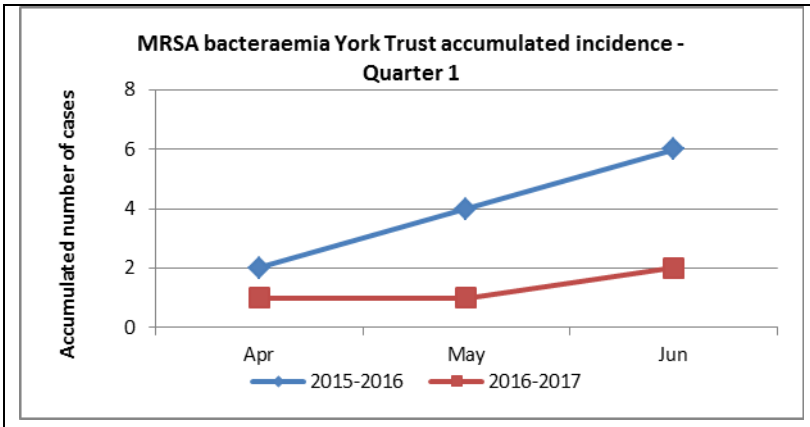
The revised Governance structure has been in place since February 2016 and has greatly improved the process of escalation of IP concerns resulting in more timely and appropriate responses from the organisation to the major issues that affect safe IP practice.

2. HCAI incidence and performance

Information below describes HCAI incidence in Q1

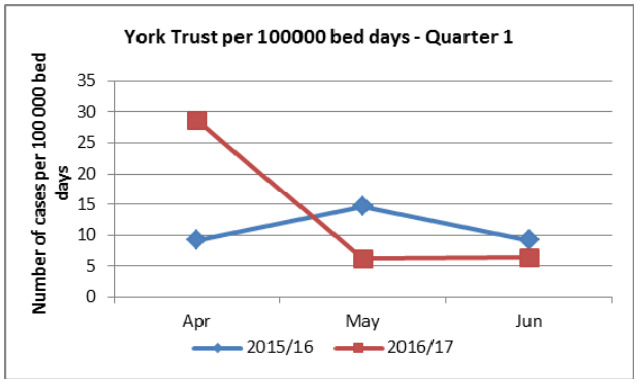
2.1 MRSA Bacteraemia

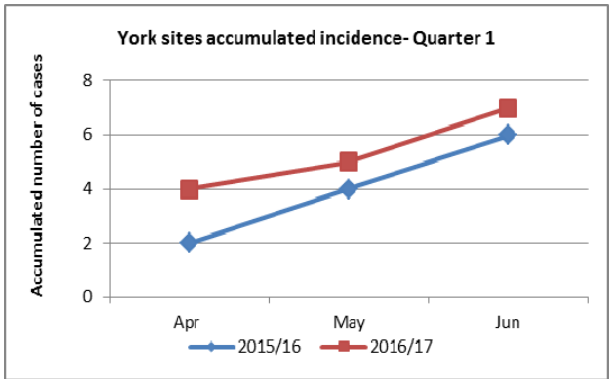
Q1 – 2 cases, national objective – zero tolerance. Both cases showed poor adherence to trust wide MRSA screening protocols and initiatives have subsequently been put into place to share learning from those areas who have overcome similar challenges e.g. by making access to screening equipment easier and follow up by ward clerks to ensure screening has been done. Learning from cases in order to improve is supported by using case studies at local and trust wide IP training sessions.

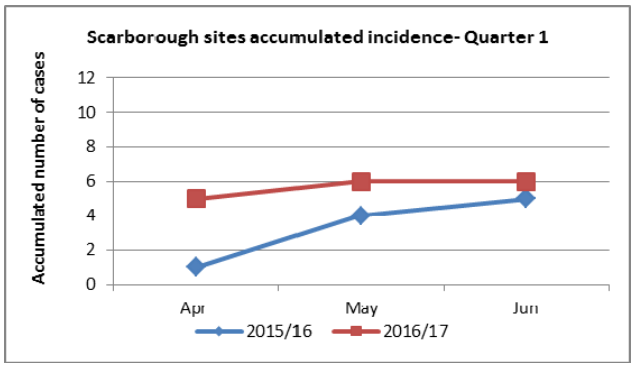


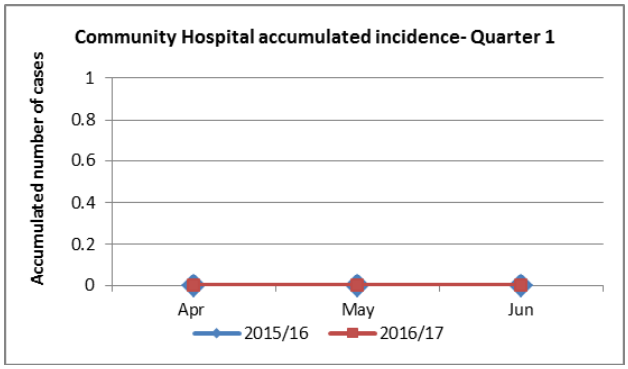
2.2 MSSA Bacteraemia

Q1 – 13 cases (5 cases above trajectory for the quarter). Incidences are cases in surgery, medicine and elderly medicine**.** The surgical cases were complex, requiring significant medical intervention. Several medical/elderly cases had the added risk factor of poor skin integrity and only one can be clearly identified as intravenous line related. Total incidence thus far is similar to Q4 i.e. a downward overall trend on last year's total incidence – the local upper limit remains at 30 cases per annum as per the locally agreed objective.



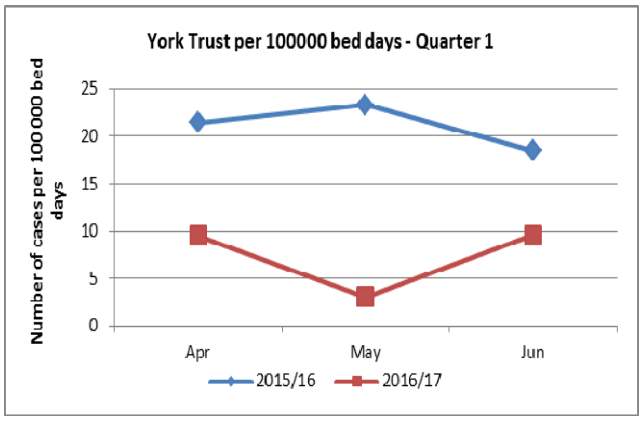


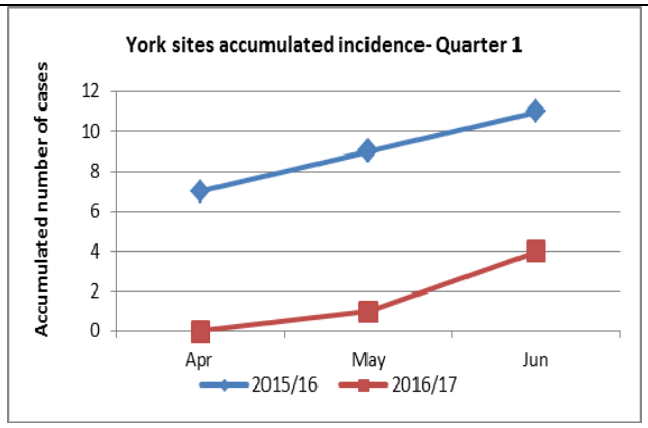


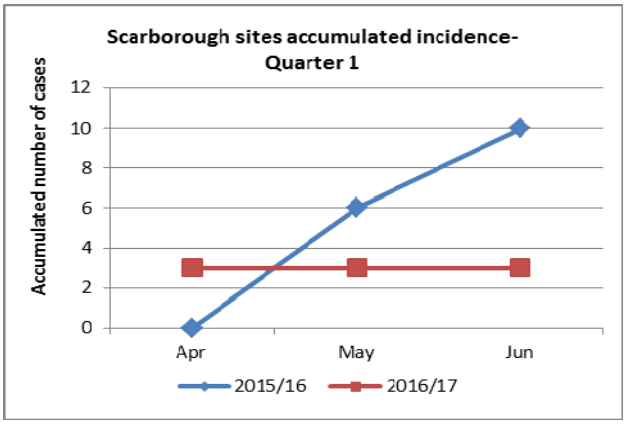


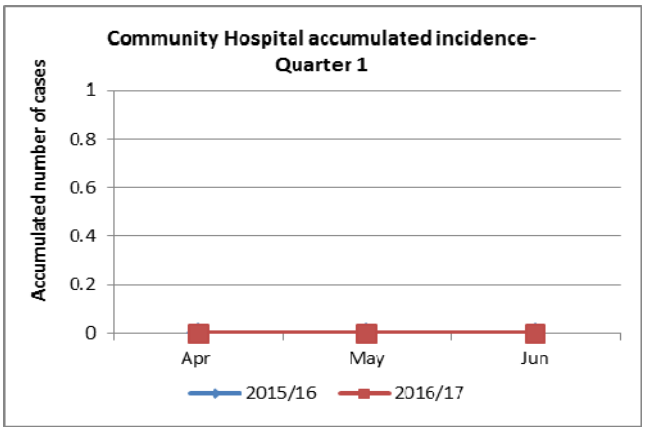
2.3 Clostridium difficile infection (CDI)

At 7 cases in Q1 the Trust is significantly below the estimated upper limits of the objective of 48. The incidence nationally however shows an upward trend.
Q1 – 7









2.4 Post Infection Review (PIR)

IP continue to develop the PIR process with the aim of learning to improve via action plans, case studies and dissemination of outcomes to all staff. More work is required to optimise action planning but with Directorate representation now at the Infection Prevention Operational Group and CCG involvement at PIR, it is the intention that through improved engagement and accountability, practice and outcome will improve; as will patient safety. There remains delay on completion of PIR for some CDI cases; this has been escalated to the DIPC and Medical Director for action.

2.5 Norovirus

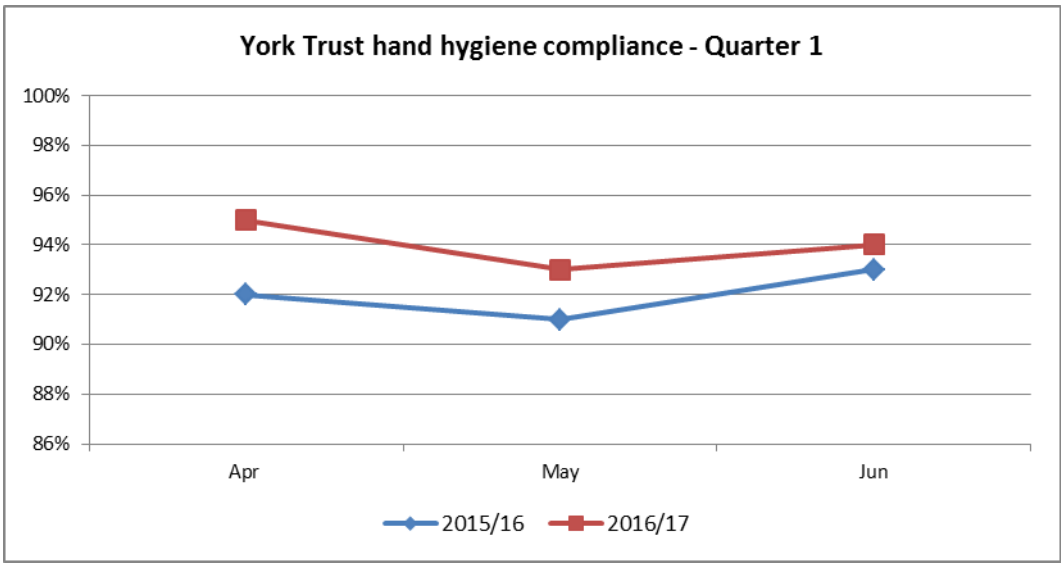
We have had no ward closures in Q1 however we have undertaken a look back exercise in response to protracted closures at Scarborough Hospital in Q4 in order to prevent a reoccurrence going into the winter period. This is a multi-agency approach that includes commissioners, GP's and other community healthcare providers. The aim of the exercise is to develop a multi-agency pathway for Norovirus management that to reduce impact on secondary care.

2.6 Antimicrobial Stewardship

June data awaited (unavailable at time of writing).

2.7 Hand Hygiene

A Trust wide improvement plan implemented late last year has shown consistency in improved compliance and less variation in practice across all sites within all staff groups



2.8 MRSA

In June we saw an increased incidence on MRSA found on routine screening in SCBU at the York site.

A rapid multi-disciplinary response agreed immediate and medium term actions which including closing to external admissions. Screening and scrutiny was enhanced and the unit is now fully open.

A regular Directorate IPC meeting will begin to ensure best practice in IPC for all disciplines. This will become more common in Directorates where IPC is a challenge due to patient group or where other issues identified.

5. Conclusion

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

Continued collective and multidisciplinary responsibility and accountability for IP is essential to maintain effective infection prevention standards. Planned ward accreditation and Matron accountability initiatives that include IP indicators will assist with this in parallel with evaluation and discussion at Directorate PAM`s of the IP performance dashboard.

6. Recommendations

The Committee are asked to receive and note the Infection Prevention (IP) report for Q1.

7. References and further reading

Relevant Legislation and Guidance:

- The Health and Social Care Act 2008:Code of Practice on the prevention and control of infections and related guidance, updated July 2015
- NICE Infection and Prevention Quality Standard 61 April 2014
- Epic 3: National Evidence-Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England 2014

Author	**Vicki Parkin Deputy DIPC**
Owner	**Beverley Geary, Chief Nurse, DIPC**
Date	**July 2016**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors - 27 July 2016

CQC Action Plan: Progress Update

Action requested/recommendation

The Board of Directors is asked to note the progress indicated within the report and to close the action plan with confidence that remaining issues will be monitored through Directors update reports.

Executive Summary

This paper provides a summary of movement within the Corporate Risk Register.

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

The risks within this report cover the majority of CQC regulations.

Progress of report	This report is only written for the purpose of the Board of Directors.
Risk	The paper articulates organisational risks.
Resource implications	No resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Fiona Jamieson, Deputy Director of Healthcare Governance
Date of paper	July 2016
Version number	V1

Board of Directors - 27 July 2016

CQC Action Plan: Progress Update

1. Introduction and background

The Board of Directors will be aware of the improvement requirements outlined in the Care Quality Commission report on York Teaching Hospitals NHS Foundation Trust that was published in October 2015.

Appendix A of this report outlines the status of all improvement requirements at the end of July 2016.

2. Progress Monitoring

Progress against the actions has been monitored through various sub committees of the Board.

Feedback on progress against the required improvements has been fed back to the Care Quality Commission at the regular engagement meetings with the organisation. Going forward these meetings will now take place every 8 weeks which is in line with the frequency of engagement meetings at all NHS Trusts.

2.1 Actions Achieved Post March 2016

Action 2: We have continued to deliver the 18wk incomplete and 6wk diagnostic target and have achieved compliance every month this financial year to date. Our STF trajectories for these two indicators was fully delivered of the national thresholds (92% and 99% respectively) for every month of 16/17

Action 8: We have successfully recruited to some paediatric nurse vacancies. This action is considered closed as there will always be a need to recruit at times of retirement, maternity cover etc.

2.1 Partially Achieved

There are a small number of actions that have been partially achieved. These are as follows:

Action 1. The actions requested by the CQC were implemented at the time of their visit and whilst this action is previously noted as complete, at the suggestion of ECIST the organisation has piloted and successfully introduced the model of clinical navigator and pit stop within ED. The organisation has delivered against the STF requirements for Q1 of 2016/17.

Action 3: SRCCG have approved the finding of an additional bed at Scarborough and we are currently recruiting to 6 vacancies to staff the bed. 2 out of 6 have been recruited. One staffing is in post this will significantly reduce any non-clinical patient transfers.
A Strategic Board has been established to take forward the longer term planning of the service and a business case for the first three main priorities has been prepared.

Action 12: Whilst the action was to have an external review of critical care, and this was duly completed, there are a number of actions that have short, medium and long term requirements which are now included on a jointly owned action plan. This includes the funding of an additional ITU bed in York, and one in Scarborough. The bed in York is in place, whilst recruitment is currently on-going to staff the bed in Scarborough. This important action will aid reduce the number of non-clinical transfers.

Action 17: 67.7% of staff appraised by end of June 2016. This is measured on a rolling annual basis with a trajectory of achieving 90% by March 2017.

2.3 Uncompleted Actions

There are two actions yet due for completion.

Action 7: (June 2016) The issue of recruiting to vacant medical posts in Emergency Care is challenging, with continuous advertisements proving unfruitful. Alternative workforce models are therefore being considered.

Action 14: (Due March 2017) There is a programme of the review and renewal of policies within the organisation, however the biggest gap has been in the harmonisation of clinical guidelines. A Clinical Leadership Fellow took up post in January 2016 and has been appointed to co-ordinate this work along the development of the IGNAZ App for smartphones. A second appointee took up post in March 2016.

3. Conclusion

Good progress has been made on the actions identified within the organisations response to the improvement requirements detailed in the CQC Quality Report. Where there are actions that are currently partially achieved the CQC have been briefed and regular updates will be provided at engagement meetings.

4. Recommendation

The Board of Directors is asked to note the progress indicated within the report and to close the action plan with confidence that remaining issues will be monitored through Directors update reports.

Author	**Fiona Jamieson, Deputy Director of Healthcare Governance**
Owner	**Patrick Crowley, Chief Executive**
Date	**July 2016**

CQC action plan following CQC visit in March 2015

Regulation: Regulation 12(1), (2)(a), 2(b) & 2 (e) HSCA (RA) Regulations 2014 Safe care and treatment						
How the regulation was not being met		**Action plan**	**Lead Executive**	**Status and on-going compliance**	**Update as at July 2016**	**Assurance Committee**
1	The provider must take action to ensure that all patients in A & E have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011	The organisation took immediate action post inspection to ensure that all patients in A&E have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011. This action is complete	Medical Director/	**Partially completed This action is under constant review**	. The organisation is working to an agreed monthly STF which has been achieved for April, May and June. Service improvements continue to be embedded and include the development of AMM on the Scarborough site, the introduction of the clinical navigator and pit stop nursing roles in York ED. Funding for updated nursing establishments in both departments	Finance and Performance Committee Quality and Safety Committee

					were agreed in June 2016 Pilot of ED Front Door Model at York has been approved buy the Board and was effective from 1st July 2016. Robust REAP escalation process internal to ED has now been agreed and is in place.	

	How the regulation was not being met	Action plan	Lead Executive	Status and on-going compliance	Update as at July 2016	Assurance Committee
2	The provider must address the breaches to the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting time targets to protect patients from the risks of delayed treatment and care.	The organisation has an agreed programme with commissioners that aims to improve performance against national targets for, referral-to-treatment time targets, and achievement of cancer waiting time targets to protect patients from the risks of delayed treatment and care. It is also working with ECIST to improve A&E performance and most recently been identified as one of 28 communities receiving support through the Emergency Care Improvement Programme.	Chief Operating Officer	**RTT**: work on maximising elective surgery, transferring work to Bridlington, minimising elective cancellations and some outsourcing to the private sector have ensured that the Trust is complaint with the 18 week incomplete standard. **ECS:** work continues as reported in action 1. At Scarborough we are involved in the development of the Acute services in the small rural DGH. Cancer Standards were delivered in Q1	We have continued to deliver the 18wk incomplete and 6wk diagnostic target – so compliant every month this financial year to date. Our STF trajectories for these two indicators was full deliver of the national thresholds (92% and 99% respectively) for every month of 16/17	Finance and Performance Committee

	How the regulation was not being met	Action plan	Lead Executive	Status and on-going compliance	Update as at July 2016	Assurance Committee
3	The provider must ensure that patient flow into and out of critical care is improved, specifically in relation to: delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.	The organisation has an Acute Strategy which details the multi faceted approach to improving patient flow throughout the organisation. Some facets of the plan have been delivered and others are still in progress. This is led by the Medical Director together with the Chief Operating Officer and Clinical Directors responsible for the acute care pathway.	Medical Director/ Chief Operating Officer	**Partially Completed**	SRCCG have approved the finding of an additional bed at Scarborough and we are currently recruiting to 6 vacancies to staff the bed. 2 out of 6 have been recruited. One staffing is in post this will significantly reduce any non clinical patient transfers. A Strategic Board has been established to take forward the longer term planning of the service and a business case for the first three main priorities	Board of Directors and Finance and Performanc e Committee

					has been prepared.	
4	The provider must ensure that there is adequate access for patients to pain management and dietetic services within critical care.	A review is to be undertaken of current resources within the dietetics team with a subsequent options appraisal being made to the Board. A	Medical Director	**28th February 2016 Action considered closed**	We can confirm that the dietetics service fully meets the standards of support for critical care. An business case for the Acute Pain Service in Scarborough has been drafted and has been approved by panel and is awaiting ratification at Corporate Directors. In the meantime the York Team have provided some training for Scarborough ward based staff	Quality and Safety Committee

5	The provider must ensure all equipment is tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.	The organisation has a well-established programme of planned preventative maintenance checks for EME, and the same is replicated for non-clinical equipment. Domestic staff are responsible for the monitoring of food fridges, and nursing staff are responsible for the monitoring of drugs fridges.	Chief Nurse and Chief Pharmacist	**Action Completed** Improvement will be measured on these issues through regular audit and review with outcomes being reported into the Board of Directors No additional resource implications	This action is completed	Environment and Estates Committee

6	The provider must ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels: • nursing staff on medical and surgical wards; • consultant cover within the A & E; • registered children's nurses on children's wards, and other appropriate clinical areas and • radiologists • community inpatient services.	The organisation has successfully recruited an additional 73 RCNs who take up post in October 2015 to work in its acute sites. It has an open and centralised rolling recruitment campaign for RNs which will be reviewed on a monthly basis. We also have an active recruitment campaign targeting nurses from the EU.	Chief Nurse	**Actions Considered completed recruitment will always have a focus** Partly actioned, the organisation has recruited 73 additional nurses with a further 60 planned , progress will be reported to the Board of Directors on a monthly basis	Focus on recruitment continues, end of June vacancy position for adult inpatient areas was 130.5 fte RNs and 56.82 HCAs. Of which 101.55 RNs and 49.48 HCAs had been recruited too. Remaining vacancy position is 37 wte and 18.14 HCAs A campaign to recruit final year student nurses is underway	Workforce Strategy Committee and Quality and Safety Committee
7		The Trust is engaged in a continual recruitment programme for ED Consultants and most recently has introduced a recruitment and retention premia to enhance this. The Trust is also working with ECIST, ECIP and its Acute Board to explore the potential for alternative models of care that reduce the reliance on the ED consultant Workforce	Medical Director	Aim to recruit additional ED Consultants– **June 2016** Process of continuous recruitment and looking at alternative roles	The action is linked to the amendment in the MD risk register. Further workforce models are being considered and continuous recruitment in place , although	Workforce Strategy Committee

					not currently successful. Use of ACPs in ED to aid senior decision making	
8		There is an open rolling recruitment for Paediatric Nurses	Chief Nurse	**Action Complete**	Additional Paediatric nurses have been recruited o B5 and B6 posts,	
9		The organisation is staffed to establishment on radiologists	Medical Director	**Action Complete**		Workforce Strategy Committee Quality and Safety Committee
10		The organisation has taken steps to increase staffing in community inpatient services	Director of Community Services	**Action complete**		

Regulation: Regulation 17 (1), (2)(b) & (2) (e) HSCA (Regulated Activities) Regulations 2014 Good governance.						
	How the regulation was not being met	**Action plan**	**Lead Executive**	**Status and on-going compliance**	**Update as at July 2016**	**Assurance Committee**
11	The provider must take action to ensure that the governance and risk management arrangements are strengthened to ensure risks are identified and acted upon in a timely manner.	The organisation is currently undertaking the Monitor 'Well Led' review and will act on any subsequent recommendations	Chief Executive	**Action Completed**	The Well Led Review has been received and considered by the Board. An action plan will be developed. Risk Management Processes continue to be improved and have received significant assurance by Internal Audit BAF has been revised Serious Incident framework is being launched in September 2016	Board of Directors
12	The provider must ensure that there is a clear clinical strategy for both critical care and outpatients and diagnostics and	The organisation has taken steps to develop a local clinical strategy for critical care by co commissioning an external review of Critical Care	Medical Director	**Partially Completed** Local strategy completed.	Links to 3 above. SRCCG have approved the finding of an	Executive Board

	that staff are engaged in agreeing the future direction and involved in the decision-making processes about the future of the service. The Provider must ensure that pathways,	Services		External review taking place in November 2015 to report January 2016 Resources already in place	additional bed at Scarborough and we are currently recruiting to 6 vacancies to staff the bed. 2 out of 6 have been recruited. One staffing is in post this will significantly reduce any non clinical patient transfers. A Strategic Board has been established to take forward the longer term planning of the service and a business case for the first three main priorities has been prepared A local strategy has in the meantime been	

					developed A Time out day for the development of clinical strategies took place in April 2016 and strategic plans covering the next 5 years are being developed	
13		Each individual division has a its own strategy for the management of outpatients, There is a strategy for Radiology	Medical Director	**Completed** Resources already in place		Executive Board
14	Policies and protocols are reviewed and harmonised across the Trust, to avoid confusion among staff, and address any gaps identified	The organisation already has a programme of harmonisation and review of policies. It is looking to appoint a Clinical Improvement Fellow (interviews W/C 2 Nov) and a Deanery Leadership Fellow for a year to lead on the project of harmonising and reviewing clinical guidelines. Deanery Leadership Fellow to be advertised in November 2015. ll inform the new clinical strategy. The review is due to conclude on 12 November with a report being	Medical Director	**date 31st March 2017** Clinical guidelines in existence which conform to NICE Guidelines will continue to be used and will be relaunched as they are updated.	1st new appointment is in place (Clinical Leadership Fellow) with the. The second appointment from March/April 2016 This work continues	Quality and Safety Committee

		expected in January 2016				
15	The provider must ensure that patient records are fully secured when stored, specifically within the school nursing records.	Action has been taken to undertake a new risk assessment of the building containing school nursing records. As a result some minor adjustments have been made to this facility that provide additional security	Director of Estates and Facilities	**Action Completed** The facility is secure and patrolled by the organisations Security Team Resources: the Quality Improvement Lead is part funded by the department. The Deanery Leadership Fellow post is part funded by Deanery funds and part by post grad work Reported to the Board as completed (December 2015)	**This action is completed.** Additional security has been put in place for the building. The records have since been relocated to the ownership of City of York Council on 1 April 2016	Environment and Estates Committee

Regulation: Regulation 18(2)(a) HSCA (RA) Regulation 2014 Staffing						
	How the regulation was not being met	**Action Plan**	**Lead Executive**	**Status and on-going compliance**	**Update as at July 2016**	**Assurance Committee**
16	The provider must ensure there are suitable arrangements in place for staff to receive appropriate training and appraisals in line with Trust policy, including the completion of mandatory training, particularly the relevant level of children and adult safeguarding training and basic life support so that they are working to the up to date requirements and good practice.	The organisation has taken steps to ensure that all staff complete statutory and mandatory training with compliance being reported regularly to the Board. Compliance is currently at 81%. Current training levels for •	Chief Executive	**Achieved annually** Improvements have been established, are measurable and are reported to the Board • Safeguarding Adults Awareness - 92% • Safeguarding Adults level 1 - 77% • Safeguarding Adults level 2 -	**This action is completed**. The system for an annual review is in place Overall compliance currently at 84 %	Workforce Strategy Committee
17		The organisation has implemented a new process that will ensure that all staff receive annual appraisals	Lead Executive		67.72% of staff appraised by end June 2016	

				84% • Safeguarding Children level 1 - 91% • Safeguarding Children Level 2 - 83% • Safeguarding Children Level 3 -78% Basic Life Support - 83% Resources are in place.		
18	The provider must review arrangements to support staff working alone in the community to ensure their safety.	The organisation is currently engaged in re drafting its lone worker policy to more	Director of Community Services	**Action Completed on ratification of policy in August** Resource implications will be considered as part of the re-development of the policy.	The work on reviewing the policy has been completed, it has been redrafted and is currently going through the consultation/approval process and due to be ratified in August.	

Regulation: Regulation 10(1) and 10(2)(a) HSCA (RA) Regulation 2014 Dignity and Respect						
	How the regulation was not being met	**Action plan**	**Lead Executive**	**Status and on-going compliance**	**Update as at July 2016**	**Assurance Committee**
19	The provider must ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit based on ward 16 at York hospital.to the up to date requirements and good practice.	The organisation has taken steps to ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit on Ward 16. Whilst it is at times unavoidable from a patient safety perspective for patients to experience being in a mixed sex environment patients are advised if this is the case, and given an option of being nursed on the NEU or elsewhere. Patients are also given information informing why they might find themselves on a mixed sex environment.	Chief Nurse	**Action Completed** This will be monitored via regular audit and reported to the Board. Resource requirements not applicable. Reported to Board that action completed (December 2015)	. The process put in place is the same as that used by the Vascular Imaging Unit	Quality and Safety Committee

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 July 2016

Equality and Diversity Annual Report & WRES

Action requested/recommendation

1. Agreement from the Board to publish the Annual report; The Trust has a requirement to report under the Public Sector Equality Duty against the 9 protected characteristics.

2. Agreement from the board to publish via NHS England, the Workforce Race Equality Standard statistics, narrative and associated year 1 action plan.

Executive Summary

1. Annual Report

The report provides key statistics which include patient admissions, patient experience and our workforce; these can be found on pages to 4 to 6 and 12 to 16.

The largest section of the report focuses on our workforce and provides information on joiners and leavers by protected characteristic and staff groups by pay grade. It looks in detail for example at the Trust recruitment processes, grievance, disciplinary and bullying and harassment policies and procedures and provides statistical analysis against each of the protected characteristics.

This years' report whilst providing a summary of the statistics has been structured to focus on key pieces of on-going work, our achievements and success stories. An example of these is provided below;

Workforce;

The capture of protected characteristics information at all points of the employment cycle continues to be a key priority.

- ✓ The emphasis is on accuracy and encouraging staff to report information which is reflected in a continued reduction in the proportion of 'do not knows'.

- ✓ The implementation of ESR Employee Self Service in March 2016 across the Trust now enables staff to review and update their personal information in ESR themselves and this will need continual promotion to raise staff awareness; Work has also been continuing to ensure that Trust forms (starters, personal change forms etc.,) capture all of the required information

- ✓ As a Trust we recognise that we are committed to continually raise staff awareness and confidence in the use of such data in order to identify inequalities between different staff groups, monitor incidents of discrimination, facilitate change and proactively tackle identified issues.

- ✓ An updated Leavers questionnaire was rolled out in 2016. The key priority is to ensure that leaver's information is captured to enable areas of concern to be addressed. This in turn can support improved retention and influence staff benefits.

- ✓ To ensure greater accessibility, the revised leaver questionnaire is available on-line and staff can complete this electronically and submit it confidentially, if they so wish. A paper version is also available.

Recruitment – New selections methods

Training is being used to seed ideas and stimulate thinking in this area, however, there are already a number of good examples of new methods in use, one is example is 'modular interviewing'

The use of **'modular interviewing'** involves several interviewers each occupying a station which covers a topic/selection criterion and engaging with candidates on this subject for 5 minutes. The candidate then moves to another station.

- ✓ The advantage of this approach is that it provides an informal feel and so encourages candidates to open up and therefore provides greater insight into what they have to offer the role, rather than inviting 'textbook' responses.

- ✓ Modular interviewing allows more candidates to be seen for interview, increasing diversity of interview attendees

- ✓ Analysis of one pool showed this had a particularly strong effect on the age profile of candidates, providing candidates aged under 25 and in the 40-69 range with a greater level of opportunity.

Careers Events

The Trust has increased its levels of attendance/provision of careers and recruitment-related events.

Events include those hosted by schools, colleges and universities in our community, as well as those organised by partners (e.g. The Officers Association who ran an event to support service leavers with transition into civilian careers) and a jobs event organised by the Trust.

- ✓ In 2014/15 event attendance was once every 5-weeks and we project this will be an average of attendance at events every 3 weeks in 2016.

- ✓ Attendance at such events makes job opportunities more accessible to a broad range of people in the Trust's local community.

Workforce – Bullying and Harassment

The Trust is committed to a zero tolerance approach to bullying and harassment. During 2015 / 2016 we have undertaken a number of actions to raise awareness of Harassment & Bullying issues to improve their resolution. These include:

- ✓ Implemented new training for managers and supervisors in dealing with Bullying & Harassment, Grievance and Disciplinary matters. All sections emphasise taking issues seriously, dealing with them promptly and talk about the impact on individuals and the wider team if concerns are not addressed in a timely manner.

- ✓ Continued to promote zero tolerance of bullying & harassment and the existence of the mediation service at open access Drop In sessions that are run fortnightly by HR at the two main sites. The sessions support both staff and managers on a range of people management issues.

- ✓ Discussed with the Fairness Champions how they might respond if staff raise bullying & harassment issues with them; and the support available in the Trust. Information on the Fairness Champions is given to all new starters to the Trust at corporate induction.

- ✓ We will continue to measure staff experience of harassment and bullying by asking staff a number of questions in our 2016 annual Staff Survey. We are also including a question in the Staff Friends & Family Test from June 2016 about how we can make it easier for staff to report experiences of bullying.

Access to Services

We are working with York Blind and Partially Sighted Society, Jorvik Deaf Connections and local councils with the aim of developing new shared materials for seamless services and training for staff.

Thanks to funding from York Teaching Hospital Charity we have purchased “Pictocomm” folders for every ward and department in the Trust; these are based on clear and easy to understand pictures and where patients are unable to communicate translations are provided.

Patient experience

Following in-depth consultation with patients, carers and staff a new 3 year Patient experience Strategy has been introduced this year. It sets out our high level objectives to improve the experience of patients over the next three years.

The statistical analysis suggests there are a number of areas where improvements are required; in particular from a workforce perspective and a number of pieces of associated work will now be commissioned.

Future work

In the last section of the report, we look forward at the likely challenges and

future developments. We recognise that the implementation of the Accessible Information Standard and embedding Equality and Diversity within the HR Directorate are areas of significant priority.

2. WRES

The Trust has an obligation to publish specific statistics under the WRES and these are reported directly to NHS England. This year for the first time each Trust has been asked to produce an associated action plan which has been included for board approval.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC regulations.

Progress of report	This paper is updated annually and the revisions are provided to the board for sign off
Risk	No specific risk.
Resource implications	There are no resource implications to identify.
Owner	Brian Golding, Director of Estates and Facilities
Author	Sarah Vignaux, Employee Relations & Engagement Manager

Date of paper	July 2016
Version number	Version 1

Board of Directors – 27 July 2016

Equality and Diversity Annual Report & WRES

1. Introduction and Background

The Trust has a duty to report under the Public Sector Equality Duty – the purpose of this report is to meet that duty.

2. Public Sector Equality Duty

The Trust has a requirement to report under the Public Sector Equality Duty against the 9 protected characteristics. NHS England mandate the publication of statistics specific to the protected characteristic 'Ethnicity'.

3. Conclusion

This years' report whilst providing a statistical analysis, has been structured to focus on key pieces of on-going work, our achievements and success stories. An example of these are highlighted in the report.

4. Recommendation

1. Agreement from the Board to publish the Annual report; The Trust has a requirement to report under the Public Sector Equality Duty against the 9 protected characteristics.

2. Agreement from the board to publish via NHS England, the Workforce Race Equality Standard statistics, narrative and associated year 1 action plan.

Author	**Sarah Vignaux, Employee Relations & Engagement Manager**
Owner	**Brian Golding, Director of Estates and Facilities**
Date	**July 2016**

York Teaching Hospital NHS
NHS Foundation Trust

Annual Equality, Diversity and Human Rights Report

2015-2016

July 2016

Contents

Introduction

York Teaching Hospital NHS Foundation Trust is committed to delivering safe, effective, sustainable healthcare within our communities. Continuing to integrate equality, diversity and human rights into our day to day practice will enable inclusive delivery of services and the employment of a workforce that is representative of the communities we serve.

We will achieve this through our Trust Values:

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

Insert link to Trust values document

We provide a comprehensive range of acute hospital and specialist healthcare services for approximately 530,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale, covering 3,400 square miles. Our annual turnover is over £400 million; we manage ten hospital sites, 1,127 beds (including day case beds) and have a workforce of over 8,000 staff working across our sites and in the community.

This report is designed to demonstrate our compliance with the equality duty to publish information. Its aim is to be reader friendly with a clear structure and information to establish the current situation including progress, achievements since last year's report and identify where further work is required.

1. Our Services

1.1 Access to services

Introduction

There are both national and local access and performance targets that the Trust is measured against. This section of the report relates to patient activity which has been extracted from our patient records database. It should be noted that there are local issues which impact on activity figures such as the large number of visitors especially during the summer months and the York Races which attract people from a wide catchment area.

Report preparation

In preparing this section of the report we have compared the periods 2014/2015 and 2015/2016. We have chosen to look at:

- ✓ Inpatient Admissions (Day Case, Elective, Non Elective)
- ✓ Outpatient Attendance / DNAs (Did Not Attend)
- ✓ Emergency Department (ED) 4 hour wait to treatment/admission/transfer (Breach/ Non breach)

We have assessed these key national indicators against the following protected characteristics:

- ✓ Gender
- ✓ Age
- ✓ Ethnicity

A summary of the statistics

- During 2015/16, overall inpatient activity increased when compared to 2014/15. Inpatient admissions rose by 5.7%; Day-case elective admissions rose by 6.7% and non-elective admissions rose by 5.6%. Admissions by age group remained consistent.
- Outpatient Attendances rose by 70314 across the two periods.
- Overall, 4 hour breaches have risen by 4873.

Protected Characteristic - Gender

- Attendances at Emergency Department (ED) and Minor Incident Unit (MIU) across the Trust fell by 4012 across the two periods; there were no significant changes in gender.

Protected Characteristic - Age

- Attendances by age group remained largely the same, with the largest changes in the 18-50 age range, which fell from 25.4% of follow up appointments to 23.9%; and the 75+ age range which rose from 24.8% of follow up appointments to 25.7%. DNAs across age groups did not differ significantly between the periods.
- Attendances at ED and MIU for patients aged 18-50 fell by a total of 2890, however breaches in this age group have fallen by 4531.
- Breaches for patients aged 75+ have risen by 1365, however they still account for a similar proportion of breaches (34.18% last year compared to 32.74% in 2015/16)

Protected Characteristic - Ethnicity

- The notable change in inpatient admissions was in non-elective admissions; 'British' patients accounted for 73.79% of non-elective admissions, down from 77.69% and 'Any other white background' patients accounted for 12.26% of non-elective admissions, which represented an increase of 24.09% from 9.88%.
- In Scarborough, inpatient admissions for 'British' patients fell from 87.5% of all inpatient admissions to 82.09% (although in real terms admissions rose by 780).
- Outpatient Attendances for 'Any other white background' patients rose from 5.0% to 6.7% of all outpatient attendances. Attendances of 'British' patients fell from 72.8% to 70.9%. Did not attends by ethnicity did not differ significantly between the two periods.
- ED and MIU breaches for 'British' patients have fallen by 79.6% to 75.26%. Breaches for patients where ethnicity is not known accounted for 20.35% of all breaches, compared to 16.34% last year. It is not known at this time whether this is as a result of patients not wishing to disclose their ethnicity, or whether there are gaps in recording. There were no

significant differences in non-breach attendances between the two periods.

(Please see Appendix A pages 39 to 44 for data)

1.2 Patient Information

As a Trust we are committed to providing patient information in accessible formats and production of patient information for treatments and procedures is guided by Trust policy and a range of standards that applies to all patient information leaflets.

- ✓ A standard statement is included on the back cover or as close to the cover as possible (for sponsored leaflets) which has a central point of contact for patients and relatives to request information in a different language or format. This is being introduced via the review and reprint process and can be seen in section 6 of this report.

On-going work

The Trust's Implementation of the Accessible Information Standard is well underway; this is a new standard that applies to all NHS and adult social care organisations to make sure that people who have a disability, impairment or sensory loss are given information they can easily read or understand.

The standard requires us to;

- Ask people if they have any information or communication needs and how to meet these and record those needs clearly
- Highlight or flag the information gathered on the persons notes/files
- Share information collated with other providers of NHS and adult social care when they have permission to do so;
- Take steps to make sure people receive information which they can access, understand and receive communication support if they need it. **The standard does not include interpretation and translation.**

- ✓ In implementing the standard; the Trust has taken the opportunity to include interpretation and translation as this is an important part of communicating with our patients.

The number of contacts by language is consistent with last year, with British Sign Language (BSL), Polish, Mandarin and Turkish having the highest usage.

Alternative formats - The Trust's website can be viewed at www.york.nhs.uk and complies with WCAG/WAI web standards and guidelines, as required by the NHS and all other UK public sector organisations. The site includes "BrowseAloud" (a free screen reader service) text resizing, access keys and a translation tool for languages other than English. It is also compatible for people using mobile phones, tablets, and other devices to browse the internet.

1.3 Patient Experience

Our achievements

Following in-depth consultation with patients, carers and staff a new 3 year Patient Experience Strategy has been introduced this year. It sets out our high level objectives to improve the experience of patients over the next three years.

- ✓ Having a clear and accurate picture of patients' experiences of our care requires bringing together information from a range of sources and enables us to learn and improve our services.

Listening to you

Friends and Family Test

We have a single external contractor who undertakes the Friends and Family Test for both staff and patients.

- ✓ We have introduced monitoring data questions for age, disability, ethnicity and gender which we will be able to use in next year's report.

- ✓ All patients accessing our services have the opportunity to respond to a simple question: *"How likely are you to recommend our ward/A&E department/ outpatient service e.t.c. to friends and family if they needed similar care or treatment?"*

Responses are collated onto a 'your experience matters' poster which is updated quarterly and shared with the area including response rate, comments, improvements in that area and a reminder of Trust Values; this is important as it

demonstrates we are listening and what happens to feedback which could encourage greater participation.

Highlight on National Surveys

The results of two national surveys have been received in 2015-16

1. National Inpatient Survey 2015
2. National Maternity Survey 2015.

✓ Both show the Trust improved its level of satisfaction since 2014 and reported results which were, overall, above the national average.

Our response

✓ An action plan based on the insights from the survey is being developed which will also include recognising and celebrating the achievements of staff in delivering a good patient experience.

Positive outcomes

✓ Senior midwifery colleagues have since reviewed a leaflet given when a woman first starts to use our maternity services '*Congratulations on your pregnancy*'. It now contains detailed information about the different options for where to have your baby: Scarborough Hospital, Scarborough Midwifery Led Unit (MLU), York Hospital or home.

Highlight on Local Surveys and their outcomes

Dementia carers' survey

- ✓ 86 carers of people with dementia were contacted by telephone each month and asked about their experiences. Overall, the "*This is me"* document was felt to be useful and the majority felt that they had the opportunity to talk to staff if they wished to.

Child Health survey

- ✓ Using a touch-screen machine almost 100 responses were received. A new play-focused approach to obtaining child feedback has been introduced using 'tops or pants' boards where children are helped to write down what was good (tops) or bad (pants). Learning from the surveys highlighted much positive feedback about staff, but also comments about the environment of care, particularly around the nurses' station.

Areas for improvement - Complaints

In 2015-16 the Trust received 355 formal complaints (York 188, Scarborough 145, Bridlington 12 and Community 10) Every complaint receives a full investigation led by a Matron or Senior Manager; this year, new guidance and training has been provided to help them provide open, empathetic responses which answer the issues raised and say sorry where something has gone wrong.

Key learning

- ✓ We have learned from patient concerns within our community hospitals at White Cross Court and St Helen's Rehabilitation Hospital. Patients' families said that their relatives would like to socialise more during their stay as some felt isolated outside of their one-to-one sessions. As a result, mid-morning refreshments, a group chair exercise class and chair games were organised.

What we are doing well - Compliments

- ✓ In 2015-2016 **701** letters of appreciation were sent to the Chief Executive or the Patient Advice and Liaison Service. We highly value the kind letters, cards and social media posts that we receive from patients and their families thanking the staff who cared for them. Feedback is usually given directly to

the individuals involved but those sent to the Chief Executive gives an insight into the appreciation that many of our patients and their families feel.

"I felt I had to write and express our sincere thanks to all staff on every level for their outstanding care and kindness [my husband] received during his stay. They are an excellent team who work extremely well together. Nothing was ever too much trouble and my husband's care needs were always met with such a pleasant rapport between patient and staff." (Scarborough, Anne Wright Ward)

"The care and attention provided by all levels of staff could not be faulted. [The patient] died a dignified, pain free and peaceful death and we could have hoped for no more." (Ward 36, York)

"Our experience has been outstanding. All staff showed clinical expertise, respected us as individuals and treated us with genuine care." (York Maternity)

Patient Advice and Liaison Service (PALS)

Our PALS team's role is to listen to suggestions, answer queries and help resolve concerns promptly. They provide advice about the Trust's services and support people to get answers if they are worried about something or don't know who to ask. This year our PALS team handled 6278 contacts, either by answering queries themselves, liaising with clinical or administration colleagues across the Trust or signposting on to another organisation.

- ✓ An example of how we have acted on feedback received via PALS is in response to queries and concerns about blue badge parking. It was clear that blue badge holders in York needed better information about parking on the site, particularly if the car park outside the main entrance was full. A new leaflet has been created and is now available and on the Trust website. At Scarborough the blue badge car park has been moved so it is now directly outside the main entrance.

2. Our Workforce

2.1 Staff profile

This year's report focuses again primarily on permanent and fixed term employees (i.e. excluding those on bank contracts). There is also a dedicated section which focuses on the key findings for our temporary workforce.

To follow good practice in data protection and ensure personal privacy, we have combined some categories so that there are at least 10 people in each category. This helps to protect the anonymity of staff. Below is an overview of the Trust's workforce, followed by a profile of those joining and leaving the organisation and findings within pay bands.

Report Preparation

The overall number of Trust staff decreased from 8,739 on 31 March 2015 to 8,503 on 31 March 2016. This reduction is primarily due to some services and their staff transferring to other organisations within the year.

This staff profile is based on a snapshot of all members of staff working for the York Teaching Hospital as at 31 March 2016. We also show data from 31 March 2015 to compare how the profile has changed.

The headline statistics below; include the overall staff profile, joiners and leavers for the period 1st April 2015 to 31st March 2016.

Also included within this section is a breakdown of the profile by pay grade. The pay grade analysis includes Junior Doctors. Within this work we combined many of the categories together to protect the anonymity of individuals. The analysis is not an equal pay audit; it is not looking at equal pay for equal work but at distribution of staff across pay bands by gender.

1,075 individuals joined the Trust between 1 April 2015 and 31 March 2016, 1,185 staff left the Trust during this same time period. The figures for 2015 -2016 do not include Junior Doctors as including this group would adversely reflect on the data and on the findings and conclusions which are then drawn.

The highest numbers of staff are in pay bands 2 and 5. This is because band 2 includes most of the administrators and healthcare assistants whilst band 5 is the entry grade for all nursing staff which is the largest staff group in the Trust.

A summary of the statistics

Protected Characteristic – Gender

- Women make up 79.5% of the Trusts workforce, (effectively the same as last year's figure of 79.6%). The largest percentage of staff is seen for those in Nursing and Midwifery roles (93.2% of this group are women, reflecting this being a sector which traditionally employs more women than men).

- Males made up 19.5% of new starters; this is in line with the 20.5% of all staff employed in the trust who are male. The percentage of all starters who were male has fallen slightly from 20.9% in 2014-2015.

- Men now account for 19.9% of leavers, very similar to the 19.8% of male leavers last year. 80.1% of all leavers are women which, likewise, were very similar to the 80.2% the previous year.

- The overall number of female staff is higher in each pay band apart from Medical and Dental grades where there were more men (460 males to 282 females) - this group also account for just over a quarter (26.4%) of all male staff. In contrast 4.2% of female staff were from Medical and Dental grades.

- In volume terms a higher number of women are in grades 8a+ than men (203 female staff compared to 74 male staff). This banding includes a variety of different roles including senior nursing roles (Matrons) which tends to attract a higher number of women. However, in terms of percentage, men are more likely to be in band 8a+ roles (i.e. accounting for 4.3% of the male workforce) than women (representing 3.0% of the female workforce).

  (See appendix B Tables/Figures 1-4 pages 45 to 48)

Protected Characteristic - Ethnicity

- Overall the statistic is broadly the same as last year; the percentage of our staff who identify their ethnicity as being White is 90.6% compared with 90.9%. Of this, 81.6% declared as White UK.

- The overall percentage of BME staff is 6.9%. The largest BME group was Asian and Asian British, accounting for 3.8% of all staff.

- The percentage of new staff whose ethnicity was unknown rose to 6.4% (up from 4.1% in the previous year). The percentage of new starters who said they were from BME groups was 5.8% (compared to 6.9% of all staff).

- The percentage of staff leaving the Trust from a BME group rose slightly from 6.5% last year to 7.1%. This is also slightly higher than the overall Trust percentage that BME staff account for (6.9%).

- The highest percentage of BME staff is seen for Medical and Dental pay scales (37.9%), equating to 222 people. Compared to this, only 6.4% of all White staff are in Medical and Dental pay scales, albeit these totalling 494 people.

- BME staff make up a significant proportion of Medical and Dental staff, which has a major impact on the data and findings which can then be drawn from any analysis of staff within different pay scales. It can however be said that BME staff are less likely to be in band 8a+ roles (0.7% are in band 8a+ roles, with these pay bands accounting for 3.3% of all staff).

(See appendix B Tables/Figures 5-8 pages 49 to 52)

Protected Characteristic - Sexual Orientation

- The percentage of staff where we do not know / the person does not want to disclose their sexual orientation continues to gradually decline (from 61.7% in 2015 to 57.6% in 2016). Although we recognise this figure remains high, this has decreased from 74.7% of all staff three years ago.

- 65 staff disclosed as lesbian, gay or bisexual (0.8% of all staff, a slight increase from 0.7% last year). The percentage of heterosexual staff has increased from 37.7% to 41.6%, most likely due to enhancements to the information held by the trust.

- 19 new starters (or 1.8% of all starters) identified themselves as lesbian, gay or bisexual (more than double than the figure seen for lesbian, gay and bisexual people in the overall trust's workforce 0.8%). This percentage is also slightly higher than seen last year (1.5% of all starters).

Please note: In respect of those leaving the Trust and our analysis by pay grade, due to following good practice in data protection and to ensure personal privacy we are unable to make any meaningful conclusions here. Lesbian, gay or bisexual staff account for a small proportion of staff, but also for 57.6% of staff their sexual orientation is still not known, or that staff prefer not to disclose this.

(See appendix B Tables/Figures 9-12 pages 52 to 55)

Protected Characteristic – Religion and Belief

- The number of staff disclosing their religion and/or belief continues to improve with just under a quarter of our staff (24.0%) not wishing to disclose their religion/belief. Christians make up 30.8% of staff, up from 28.6% the previous year.

- 50.6% of the new staff joining stated they were Christian. Initially it appears that this is notably higher than the equivalent percentage of Christians in the trust's overall workforce (30.8%). However if the 'unknowns' are excluded (which account for a high proportion of the trust's overall workforce), 45.9% were Christians[1].

- The percentage of new starters who practice other religions also saw a higher percentage than the equivalent percentage in the trust's overall workplace.

- 32.9% of staff who left the Trust were from Christian religions / beliefs – in comparison they account for 30.8% of the overall workforce.

- A high proportion of staff from Non-Christian religions is seen in Medical and Dental roles (accounting for 15.6% of such staff – in contrast they account for 2.0% of the overall workforce). This links to why those from Non-Christian

[1] More specificaly this involves excluding the 2,805 staff where their religion and beliefs are unknown and then re-calculating the percentage who were Christians

religions are less likely to be in either the below band 6 category or band 6 and above roles.

(See appendix B Tables/Figures 13-16 pages 55 to 58)

Protected Characteristic - Age

- The age profile is relatively similar to last year. The most notable changes were in the percentage of staff in the 26-30 age group – this increasing from 10.1% in 2015 to 10.9%, whilst those in the 46-50 age group decreased from 14.3% to 13.5%.

- Similar to last year, new starters tend to be younger than that seen for the Trust's overall workforce. Individuals aged 25 and under made up 28.9% of all starters but only 8.2% of all staff.

- The 'leavers rates' is unsurprisingly high for both the age groups under 30. This is likely to be due to younger people generally moving around more to find a job that suits them.

- In previous years the 61+ age group has tended to also have the highest leavers rate (primarily due to retirement), but in the latest year, the 51-55 and 56-60 age group leavers rate has been higher. Staff aged over 50 made up 32.1% of the Trust's overall workforce but 42.1% of leavers (which is similar to last year with 32.0% and 40.7% respectively).

- 19.1% of staff were under 30, yet this age group makes up 23.8% of staff leaving the Trust.

- Younger workers tend to be concentrated in the lower pay bands. This includes 40.3% of those aged under 25 being in the lowest two pay bands of staff (albeit this being similar to last year – 43.9%). Whilst a further 43.9% of those under 25 were in bands 3 to 5 roles, only 4.9% were band 6 or higher.

(See appendix B Tables/Figures 17-20 pages 59 to 62)

Protected Characteristic - Disability

- Overall, the data held by the Trust shows 1.3% of staff as identifying themselves as disabled, which shows a low overall representation. The trend

has continued with regard to increase in the number of staff who indicated that they have a disability (up from 103 in 2015 to 110 in 2016).

- Increases in the number of employees declaring a disability, appears to have largely been driven by those joining the Trust.

- The percentage of staff whose disability status is 'not known' has fallen from 54.4% to 49.9%, reflecting the trust's efforts to improve the quality of such information.

- This low percentage is not reflected in the annual staff survey (2015) where 19% of staff identified themselves as having a long-standing illness, health problem or disability.

- Of the 1,075 new starters 28 people identified themselves as disabled. This equates to 2.6% of all starters, which is higher than the 1.3% of all trust staff.

- A significant reduction was in the number of new starters with a disability status of 'not known' and there were no new starters falling into this category which is an improvement on the 3% in 2015 (and 63.8% the previous year).

- 1.6% of those leaving the Trust were disabled people – this compares to 1.3% of Trust's overall workforce. The percentage of staff that left whose disability status was unknown has fallen significantly from just under half of all staff (49.9%) to 36.2%. It is anticipated this is due to enhancements to how this information is captured.

Pay Band - Please note: Due to confidentiality issues we are unable to make any meaningful conclusions here. A key factor here is the very small numbers of staff in each pay band and we still don't have an accurate figure of how many disabled staff we employ.

(See appendix B Tables/Figures 21-24 pages 63 to 65)

On-going work

The capture of protected characteristics information at all points of the employment cycle continues to be a key priority.

- ✓ The emphasis is on accuracy and encouraging staff to report information which is reflected in a continued reduction in the proportion of 'do not knows'.

- ✓ The implementation of ESR Employee Self Service in March 2016 across the Trust now enables staff to review and update their personal information in ESR themselves and this will need continual promotion to raise staff awareness; Work has also been continuing to ensure that Trust forms (starters, personal change forms etc.,) capture all of the required information

- ✓ As a Trust we recognise that we are committed to continually raising staff awareness and confidence in the use of such data in order to identify inequalities between different staff groups, monitor incidents of discrimination, facilitate change and proactively tackle identified issues.

- ✓ An updated Leavers questionnaire was rolled out in March 2016. The key priority is to ensure that leaver's information is captured to enable areas of concern to be addressed. This in turn can support improved retention and influence staff benefits.

- ✓ To ensure greater accessibility, the revised leaver questionnaire is available on-line and staff can complete this electronically and submit it confidentially, if they so wish. A paper version is also available.

Our Temporary Workforce Staff profile – A summary

The staff groups included in this section includes; Locum doctors, as well as those in a number of bank roles, e.g. Nurses; Midwives; Healthcare Assistants and those working in areas such as Radiology and Physiotherapy.

As of March 2016 there was a total of 644 temporary staff on which the analysis is based. This figure has increased significantly from April 2015 due to the Trust continuing to expand the internal nurse bank, reflecting the important role played by our temporary workforce.

Please note: Due to confidentiality issues it is only possible to report any meaningful information on gender, age and religion/beliefs. This data is also

being compared to the overall workforce for the Trust. Key findings on our temporary staff are summarised below:

- The gender split of our temporary workforce is proportionately in line with the trust's overall gender split.
- More likely to see a higher percentage (compared to the Trust's overall workforce) who are 25 years old or younger.
- Compared to the Trust's overall workforce, the Trust's temporary workforce are less likely be aged between 31 and 60, but more likely to be aged 61 or older
- More likely to be from Non-Christian religions and beliefs (5.1% compared to 2.0% of all staff). Equally, more likely to be Christian (40.4% compared to 30.8% of all staff)

(See Figures 25 - 27 in Appendix B on pages 66 to 67)

2.2 Staff Learning and Development

Staff Appraisal

The Trust's values based appraisal process is being incorporated into a wider Development Review Policy, which incorporates processes linked to Staff Appraisal, Performance Management and Talent Management.

The appraisal process has been embedded over the last year and is now being used by managers and staff across the Trust.

- ✓ The focus remains to support a values based approach to managing and developing our people.

The Development Review Policy is intended to further support open and honest conversations about capability (performance against objectives) and attitude (behaviours compared to the Trust values) becoming the norm.

- ✓ It encourages transparency and fairness in the management of all individuals.

On-going work

- ✓ To support the effective and accurate reporting of appraisal activity the intention is that managers will soon have the capability to record appraisal activity themselves via a functionality in the Learning Hub. This means that at any point in time we will be able to see what the appraisal compliance rate is for any area, rather than waiting for a certain point in the month in which to run the reports. It is anticipated that this will go some way into providing some reassurances to managers that currently exist regarding some real issues, and some perceptions associated with the current reporting methodologies.

- ✓ The Talent Management Framework is in the early stages of its development and the details of this are currently being negotiated with Staff Side.

- ✓ The implementation of the Trust's Pay Progression policy earlier this year has also seen an increase in accountability from members of staff by increasing their awareness of when their appraisal is due and sharing the accountability for ensuring it takes place in a timely manner, with meaningful outcomes.

2.3 Organisational Development and Improvement Learning

The Organisational Development and Improvement Learning (ODIL) team exists to support the organisation to achieve its objectives by supporting staff to work in the most effective way they can, through opportunities for applied learning and development.

Access to relevant ODIL support is offered and advertised to individuals, teams and whole departments across all staff groups. This support may include leadership development at a number of levels, team development, coaching, mentoring or mediation, in addition to taught tools and techniques such as improvement methodology.

Input around values, and emotional and social intelligence and valuing difference feature in many interventions, with the aim of supporting people to increase self-awareness and management, and maximise working relationships.

- ✓ Partnership work with local organisations including the Army Training Centre at Strensall, the Joseph Rowntree Foundation Trust and City

of York Council offers a diverse perspective in relation to the organisations ODIL portfolio.

The Learning Hub

Learning Hub is the organisations online learning platform, it is the central database for all corporate learning records/online learning provision and the catalogue of learning available via the system is increasing. It is routinely used by learners across the trust to self-enrol onto classroom learning and/or to undertake learning online. It is available to all staff via a single click from the home page of the Trust's intranet.

Learning Hub is complimented by a wide range of classroom delivery giving learner's a choice of learning provision. There is also a manual process in place for staff with access or 'use of computer' issues, this removes the need for learners to request learning via Learning Hub. Additional support is available when required.

- ✓ Opportunities have been taken to ensure that inclusive best practice has been embedded into the system and content design used e.g. tonal contrast, font sizes and language. These principles have also been applied to support processes and documentation.

Learning Hub is populated with data from both the Trust's Electronic Staff Record and Active Directory systems. This ensures that it allows the reporting/breakdown of learning data into six of the protected characteristics and also enables single sign-on for most users.

(See appendix C tables 1-6 pages 68 to 70 for attendance at ODIL courses and programmes through 2014-15 by protected characteristic.

See appendix C tables 7-13 pages 71 to 74 for breakdown of learning undertaken across all York Teaching Hospital Foundation Trust sites by six of the protected characteristics)

2.4 Recruitment

The Trust continues to emphasise the importance of a values-based (VBR) approach through its recruitment strategy. All recruitment campaigns which are centrally supported by the HR team utilise VBR methodology, and this is a growing portfolio (Staff Nurse Recruitment has been added to the portfolio this year).

- ✓ The VBR approach relies on the attraction and selection of new staff according to their motivations and drivers, and ensures that experience and qualifications are not given a disproportionate level of attention in the selection process.

- ✓ Research has shown that values-based recruitment increases workforce diversity as it takes a much broader view, not only of applicants but of the attributes which make someone suitable to undertake a particular role.

The Trust's recruitment training promotes a values based approach, training provision has continued to evolve to increase focus around values based selection.

- ✓ In the past 12-months, 46 staff across a range of sites and departments have been trained in the assessment of candidates' behaviour in group activities, which as well as increasing levels of insight, should also bring the benefit of delivering a broader range of diversity-friendly selection activities across the organisation.

- ✓ The training has achieved a 500% increase in the number of male assessors available to be involved in assessment centres, thus creating more diversity amongst assessment panels for senior appointments.

Recruitment training is being revised to include activities relating to the benefits of diversity and the role of unconscious bias in recruitment and selection. The level of time commitment required to attend face-to-face training will be reduced which will make it more accessible and increase the spread of good practice across the organisation.

While the recruitment strategy hasn't changed markedly in the last 12-months, there are a number of initiatives which support workforce diversity that have been completed or are ongoing and are worthy of mention. These include:

Careers Events

The Trust has increased its levels of attendance/provision of careers and recruitment-related events.

Events include those hosted by schools, colleges and universities in our community, as well as those organised by partners (e.g. The Officers Association who ran an event to support service leavers with transition into civilian careers) and a jobs event organised by the Trust.

- ✓ In 2014/15 event attendance was once every 5-weeks and we project this will be an average of attendance at events every 3 weeks in 2016.

- ✓ Attendance at such events makes job opportunities more accessible to a broad range of people in the Trust's local community.

Apprenticeships

In the last 12 months, around 20 new non-clinical apprentices have been recruited. The retention rate for apprentices at the Trust who go on to gain substantive employment has consistently been between the 80-90% mark, and these posts continue to offer a pathway into the organisation for people with little or no prior work experience.

- ✓ The Trust's plan is to increase the number of apprenticeships available over the coming 12 months, and it is already engaged with a secondary school in one of its local communities to offer mentoring as a means of supporting a number of students to be able to take up apprenticeships with the organisation.

New selection methods

Creating more diverse, structured approaches to selection is one way in which the Trust can make its recruitment more diversity-friendly.

Training is being used to seed ideas and stimulate thinking in this area, however, there are already a number of good examples of new methods in use, one example is 'modular interviewing'

The use of **'modular interviewing'** involves several interviewers each occupying a station which covers a topic/selection criterion and engaging with candidates on this subject for 5 minutes. The candidate then moves to another station.

- ✓ The advantage of this approach is that it provides an informal feel it encourages candidates to open up and therefore provides greater insight into what they have to offer the role, rather than inviting 'textbook' responses.

- ✓ Modular interviewing allows more candidates to be seen for interview, increasing diversity of interview attendees.

- ✓ Analysis of one pool showed this had a particularly strong effect on the age profile of candidates, providing candidates aged under 25 and in the 40-69 range with a greater level of opportunity.

Protected Characteristic – Gender

- Males made up 28.60% of the total applicants but account for 24.20% that were shortlisted. Females make up 71.00% of the total applicants, but 75.20% of those shortlisted.

Protected Characteristic – Disability

- The Trust is a two tick employer. This means that we guarantee to interview all disabled applicants who meet the minimum criteria.

- 7% of applicants that are shortlisted are disabled, greater as a proportion than the 6.40% of disabled applicants to the Trust.

Protected Characteristic – Ethnicity

- The data shows the number of applicants who are white were the most successful group in getting shortlisted from their job applications when compared to all the other ethnic groups.

- Notably, the ethnicity breakdown of applications in 2015-16 shows less diversity amongst applicants to the Trust than in the previous year applicants who are white accounted for 85.10% of all applicants – in 2014-15, it was 78.80%.

Protected Characteristic – Age

- The number of applications made and the number of applications shortlisted show to be proportionately in line with each other. Applicants in their 20s made the highest number of applications with well over a third (collectively 37.8%) of the total number of applications. Consequently this age group also had the highest number of shortlisted applications (collectively 32.8%). The number of applications (and shortlisted applications) then generally decreases proportionately in later age groups.

Protected Characteristic - Religion and Belief

- As with age group, the number of applications received and the number of applications shortlisted were proportional in line for each religious belief. Over half of all applications were received from applicants who declared they were Christian and consequently over half of the shortlisted applicants were also Christian. Non-Christian religions made up 18.74% of the total number of applications and 16.57% of all shortlisted applications.

Protected Characteristic - Sexual Orientation

- The data shows relatively little variation between the proportion of applicants at the application and shortlisting stages.

(See appendix D – Tables 1 – 6 pages 74 to 77 for full data set)

Staff Survey Responses

The annual staff survey asks staff whether they believe that the Trust provides equal opportunities for career progression or promotion. Whilst the number of positive responses to this question places the organisation above most other NHS providers of similar type, there has been a 3% decrease in the number of staff agreeing with this statement compared with the previous year's survey.

Furthermore, only 81% of BME staff answered positively compared to 89% of all staff, which is the same figure for BME staff as last year.

Ongoing work

The reporting of recruitment information has been limited by the need to use two data sets i.e. NHS Jobs and ESR. This means that new starter information is provided through ESR and recruitment information up to and including the shortlisting stage is through NHS Jobs.

- ✓ Work is underway exploring the most effective means of uploading successful applicant data to NHS Jobs to enable full and consistent reporting of the end to end recruitment process to be accessed via one data set. It is fully anticipated that this process may also be positively impacted by a new recruitment tracker system which is being considered by the Trust.

2.5 Grievance, Disciplinary and Bullying and Harassment

Bullying and Harassment

The percentage of staff in our 2015 Staff Survey who said they had experienced harassment, bullying or abuse from patients, relatives or the public within the past 12 months fell by 3% to 24% compared to our 2014 figures.

In addition, the number of staff who had experienced harassment, bullying or abuse from staff in the past 12 months had also decreased, to 22% compared to 23% in 2014.

With reference to specific protected characteristics, of the staff who declare themselves disabled in the staff survey, 31% said they had experienced bullying, harassment or abuse from patients/service users or their relatives and 32% said they had experienced bullying, harassment or absence from staff in the last 12 months.

Again in the 2015 staff survey men who responded generally appeared to have overall, slightly more positive experiences at work than women. However while in previous years, there were better scores for men on all of the Key Findings relating to violence and harassment, in the 2015 staff survey, men did report slightly higher scores than women in the % experiencing harassment, bullying or abuse from staff in the last 12 months and in the % experiencing physical violence from staff in the last 12 months (22% and 2% for Men respectively compared to 21% and 1% for women.

The number of bullying and harassment complaints reported was 10 during 1 April 2015 – 31 March 2016. **Please note:** it is not possible to give quality monitoring data due to the small number. This does not correlate to the number of staff who reported that they experienced bullying and harassment within the Staff Survey.

The Trust is committed to a zero tolerance approach to bullying and harassment. During 2015 / 2016 we have undertaken a number of actions to raise awareness of Harassment & Bullying issues to improve their resolution. These include:

- ✓ Implemented new training for managers and supervisors in dealing with Bullying & Harassment, Grievance and Disciplinary matters. All sections emphasise taking issues seriously, dealing with them promptly and talk about the impact on individuals and the wider team if concerns are not addressed in a timely manner.

- ✓ Continued to promote zero tolerance of bullying & harassment and the existence of the mediation service at open access Drop In sessions that are run fortnightly by HR at the two main sites. The sessions support both staff and managers on a range of people management issues.

- ✓ Discussed with the Fairness Champions how they might respond if staff raise bullying & harassment issues with them; and the support

available in the Trust. Information on the Fairness Champions is given to all new starters to the Trust at corporate induction.

- ✓ We will continue to measure staff experience of harassment and bullying by asking staff a number of questions in our 2016 annual Staff Survey. We are also including a question in the Staff Friends & Family Test from June 2016 about how we can make it easier for staff to report experiences of bullying.

To follow good practice in data protection and ensure personal privacy and to help protect the anonymity of staff, we are unable to report on all characteristics due to the small number of disciplinary, grievance and bullying and harassment cases recorded.

Employment Tribunals

During this year one Employment Tribunal claim was received that included a bullying / harassment claim.

Grievances

Following the trend of 2014-15, the majority of cases were raised by White - British staff, the main reason behind this is most likely due to White British staff accounting for the largest percentage of staff within the Trust.

Investigations and Disciplinary Action

The data provided in the report reflects the methodology for the Workforce Race Equality Standard (WRES) indicator in relation to staff entering a formal disciplinary investigation and is based on completed cases from a two-year rolling average of the current year and previous year.

The vast majority of cases (approximately 92%) involved staff within the groups of White UK, White Irish and White other groups.

During 2015 the Trust has encouraged managers to respond promptly and nip things in the bud via informal discussion, or to escalate to a senior manager if authority to go outside of process is required to resolve a grievance. Although this works for a proportion of cases; where staff are not happy with the

outcome they are then progressing the case through the formal process, in an effort to obtain a different outcome.

Training for investigating officers was developed and delivered within 2015.

- ✓ A ‘pool’ of investigators has been trained to increase the consistency and effectiveness of investigations; and ensure they are undertaken fairly and equitably.

Where possible, investigators do not pick up cases in their own departments, a measure undertaken to introduce more objectivity to the process.

(See Appendix E tables 1 – 6 pages 77 to 78 for the full data set)

2.6 Staff Support Groups

Our staff support groups established in 2014 a staff Lesbian, Gay, Bi-sexual and Trans (LGBT) network and Fairness Champions continue their work; both are comprised of staff members who have volunteered with the common aims to:

- Provide a safe environment to raise issues
- Give information, guidance and support to staff
- Assist colleagues to assess impact of policy etc. to ensure inclusivity
- Contribute to staff development activities and awareness events
- Signpost and support people to live the Trust values

Staff LGBT network - **Achievements**

- ✓ June 2015 attended York Pride; rainbow flags were raised at the Hospital for visible support to the LGBT community
- ✓ February 2016 LGBT history month joined with York LGBT History month to promote an image gathering initiative in response to feedback from EDS2 and received valuable feedback which has been shared as patient stories and will be included in their work plan for the year.

- ✓ Attending the Stonewall employers conference in Leeds
- ✓ The Trust continues to be a corporate member of the York LGBT Forum and hosted their Annual General Meeting attended by the local MP and Lord Mayor of York. “WARMEST THANKS for a lovely evening” – extract from thank you letter.

Fairness Champions – **Achievements**

- ✓ Recording data has enabled themes of mental health issues and Eldercare to be identified as top contacts from staff
- ✓ May 2015 Event supporting NHS Employers Equality and Diversity week with a theme of “linking thinking” as it was also mental health week and walk to work week at the same time.

3 Our Partnership working

Working in partnership with other health and social care organisations and third sector organisations (including non-profit making organisations or associations, charities, community groups etc.) enables the Trust to understand how to affect change effectively making best use of resources available. This year our partnership work has included:

healthwatch

Healthwatch ensures that the voices of those who use services reach the ears of decision makers. Local Healthwatch (there our three in the Trust geographic area) helps the local community to get the best out of local health and social care services.

All Healthwatch organisations serving the Trust are represented on a number of Trust groups including the Fairness Forum and the Patient Experience Steering Group.

- Healthwatch York carried out an “enter and view” visit to the York Emergency Department. Their comments included recommendations for clearer information about the distinction between the emergency department and urgent care centre; more information about estimated waiting times and improvements to the waiting room environment.

✓ These comments have been acknowledged by the directorate who are improving patient information in the reception and waiting areas.

Healthwatch North Yorkshire carried out an assurance visit to Scarborough Hospital on 22 August 2015 to review the frail elderly pathway. The Trust has not yet received the final report, but early feedback included: praise for the pilot project with an elderly medicine consultant assessing patients in ED; positive comments from the patients spoken to during the visit; regular staff wanting to see agency staffing reduced; and acknowledgment of the need to have better integrated IT access to patients’ health information.

Three areas of the Trust (Emergency Department, Glaucoma Clinic and Orthodontic Department) were honoured by Healthwatch York at their Annual General Meeting with Making a Difference Awards this year. The

Healthwatch York Manager said “It is vital to recognise some of the excellent work that people do day in and day out to make our health and care services the best they can for everyone”

York Fairness and Equalities Board (FEB)

This board brings together private, public and voluntary sector representatives to work to create a fairer York. Working to the principles previously set out by the York Fairness Commission and aims to ensure that:

- ✓ York has good community relations and that people and groups get on well together;
- ✓ Equality of opportunity is increased and everyone can prosper and flourish;
- ✓ The city’s workforce is reflective of our community.

York Racial Equality Network (YREN)

YREN is an established charity in York who promote awareness of the needs of black and minority ethnic (BME) and other people in the York area, we are grateful for YREN’s continued support in the assessment of our Equality Delivery System (EDS2) and this year the Trust has joined a project coordinated by YREN – Comic Relief Empowered Voice Project 2015-2018. Project aims:

- ✓ Culturally diverse individuals recruited and trained to act as community representatives on local partnership to improve strategic decision-making
- ✓ An Equalities Network will be set up for staff and volunteers in mainstream organisations to improve knowledge and confidence in working with people from diverse groups
- ✓ Open forum meetings will be held for residents and their families, providing a safe environment in which people can voice their views and needs
- ✓ Improved communications – YREN’s website will be developed and a new community newsletter produced, enabling a better information flow to and from diverse communities and organisations

Equality Delivery System (EDS2) & Workforce Race Equality Standard (WRES)

The Equality Delivery System is a framework designed to help NHS organisations, in discussion with local partners to review and improve performance and help to meet their statutory and regulatory obligations for equality, diversity and human rights.

Last year was our first assessment and grading event working in partnership with other healthcare providers and we continued this year developing the assessment with Tees, Esk and Wear Valleys NHS Foundation Trust, Vale of York and Scarborough Ryedale CCG's. An event was held in Malton supported by our community representatives in February 2016; joint and individual equality priorities were established and will be added to our work plan and help to inform the development of our new equality objectives 2016-2020.

EDS2 has 4 goals and 18 outcomes, since beginning to work in partnership the Trust made a decision to focus on set goal/s each year to enable meaningful conversations with our stakeholders. The grades reflect the lack of data we currently hold to enable us to demonstrate how protected characteristics fare compared to people overall; we continue to work towards improving data collection, analysis and monitoring for protected characteristics as per our equality objective relying on national data and living our values to ensure inclusivity.

Goal		Year of joint assessment	Grade
1	Better Health outcomes	2016/2017	
2	Improved patient access and experience	2014/2015	Undeveloped
3	A representative and supported workforce	2015/2016	Developing
4	Inclusive leadership	2015/ 2016	Developing

- ✓ The Trust continues to work towards the EDS2 goals and with reference to our workforce it remains committed to progressing Goal 3 – A representative and supported workforce.

The NHS has also published a Workforce Race Equality Standard (WRES) and the Trust provided its first submissions in July 2015. The information reflects staff responses to the Annual Staff survey as well as data collected from recruitment, disciplinary and training records.

The purpose of the standard is to tackle a particular aspect of equality – the less favourable treatment of the BME workforce.

- ✓ During 2015 and 2016 the trust has had a number of initiatives to enhance the data held on its' workforce, particularly in relation to disability; religion; ethnicity and sexual orientation.

Access to Services Group

Based on feedback from colleagues at North Yorkshire County Council about prioritisation of audiology services for people who are Deaf/Blind; our access to services group has reformed.

- ✓ We are working with York Blind and Partially Sighted Society, Jorvik Deaf Connections and local councils with the aim of developing new shared materials for seamless services and training for staff.

Wider engagement will follow once the work is drafted. The group meets regularly and we are grateful for the time and support of our colleagues in health and social care and our service users.

4 Our achievements

Pictocomm

Thanks to funding from York Teaching Hospital Charity we have purchased "Pictocomm" folders for every ward and department in the Trust; these are based on clear and easy to understand pictures and where patients are unable to communicate translations are provided.

- ✓ They bring many benefits including another option to give patients a "voice" to communicate enabling confidence and assurance that their needs will be fulfilled.

Awareness Raising Events

Events are held throughout the year to raise awareness to issues within our community promoting understanding and acceptance. The report has already mentioned NHS Employers Equality and Diversity week with a theme of "linking thinking" with mental health week and walk to work week being at the same time. The staff LGBT network also linked to the National LGBT History month, ensuring they provided an update on progress from feedback.

Other events have linked to interfaith week and International Stammer awareness day when a member of our staff shared their experience by developing a display which they attended at York Hospital and promoted Trust wide.

The Hospital Arts Team develops events and exhibitions linked to equality and diversity, which this year included:

- ✓ November: Diwali exhibition in the 3D space showing photographs of people enjoying the festival, lit up with light boxes to signify the festival of light.
- ✓ December: Christmas decoration workshops with patients, visitors and staff; 5 special musical performances; Staff Choir at the NHS Carol Service and York Chapel's drop-in carol service
- ✓ March: Chinese New Year exhibition in the 3D space, exhibiting our home made Chinese dragon and information on the different animal's people's birth years link in to.

- ✓ March: Down's Syndrome Awareness Exhibition, a collaborative and informative exhibition showing photography and paintings from artists with connections to and one with Downs Syndrome.
- ✓ March: Holi photography exhibition at junction 7, exhibiting photographs of people enjoying the Hindu festival of Holi. Photos taken by two of York Hospitals own consultants.
- ✓ Changing Lives who work with people with drug and alcohol addiction
- ✓ Co-ordination of the staff choir

5 Our Progress against the Equality Objectives

Objective		Progress
1	Improve data collection, analysis and monitoring of protected characteristics	• Continued awareness raising of the importance of recording protected characteristics • Friends and Family Test format has been amended to include protected characteristics • Improved system implemented by Patient Experience team which records more detailed information enabling themes and issues to be identified.
2	Further develop engagement and involvement of patients, carers, governors and staff to reflect local demographics	• Patient stories of experiences with the Trust included at Board Meetings and other staff forums. • Corporate communication standard and style guide' approved and implemented • In-depth consultation with patients, carers and staff enabled the development of a new Patient Experience strategy which was launched at the Trust's Nursing conference in September 2015.
Objective		Progress
3	Develop strong partnerships with social care and GP's to ensure patient pathways are free from barriers between providers for everyone	• Continued development of partnership work with local councils and Health and Well Being Boards • Representative member of the three Healthwatch in our area attends the Fairness Forum • Continued work with local provider /commissioner NHS organisations to assess equality progress against the NHS Equality Delivery Framework. • Member of York Fairness and Equalities Board (FEB) and York Equalities Network • Access to services group
4	Continue the Board of Directors and senior management development programme ensuring equality and diversity is embedded into all decision making processes leading to active promotion of good relations	• Equality Analysis reviewed and submitted to Fairness Forum for discussion prior to pilot and implementation, including name change to equality assurance to link to culture of organisation.

The objectives have been reviewed annually and actions added based on feedback from EDS2. 2015- 2016 was the final year of our Equality

Objectives that were originally set in 2012; progress has been made and work is underway to develop a new strategy and equality objectives.

6 Our Challenges and Future Developments

Challenges

- Implementation of the Accessible Information Standard - the greatest challenge is anticipated to be the sharing of information, whilst recording is to be in a set way there are many computer systems and associated compatibility issues.

- To review the options for capture and monitoring of patient information on the Core Patient Database (CPD). This piece of work will involve many areas of the Trust but vital to improve patient experience, quality and continuity of care.

Future Developments

- ✓ Working in partnership with healthcare commissioners/providers on the outcomes and priorities of the EDS2.

- ✓ Reviewing our equality objectives and strategy 2016 onwards with the aims of continuing to make our services more accessible and improving the experiences of people using them addressing health inequalities.

- ✓ Embedding Equality and Diversity within the staff engagement strategy and ensuring that all of the Trust people management processes are inclusive and accessible.

7 How are we doing?

We are accountable to our staff, service users and members of the public.

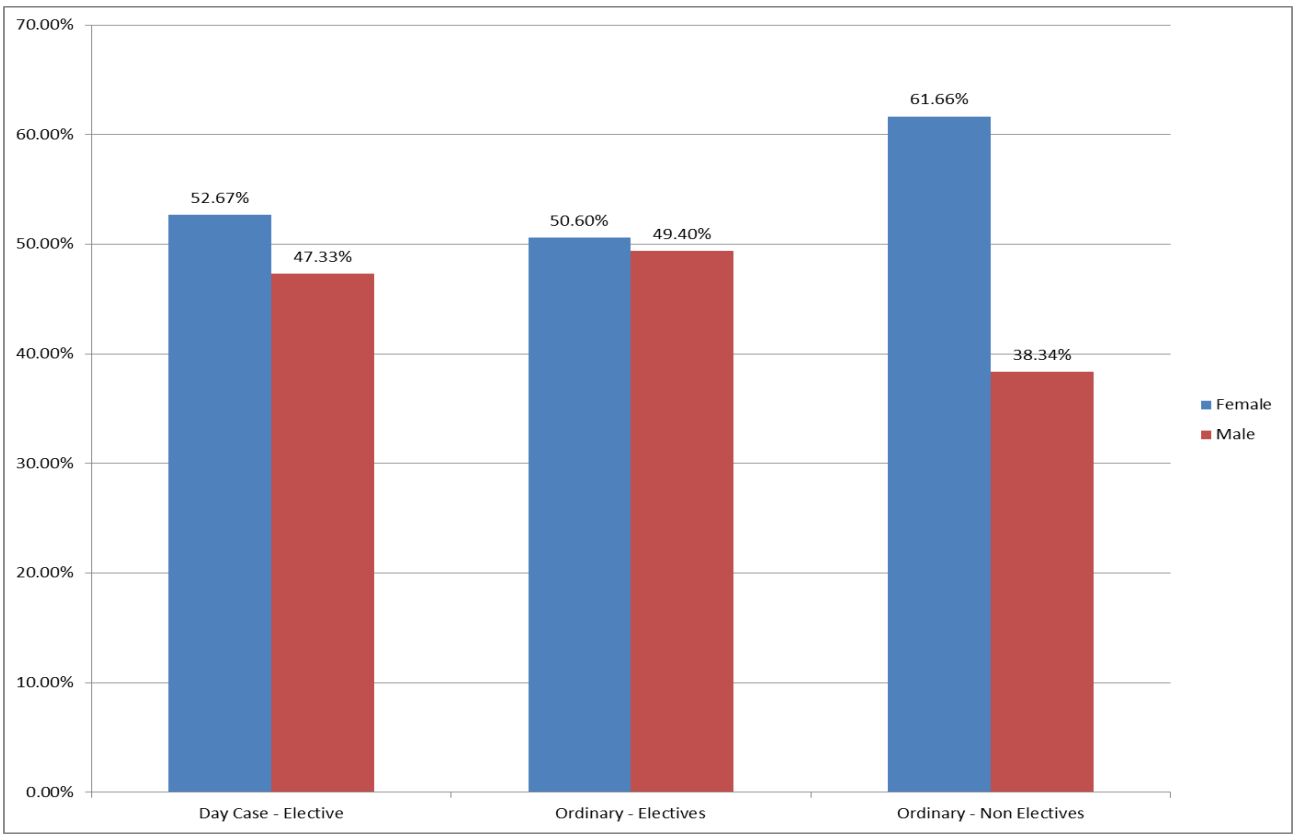
Should you have any feedback or concerns about equality of access to services or in the workplace, please contact:

Margaret Milburn – Equality and Diversity Facilitator
Telephone: 01904 726633
Email: margaret.milburn@york.nhs.uk

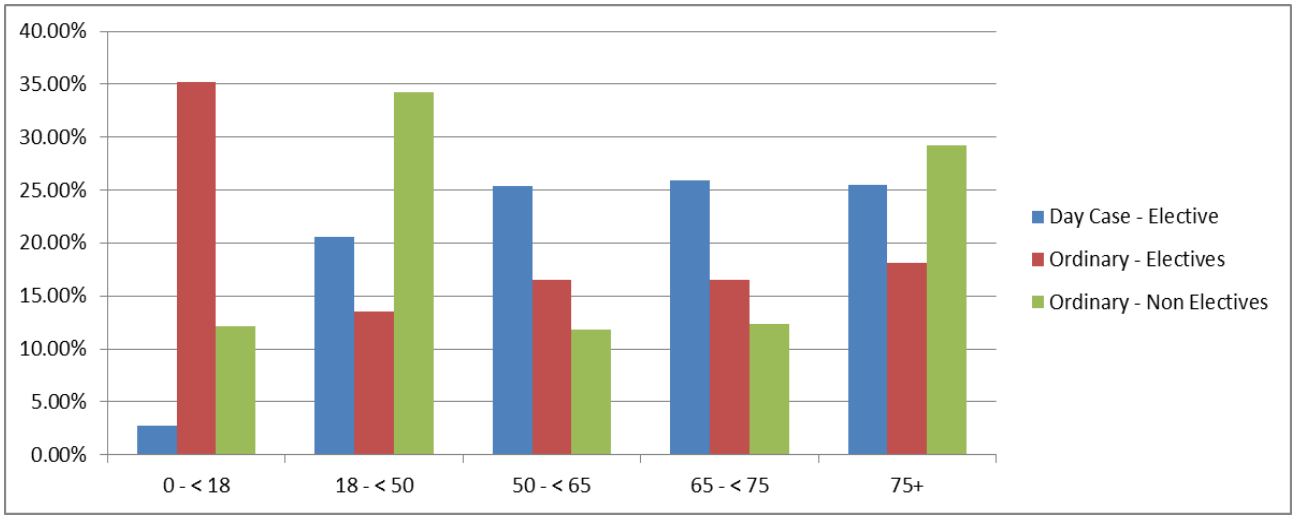
Appendix A

1. Trust-wide Inpatient Admissions January 2015 – December 2015

Admissions Split by Gender



Admissions Split by Age group

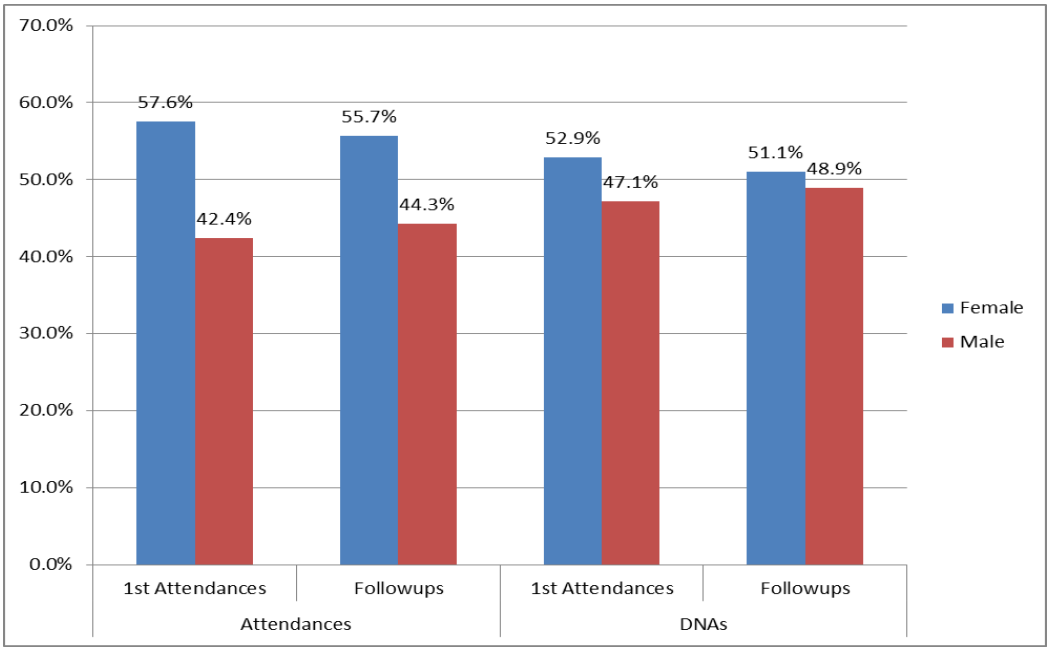


Admissions split by Ethnicity

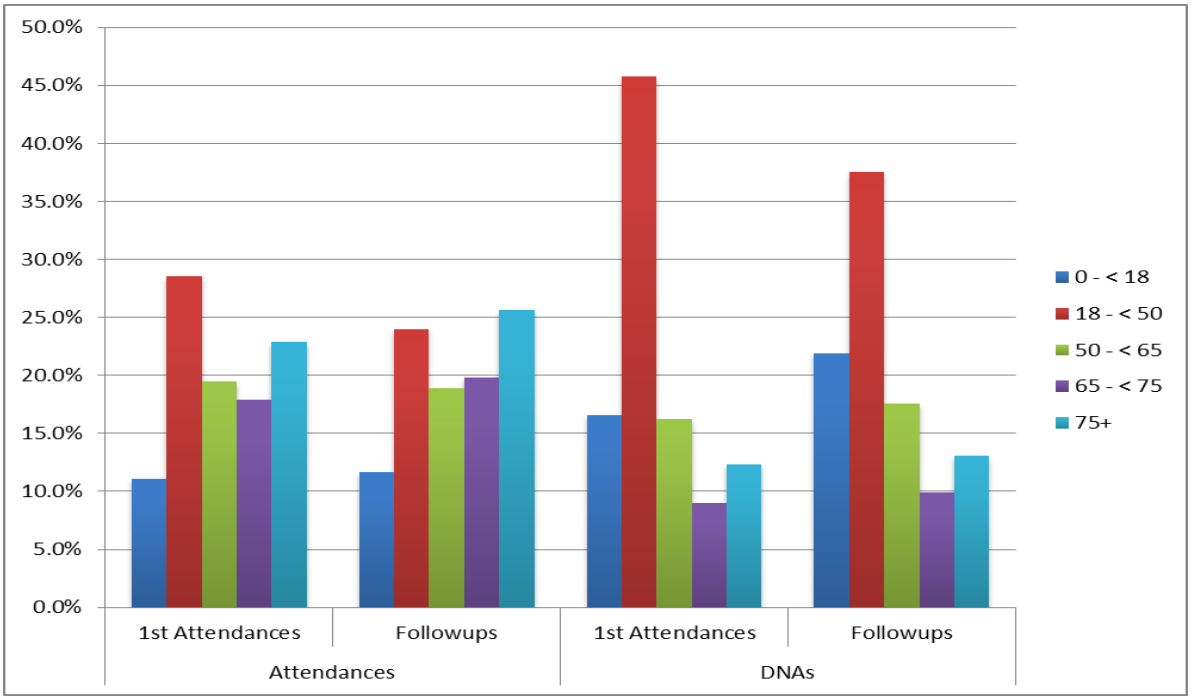
Ethnicity	% of Total Admissions
African	0.09%
Any other asian background	0.14%
Any other black background	0.03%
Any other ethnic group	0.19%
Any other mixed background	0.11%
Any other White Background	7.41%
Bangladeshi	0.06%
British	81.37%
Caribbean	0.02%
Chinese	0.14%
Indian	0.20%
Irish	0.26%
Not Stated	9.69%
Pakistani	0.07%
White and Asian	0.11%
White and Black African	0.05%
White and Black Caribbean	0.06%

2. Trust-wide Outpatient Attendances - January 2015 – December 2015

Attendances Split by Gender



Attendances Split by Age group

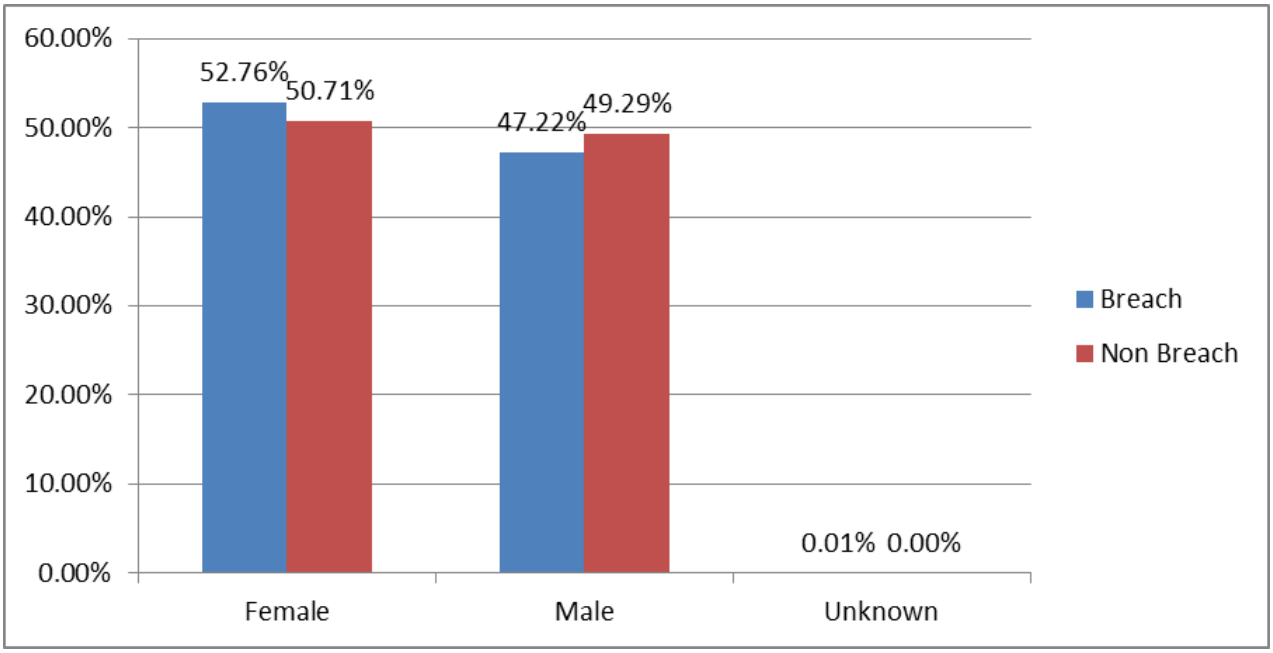


Attendances split by Ethnicity

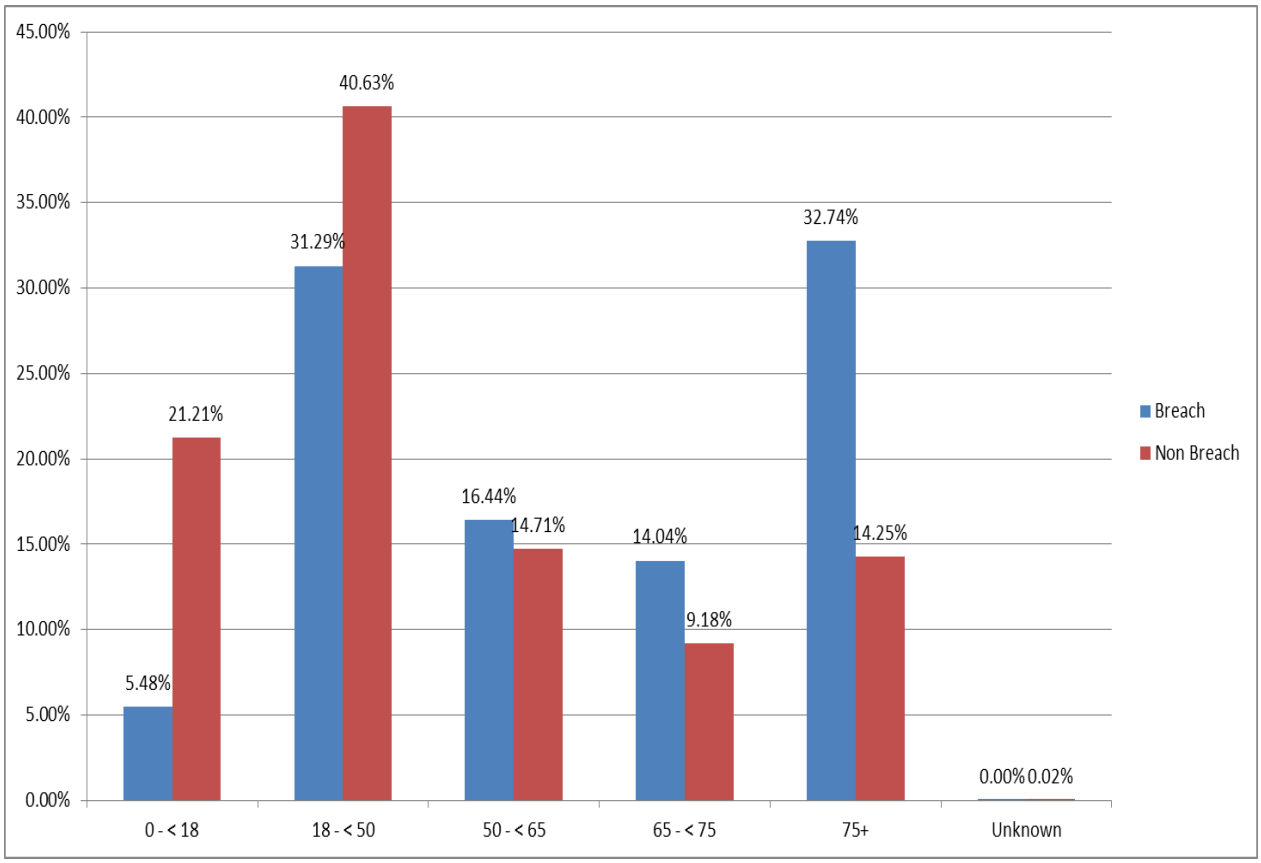
Ethnicity	Attendances		DNAs		% of Total Attendances
	1st Attenda	Followups	1st Attenda	Followups	
African	0.1%	0.1%	0.1%	0.1%	0.06%
Any other asian background	0.1%	0.1%	0.1%	0.2%	0.13%
Any other black background	0.0%	0.0%	0.0%	0.0%	0.02%
Any other ethnic group	0.2%	0.2%	0.3%	0.3%	0.21%
Any other mixed background	0.1%	0.1%	0.1%	0.2%	0.11%
Any other White Background	6.7%	6.5%	7.6%	5.8%	6.59%
Bangladeshi	0.1%	0.1%	0.2%	0.1%	0.06%
British	70.9%	76.0%	67.3%	73.2%	74.22%
Caribbean	0.0%	0.0%	0.0%	0.0%	0.02%
Chinese	0.1%	0.1%	0.1%	0.1%	0.11%
Indian	0.2%	0.2%	0.1%	0.2%	0.20%
Irish	0.2%	0.2%	0.2%	0.2%	0.23%
Not stated	20.9%	16.0%	23.4%	18.9%	17.70%
Pakistani	0.1%	0.1%	0.1%	0.2%	0.08%
White and Asian	0.1%	0.1%	0.1%	0.2%	0.14%
White and Black African	0.1%	0.0%	0.1%	0.1%	0.05%
White and Black Caribbean	0.1%	0.1%	0.1%	0.2%	0.07%

3. Trust ED and MIU Attendances - January 2015 – December 2015

Attendances Split by Gender



Attendances Split by Age Group



Attendances split by Ethnicity

Ethnicity	Breach	Non Breach
African	0.06%	0.05%
Any other asian background	0.08%	0.09%
Any other black background	0.02%	0.03%
Any other ethnic group	0.19%	0.23%
Any other mixed background	0.04%	0.13%
Any other White Background	3.31%	4.22%
Bangladeshi	0.06%	0.06%
British	75.26%	62.00%
Caribbean	0.01%	0.02%
Chinese	0.06%	0.10%
Indian	0.09%	0.13%
Irish	0.25%	0.17%
Not Known	20.35%	32.42%
Not Stated	0.01%	0.02%
Pakistani	0.04%	0.06%
White and Asian	0.09%	0.12%
White and Black African	0.04%	0.06%
White and Black Caribbean	0.04%	0.08%

Appendix B - Our Workforce

Table 1: York Teaching Hospitals Foundation Trust staff profile by gender, 2014-2015 and 2015-2016

Gender	*Number of staff March 2016*	*% total staff March 2016*	*Number of staff part time 2016*	*Number of staff full time 2016*	*Number of staff March 2015*	*% total staff March 2015*	*Number of staff part time 2015*	*Number of staff full time 2015*
Female	*6,762*	*79.5*	*3,579*	*3,183*	6,959	79.6	3,710	3,249
Male	*1,741*	*20.5*	*329*	*1,412*	1,780	20.4	332	1,448
Total	8,503		3,908	*4,595*	8,739		4,042	*4,697*

Figure 1: Staff Profile by gender, 2014-2015 and 2015-2016

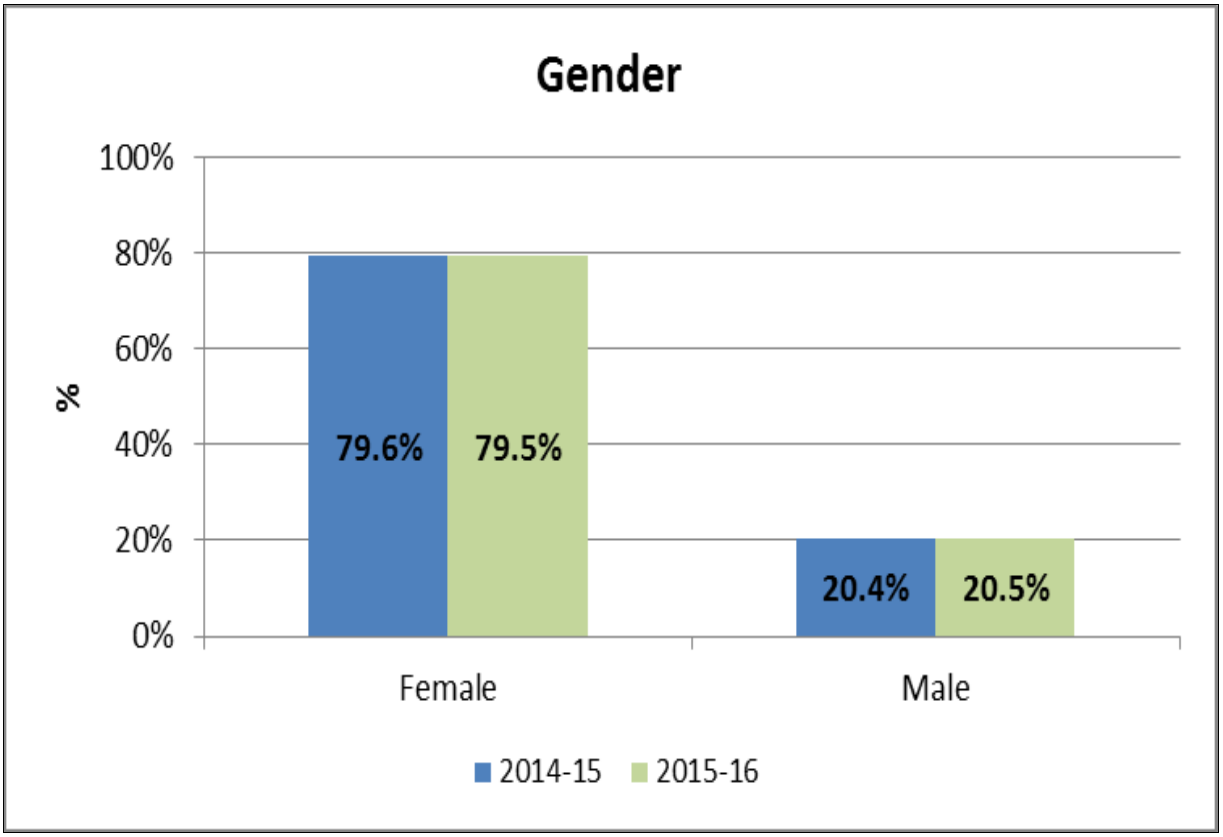


Figure 2: Staff joining the Trust by Gender, 2014-2015 and 2015-2016

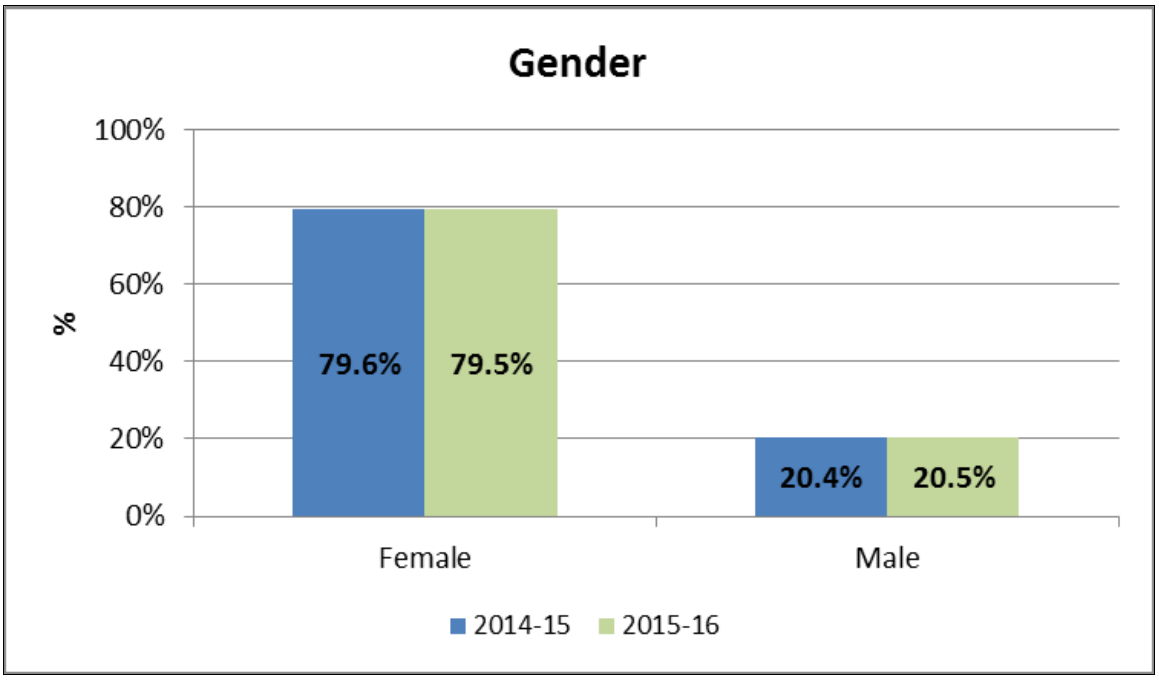


Table 2 - Staff joining York Teaching Hospitals Foundation Trust from 1 April 2015 to 31 March 2016 by gender

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2016	% new staff previous year
Gender				
Female	865	80.5	79.5	79.1
Male	210	19.5	20.5	20.9
Total	1,075			

Note – all data here excludes Rotational Doctors

Figure 3: Staff Leaving the Trust by Gender, 2014-2015 and 2015-2016

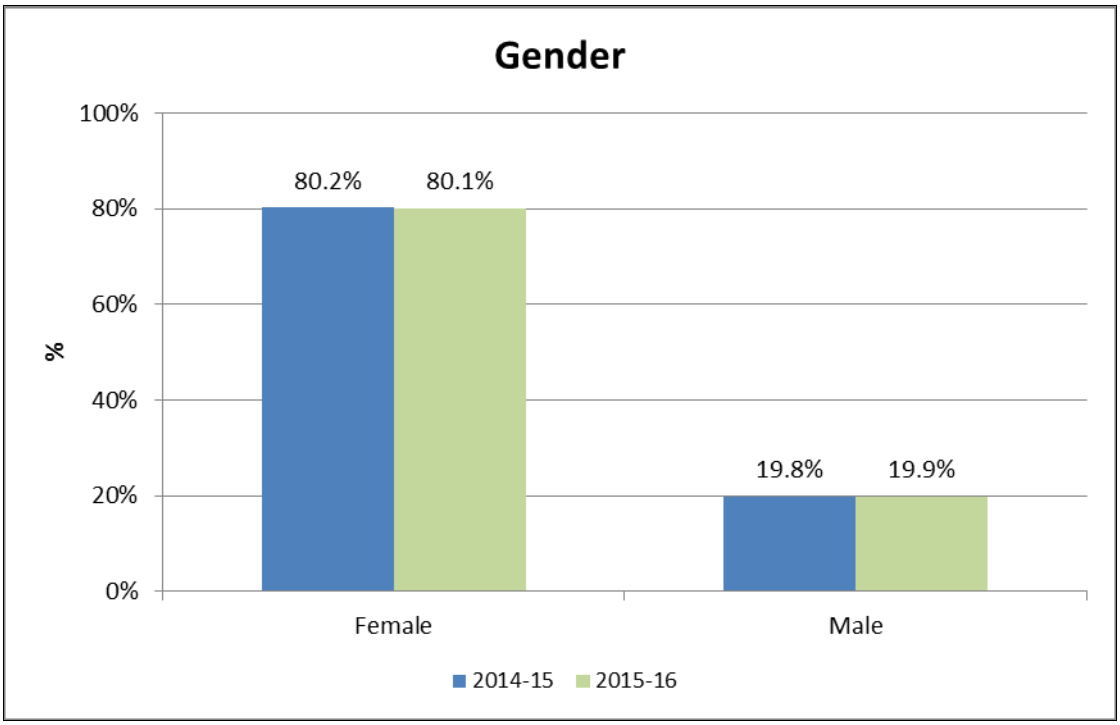


Table 3 - Staff leaving York Teaching Hospitals Foundation Trust 1 April 2015 to 31 March 2016 by gender

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Gender				
Female	949	80.1	79.5	80.2
Male	236	19.9	20.5	19.8
Total	1,185			

Table 4: Pay grade by gender, 2016

	Description of band	Pay Range	Female	% Female staff in this pay band	Male	% male staff in this pay band	Total	% total staff in this pay band
Band 1	Cooks, Domestics Assistants	£15,251 - £15,516	490	7.2%	151	8.7%	641	7.5%
Band 2	Administrators, Healthcare Assistants	£15,251 - £17,978	1,555	23.0%	341	19.6%	1,896	22.3%
Band 3	Senior Admin posts, Community Healthcare Assistants	£16,800 - £19,655	669	9.9%	149	8.6%	818	9.6%
Band 4	Officers, Craftsperson, Medical Secretary	£19,217 - £22,458	452	6.7%	84	4.8%	536	6.3%
Band 5	Nurses, Advisors Physiotherapists,	£21,909 - £28,462	1,482	21.9%	191	11.0%	1,673	19.7%
Band 6	Managers, Sisters, Senior Roles	£26,302 - £35,225	1,129	16.7%	165	9.5%	1,294	15.2%
Band 7	Senior managers, Area Leads	£31,383 - £41,373	480	7.1%	113	6.5%	593	7.0%
Band 8a, b, c, d and 9	Directorate Managers, Area Leads	£40,028 - £99,437	203	3.0%	74	4.3%	277	3.3%
Medical and Dental	Consultants, Specialty Doctors, Clinical Assistants		282	4.2%	460	26.4%	742	8.7%
Personal Pay scale*	Apprentices, Non Exec Directors		20	0.3%	13	0.7%	33	0.4%
Total Staff			6,762	100.0%	1,741	100.0%	8,503	100.0%

- In all such analysis this group includes a small number of staff who are usually in other staff groups, e.g. Medical and Dental staff; Estates and Ancillary staff; Theatre Practitioners; Student Health Visitors, etc.

Figure 5: Staff Profile by ethnicity, 2014-2015 and 2015-2016

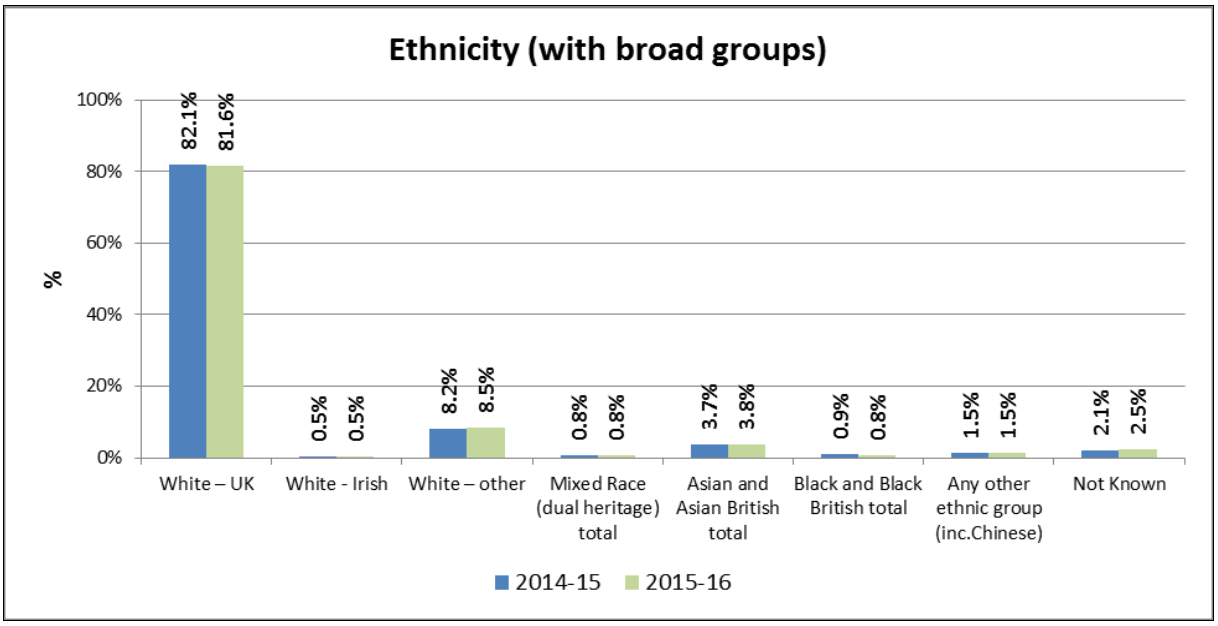


Table 5: York Teaching Hospitals Foundation Trust staff profile by ethnicity, 2014-2015 and 2015-2016

Ethnicity	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016	Number of staff March 2015	% total staff March 2015	Number of staff part time 2015	Number of staff full time 2015
White – UK	6,940	81.6	3,331	3,609	7,179	82.1	3,447	3,731
White – Irish	39	0.5	12	27	45	0.5	18	27
White – other	724	8.5	355	369	717	8.2	373	344
White total	7,703	90.6	3,698	4,005	7,940	90.9	3,838	4,102
Mixed Race (dual heritage) total	70	0.8	20	50	68	0.8	22	46
Asian and Asian British total	320	3.8	45	275	327	3.7	42	285
Black and Black British total	65	0.8	13	52	83	0.9	19	64
Any other ethnic group (inc.Chinese)	130	1.5	24	106	135	1.5	22	113
BME total	585	6.9	102	483	613	7.0	105	508
Not Known	215	2.5	108	107	186	2.1	99	87
Total	8,503	100.0	3,908	4,595	8,739	100.0	4,042	4,697

Figure 6: Staff joining the Trust by Ethnicity, 2014-2015 and 2015-2016

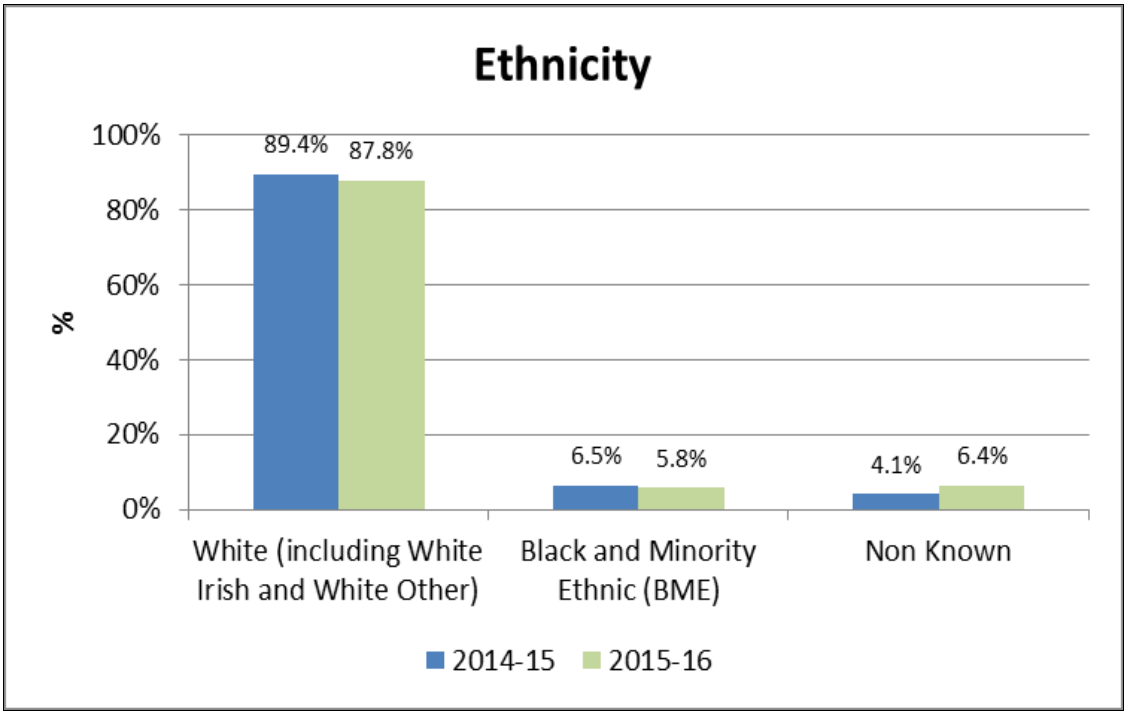


Table 6 - Staff joining the Trust from 1 April 2015 to 31 March 2016 by ethnicity

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2016	% new staff previous year
Ethnicity				
White (including White Irish and White other)	944	87.8	90.6	89.4
Black and minority ethnic people (Black, Asian, Mixed race and any other group)	62	5.8	6.9	6.5
Not Known	69	6.4	2.5	4.1
Total	1075			

Figure 7: Staff Leaving the Trust by Ethnicity, 2014-2015 and 2015-2016

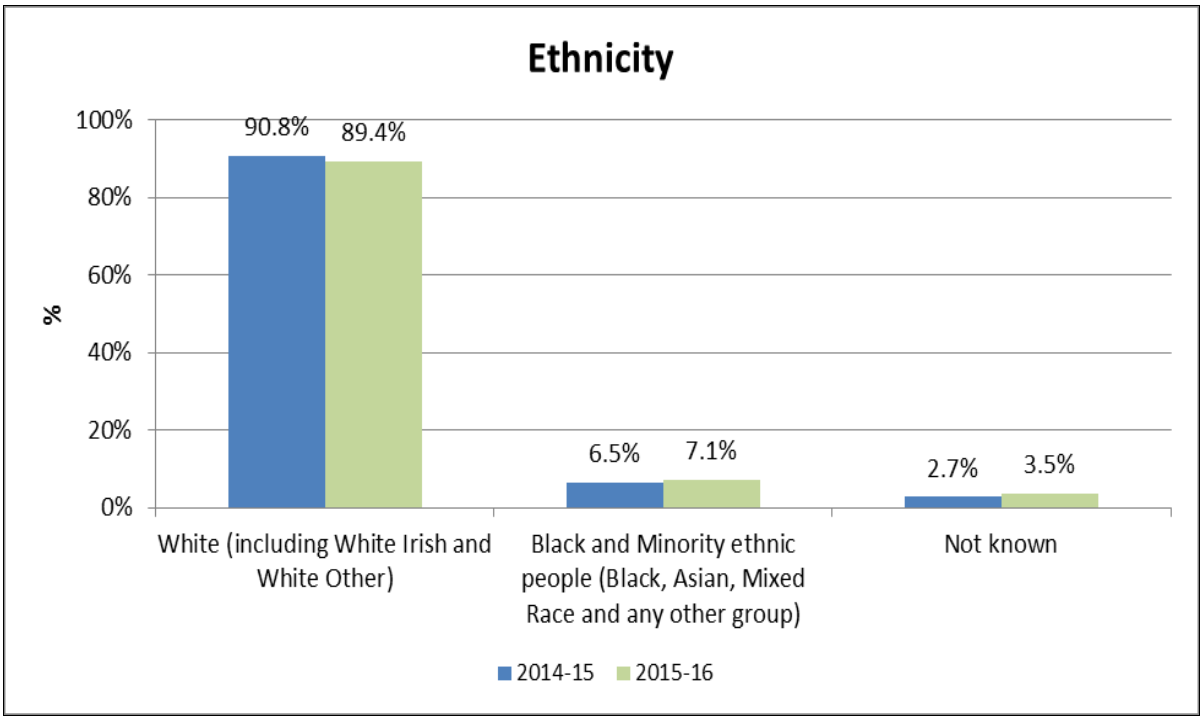


Table 7 - Staff leaving the Trust 1 April 2015 to 31 March 2015 by ethnicity

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Ethnicity				
White	1,059	89.4	90.6	90.8
Black and Minority ethnic people (Black, Asian, Mixed Race and any other group)	84	7.1	6.9	6.5
Not known	42	3.5	2.5	2.7
Total	1,185			

Table 8: Pay band by ethnicity, 2016

Pay band	White staff	% White staff	BME staff (e.g. mixed race, Asian and Black/Black British/Chinese)	% BME staff	Ethnicity not known	% ethnicity not known	Total staff	% total staff in this pay band
Band 1	609	7.9%	17	2.9%	15	7.0%	641	7.5%
Band 2	1,767	22.9%	76	13.0%	53	24.7%	1,896	22.3%
Band 3	781	10.1%	19	3.2%	18	8.4%	818	9.6%
Band 4	523	6.8%	<10	*	<10	*	536	6.3%
Band 5	1,434	18.6%	196	33.5%	43	20.0%	1,673	19.7%
Band 6	1,225	15.9%	35	6.0%	34	15.8%	1,294	15.2%
Band 7	570	7.4%	10	1.7%	13	6.0%	593	7.0%
Band 8a, b, c, d and 9	270	3.5%	<10	*	<10	*	277	3.3%
Medical and Dental	494	6.4%	222	37.9%	26	12.1%	742	8.7%
Personal Pay scale	30	0.4%	<10	*	<10	*	33	0.4%
Total Staff	7,703	100.0%	585		215		8,503	100.0%

Note - * signifies percentages cannot be shown due to confidentiality issues

Figure 9: Staff Profile by Sexual Orientation, 2014-2015 and 2015-2016

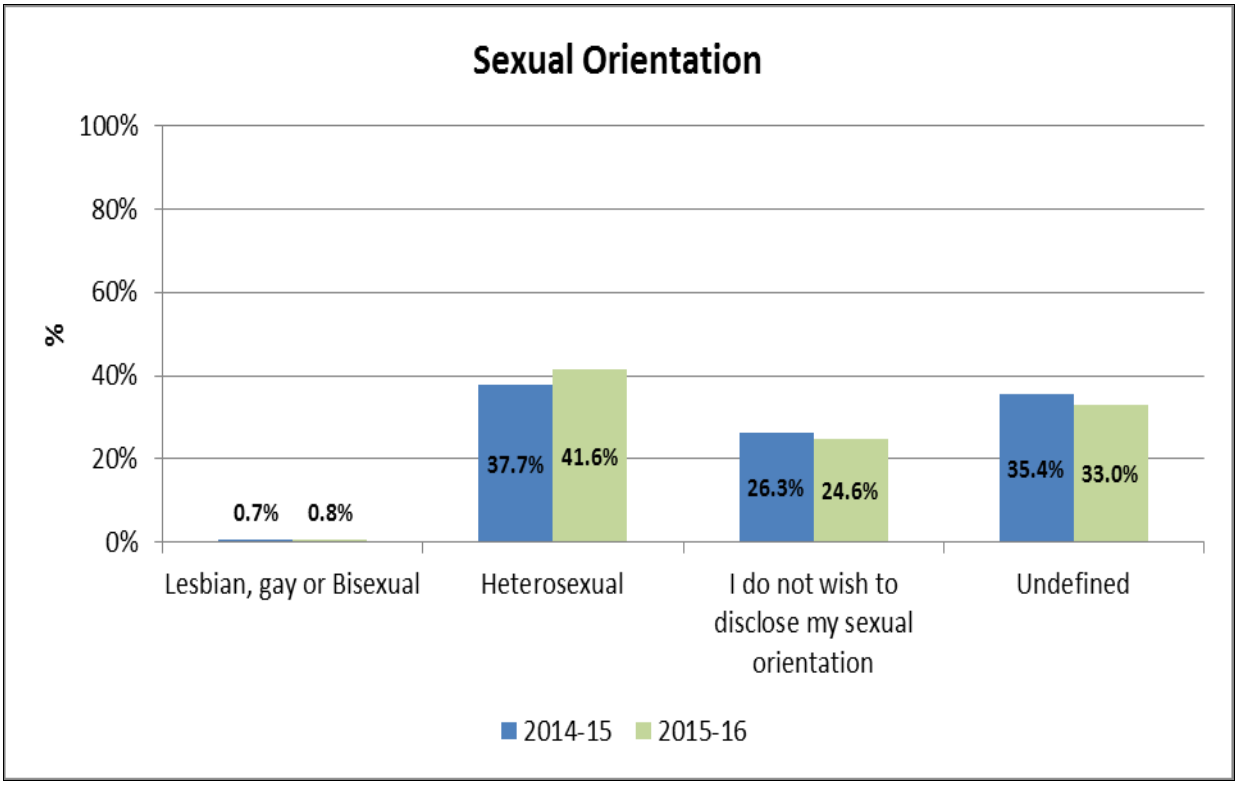


Table 9: York Teaching Hospitals Foundation Trust staff profile by sexual orientation, 2014-2015 and 2015-2016

Sexual Orientation	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016	Number of staff March 2015	% total staff March 2015	Number of staff part time 2015	Number of staff full time 2015
Lesbian, gay or Bisexual	65	0.8%	To protect anonymity of staff the part / full time analysis cannot be shown here		57	0.7%	To protect anonymity of staff the part / full time analysis cannot be shown here	
Heterosexual	3,538	41.6%			3,293	37.7%		
I do not wish to disclose my sexual orientation	2,094	24.6%			2,294	26.3%		
Not known	2,806	33.0%			3,095	35.4%		
Total	8,503				8,739			

Figure 10: Staff joining the Trust by Sexual Orientation, 2014-2015 and 2015-2016

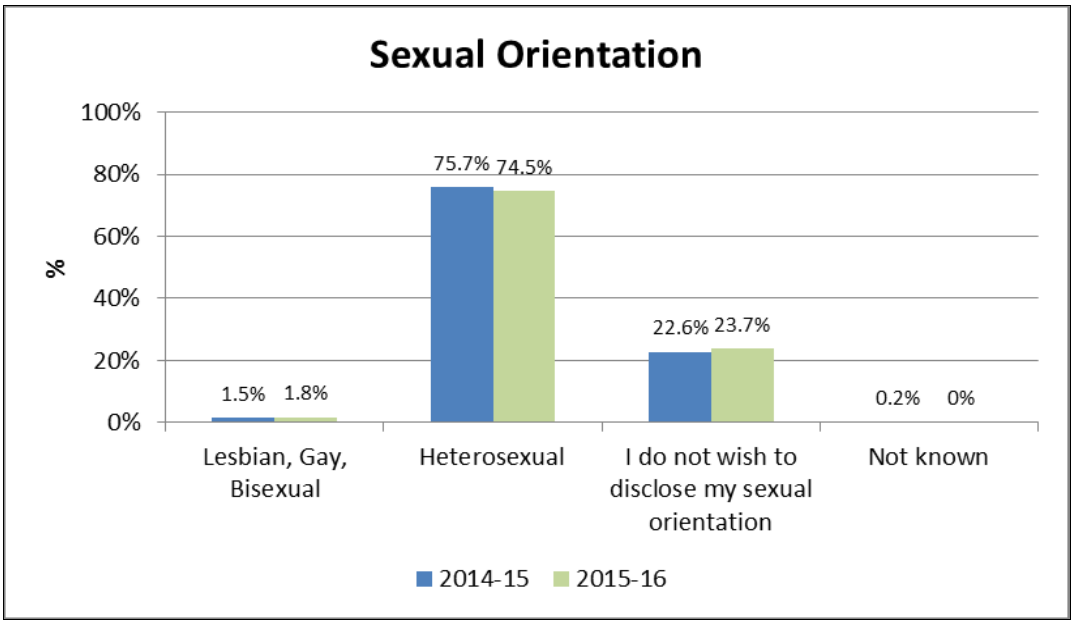


Table 10 - Staff joining the Trust from 1 April 2015 to 31 March 2016 by Sexual Orientation

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2015	% new staff previous year
Sexual orientation				
Lesbian, gay, bisexual	19	1.8	0.8	1.5
Heterosexual	801	74.5	41.6	75.7
I do not wish to disclose my sexual orientation	255	23.7	24.6	22.6
Not known	0	0	33.0	0.2
Total	1,075			

Table 11 - Staff leaving the Trust 1 April 2015 to 31 March 2016 by Sexual Orientation

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Sexual Orientation				
Lesbian, Gay, Bisexual, Heterosexual	539	45.5	42.4	42.5
I do not wish to disclose my sexual orientation	405	34.2	24.6	25.4
Not Known	241	20.3	33.0	32.1
Total	1185			

Note - due to confidentiality issues we are unable to report findings for Lesbian, Gay, Bisexual staff as a specific group

Table 12: Pay band by sexual orientation, 2016

Disabled	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above, personal pay scale and Medical & Dental	% of staff band 6 and above	Total	Total %
Lesbian, Gay or Bisexual	50	0.9%	15	0.5%	65	0.8%
Heterosexual	2,421	43.5%	1,117	38.0%	3,538	41.6%
Not known/do not wish to disclose	3,093	55.6%	1,807	61.5%	4,900	57.6%
Total staff	5,564	100.0%	2,939	100.0%	8,503	100.0%

Note – due to confidentiality issues it is only possible to report data based on very broad paybands

Figure 13: Staff Profile by Religion and Belief, 2014-2015 and 2015-2016

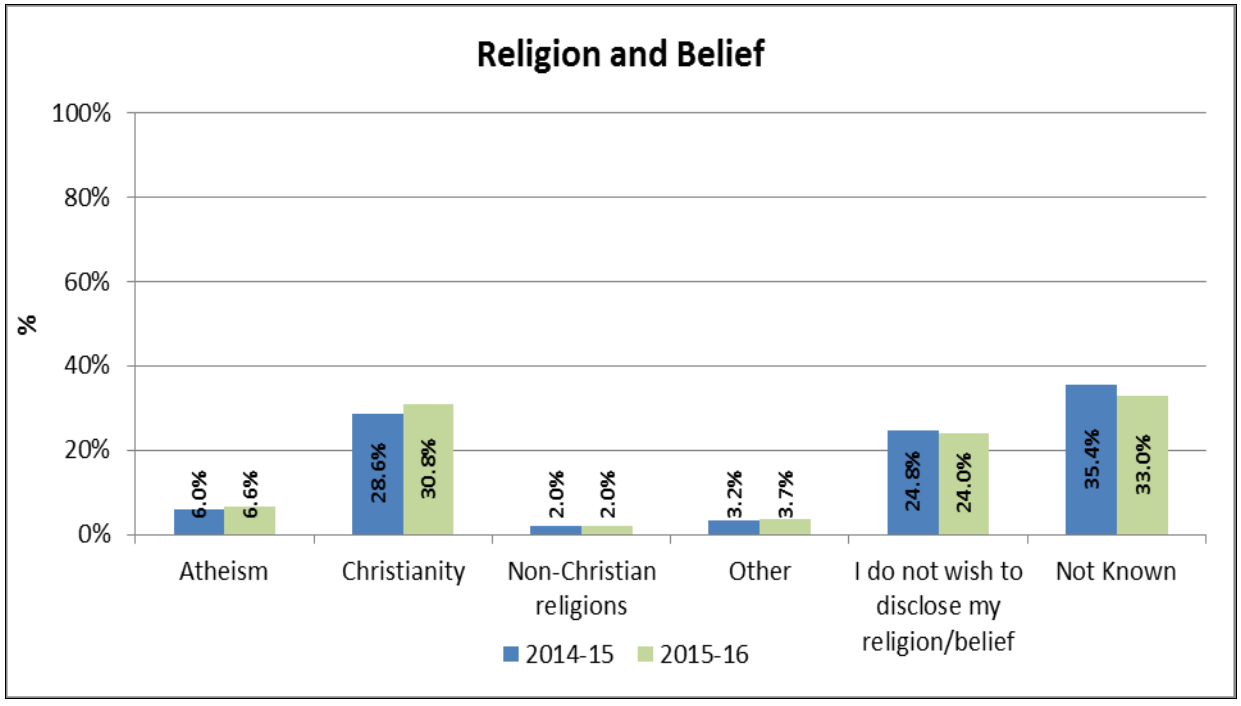


Table 13: York Teaching Hospitals Foundation Trust staff profile by Religion and Belief, 2014-2015 and 2015-2016

Religion and Belief	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016	Number of staff March 2015	% total staff March 2015	Number of staff part time 2015	Number of staff full time 2015
Atheism	558	6.6	156	402	521	6.0	156	365
Christianity	2,617	30.8	1,192	1,425	2,498	28.6	1,136	1,365
Non – Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism)	170	2.0	24	146	175	2.0	21	154
Other	313	3.7	126	187	284	3.2	105	179
I do not wish to disclose my religion/belief	2,040	24.0	1,059	981	2,167	24.8	1,166	1,001
Not Known	2,805	33.0	1,351	1,454	3,094	35.4	1,458	1,633
Total	8,503		3,908	4,595	8,739		4,042	4,697

Figure 14: Staff joining the Trust by Religion and Belief, 2014-2015 and 2015-2016

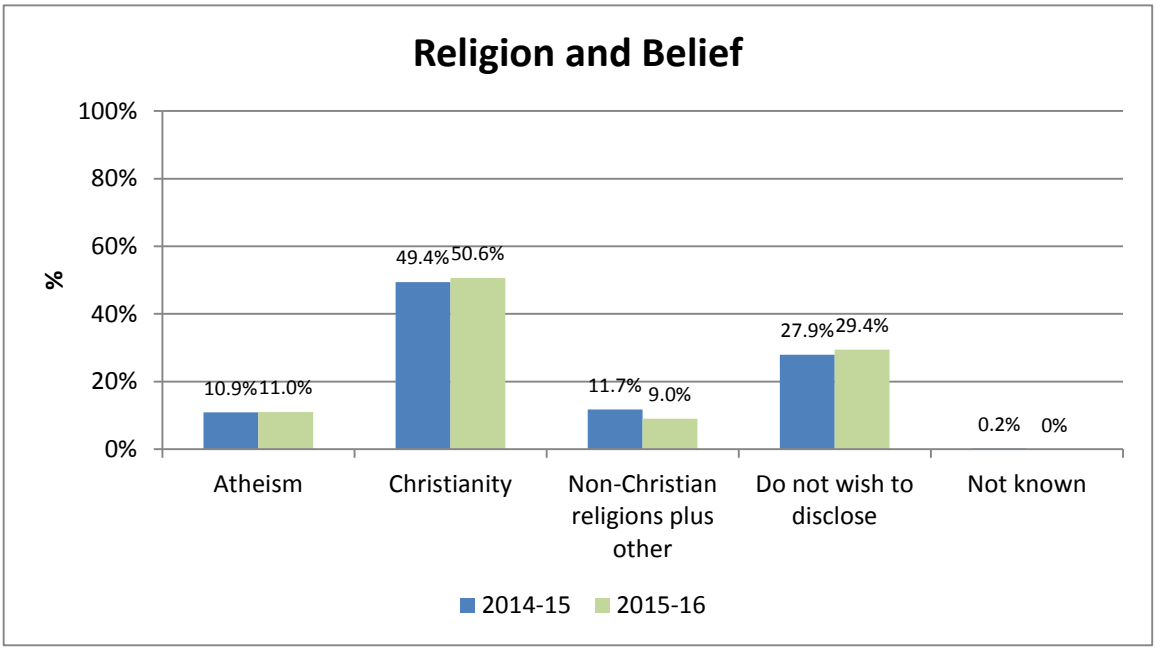


Table 14 - Staff joining the Trust from 1 April 2015 to 31 March 2016 by Religion and Belief

	Total new staff during the year	% new staff during the year	% total staff at 31 March 2015	% new staff in previous year
Religion and belief				
Atheism	118	11.0	6.6	10.9
Christianity	544	50.6	30.8	49.4
Non-Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism) plus other	97	9.0	5.7	11.7
Do not wish to disclose	316	29.4	24	27.9
Not known	0	0.0	33.0	0.2
Total	1075			

Figure 15: Staff Leaving the Trust by Religion and Belief, 2014-2015 and 2015-2016

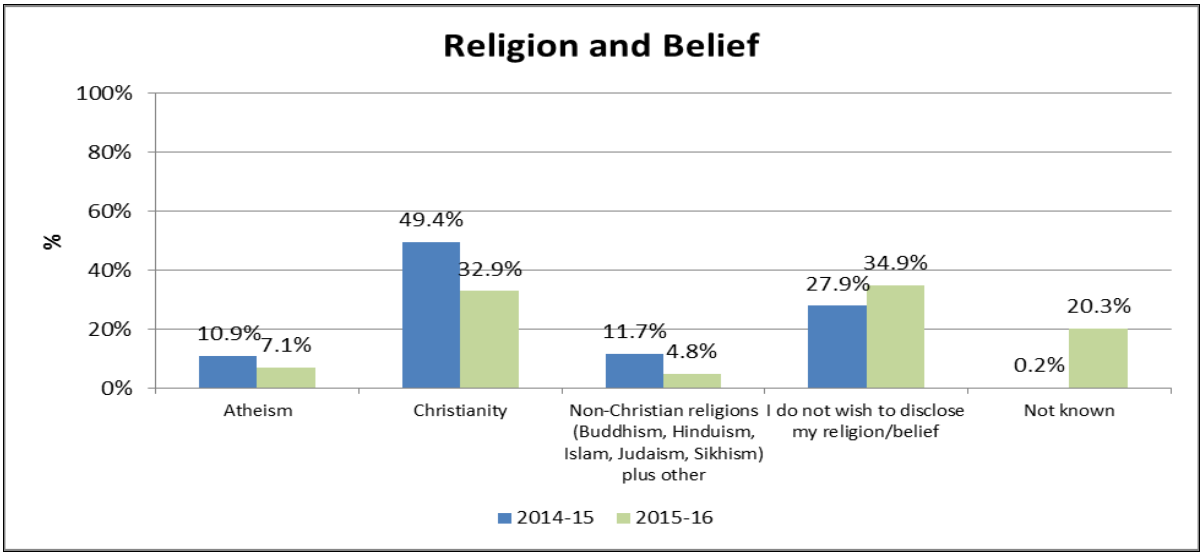


Table 15 - Staff leaving the Trust 1 April 2015 to 31 March 2016 by Religion and Belief

	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Religion and belief				
Atheism	84	7.1	6.6	10.9
Christianity	390	32.9	30.8	49.4
Non-Christian religions (Buddhism, Hinduism, Islam, Judaism, Sikhism) plus other	57	4.8	2.0	11.7
Do not wish to disclose	413	34.9	24.0	27.9
Not known	241	20.3	330	0.2
Total	1,185			

Table 16: Pay band by religion and belief, 2016

Religion	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above and personal pay scale	% of staff band 6 and above and personal pay scale	Number of staff in Medical & Dental Grade	% of Staff in Medical & Dental grade
Atheism	355	6.4%	133	6.1%	70	9.4%
Christianity	1,825	32.8%	615	28.0%	177	23.9%
Buddhism, Hinduism, Islam, Judaism, Sikhism	43	0.8%	11	0.5%	116	15.6%
Other	225	4.0%	70	3.2%	18	2.4%
Not known	1,738	31.2%	863	39.3%	204	27.5%
I do not wish to disclose my religion/belief	1,378	24.8%	505	23.0%	157	21.2%
Total staff	5,564	100.0 %	2,197	100.0%	742	100.0%

Figure 17: Staff Profile by Age, 2014-2015 and 2015-2016

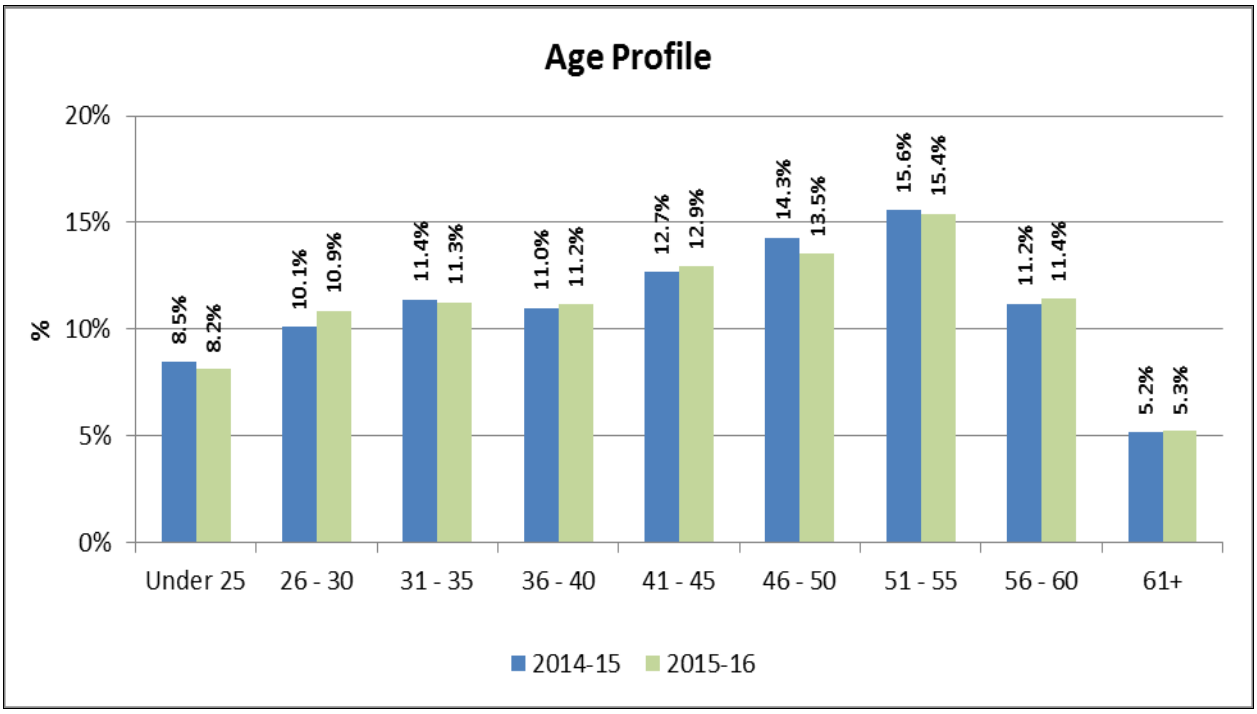


Table 17: York Teaching Hospitals Foundation Trust staff profile by age, 2014-2015 and 2015-2016

Age	Number of staff March 2016	% total staff March 2016	Number of staff part time 2016	Number of staff full time 2016	Number of staff March 2015	% total staff March 2015	Number of staff part time 2015	Number of staff full time 2015
Under 25	693	8.2	139	554	740	8.5	165	576
26-30	924	10.9	258	666	881	10.1	268	613
31-35	957	11.3	436	521	996	11.4	449	547
36-40	949	11.2	482	467	958	11.0	472	486
41-45	1,101	12.9	524	577	1,114	12.7	536	578
46-50	1,150	13.5	540	610	1,252	14.3	591	661
51-55	1,310	15.4	651	659	1,361	15.6	677	683
56-60	972	11.4	553	419	983	11.2	563	420
61+	447	5.3	325	122	454	5.2	321	133
Total	8,503		3,908	4,595	8,739		4,042	4,697

Figure 18: Staff joining the Trust by Age, 2014-2015 and 2015-2016

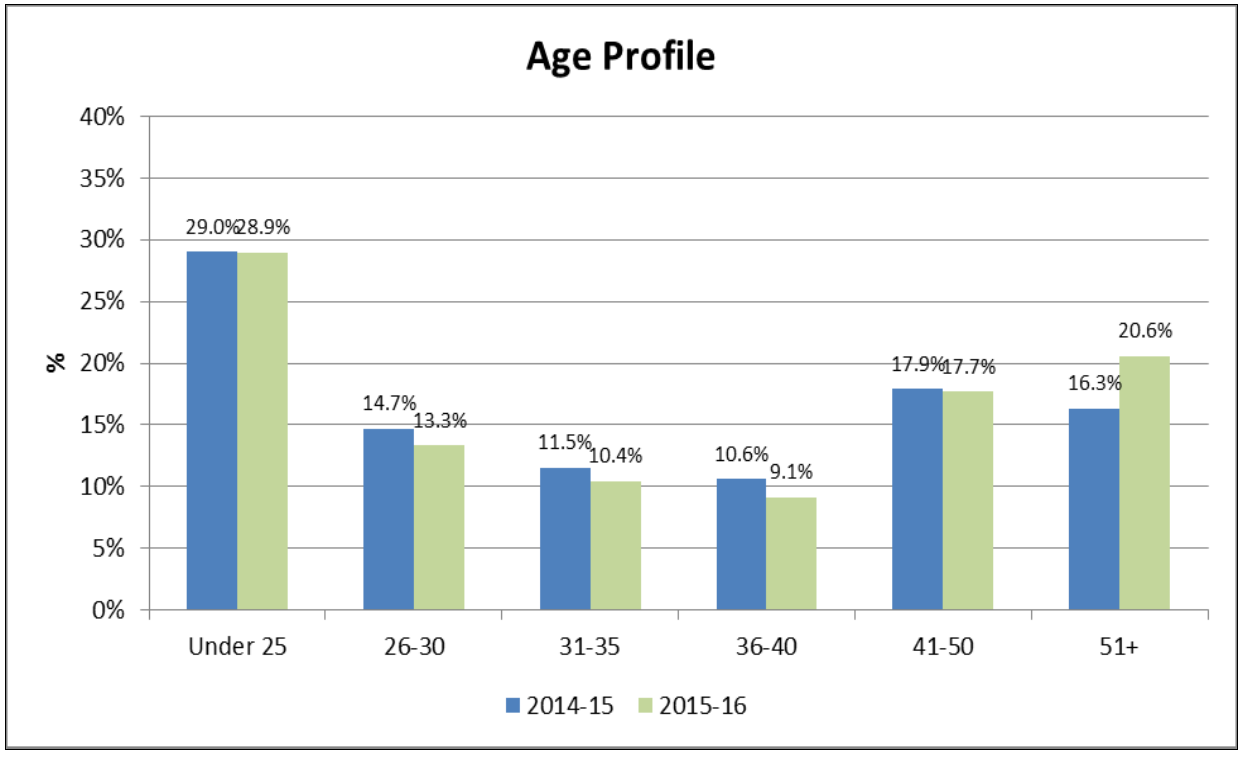


Table 18 - Staff joining the Trust from 1 April 2015 to 31 March 2016 by age

	Total new staff during the year	% new staff during the year	% total staff at 31 March 2015	% new staff in previous year
Age Profile				
Under 25	311	28.9	8.2	29.0
26-30	143	13.3	10.9	14.7
31-35	112	10.4	11.3	11.5
36-40	98	9.1	11.2	10.6
41-50	190	17.7	26.4	17.9
51+	221	20.6	32.1	16.3
Total	1075			

Figure 19: Staff Leaving the Trust by Age, 2014-2015 and 2015-2016

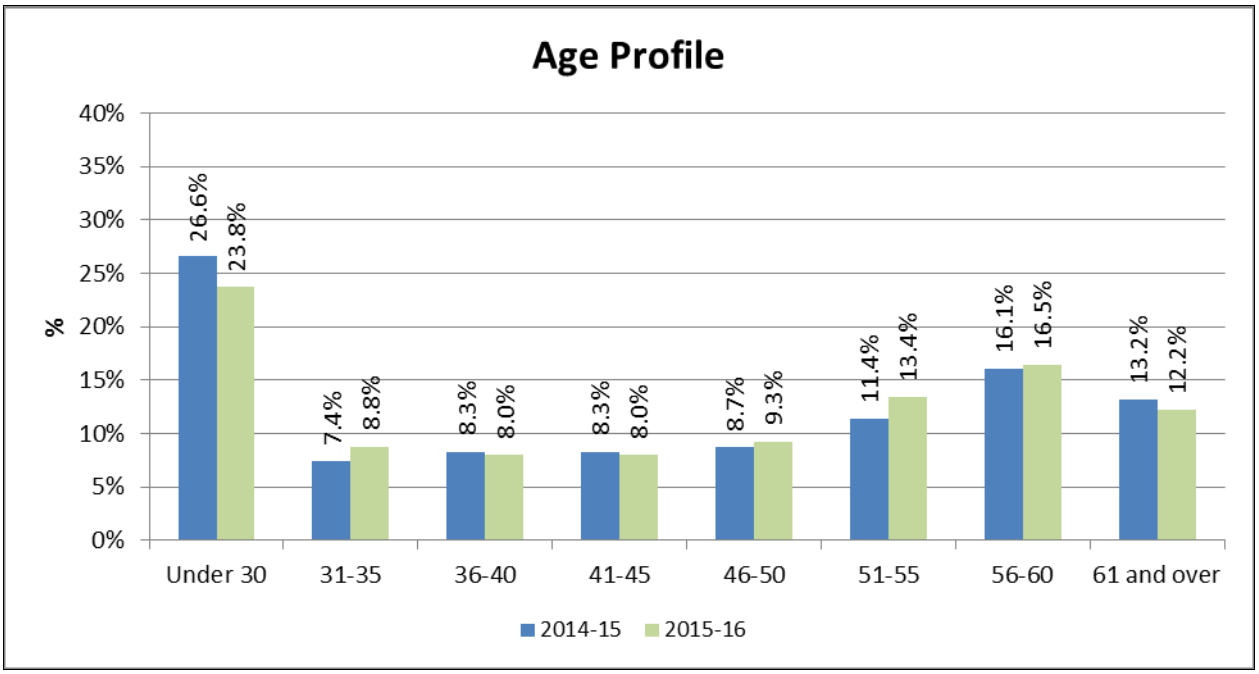


Table 19 - Staff leaving the Trust 1 April 2015 to 31 March 2016 by age

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in Previous year
Age				
Under 30	282	23.8	19.1	26.6
31-35	104	8.8	11.3	7.4
36-40	95	8.0	11.2	8.3
41-45	95	8.0	12.9	8.3
46-50	110	9.3	13.5	8.7
51-55	159	13.4	15.4	11.4
56-60	195	16.5	11.4	16.1
61 and over	145	12.2	5.3	13.2
Total	1,185			

Table 20: Pay band by age

	Under 25 Years	% staff under 25 years	26 – 50 years	% staff 26-50 years	Over 50 years	% over 50 years	Total staff	% total staff in this pay band
Personal Salary	9	1.3%	10	0.2%	14	0.5%	33	0.4%
Medical and Dental	67	9.7%	504	9.9%	171	6.3%	742	8.7%
Band 1	44	6.3%	342	6.7%	255	9.3%	641	7.5%
Band 2	235	33.9%	995	19.6%	666	24.4%	1,896	22.3%
Band 3	64	9.2%	480	9.4%	274	10.0%	818	9.6%
Band 4	39	5.6%	274	5.4%	223	8.2%	536	6.3%
Band 5	201	29.0%	1,052	20.7%	420	15.4%	1,673	19.7%
Band 6	34	4.9%	885	17.4%	382	14.0%	1,294	15.2%
Band 7			366	7.2%	221	8.1%	593	7.0%
Band 8a+			173	3.4%	103	3.8%	277	3.3%
Total	693		5,081		2,729		8,503	

Note - due to confidentiality only totals for band 6 and above and under 25 years can be shown

Figure 21: Staff Profile - Disability, 2014-2015 and 2015-2016

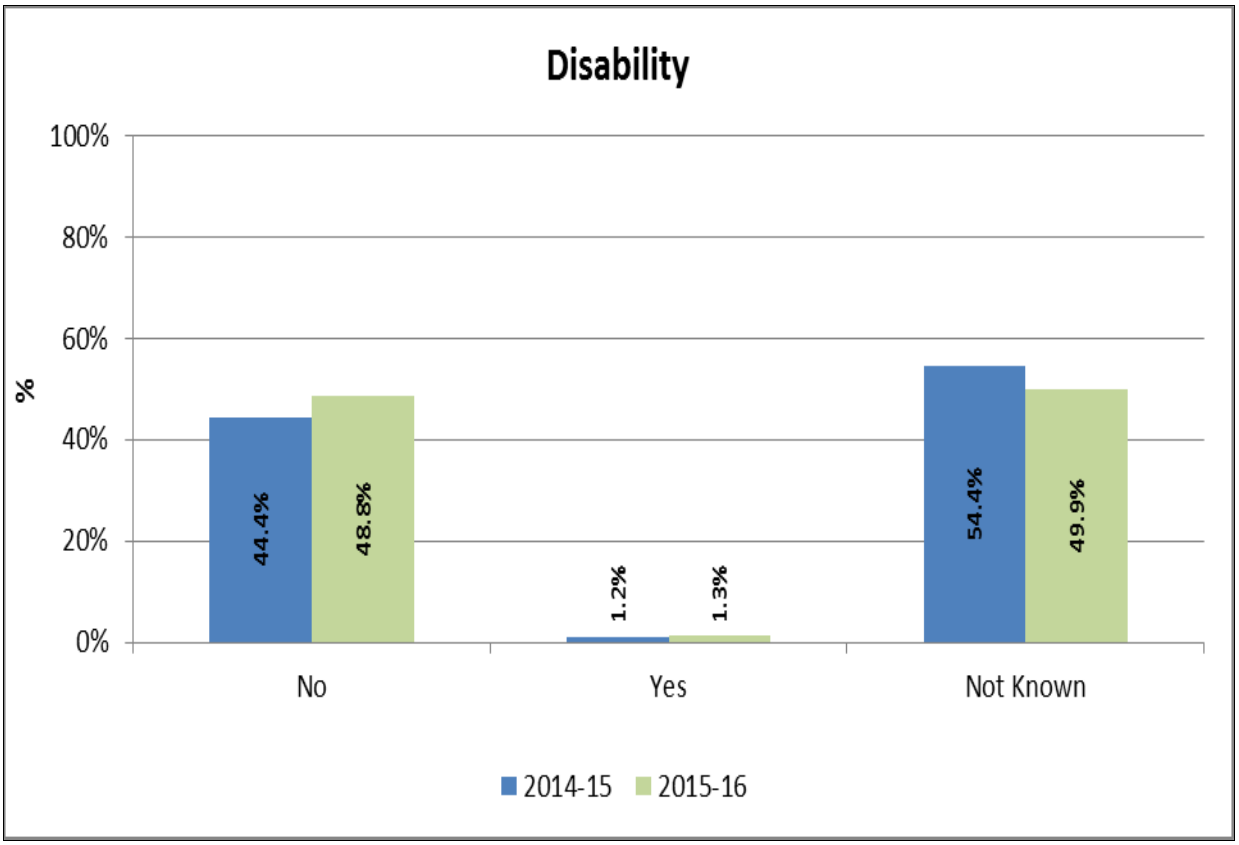


Table 21: York Teaching Hospitals Foundation Trust staff profile - disability status, 2014-2015 and 2015-2016

Disabled Person	Number of staff March 2016	% of staff March 2016	Number of staff part time 2016	Number of staff full time 2016	Number of staff March 2015	% of staff March 2015	Number of staff part time 2015	Number of staff full time 2015
No	4,148	48.8	1,758	2,390	3,881	44.4	1,698	2,185
Yes	110	1.3	49	61	103	1.2	44	59
Not Known	4,245	49.9	2,101	2,144	4,755	54.4	2,300	2,453
Total	8,503		3,908	4,595	8,739		4,042	4,697

Figure 22: Staff joining the Trust - Disability, 2014-2015 and 2015-2016

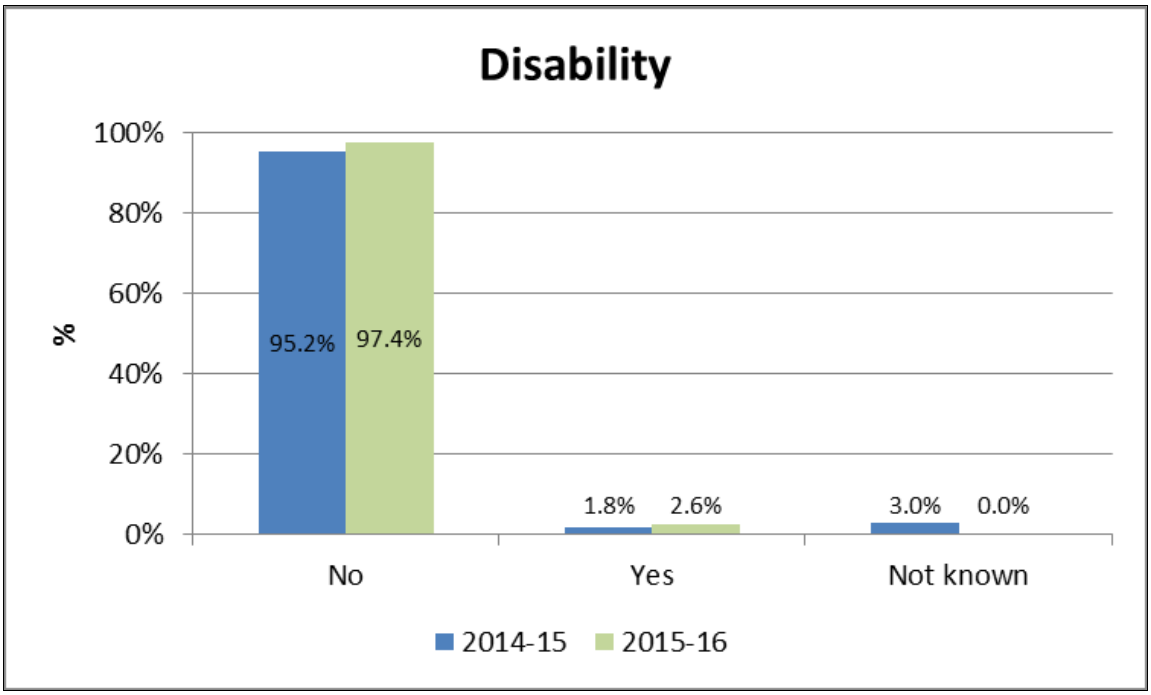


Table 22 - Staff joining the Trust from 1 April 2015 to 31 March 2016 - disability status

	Total new staff during the year	% of new staff during the year	% total staff at 31 March 2016	% new staff previous year
Disabled Person				
No	1,047	97.4	48.8	95.2
Yes	28	2.6	1.3	1.8
Not known	0	0	49.9	3
Total	1,075			

Figure 23: Staff Leaving the Trust - Disability, 2014-2015 and 2015-2016

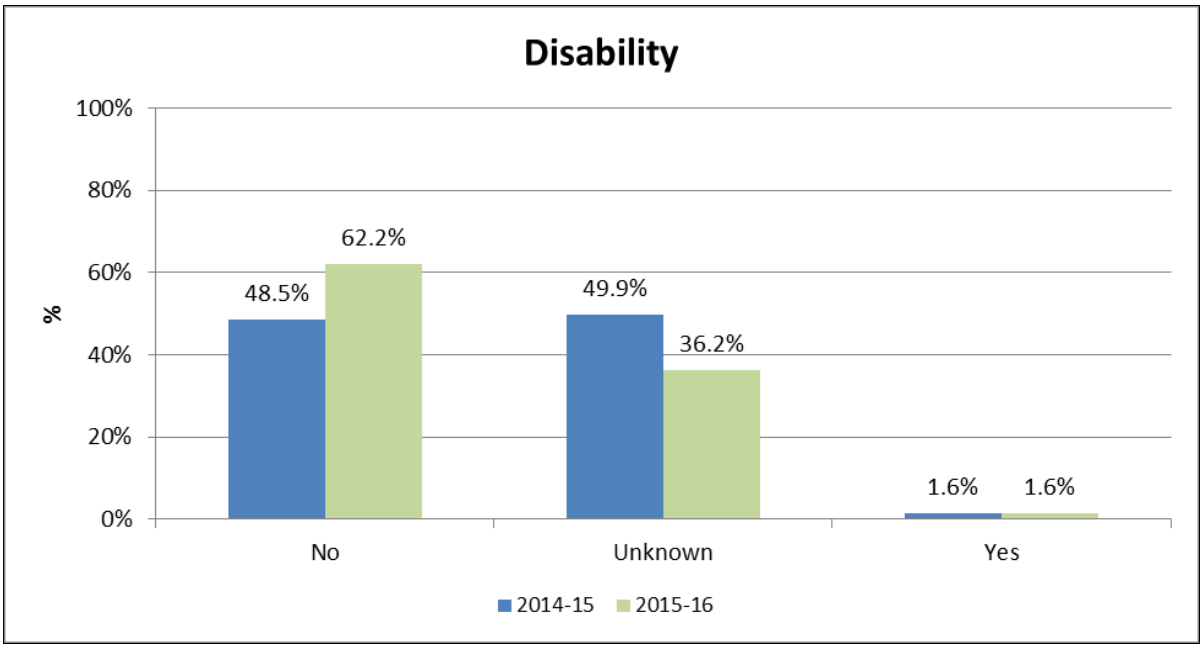


Table 23 - Staff leaving York Teaching Hospitals Foundation Trust (disability) 1 April 2015 to 31 March 2016

Publishable data – no category <10	Total number of staff leaving Trust	% staff leaving	% total staff	% staff leaving in previous year
Disabled person				
No	737	62.2	48.8	48.5
Yes	19	1.6	1.3	1.6
Not Known	429	36.2	49.9	49.9
Total	1,185			

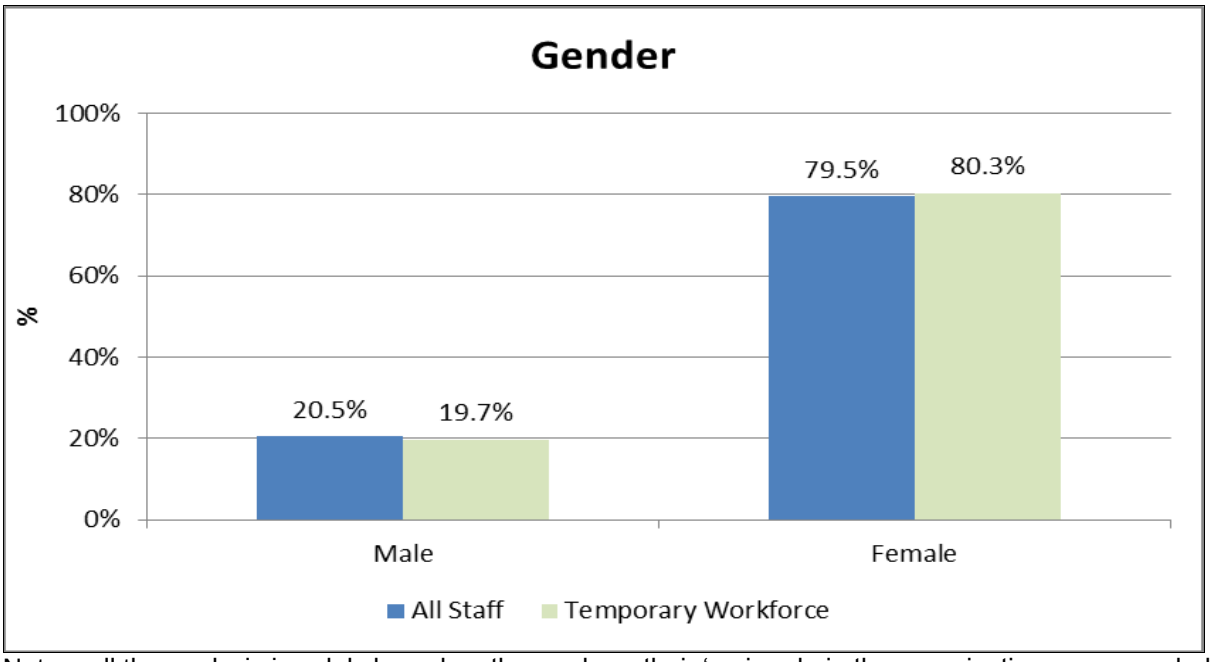
Table 24: Pay band by disability, 2016

Disabled	Number of staff below band 6	% staff below band 6	Number of staff band 6 and above, personal pay scale and Medical & Dental	% of staff band 6 and above	Total	Total %
Non - Disabled Staff	2,820	50.7%	1,328	45.2%	4,148	44.4
Disabled staff	88	1.6%	22	0.7%	110	1.2
Not known	2656	47.7%	1,589	54.1%	4,245	54.4
Total staff	5,564		2,939		8,503	

Note – due to confidentiality issues it is only possible to report data based on very broad paybands

Our Temporary Workforce Staff

Figure 25: Temporary Workforce Staff Profile by gender, 2016



Note – all the analysis is solely based on those where their 'main role in the organisation was recorded as bank or locum.

Figure 26: Temporary Workforce Staff Profile by age, 2016

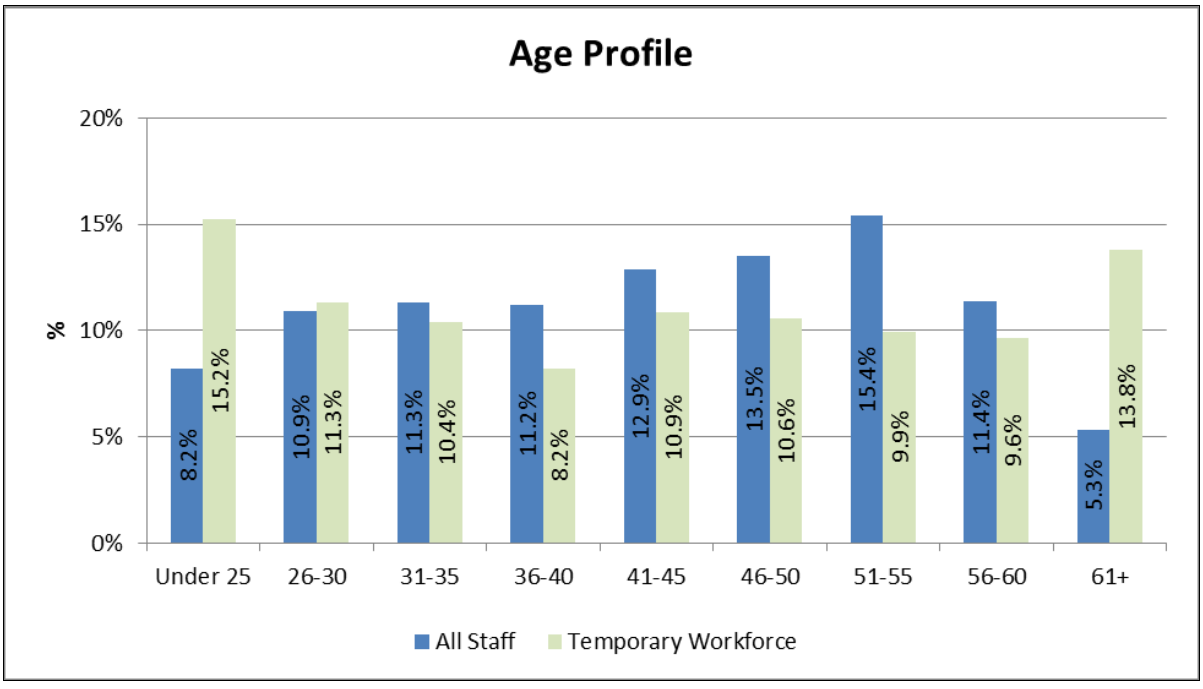
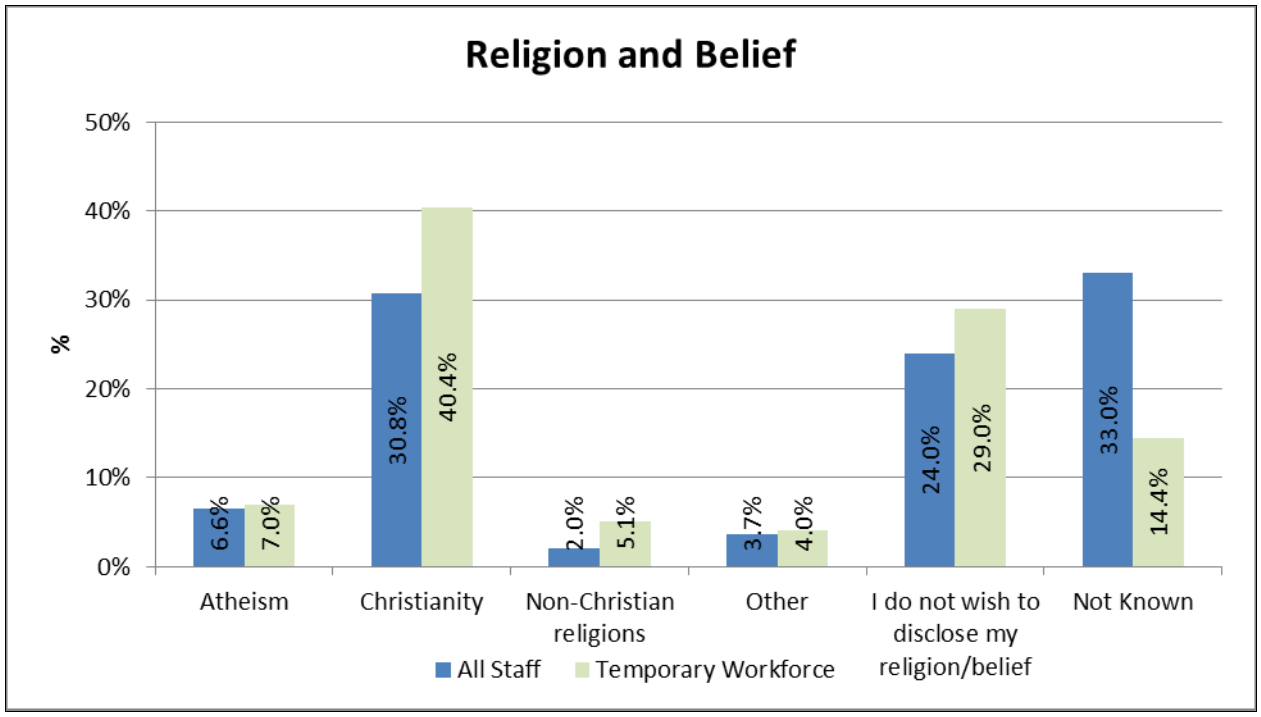


Figure 27: Temporary Workforce Staff Profile by Religion and Belief, 2016



Note – this data is influenced by the fact the levels of staff not wishing to disclose this and also 'Unknowns' are better for temporary workforce staff

Appendix C - Staff Learning and Development

1. ODIL

Table 1: Attendance at ODIL courses and programmes: 2014-15 by age

Financial Year 2014-15 Age Range	Attendees in range	Percentage
20-29	92	6.45%
30-39	382	26.79%
40-49	538	37.73%
50-59	350	24.54%
60-65	27	1.89%
Not recorded	37	2.59%
Total	1426	100.00%

Table 2: Attendance at ODIL courses and programmes: 2014-15 by gender

Gender of Delegates Attending ODIL Courses and Programmes *Financial Year 2014-15* Gender	Total	Percentage
Female	1154	80.93%
Male	235	16.48%
Not recorded	37	2.59%
Grand Total	1426	100.00%

Table 3: Attendance at ODIL courses and programmes: 2014-15 by ethnicity

Ethnicity of Delegates Attending ODIL Courses and Programmes *Financial Year 2014-15* Ethnicity	Total	Percentage
A White – British	1017	71.32%
B White – Irish	4	0.28%
C White - Any other White background	13	0.91%
C3 White Unspecified	110	7.71%
CA White English	126	8.84%
CB White Scottish	3	0.21%
CY White Other European	9	0.63%
D Mixed - White & Black Caribbean	8	0.56%
GF Mixed - Other/Unspecified	7	0.49%
H Asian or Asian British - Indian	32	2.24%
J Asian or Asian British - Pakistani	9	0.63%
M Black or Black British - Caribbean	4	0.28%
N Black or Black British - African	13	0.91%
SC Filipino	17	1.19%
Z Not Stated	17	1.19%
Not recorded	37	2.59%
Grand Total	1426	100.00%

Table 4: Attendance at ODIL courses and programmes: 2014-15 by religion

Religion of Delegates Attending ODIL Courses and Programmes *Financial Year 2014-15* Religion	Total	Percentage
Atheism	107	7.50%
Buddhism	2	0.14%
Christianity	421	29.52%
Hinduism	18	1.26%
I do not wish to disclose my religion/belief	316	22.16%
Other	28	1.96%
Undefined	497	34.85%
Not recorded	37	2.59%
Grand Total	1426	100.00%

Table 5: Attendance at ODIL courses and programmes: 2014-15 by disability

Able Bodied/Disabled Delegates Attending ODIL Courses and Programmes *Financial Year 2014-15* Disability	Total	Percentage
No	530	37.17%
Not Declared	72	5.05%
Undefined	772	54.14%
Yes	15	1.05%
Not recorded	37	2.59%
Grand Total	1426	100.00%

Table 6: Attendance at ODIL courses and programmes: 2014-15 by sexual orientation

Sexuality of Delegates Attending ODIL Courses and Programmes *Financial Year 2014-15* Sexual Orientation	Total	Percentage
Gay	20	1.40%
Heterosexual	491	34.43%
I do not wish to disclose my sexual orientation	381	26.72%
Undefined	497	34.85%
Not recorded	37	2.59%
Grand Total	1426	100.00%

2. Learning and Development / Training

Table 7: Staff Learning and Development by ethnicity

Ethnicity	Learner 'access' April 2014 - March 2015	Learner 'access' April 2013 - March 2014	% change year on year
White – UK	55,715 (81%)	38,224 (70%)	45.8
White – Irish	461 (0.7%)	328 (0.6%)	40.5
White (e.g. not UK, White unspecified)	4394 (6.4%)	10,409 (19%)	-57.8
White total	60570 (88%)	48,961 (89%)	23.7
Mixed Race (dual heritage) total	764 (0.1%)	443 (0.8%)	72.5
Asian and Asian British total	3304 (4.8%)	2,190 (0.4%)	50.9
Black and Black British total	713 (0.1%)	628 (0.1%)	13.5
Any other ethnic group (including Chinese)	1212 (1.8%)	859 (1.6%)	41.1
BME total (mixed race, Asian and Asian British)	6454 (9.4%)	4,448 (8.2%)	45.1
Black and Black British, Chinese and Irish people)			
Not known	1908 (2.8%)	1,348 (2.5%)	41.5
Total Learning Interventions	68,471	54,429	

Table 8: Staff Training by gender

Gender	Learner 'access' April 2014 - March 2015	Learner 'access' April 2013 - March 2014	% change year on year
Female	55,779 (81%)	46,319 (85%)	20.4
Male	12,692 (19%)	8,110 (15%)	56.5
Total	68,471	54,429	

Table 9: Staff Training by disability

Disability	Learner 'access' April 2014 - March 2015	Learner 'access' April 2013 - March 2014	% change year on year
No	40,287 (59%)	19,134 (35%)	110.6
Yes	907 (1.2%)	790 (1.6%)	14.8
Not known/not declared	27,277 (39.8%)	34,505 (63.4%)	-20.9
Total Learning Interventions	68,471	54,429	

Table 10: Staff Training by age

Age	Learner 'access' April 2014 - March 2015	Learner 'access' April 2013 - March 2014	% change year on year
Under 25	10,496 (16%)	6,093 (11%)	72.3
26 - 30	9,194 (13%)	5,543 (10%)	65.9
31 - 35	8,080 (12%)	6,297 (12%)	28.3
36 - 40	7,456 (11%)	6,268 (12%)	19.0
41 - 45	8,396 (12%)	7,216 (13%)	16.4
46 - 50	8,700 (13%)	7,840 (14%)	11.0
51 - 55	8,207 (12%)	8,340 (16%)	-1.6
56 - 60	5,678 (8%)	5,053 (9%)	12.4
61+	2,264 (3%)	1,779 (3%)	27.3
Total Learning Interventions	68,471	54,429	

Table 11: Staff Learning and Development by religion

Religion	Learner 'access' April 2014 - March 2015	% of total delegates sessions
Atheism	5,512	8.0
Buddhism	278	0.4
Christianity	22,643	33.1
Hinduism	728	1.1
Islam	1,030	1.5
Jainism	26	0.03
Judaism	60	0.07
Sikhism	118	0.2
Other	3,062	4.5
Not known	16,729	24.4
I do not wish to specify	18,285	26.7
Total Learning Interventions	68,471	

Table 12: Staff Learning and Development by sexual orientation

Sexual Orientation	Learner 'access' April 2014 - March 2015	% of total delegates sessions
Bisexual	190	0.3
Gay	296	0.4
Lesbian	161	0.2
Heterosexual	33,291	48.7
Not known	17,803	26.0
I do not wish to specify	16,730	24.4
Total Learning Interventions	68,471	

Table 13: Staff Learning and Development by payscale

Payscale	Learner 'access' April 2014 - March 2015	% of total delegates sessions
Band 1	3,601	5.3
Band 2	15,988	23.4
Band 3	6,140	9.0
Band 4	1,920	2.8
Band 5	16,681	24.4
Band 6	10,010	14.6
Band 7	4,329	6.3
Band 8	902	1.3
Band 9	224	0.3
Personal Salary	8,676	12.6
Total Learning Interventions	68,471	

Appendix D - Recruitment

Table 1: Recruitment by gender, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
Male	5,630	1,672	24.20%	28.60%
Female	13,317	5,195	75.20%	71.00%
Undisclosed	70	39	0.60%	0.40%
Total	18,747	6,906	100.00%	100.00%

Table 2: Recruitment by disability, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
Yes	1,196	482	7.00%	6.40%
No	17,216	6,308	91.30%	91.80%
Undisclosed	335	116	1.70%	1.80%
Total	18,747	6,906	100.00%	100.00%

Table 3: Recruitment by ethnicity, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
WHITE - British	13,969	5,425	78.60%	74.50%
WHITE - Irish	107	57	0.80%	0.60%
WHITE - Any other white background	1,349	392	5.70%	7.20%
ASIAN or ASIAN BRITISH - Indian	792	233	3.40%	4.20%
ASIAN or ASIAN BRITISH - Pakistani	549	158	2.30%	2.90%
ASIAN or ASIAN BRITISH - Bangladeshi	89	16	0.20%	0.50%
ASIAN or ASIAN BRITISH - Any other Asian background	326	100	1.40%	1.70%
MIXED - White & Black Caribbean	27	15	0.20%	0.10%
MIXED - White & Black African	45	10	0.10%	0.20%
MIXED - White & Asian	54	17	0.20%	0.30%
MIXED - any other mixed background	79	30	0.40%	0.40%
BLACK or BLACK BRITISH - Caribbean	77	33	0.50%	0.40%
BLACK or BLACK BRITISH - African	616	172	2.50%	3.30%
BLACK or BLACK BRITISH - Any other black background	17	2	0.00%	0.10%
OTHER ETHNIC GROUP - Chinese	102	33	0.50%	0.50%
OTHER ETHNIC GROUP - Any other ethnic group	231	85	1.20%	1.20%
Undisclosed	318	128	1.90%	1.70%
Total	18,747	6,906	100.00%	100.00%

Table 4: Recruitment by age, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
Under 18	35	14	0.20%	0.20%
18 to 19	439	116	1.70%	2.30%
20 to 24	3,484	1079	15.60%	18.60%
25 to 29	3,600	1188	17.20%	19.20%
30 to 34	2,417	892	12.90%	12.90%
35 to 39	2,060	854	12.40%	11.00%
40 to 44	1,733	750	10.90%	9.20%
45 to 49	1,937	784	11.40%	10.30%
50 to 54	1,532	686	9.90%	8.20%
55 to 59	925	406	5.90%	4.90%
60 to 64	525	122	1.80%	2.80%
65 to 69	20	4	0.10%	0.10%
70 and over	0	0	0.00%	0.00%
Undisclosed	40	11	0.20%	0.20%
Total	18,747	6,906	100.00%	100.00%

Table 5: Recruitment by religion / belief, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
Atheism	3,114	1119	16.20%	16.60%
Buddhism	160	64	0.90%	0.90%
Christianity	9,849	3796	55.00%	52.50%
Hinduism	392	131	1.90%	2.10%
Islam	1,079	296	4.30%	5.80%
Sikhism	35	11	0.20%	0.20%
Other (including Jainism and Judaism)	1,826	640	9.27%	9.74%
Undisclosed	2,292	849	12.30%	12.20%
Total	18,747	6,906	100.0%	100.0%

Table 6: Recruitment by sexual orientation, 2015-2016

Category	Applied April 2015 to March 2016	Shortlisted April 2015 to March 2016	% applications shortlisted	% applications
Lesbian	102	39	0.50%	0.60%
Gay	187	65	1.00%	0.90%
Bisexual	225	73	1.20%	1.10%
Heterosexual	17,046	6313	90.90%	91.40%
Undisclosed	1,187	416	6.30%	6.00%
Total	18,747	6,906	100.00%	100.00%

Appendix E – Grievance, Disciplinary and Bullying & Harassment

Table 1: number of grievances by ethnic origin, 2014-2015 and 2015-2016

	Number of Grievances year ending 31 March 2016	Number of Grievances year ending 31 March 2015
White – UK	20	14
White – Irish	0	<10
White (not UK or Irish – Includes White unspecified)	<10	<10
Mixed Race (dual heritage) total	0	0
Asian and Asian British total	0	0
Black and Black British total	0	0
Any other ethnic group (including Chinese)	0	0
Not Known	0	0
Total	*	*

Note - * signifies that this figure cannot be shown due to confidentiality issues

Table 2: Disciplinary investigations by Ethnicity, 2014-2015 and 2015-2016

Ethnicity	Disciplinary Investigations 2016	Disciplinary Investigations 2015
White – UK	76	78
White – Irish	0	0
White (not UK or Irish – Includes White unspecified)	<10	<10
White total	*	*
Mixed Race (dual heritage) total	<10	<10
Asian and Asian British total	<10	<10
Black and Black British total	0	0
Any other ethnic group (including Chinese)	<10	<10
BME total (e.g. mixed race, Asian and Asian British, Black and Black British, Chinese)	<10	*
Not Known	0	0
Total	87	89

Note - * signifies figures cannot be shown due to confidentiality issues

Table 3: Disciplinary investigations by Gender, 2015-2016

Gender	Disciplinary Investigations 2016	Disciplinary Investigations 2015
Female	54	61
Male	33	28
Total	87	89

Table 4: Disciplinary investigations by Disability, 2015-2016

Disabled	Disciplinary Investigations 2016	Disciplinary Investigations 2015
Yes	<10	0
No	32	35
Not Declared	*	54
Undefined		
Total	87	89

Note - * signifies figures cannot be shown due to confidentiality issues

Table 5: Disciplinary investigations, sanctions and suspensions by Sexual Orientation, 2015-2016

Sexual Orientation	Disciplinary Investigations 2015	Disciplinary Investigations 2015
Heterosexual	29	26
I do not wish to disclose my sexual orientation	23	23
Undefined	35	40
Total	87	89

Table 6: Disciplinary investigations, sanctions and suspensions by Religion / Belief, 2015-2016

Religion and Belief	Disciplinary Investigations 2015	Disciplinary Investigations 2015
Atheism	<10	<10
Christianity	23	19
Hindu	<10	0
I do not wish to disclose my religion/belief	20	21
Undefined	35	39
Other	<10	<10
Total	87	89

Workforce Race Equality Standard 2016 – York Teaching Hospital NHS Foundation Trust

This report is a word version of the Workforce Race Equality Standard Template Report we are required to submit to NHS England.

1 Background Narrative:

a. Any issues of completeness of data

The Trust continues to increase awareness of the importance of accurate recording and reporting of protected characteristics. In March 2016 employee self-service for ESR was launched which enables employees to review and update their personal data. It is hoped this will result in fewer 'not known' entries for protected characteristics.

b. Any matters relating to the reliability of comparisons with previous years

The sample for the 2015 staff survey was significantly larger than the sample for the 2014 staff survey.

50% of the Trust's eligible workforce (i.e. 4,212 staff) were sent paper questionnaires for the staff survey in 2014. In total 1,973 staff responded which represented a response rate of 46.84%.

The Trust adopted a mixed mode methodology for the approach to the survey in 2015, inviting all eligible staff (8,478 staff) to participate in the survey either via a paper or online questionnaire. In total 3,820 staff responded (3,274 online and 546 paper) which represented an overall response rate of 45.06%. This was above the average for combined acute and community trusts (41%) but slightly lower than the response rate of 46.84% in the 2014 survey.

2 Total Numbers of Staff:

a. ***Employed within this organisation at the date of the report:***

The headcount as at 31st March 2016 was 8,503. The figure is reporting staff that are on fixed term and permanent contracts only.

b. Proportion of BME staff employed within this organisation at the date of the report:

BME staff represent 6.8% of the workforce.

3 Self reporting:

a. The proportion of staff who have self reported their ethnicity

100% of those who have reported have self-reported.

b. Have any steps been taken in the last reporting period to improve the level of self-reporting by ethnicity

In September 2015 the Trust trialled ESR self-service in some Corporate and Clinical directorates, this was then launched Trust wide in March 2016. This enables staff to review and update their personal details electronically.

c. Are any steps planned during the current reporting period to improve the level of self reporting by ethnicity

Further promotion of the ESR self-service system will take place to encourage staff to log-on and review their protected characteristics data. We will also undertake some targeted communication to those who have gaps in their protected characteristic information.

4 Workforce data:

a. ***What period does the organisation's workforce data refer to?***

The data is as at 31 March 2016.

5 Workforce Race Equality Indicators:

Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or Corporate Equality Objectives
For each of these four workforce indicators, compare the data for white and BME staff:				
1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members and senior medical staff) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for clinical and non-clinical staff.	See Table A Page 10	Not previously reported	The total overall workforce includes all staff on permanent and fixed term contracts only (thereby excluding bank and locum staff) and includes primary assignments only. Of the total overall workforce figure, of 8503 used for the purpose of this, 215 (2.6%) of the records had an undefined / 'not known' ethnicity status.	A Recruitment Market Place event was held in April 2016 to raise awareness across the local community of York Teaching Hospital as a potential Employer.
2. Relative likelihood of staff being appointed from shortlisting across all posts.	The relative likelihood of White staff being appointed from shortlisting	The relative likelihood of White staff being appointed from short listing	There is a difference between the electronic personnel records in ESR where new starters' ethnicity is recorded and NHS jobs data. ESR records show undefined as	The administration of the recruitment process was centralised at the beginning of 2016. This provides a greater opportunity for records to be

Indicator	Data for reporting year	Data for previous year	Narrative – the implications of the data and any explanatory narrative	Action taken and planned including e.g. does the indicator link to EDS2 evidence and/or Corporate Equality Objectives
	compared to BME staff is 2.34 times greater.	compared to BME staff is 2.21 times greater	6.4% compared to NHS Jobs, where only 1.85% is undefined. This provides a disparity of data at the 2 stages of data recording.	managed accurately. There is a proposal to implement an electronic Applicant Tracking System during 2016, which will integrate with NHS Jobs and ESR. An assessment will be made as to whether this can facilitate an improvement in data.
3. Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. This indicator will be based on data from a two year rolling average of the current year and the previous year.	BME staff entering the formal disciplinary process is 1.48 times greater, when compared to White Staff	BME staff entering the formal disciplinary process is 1.65 times greater, when compared to White Staff	The data suggests certain Directorates have a higher likelihood of BME staff entering the formal disciplinary process. The data has not been compared to the workforce breakdown in those areas. The figures represent all formal processes commissioned within the data reporting period. With the Establishment of an Employee Relations team in 2015, there has been a reduction overall of formal disciplinary cases, with a focus on informal resolutions.	Since April 2015, the Employee Relations Managers have facilitated the decisions around entering a formal process; this reduces the risk of potential bias on the part of line managers as the ER Managers' decisions are based on fact finding and consistency of practice. This new approach has been supported by the delivery of Investigating Officer training, which will continue. Further reviews of the data will be

			Effective mediation may have been a factor in the overall reduction; however this has not been specifically reviewed when collecting this data.	undertaken relating to specific department cases and associated action plans. This links to EDS2 goal 3 outcome 4 and Trust equality Objective 1
4. Relative likelihood of staff accessing non-mandatory training and CPD	68% BME versus 55% White	14.7% BME versus 16.1% White	The way data is collated does not enable statistics to be reported on CPD activity. The data reflects non-mandatory training recorded through the Corporate training team. The implementation of the online Learning Hub has enabled records to be held centrally, hence the apparent increase in attendances for this year.	*EDS2 Goal 3 outcome 3* Awareness raising activities to enable transparency of non-mandatory training and CPD
5 KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White 23% BME 22%	White 26% BME 24%	In 2014, the staff survey was sent to 50% of staff randomly selected and returned by 47% of the sample. In 2015, the response rate was 45.06%, however the sample was significantly larger; all eligible staff were sent a survey.	In April 2015 a 'Raising Concerns helpline' was launched for staff to report any concerns. A Freedom to Speak Up Guardian has been appointed and due to commence in post August 2016.

				Continue to monitor staff experiences and compare to other combined Community & Acute Trust outcomes.
6 KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White 21% BME 24%	White 23% BME 22%	As per indicator 5	Work is underway to produce guidance for line managers in people management across the protected characteristics. In April 2015 a 'Raising Concerns helpline' was launched for staff to report any concerns. A Freedom to Speak Up Guardian has been appointed and due to commence in post August 2016. Continue to monitor staff experiences and compare to other combined Community & Acute Trust outcomes.
7 KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	White 90% BME 81%	White 93% BME 80%	As per indicator 5	A new talent management system will be launched in 2016.

8 Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White 7% BME 25%	White 6% BME 20%	As per indicator 5	Specific directorates will continue to receive support and guidance. In April 2015 a 'Raising Concerns helpline' was launched for staff to report any concerns. A Freedom to Speak Up Guardian has been appointed and due to commence in post August 2016. Continue to monitor staff experiences and compare to other combined Community & Acute Trust outcomes.
Board Representation Indicator ***For this indicator, compare the difference for White and BME staff***				
Percentage difference between the organisation's board voting membership and its overall workforce	No BME representation	No BME representation	The Population served is 96.8% white based on 2011 ONS census data.	Ensuring accessibility of recruitment processes and increasing accessibility of employment through career events held within the community. Development of a Talent Management Strategy to retain

				talent within the organisation.

6. Are there any other factors or data which should be taken into consideration in assessing progress?

In addition to the WRES we publish an annual E&D report which includes detailed analysis of workforce information. The Trust has a Fairness Forum which meets every quarter and monitors progress of E&D work. The forum has Board level representation.

Background information in relation to metric 4 – The online Learning Hub was introduced in 2014. Initial focus has been to address the provision and reporting of access to statutory and mandatory training. Since October 2015 focus has changed to the maintenance of those topics, review of new statutory and mandatory requests and the development and capture of CPD courses for all staff. New on-line/e-learning courses are being requested on a very regular basis and once developed and evaluated are added to the portfolio which continues to grow.

7. Organisations should produce a detailed WRES Action Plan, agreed by its Board. Such a plan would normally elaborate on the actions summarised in section 5 setting out the next steps with milestones for expected progress against the WRES indicators. It may also identify the links with other work streams agreed at Board level such as EDS2. You are asked to attach the WRES Action Plan or provide a link to it.

It may be useful to read this action plan in conjunction with the Equality & Diversity Report 2014/15.

WRES Indicator	Action to be taken	Anticipated outcome	Timeframe for completion
Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members and senior medical staff) compared with the percentage of staff in the	Undertake a further Recruitment Marketplace event	To raise awareness across the local community of York Teaching Hospital as a potential Employer and to assist in our Workforce reflecting the community we serve.	March 2017

overall workforce.			
Relative likelihood of staff being appointed from shortlisting across all posts	Implementation of an electronic Applicant Tracking System	Comprehensive records on shortlisting and appointment statistics to enable meaningful data analysis	January 2017
Relative likelihood of staff entering the formal disciplinary process	Review of cases broken-down by each directorate	This will identify any directorates that have a proportionately higher level of formal disciplinaries and enable appropriate intervention to address misconduct themes.	December 2016
Relative likelihood of staff accessing non-mandatory training and CPD	Implementation of a Development Review policy to incorporate appraisal, performance management and talent management	Incorporating the Performance Development Matrix with a Talent Management strategy will provide a consistent and more focused approach to staff development	December 2016
Percentage believing that the Trust provides equal opportunities for career progression or promotion	Implementation of a Development Review policy to incorporate appraisal, performance management and talent management	The Talent Management Register will create an open and transparent process.	December 2016
Board Representation	When Board opportunities arise, continue to link with Executive Recruitment Agencies to widen the field of potential applicants	An increased diversity of candidate than may otherwise be attracted.	Ongoing

Table A – Indicator 1

		Clinical Staff	Non Clinical Staff	Overall		Clinical Staff	Non Clinical Staff	Overall
BME	Band 1	0.0%	2.7%	2.7%	White	2.3%	92.7%	95.0%
	Band 2	3.6%	0.4%	3.9%		57.7%	35.6%	93.3%
	Band 3	1.0%	1.3%	2.3%		45.2%	50.4%	95.6%
	Band 4	0.4%	0.7%	1.1%		21.1%	76.5%	97.6%
	Band 5	11.1%	0.4%	11.5%		77.7%	8.0%	85.8%
	Band 6	2.5%	0.1%	2.6%		86.6%	8.4%	94.9%
	Band 7	1.3%	0.5%	1.8%		77.3%	18.8%	96.1%
	Band 8	1.4%	0.0%	1.4%		60.5%	37.0%	97.5%
	Band 9	0.0%	0.0%	0.0%		0.0%	100.0%	100.0%
	VSM	0.0%	0.0%	0		11.8%	88.2%	100.0%
	BME as % of Total Workforce	6.2%	0.6%	6.8%		60.4%	30.2%	90.6%

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 July 2016

Finance and Performance Committee Minutes – 19 July 2016

Action requested/recommendation

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

Executive Summary

The Finance and Performance Committee met on 19 July 2016.

The minutes of the committee meeting are attached, together with the Finance, Efficiency, and Performance Reports.

The committee wishes to draw the following to the attention of the Board:

- An update on the positive impact of 'No Delays', the Emergency Department Front Door and Acute Medical Models.
- To raise concerns in relation to the Emergency Department income not covering costs, and needing to keep a watching brief on the situation.
- An update on the Trust's Income and Expenditure position, improved agency spend and Q1 STF achievement.
- To note the rise in non-admitted backlogs.

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

Implications for equality and diversity

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

belief, gender and sexual orientation).

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

Reference to CQC regulations

No references to CQC outcomes.

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

Progress of report	Board of Directors
Risk	Any risks are outlined in the minutes or reports.
Resource implications	Resource implications are outlined in the minutes or reports.
Owner	Michael Keaney, Non-Executive Director
Author	Lisa Gray, Chief Executive's Office Manager
Date of paper	July 2016
Version number	Version 1

Finance and Performance Committee – 19 July 2016 – Conference Room, LaRC, York Hospital

Attendance: Mike Keaney (Chairman) Michael Sweet Andrew Bertram Lucy Turner Juliet Walters Steven Kitching David Thomas Lisa Gray (minutes)

Apologies: Gordon Cooney Sue Rushbrook Graham Lamb Anna Pridmore

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	**Last Meeting Notes 21 June 2016**	The agenda covered the following AFW and CRR items AFW DoF COO CRR CE 2 DoF 1-4&6 COO 1-4	The committee asked for the minutes to be amended as detailed below: 1. Under the TAP Monthly summary it needs to state that the Carter Recommendations are complimentary to the CIP target, and that they are not separate activities. 2. Under the Operational Reports for ED it should state that 'JW confirmed the Trust was working with CCG's to help decrease the number of patients' and not the 'amount' of patients, and that the 16 day focus on no delays is commencing on 12 July not 11 July. It should also state that the ECS target will increase by 1% each month for the next two months, as this timeframe was not included originally. 3. Under the CQUIN delivery report it should note that Sepsis in ED was the one red flag the Trust 'predicts' in Q1 rather than 'received'. The remainder of the minutes were approved as a true record of the meeting.		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
2.	**Matters arising**		AB asked the committee for any feedback on the reworked agenda which AB, AP & JW had worked on since the previous meeting. Item 3 now focussed on the delivery of the Trust's two key priorities, the Emergency Care Standard and the Financial Control Total. The committee agreed they were happy with the agenda, and noted that the committee would continue review how it was working over the coming months.	The committee were assured that the amendments to the agenda focussed around the two key priorities for the Trust.	
3	**TAP – Key Priorities: Emergency Care Standard Delivery**		**ED** - JW informed the committee that the Trust achieved the Sustainable Transformation Funds (STF) target (87%) in June 2016, by a combined performance of 87.18%. ED saw a 2.3% decrease in attendances in June 2016 compared to June 2015. The Trust had a total of 2,063 breaches across all sites in June, and saw an increase of 4.7% of patients waiting over 8 hours in A&E compared to May 2016. Non elective admissions saw a rise of 12.2% in comparison to June 2015, with the largest rise being seen in GP admissions. **No Delays** - JW confirmed work to implement improvements on each site was on-going. 'No Delays' which is a 16 day period of renewed focus to galvanise the Trust's clinical and operational systems in order to ensure they are working effectively together and to identify and address any unnecessary delays commenced on 12 July 2016. Learning from this is taking place and JW noted that	The committee were assured by the on-going work in ED, and by the lessons being learnt throughout 'No Delays' to assist in making improvements. The committee were also assured by the positive impact EDFD model and AMM were having. The committee remains concerned in relation to income not covering costs, and this will be watched closely.	JW to update the Board on the positive impact of 'No Delays', EDFD and AMM. AB to update the Board on the concern around ED income not covering costs.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			'No Delays' has highlighted a need for a tighter focus on ward rounds, and discussions will be taking place with the Chief Nurse and Medical Director. MK questioned whether standards would go back to normal after the 16 days, but JW confirmed it was business as usual around the hospital during 'No Delays' with the addition of daily senior walkrounds to assist in smoothing out any issues causing delays. MK commented from the walkrounds he has completed, that not all clinical areas are utilising the electronic boards as they appear to be unaware of the benefits. JW accepted this was an issue, and confirmed the Chief Nurse was collating a list of benefits from using the boards, with feedback from areas that use them, in an attempt to engage the areas that are not. 'No Delays' has also highlighted that the discharging doctor is being waited on too frequently which is causing delays, therefore JW confirmed that staff are being reminded that the nurse facilitated discharge must be used to help the patient flow. In relation to bed modelling the Trust is looking at the potential of opening ward 24 at York Hospital to cohort patients, workforce permitting. Scarborough however is more of a concern due to issues with workforce, and currently having to fill gaps within rotas. JW confirmed Scarborough Hospital is short		

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			of approximately 40 beds in Elderly and Medicine. MK asked how this was going to be resolved. JW told the committee work is on-going to work out how best to configure the beds within the hospital to ensure the right number of beds are in the correct areas. Medical cover at Bridlington Hospital is being looked at to enable the Trust to utilise the bed space on this site. JW is meeting with the Medical Director, David Humphriss, and surgeons the following week to discuss these and other changes. MK asked if Bridlington Hospital was part of the solution and JW confirmed that it was indeed part of the solution, and confirmed a business case was expected to be presented to Board in September around Bridlington Hospital being an elective centre. AB notified the committee that the case had been delayed to September due to issues around the financial side which are now being addressed. MK questioned staffing levels at Scarborough Hospital following his walkround on 18 July, as in most areas staff nurses commented that they were short staffed. JW agreed this was an issue, but explained processes were in place, including moving staff nurses around to ensure minimal cover is in place for the safety of patients. Extra hours are also offered to nurses, however JW did note most tend to only agree to this if they will be working on the ward they normally work on. The introduction of Discharge Liaison Officers is beginning to relieve nurses of administration duties which they have been undertaking, enabling them to concentrate on patient care.		

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			MK noted he was pleased to see an improvement during the 'No Delays' week, but asked what we need to do to carry the positive work on. JW said that the Matrons, Sisters and Directorate Managers needed to remain more aware of delays in their area, and be pro-active in dealing with the issues causing the delays. **EDFD** - JW introduced David Thomas, Directorate Manager for ED to the committee who had come to update the committee on the ED Front Door (EDFD) model at York Hospital which was approved at Board in June 2016, and commenced on 1 July 2016. DT informed the committee that the purpose of the EDFD was to help deal with a large number of patients. It would enable the Trust to filter patients quicker, into the correct areas, and only direct real emergencies to main ED, which in turn will relieve pressure. Discussions have taken place with Yorkshire Ambulance Service (YAS) asking them to direct walk in patients in through the front door rather than the ambulance handover area as this will relieve pressure for YAS, and ensure the patients are filtered quickly. On coming through the EDFD, patients will be assessed by a Clinical Navigator and directed to the appropriate care pathway, which may include being sent to their GP, to GP out of hours, to the urgent care centre, or to a pharmacy. Discussions are on-going with the Vale of York Clinical Commissioning		

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			Group (VoYCCG) to introduce a hotline to patients GP's to enable the Trust to refer them for an urgent appointment if required. DT confirmed the EDFD was having a positive impact since implementation, with staff fully engaged, liking the model and it was relieving pressure on ED main. JW highlighted to the committee that patients been seen straight away links in with feedback which the Trust received from the CQC following the inspection in 2015. MK queried if patients were being sent to their GP's, and were they reacting to this pathway in a positive way. DT confirmed that a large number of patients have been redirected to GP's following advice which is giving the patients the confidence and assurance to await their appointments. A full review of the Urgent Care Centre (UCC) is taking place, and improvements are on-going. The Trust is expanding the ambulance assessment, rapid assessment and treatment area to a 24 hour service, adding in an extra nurse and HCA cover, and extra cover to deal with frailty patients to reduce ambulance handover times. MK was pleased to see this being addressed as it is an issue for the Trust, but queried whether it was EDFD or 'No Delays' that was having a positive impact, and was reassured that both were in equal measure. JW informed the committee that work was being		

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			undertaken to get the doctor establishment right to ensure there was the correct blend of grades at any one time. **AMM** - DT updated the committee on the Acute Medical Model (AMM) at Scarborough Hospital. The UCC is provided by Yorkshire Doctors (YD) and for the last few months they have been struggling with workforce, which is having a negative impact on the Trust as too many minors are coming into ED which remains a concern to DT. JW did confirm that the Trust is committed to working closely with YD to manage this situation, as the Trust appreciates these problems, as it has workforce issues as well and both should be supporting each other. The AMM is enabling effective assessment by putting ACP's at the front door to process patients and refer them to the correct specialty. Two ACP's have been using two cubicles in the last two weeks, and DT confirmed this is working well so far, and this is running from 8am to 8pm, Monday to Friday. The model is helping to work and engage with each specialty to enable patients to be processed more efficiently. The Trust currently employs 6 ACP's with a plan to increase this to 11 ACP's. MS did question whether this would take two years due to the ACP training, but DT confirmed the training programme was being looked at to see if certain models could be moved forward so they could be completing parts of their job role before being fully trained. AB noted that although the ACP's were a great development for the Trust, and most certainly		

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			something it requires, there is a real need to surrender doctor budgets from Directorates to cover the cost of ACP's. DT confirmed the Dales theatre work had started, which is to create a 5 bed ambulance assessment area, and this would help relieve more pressure, on top of the ACP, No Delays and Frailty work. AB made the committee aware that although all the initiatives were positive, a large amount of money was being spent on these and the income the Trust receives does not cover the cost of running both ED's. Discussions are being picked up at Ambitions for Health meetings. MK asked what the answer to this would be and AB informed the committee that the Trust cannot deviate from the current work, as it is working, but the Trust may need to make difficult decisions further down the line. Currently other areas within the Trust are funding ED staff, and this has been covered in the financial plans, but it would become a problem if ED go off plan or the Trust fails to deliver its CIP. The committee thanked DT for his attendance, and for the vast improvement which was starting to be seen in ED, although DT noted there was much more work to be done to improve the situation further.		
4.	**TAP – Key Priorities: Finance**		AB presented the finance report to the committee, noting that the I&E graph in the performance report had been updated to include what the plan looks like for the coming year, as requested by Jennie	The committee were assured by the positive I&E position, and improvement in agency spend.	AB to update the Board on the I&E position, improvement in

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			Adams in the Board of Directors meeting in June 2016. AB informed the committee that at the end of June the Trust is reporting an I&E surplus of £1.2m, which is £0.9m ahead of plan. AB confirmed the Trust received in the last month the rules around the STF and informed the committee that the targets for Q1 (which includes the Trust's financial control total) had been met. MK questioned what would be paid to the Trust and when, now that the Trust has achieved the target for Q1. AB informed the committee that the Trust would receive a quarter of the overall STF. Once the Trust had the money it could not lose it, but if the Trust failed to achieve one quarter it does have the chance to earn it back. In addition to the rules AB circulated to Board members, there has been a further Q&A document circulated to Trust's, which asked how Trust's would receive payment, but this was still to be confirmed. MS requested that the STF charts in the overall performance report be updated for future reports as the two ambulance handover charts are achieving if they are below the planned position not above like the other four, therefore this should be made clear. AB did comment that these two graphs may be removed, as the ambulance handover times do not affect STF, and the information is included elsewhere within the reports as a performance issue. LT confirmed she would discuss this with Nicky Slater and her team.		agency spend and achieving the STF target for Q1.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			June's agency expenditure is below the Trust's trajectory, however AB did note to the committee that due to the significant spike in spend in May the Trust was ahead of target, therefore corrective action was taking place. MS commented to the committee that he was pleased to see a good reduction in nursing overspend. AB informed the committee there were no significant contract issues for the Trust at this present time, however there are a small number of CCG challenges over our charging data which are being worked on. Adjustments have been made to the reported income position to reflect this.		
5.	**TAP – Key Priorities: Efficiency**		SK presented the efficiency report to the committee advising them that overall delivery for Q1 is £7.7m which is 30% of the overall £26.4m annual target. Part year delivery is therefore £1.8m behind the profiled plan which is submitted to NHSI. The in year planning gap is £3.1m at June 2016 in comparison with £1.8m in June 2015. SK informed the committee that Monitor has raised their concerns about this gap in a recent phone call with the team, but it should be noted that a 20% incentive was applied to all recurrent CIP delivery at the end of Q1 in 2015/16, which the Trust has not benefited from this year. The four year planning gap is £22.5m in	The committee were assured by the work being undertaken by SK and his team, and that early intervention meetings were taken place with Patrick Crowley and the poor performing Directorates.	

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			comparison to a £24.5m gap in June 2015. SK informed the committee that the Trust has a relatively strong planning position for years 1&2 with 90% worth of the plans being identified against the target of £42m. Of the £7.7m delivery, 85% has been delivered recurrently. SK's team has been working with Directorates to convert non-recurrent CIP to recurrent and so far £4.2m of the £5.8m identified has been achieved. MS raised his concerns, as he did in the previous meeting that he has worries that this may be masking an issue, and enquired as to whether any other plans are in place. SK agreed this was a concern, however other plans are being put in place, and pressure is being put on Directorates. Patrick Crowley asked at the Carter Steering Group meeting on 7 July, for meetings to be set up for him to meet with Directorates with a risk rating of 1 within 6 weeks, so that the Trust can stage an early intervention to help tackle these issues. The Carter work continues to pick up, and should do so now with some pace as it has moved across to NHSI. SK informed the committee that he had been to an event the previous week with approximately 25 other Foundation Trust's. SK noted that he had been disappointed by the negative reaction to Carter from other Trust's as our Trust sees it as a helpful addition to the cost saving work being undertaken, especially some of the workstreams. SK confirmed he is currently working with JW on how the Trust can measure some of the		

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			changes being implemented to show improvements. MS queried where the Trust would consolidate with Pathology. AB confirmed there was a business case going to the Business Case Panel on 25 July 2016 which outlines the plans to redevelop laboratory accommodation on the York site to accommodate a consolidated Histology, Cytology and Microbiology service and relocate Blood Sciences in Scarborough to the vacated Haldane ward to release the Pathology block for development of the Emergency Department. Discussions will also take place with Gateshead and Hull (who the Trust has previously worked with), and the Trust is currently delivering most of the Cytology work across the patch. AB views this Carter work as not consolidating but working collaboratively. For example, bringing York, Hull & North Lincolnshire & Goole's procurement departments together, which means the Trusts have a stronger purchasing power, and enables all three to make savings. MK asked SK whether he believed the Trust could meet the CIP target for the 2016/17 year, and SK confirmed that although it is an ever increasing challenge he believed the Trust would.		
6.	**TAP – Other Performance Issues: Operational Reports**		LT presented the operational report to the committee. **Cancer** – The Trust achieved 6 out of 7 targets for	The committee were assured by the updates from LT.	JW to updated the Board on the concern around the non-admitted

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			May 2016. The 31 day subsequent surgery target was not achieved as the Trust hit 88.5% compared to the target of 94%. LT confirmed that this represents 3 patients, 2 of which were due to elective capacity in Head & Neck. LT informed the committee that the Trust continues to benchmark well for the 62 Day 1st treatment target achieving 85.5% compared to 81.3% nationally. LT believes the Trust is performing well against the target due to the high engagement of staff. **18 weeks** – The Trust achieved 92.49% performance against the 92% incomplete standard for June 2016, however four specialties did not achieve the 92% standard. LT informed the committee that the non-admitted backlog position has deteriorated throughout June, with an increase in the backlog of 167 patients. The increase is due to significant staffing vacancies in theatres. By October all nurse staff new starters will be in place, however this will still leave remaining vacancies, and alternative options to recruit are being explored. Options being explored include bespoke recruitment for theatres, and the use of social media and open days. LT raised her concern over the increase in backlogs, but did note that Directorates were being pro-active in terms of finding solutions to decrease the number of backlogs by November as the Trust is aware that due to winter pressures this is likely to	The committee were happy to see Directorates were being proactive in attempting to turn around the 18 weeks delivery before the winter months, however they do remain concerned that improvements may not be seen in coming months due to the shortages in theatres.	backlog.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			increase. Ophthalmology continue to use CESP and Medicare weekend lists to increase capacity, which will continue for the foreseeable future. Gynaecology have recommended outsourcing patients to Spire in Hull until the end of September, when theatre staffing shortages should be resolved. Urology also continue to undertake evening & Sunday lists in Bridlington, and are likewise looking at identifying suitable patients to be treated at Nuffield in York. LT confirmed work is needed around Maxfax, and discussions need to take place with CCG's. Negotiations are on-going with Ramsey & Nuffield to allow York surgeons to use their theatres, which will enable them to backfill their lists within the Trust and increase the capacity. MK queried whether the Trust was contracting out at tariff or if it was paying additional fees. JW confirmed that the Trust contracted out at tariff, and in some cases where the Trust's theatres were being used the Trust receives a small percentage of the tariff. MK and MS noted their concern, but were satisfied that the issues causing the backlogs were being dealt and they anticipated seeing an improvement in the backlog over the coming months.		
7.	**TAP – Other Performance**		LT presented the CQUIN report to the committee	The committee were assured by	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Issues: CQUIN Delivery		noting that the only red rated CQUIN remained Sepsis in ED, which was causing an issue nationally. Work is on-going to improve performance. LT advised the committee a meeting would be taking place on the afternoon of 19 July 2016 to try to come to a final agreement with the VoYCCG around Archways.	the on-going achievement of CQUINS with the exception of one.	
8.	**Risk Registers**		JW confirmed the Ambulance Handover Time risk had been updated to include the current status and any actions. AB confirmed there had been no changes to the Finance Director risk register, but it would be updated once the STF rules are clear and finalised. MS commented that it would be helpful to have a date on when a risk was added/updated to the registers, and asked for this to be raised at both the Corporate Risk & Audit Committees.	The committee were assured by the continued updates to the risk register.	
9.	**Work Programme**		The committee agreed to the updated work programme.		
11.	**Any other business**		No other business was discussed.		
12.	**Next Meeting**		The next meeting is arranged for 16 August 2016.		

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York Teaching Hospital NHS

NHS Foundation Trust

Board of Directors – 27 July 2016

Finance Report

Action requested/recommendation

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

Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 30 June 2016.

At the end of June the Trust is reporting an Income and Expenditure (I&E) surplus of £1.2m against a planned surplus of £0.3m for the period. The Income & Expenditure position places the Trust ahead of its Operational plan.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

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

Briefing Note for the Board of Directors Meeting 27 July 2016

Subject: June 2016 (Quarter 1) Financial Position

From: Andrew Bertram, Finance Director

Summary Reported Position for June 2016

The Trust's I&E account shows a month 3 surplus of £1.2m against a planned surplus of £0.3m. The Trust is therefore currently reported as £0.9m ahead of plan and has maintained the opening favourable variance reported in both months 1 and 2; indeed the positive variance to plan has in fact improved. This continues to be an encouraging start to the financial year given the current and well documented risks to our plan and known pressures in the system.

Total expenditure levels have been fairly consistent over the first quarter with April at £38.1m and both May and June at £38.9m. By way of assurance around the position, expenditure at this level is unremarkable in comparison to 2015/16 spend levels.

The month 3 CIP position continues to be encouraging with in excess of £7.7m removed from budget. Significantly some £6.6m has been removed recurrently. The planning gap for the year is still concerning but significant work continues to identify additional directorate schemes and corporate schemes, including exploiting the Cater efficiency agenda.

Sustainability Funding

The Board are aware that the business rules associated with the Sustainability Funding have now been published and, although further clarification on the actual process for payment is still awaited, I believe the Trust has met all rules in Q1 and will be eligible for full payment.

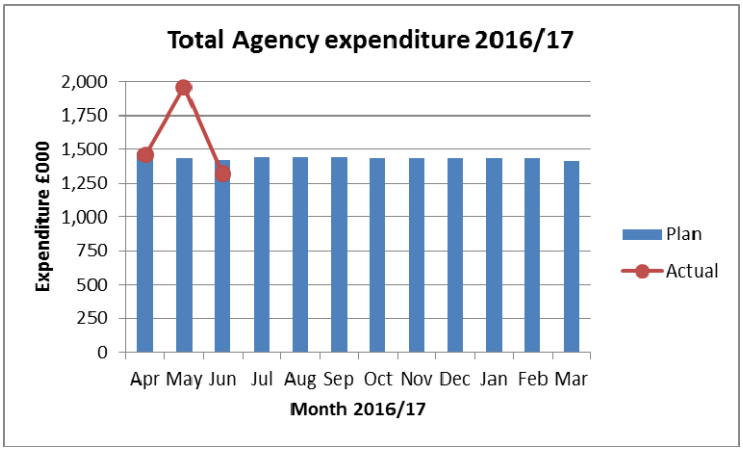
Of note is the Trust is managing to its control total for Q1. The Board are aware that this is a compliance gateway for access to any sustainability funding and that, assuming the control total is met; a payment of 70% of the sustainability funding is made. The balance relates to delivery of the ECS trajectory (12.5%), delivery of 18-weeks (12.5%) and delivery of cancer access standards (5%).

Enhanced Agency Expenditure Analysis

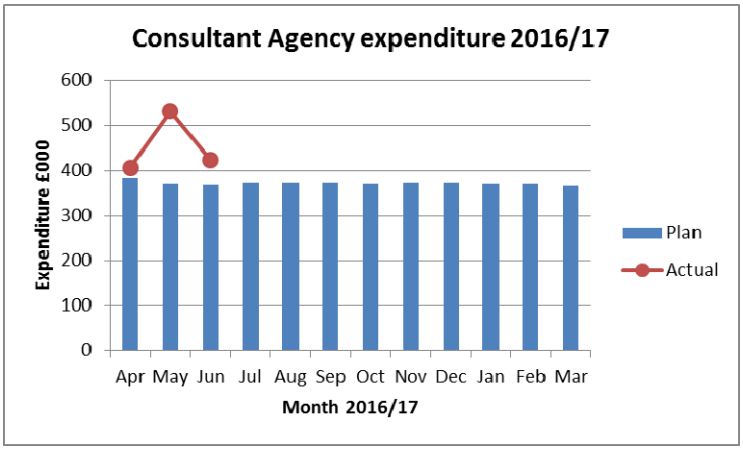
As discussed previously at the Board we have developed our agency staff cost reporting to ensure full visibility against the Trust's overall improvement trajectory. The Board are aware that NHSI has set the Trust an upper cap limit of £17.2m for its 2016/17 agency expenditure. As a reminder the agency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

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

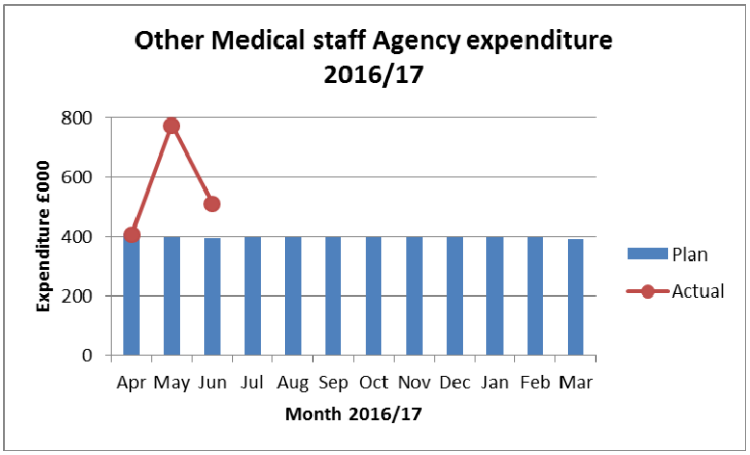
June expenditure is back below trajectory, although cumulatively we are still running ahead of target because of the significant spike in May. Corrective action continues to be necessary.



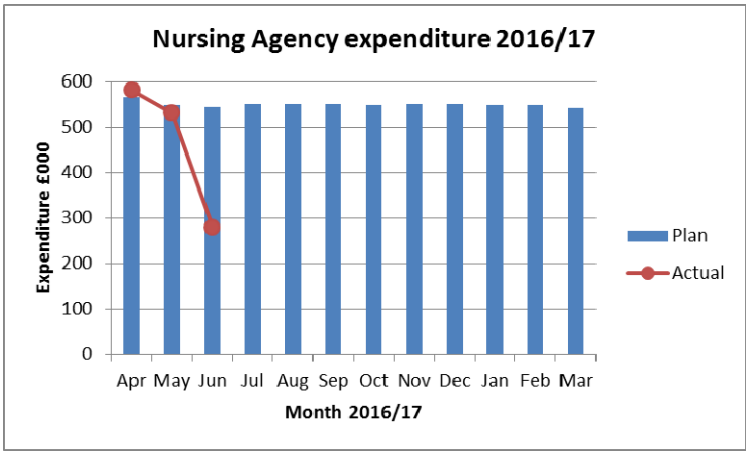
This first chart shows the monthly overall agency target; set at approximately £1.4m per month. Encouragingly June expenditure has been below plan. Of note is this month's spend has been reduced by £0.2m due to old accruals being removed. Corrective action continues to be necessary to ensure recovery of the overall position.



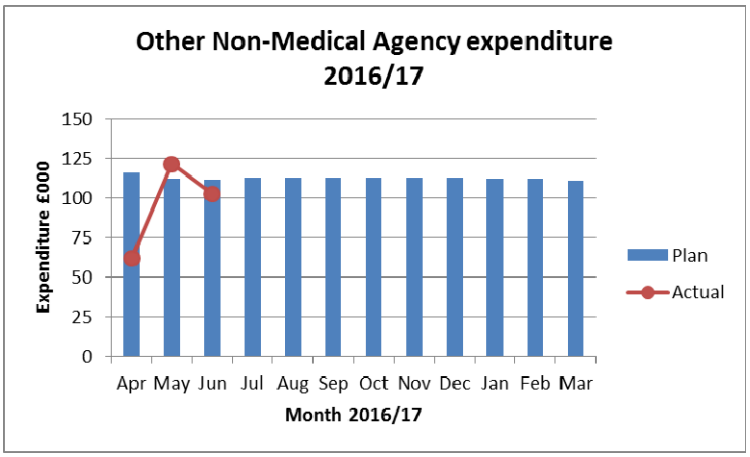
Consultant medical staff agency expenditure in June has exceeded the monthly target but at a considerably lower rate than experienced in May. This is an area where corrective action continues to be necessary if we are to ensure delivery against our capped expenditure level.



Other medical staff (junior staff) agency expenditure in June has exceeded the monthly target but, again, at a considerably lower rate than experienced in May. This is an area where corrective action continues to be necessary if we are to ensure delivery against our capped expenditure level.



Nursing staff agency expenditure remains under control with the reported June position well below plan. Of note is that old accruals to the value of £0.2m have been removed in month causing an artificial low in-month spend representation.



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

2016/17 Contract Issues

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

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

York Teaching Hospital NHS
NHS Foundation Trust

Finance Performance Report

July 2016

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

Finance Report
Chapter Index

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

Summary Income and Expenditure Position
Month 3 - The Period 1st April 2016 to 30th June 2016

York Teaching Hospital NHS
NHS Foundation Trust

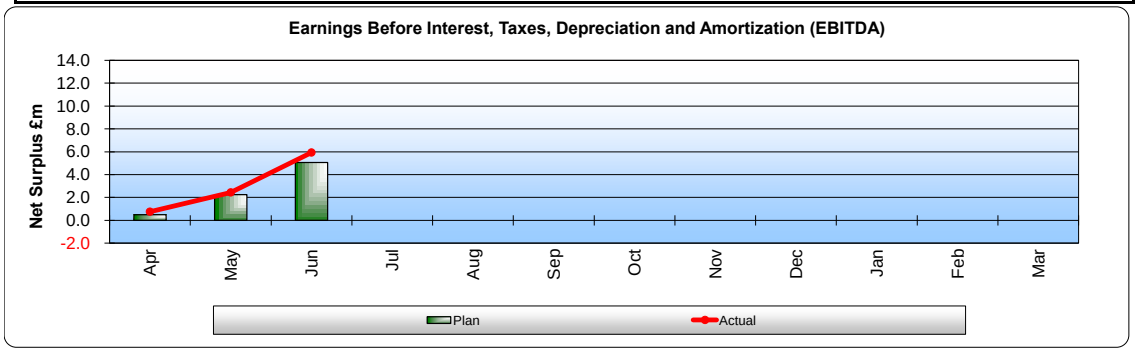
Summary Position:

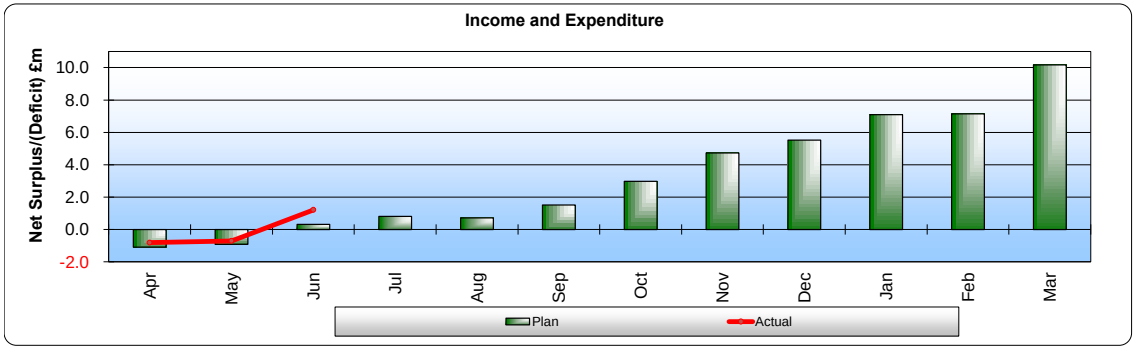
* The Trust is reporting an I&E surplus of £1.2m, placing it £0.9m ahead of the operational plan.

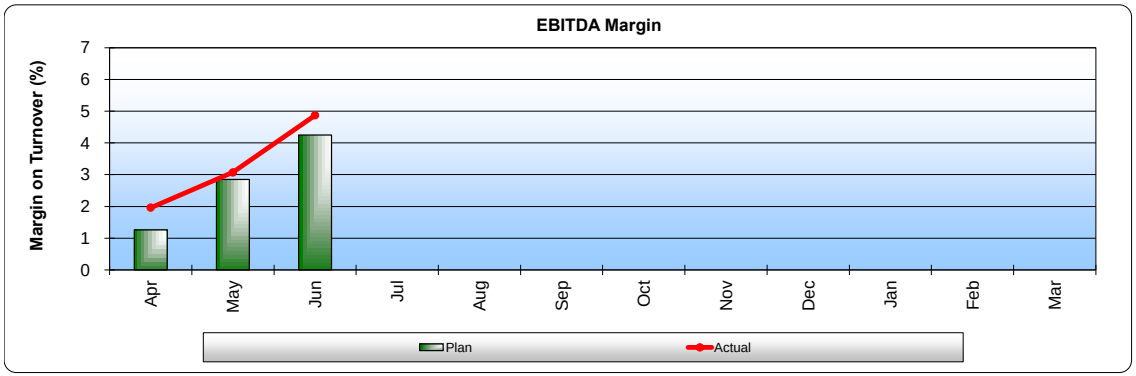
* Income is £2.8m ahead of plan, with clinical income being £1.9m ahead of plan and non-clinical income being £0.9m ahead of plan.

* Operational expenditure is ahead of plan by £1.9m, with further explanation given on the 'Expenditure' sheet.

* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £5.9m (4.87%) compared to plan of £5.1m (4.25%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	26,596	6,514	6,218	-296	26,596	0
Planned same day (Day cases)	38,750	9,468	9,844	376	38,750	0
Non-Elective Income	109,502	26,756	28,157	1,401	109,502	0
Outpatients	65,489	15,981	16,427	446	65,489	0
A&E	14,522	3,616	3,537	-79	14,522	0
Community	30,174	7,373	7,720	347	30,174	0
Other	149,945	37,049	36,747	-302	149,945	0
	434,978	**106,757**	**108,650**	**1,893**	**434,978**	**0**
Non-NHS Clinical Income						
Private Patient Income	976	244	263	19	976	0
Other Non-protected Clinical Income	1,827	457	578	121	1,827	0
	2,804	**701**	**841**	**140**	**2,804**	**0**
Other Income						
Education & Training	15,049	3,762	3,599	-163	15,049	0
Research & Development	3,167	792	874	82	3,167	0
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	739	185	197	12	739	0
Other Income	17,176	4,294	5,089	795	17,176	0
Transition support	10,045	2,511	2,511	0	10,045	0
	46,177	**11,544**	**12,271**	**726**	**46,177**	**0**
Total Income	**483,958**	**119,002**	**121,761**	**2,759**	**483,958**	**0**
Expenditure						
Pay costs	-326,779	-79,452	-78,854	598	-326,779	0
Drug costs	-50,435	-12,497	-13,992	-1,495	-50,435	0
Clinical Supplies & Services	-46,903	-11,593	-10,949	644	-46,903	0
Other costs (excluding Depreciation)	-49,065	-12,216	-11,960	256	-49,065	0
Restructuring Costs	0	0	-75	-75	0	0
CIP	18,707	1,822	0	-1,822	18,707	0
Total Expenditure	**-454,475**	**-113,936**	**-115,830**	**-1,894**	**-454,475**	**0**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**29,483**	**5,066**	**5,931**	**865**	**29,483**	**0**
Profit/ Loss on Asset Disposals	0	0	0	0	0	0
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation	-12,000	-3,000	-3,000	0	-12,000	0
Interest Receivable/ Payable	100	25	47	22	100	0
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-487	-115	-108	6	-487	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	0	0	0	0
PDC Dividend	-6,627	-1,657	-1,657	0	-6,627	0
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**10,169**	**320**	**1,214**	**894**	**10,169**	**0**

Contract Performance

Month 3 - The Period 1st April 2016 to 30th June 2016

York Teaching Hospital NHS
NHS Foundation Trust

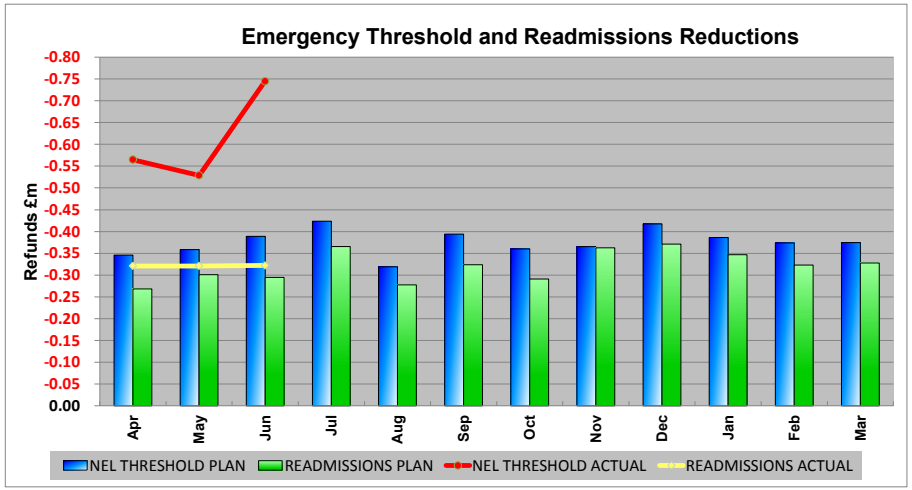
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	206,033	52,425	53,637	1,212
Scarborough & Ryedale CCG	78,061	19,430	19,845	415
East Riding CCG	42,000	10,538	10,379	-159
Other Contracted CCGs	17,332	4,307	4,528	221
NHSE - Specialised Commissioning	37,475	9,259	8,800	-459
NHSE - Public Health	14,190	3,524	3,602	78
Local Authorities	4,842	1,211	1,209	-2
Total NHS Contract Clinical Income	**399,933**	**100,694**	**102,000**	**1,307**

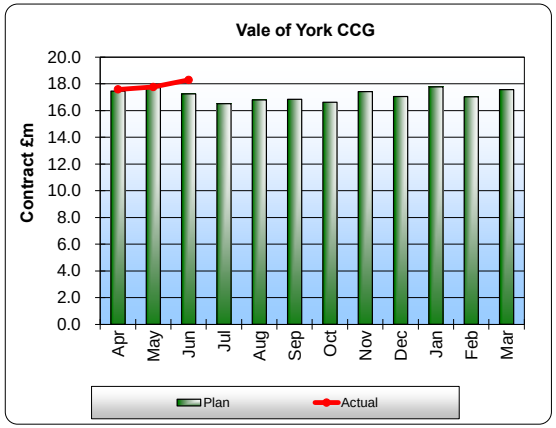
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	16,065	3,927	3,814	-113
Risk Income	18,980	2,137	3,126	990
Total Other NHS Clinical Income	**35,045**	**6,064**	**6,940**	**877**

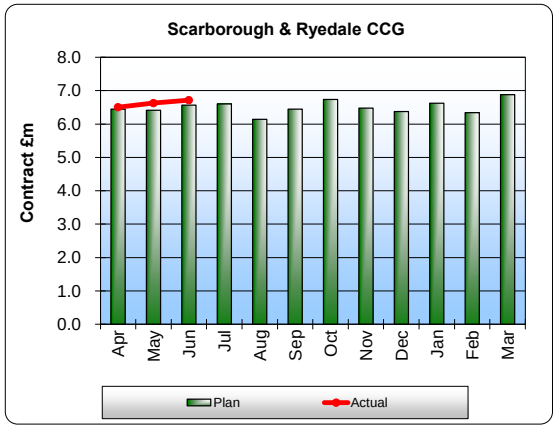
Specialist registrar income moved to other income non clinical	-330
Winter resilience monies in addition to contract	40

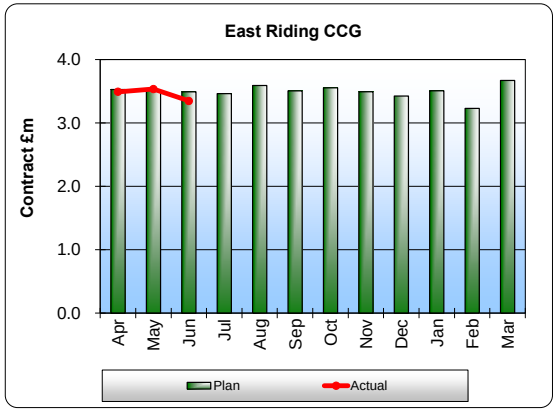
Total NHS Clinical Income	**434,978**	**106,757**	**108,650**	**1,893**

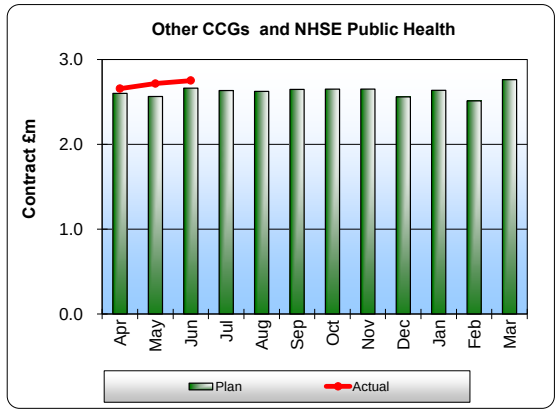
Activity data for June is partially coded (53.09%) and May is 90.42% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

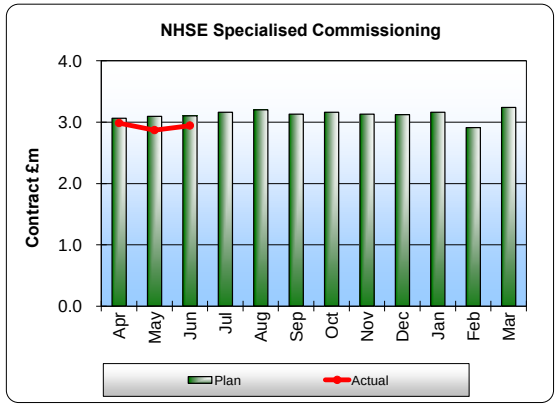


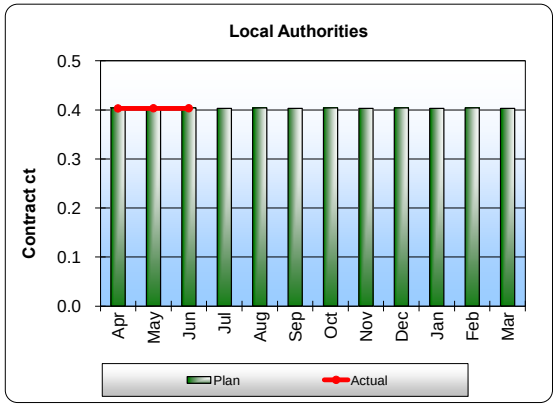












Expenditure Analysis
Month 3 - The Period 1st April 2016 to 30th June 2016

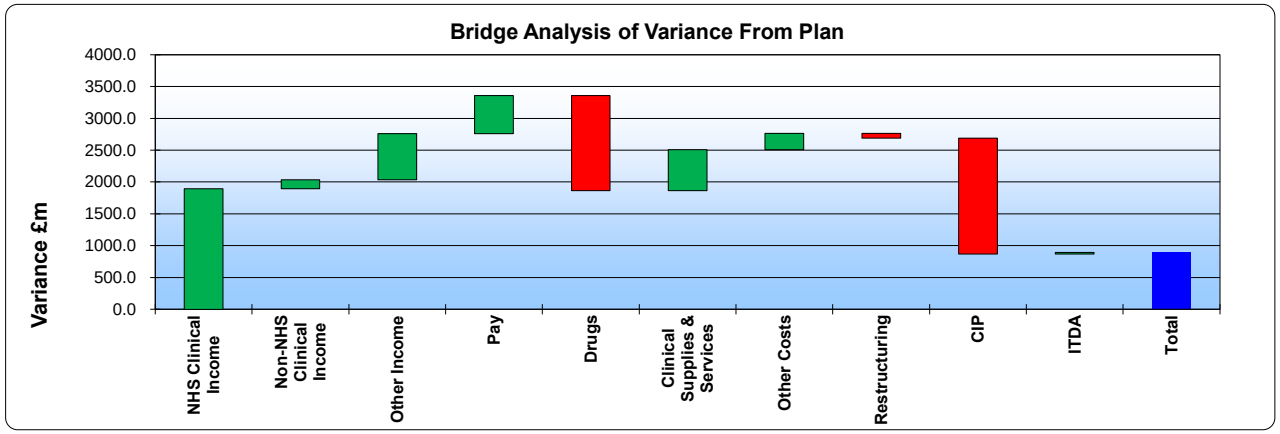
York Teaching Hospital NHS
NHS Foundation Trust

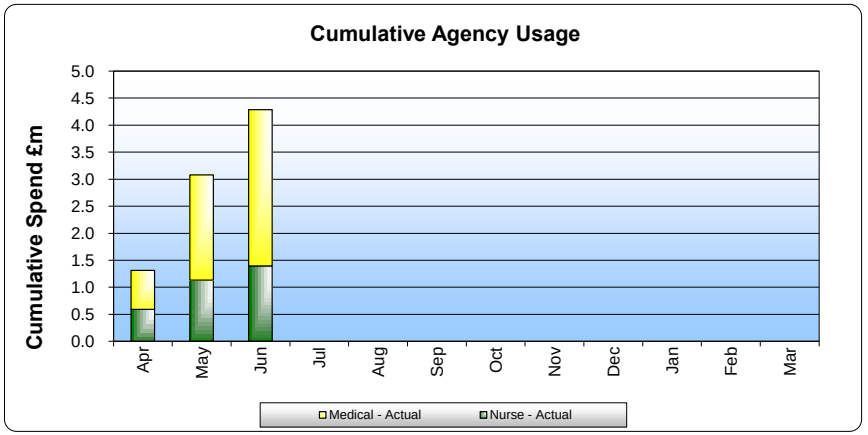
Key Messages:

There is an adverse expenditure variance of £1.9m at the end of June 2016. This comprises:

* Pay budgets are £0.6m favourable, linked to vacant posts. Agency expenditure is £0.4m ahead of the Monitor Plan
* Drugs budgets are £1.5m adverse, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £1.8m behind plan.
* Other budgets are £0.8m favourable.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	58,799	14,313	12,296	0	436	0	1,258	13,990	323	285	
Medical and Dental	30,495	7,461	6,460	0	71	0	1,633	8,163	-702	-548	
Nursing	97,536	24,403	19,729	122	95	1,509	1,395	22,851	1,551	958	
Healthcare Scientists	11,159	2,715	2,265	56	61	0	81	2,463	252	165	
Scientific, Therapeutic and technical	15,438	3,806	3,495	17	0	2	85	3,599	207	181	
Allied Health Professionals	25,127	6,204	5,526	28	80	4	33	5,672	532	415	
HCAs and Support Staff	43,835	10,980	10,158	160	31	23	44	10,416	564	346	
Chairman and Non Executives	161	40	40	0	0	0	0	40	-1	0	
Exec Board and Senior managers	12,148	2,986	3,313	1	0	0	5	3,320	-334	-173	
Admin & Clerical	36,853	9,039	8,163	67	26	46	38	8,339	700	422	
Agency Premium Provision	5,800	1,438	0	0	0	0	0	0	1,438	969	
Vacancy Factor	-10,572	-3,933	0	0	0	0	0	0	-3,933	-2,447	
TOTAL	**326,779**	**79,452**	**71,445**	**452**	**801**	**1,585**	**4,571**	**78,854**	**598**	**572**	



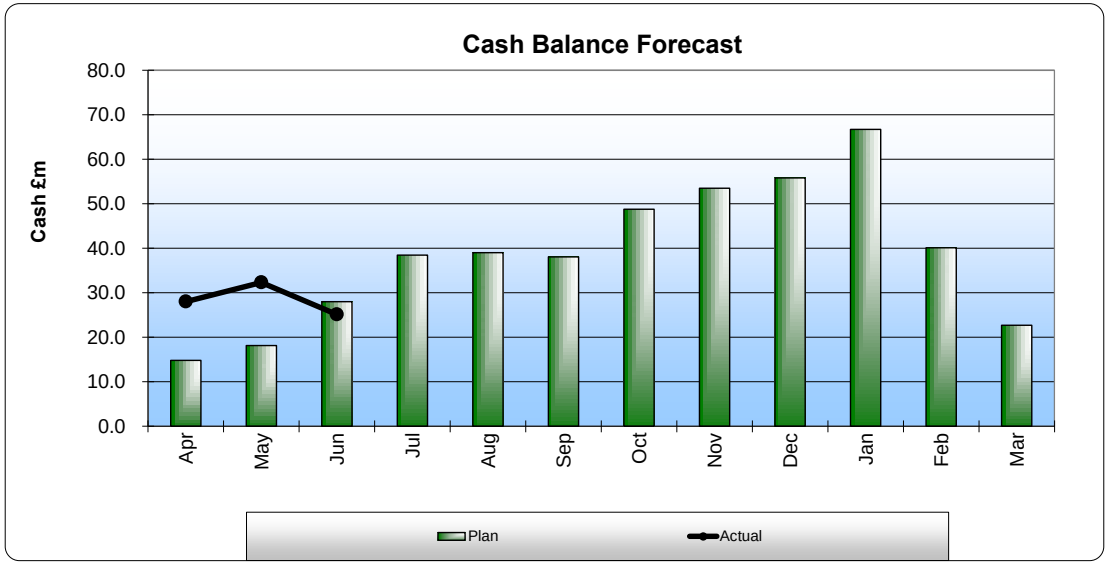


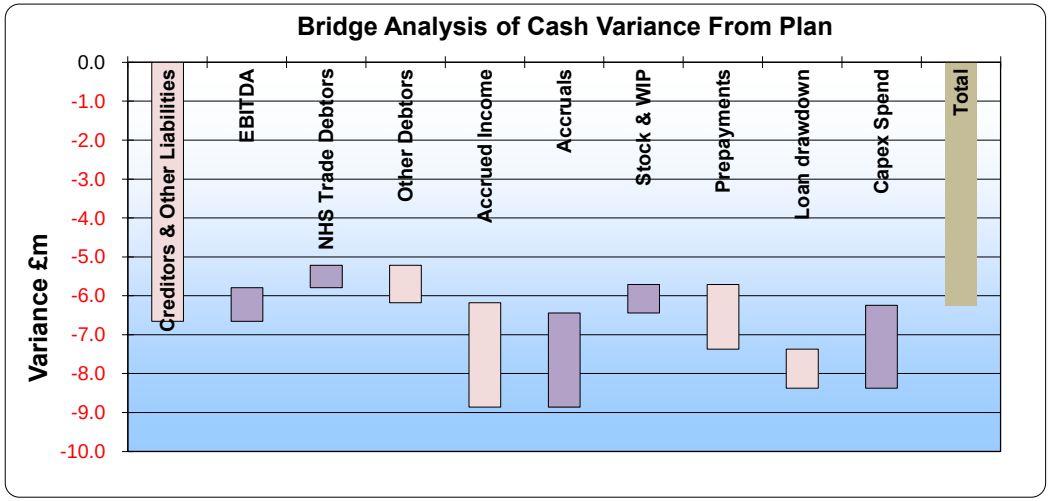
Cash Flow Management
Month 3 - The Period 1st April 2016 to 30th June 2016

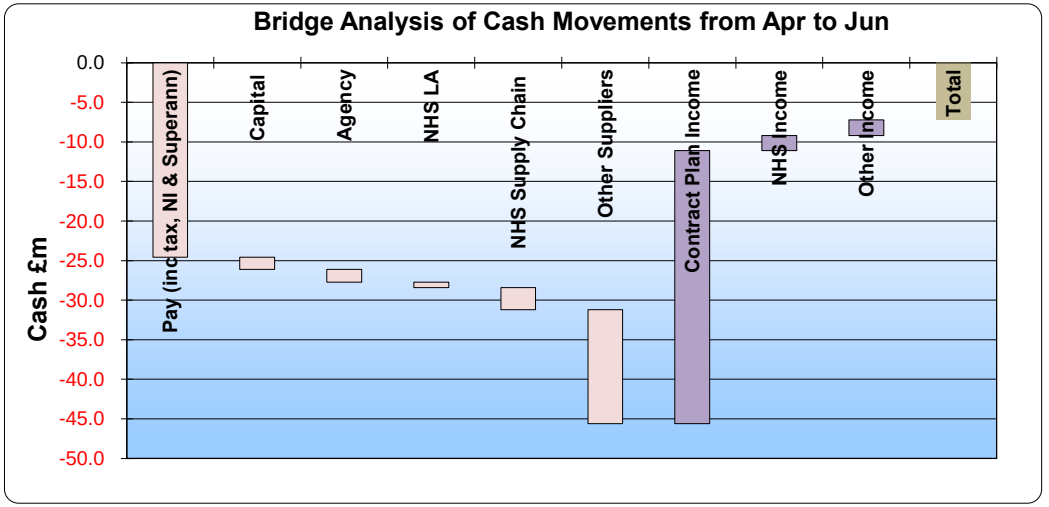
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The cash position at the end of June was £25m, which is slightly below plan.
* This was influenced by a timing delay of a significant amount of income from NYCC that was received in the first week of July.
* The cash receipt from the sale of Groves Chapel was planned for June, but this is now expected in September.







Cash Flow Management
Month 3 - The Period 1st April 2016 to 30th June 2016

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

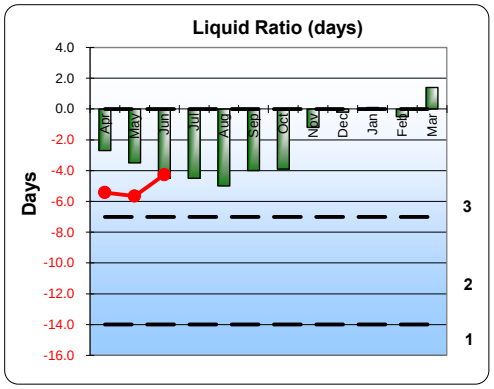
* The receivables balance at the end of June was £7.7m, which is below plan.
* The payables balance at the end of June was £7.4m, which is below plan.
* The Financial Sustainability Risk Rating (FSRR), which is assessed as a score of 4 in June, and is reflective of the I&E position.

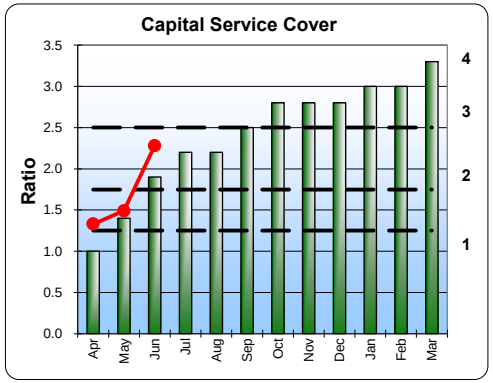
Significant Aged Debtors (+6mths)

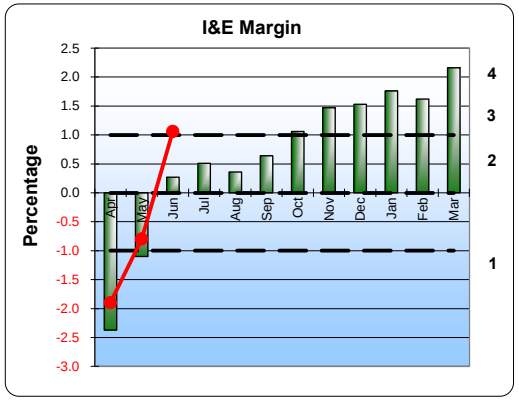
Harrogate and District NHS FT	**£371K**
Depuy Ireland	**£257K**
NHS Vale of York CCG	**£131K**

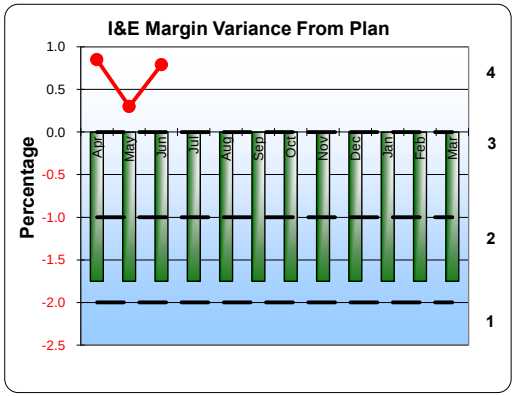
	Under 3 mths	3-6 mths	6-12 mths	12 mths +	Total
	£m	£m	£m	£m	£m
Payables	4.97	0.92	0.68	0.84	7.41
Receivables	6.09	0.48	0.32	0.84	7.73

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









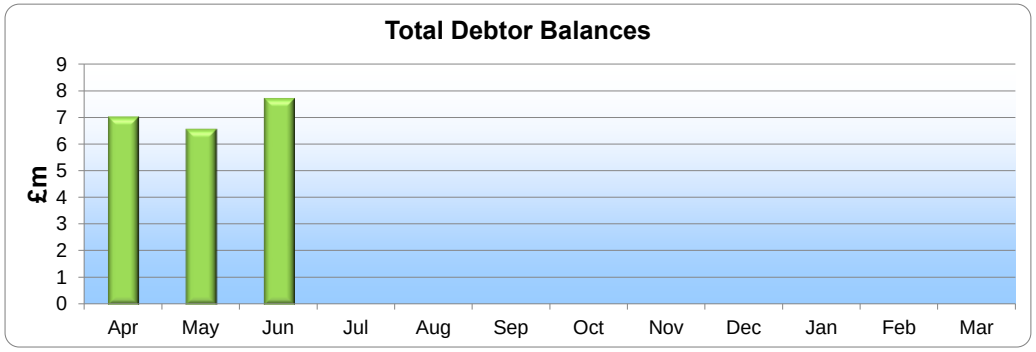
Debtor Analysis

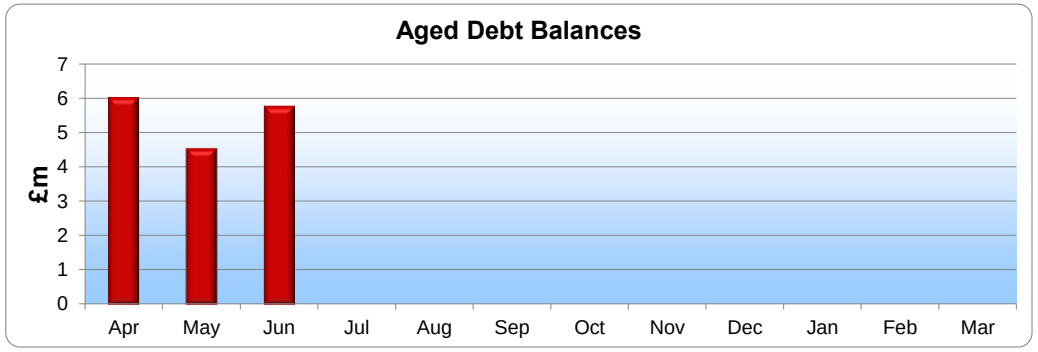
Month 3 - The Period 1st April 2016 to 30th June 2016

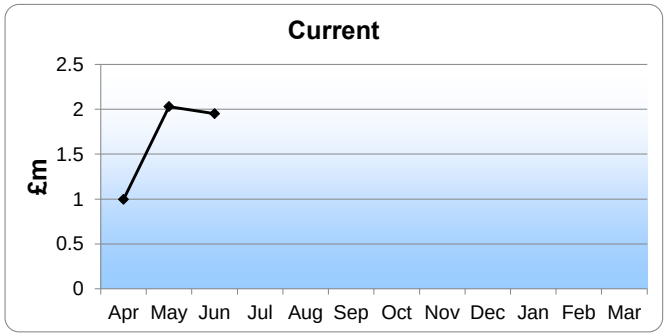
York Teaching Hospital NHS
NHS Foundation Trust

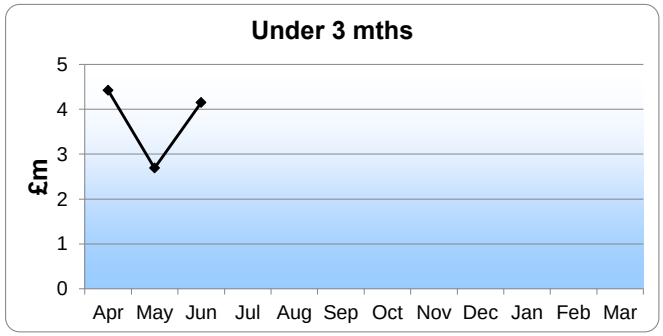
Key Messages:

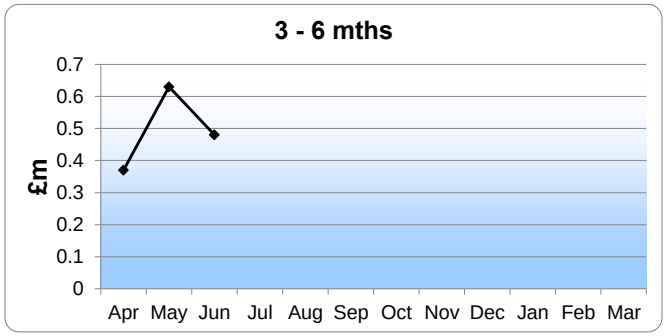
* At the end of June, the total debtor balance was £7.7m.
* Aged Debt was £5.8m, however £4.1m of this is under 3 months old.
* Debt collection progress continues with debtors over 6 months starting to improve.

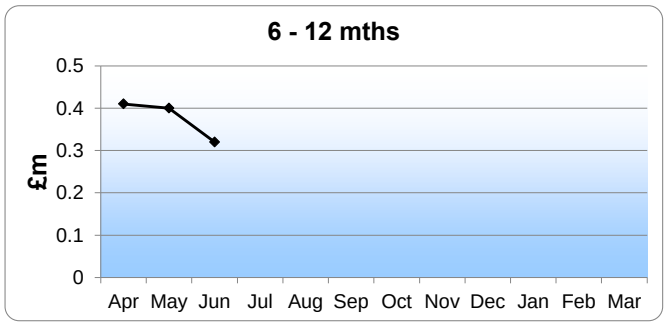


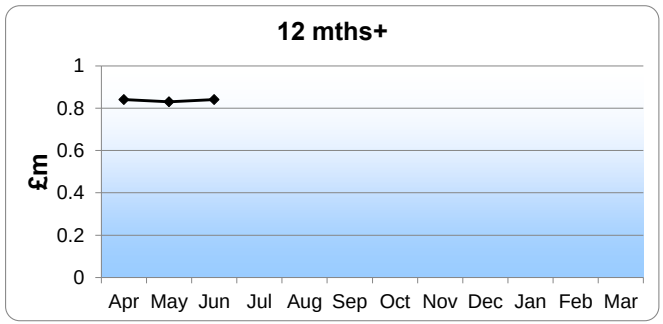












Capital Programme
Month 3 - The Period 1st April 2016 to 30th June 2016

York Teaching Hospital NHS
NHS Foundation Trust

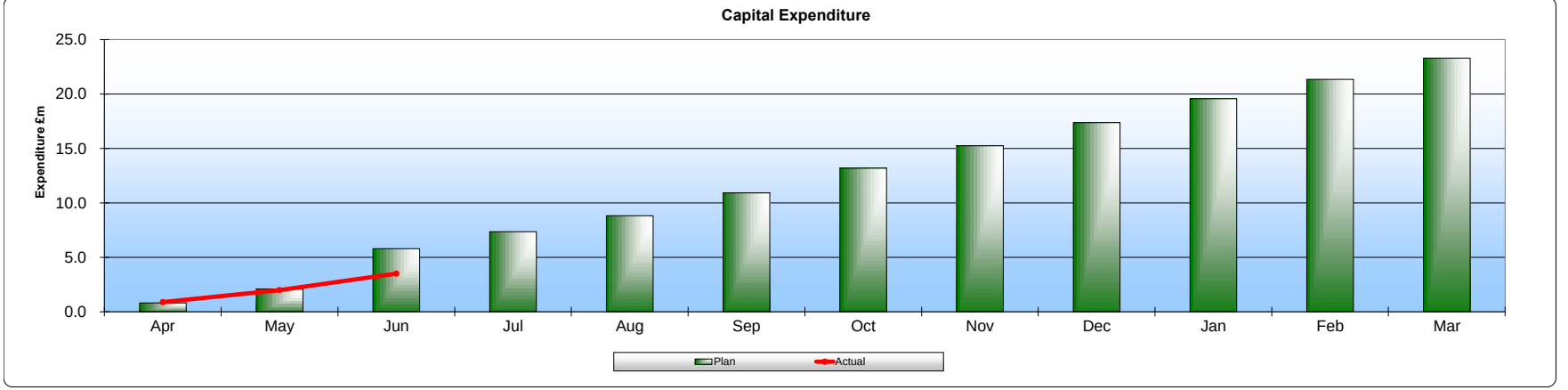
Key Messages:

*The capital plan is underspend by £2.297 mil.

* This is partly because the purchase of Tampit Lodge has not yet completed and the Radiology equipment replacement plan has fallen behind schedule.

* These schemes are expected to happen in this financial year.

* Strategic funding will be spent on the replacement of the Scarborough Estates and Facilities Portakabins plus completion of the Fire Alarm Scheme, the Lift Replacement scheme and the Ambulance Handover project



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
Urology Facilities Malton	1,600	518	1,737	-137	
Purchase of Tenpit Lodge Easingwold	1,000	-	1,000	0	
Theatre 10 to cardiac/vascular	1,100	-	1,100	0	
Radiology Replacement	4,450	-	4,450	0	
Radiology Lift Replacement SGH	640	12	840	-200	
Fire Alarm System SGH	640	58	890	-250	
Other Capital Schemes	3,913	1,388	5,248	-1,335	
SGH Estates Backlog Maintenance	750	188	750	0	
York Estates Backlog Maintenance - York	750	74	750	0	
Carbon energy fund SGH BDH	86	377	377	-291	
Medical Equipment	450	123	450	0	
IT Capital Programme	1,600	342	1,600	0	
Capital Programme Management	1,350	410	1,350	0	
Star Appeal	243	8	310	-67	
SGH replacement of estates portakabins	732	-	1,132	-400	
Endoscopy Development	3,500	-	3,500	0	
Contingency	500	-	-	500	
TOTAL CAPITAL PROGRAMME	**23,304**	**3,498**	**25,484**	**- 2,180**	A level of capital creditors is included in the total spend figure.

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	
Depreciation	12,000	3,251	12,000	-	
Loan Funding b/fwd	-	-	-	-	
Loan Funding	7,950	-	7,950	-	
Charitable Funding	755	122	864	- 109	
Strategic Capital Funding	3,566	125	3,667	- 101	
TOTAL FUNDING	**24,271**	**3,498**	**24,481**	**-210**	

Efficiency Programme

Month 3 - The Period 1st April 2016 to 30th June 2016

York Teaching Hospital NHS
NHS Foundation Trust

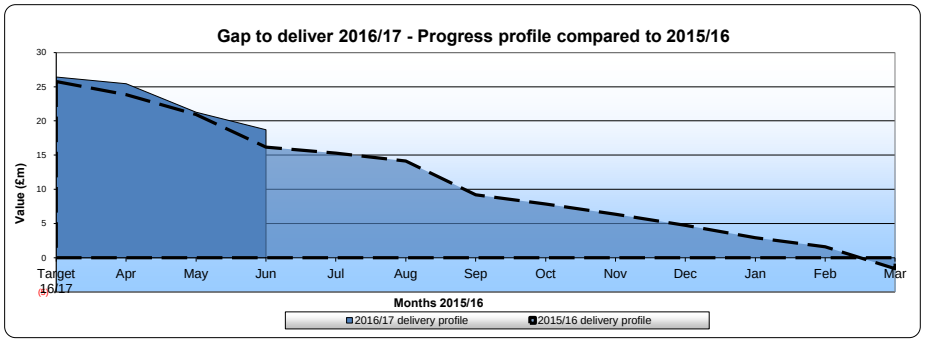
Key Messages:

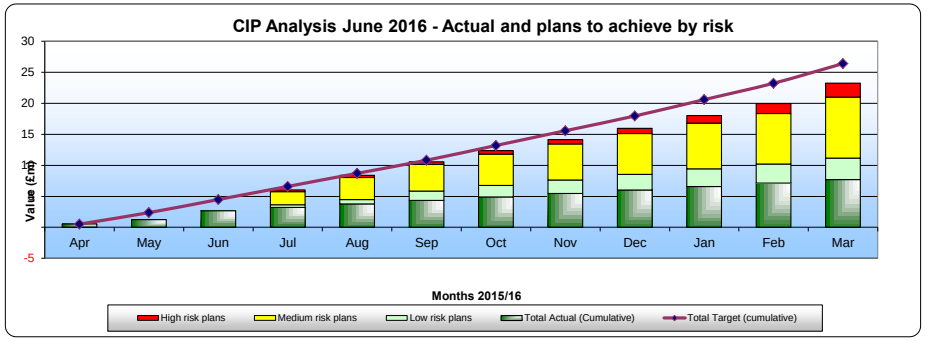
* Delivery - £7.7m has been delivered against the Trust annual target of £26.4m, giving a shortfall of (£18.7m)
* Part year NHSI variance - The part year NHSI variance is (1.8m).
* In year planning - The 2016/17 planning gap is currently (£3.2m)
* Four year planning - The four year planning gap is (£22.5m).
* Recurrent delivery - Recurrent delivery is £6.5m, which is 25% of the 2016/17 CIP target.

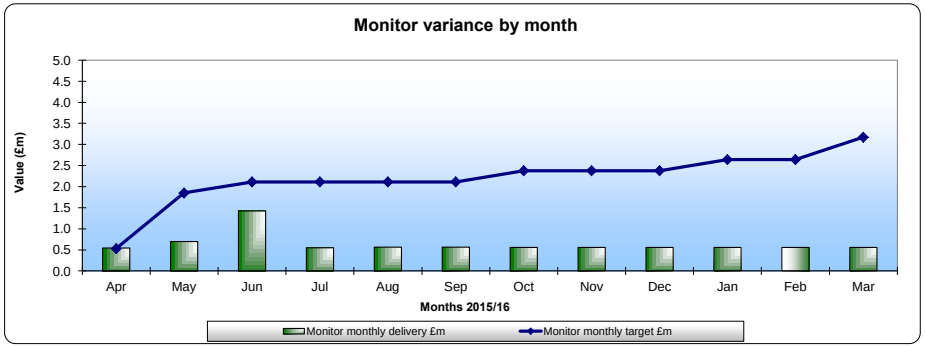
Executive Summary - June 2016	
	Total £m
TARGET	
In year target	26.4
DELIVERY	
In year delivery	7.7
In year delivery (shortfall)/Surplus	-18.7
Part year delivery (shortfall)/surplus - NHSI variance	-1.8
PLANNING	
In year planning surplus/(gap)	-3.2
FINANCIAL RISK SCORE	
Overall trust financial risk score	(2 - RED/AMBER)

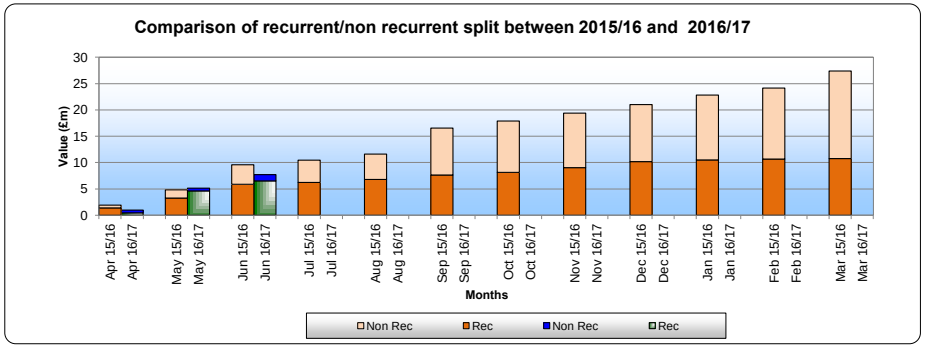
4 Year Efficiency Plan - June 2016					
Year	2016/17	2017/18	2018/19	2019/20	**Total**
	£m	£m	£m	£m	**£m**
Base Target	26.4	15.5	15.5	15.5	**73.0**
Plans	23.3	15.3	6.5	5.4	**50.5**
Variance	-3.2	-0.2	-9.0	-10.2	**-22.5**
%	**88%**	**99%**	**42%**	**34%**	**69%**

Risk Ratings			
Financial			
Score	May	June	Trend
1	14	4	↓
2	5	10	↑
3	6	10	↑
4	2	3	↑
5	0	0	→
Governance			
Score	May	June	Trend
Red	6	4	↓
Green	21	23	↑







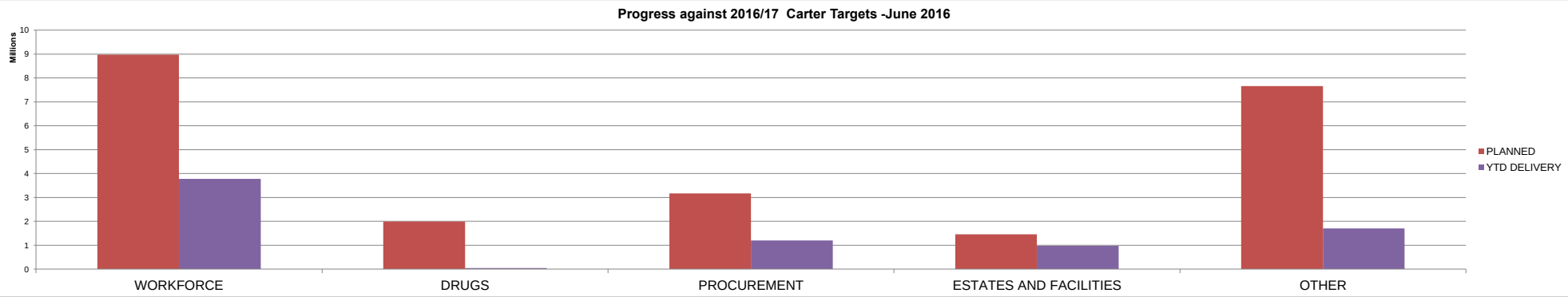


Key Messages:

Work ongoing with Carter Leads to identify key workstreams.

*

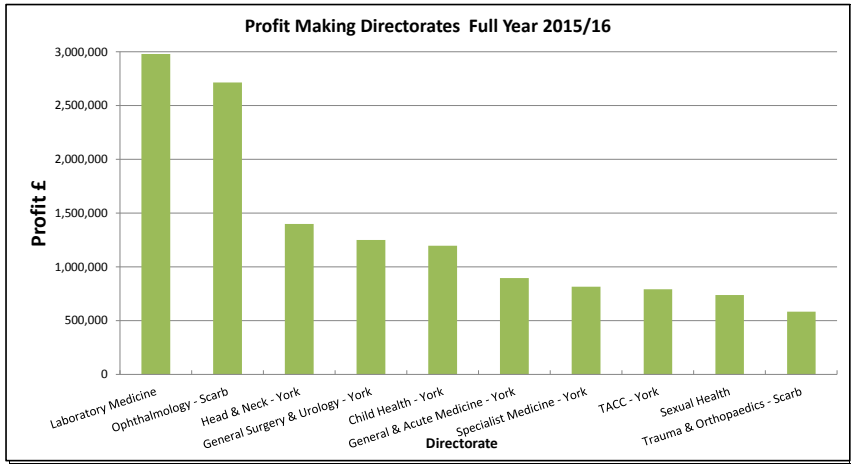
EFFICIENCY PROGRAM - CARTER WORKSTREAM PERFORMANCE JUNE 2016						
CATEGORY	**WORKFORCE**	**DRUGS**	**PROCUREMENT**	**ESTATES AND FACILITIES**	**OTHER**	**TOTAL**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
2016/17 OVERALL TARGET						26,416
PLANNED	8,974	1,989	3,174	1,462	7,664	23,262
YTD TARGET						4,491
YTD DELIVERY	3,774	52	1,203	977	1,703	7,710
YTD VARIANCE	891	-403	709	575	1,447	3,219
4 YEAR TARGET						0
4 YEAR PLANS	16,283	2,867	3,982	3,581	18,689	45,401
4 YEAR VARIANCE	0	0	0	0	0	0

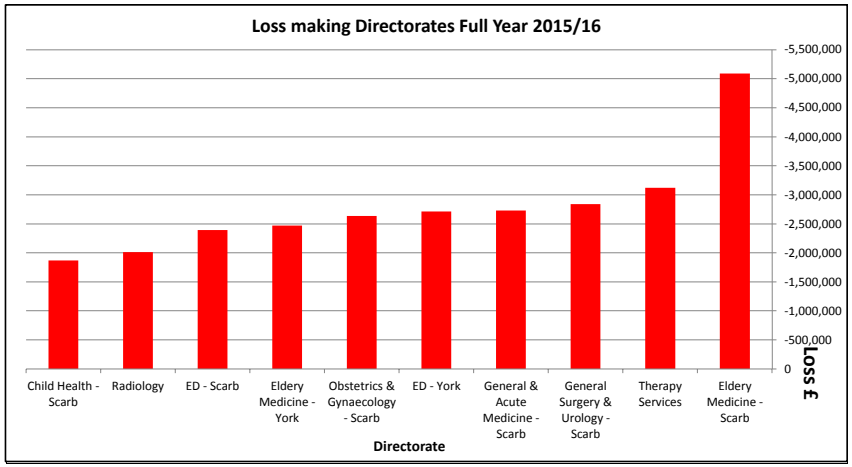


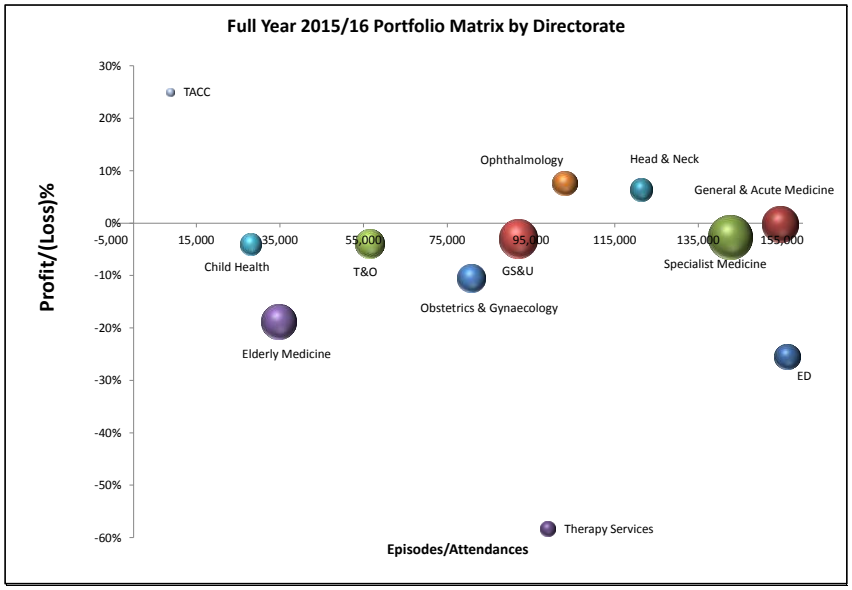
WORKFORCE	DRUGS
PROCUREMENT	**ESTATES AND FACILITIES**

Key Messages:

* Current data is based on full year 2015/16
* It is expected that Q1 2016/17 will be completed towards the end of September 2016
* Reference Costs is now the key focus until the submission deadline at the end of July







DATA PERIOD	Full Year 2015/16
CURRENT WORK	* The annual mandatory Reference Cost calculation is now the key focus for the team ahead of the final submission date of July 28th * The Education & Training mandatory submission is also a key focus ahead of the September deadline * Work with Directorate teams is currently on-going to improve the quality of consultant PA allocations used within the SLR system for each quarterly reporting period
FUTURE WORK	* Q1 2016/17 SLR reports are expected to be published towards to end of September * The SLR team are continuing to work with Directorate teams to improve the quality of outpatient staffing group costs within SLR * Future work around junior doctor PA allocations will improve the quality of the SLR data and also to inform the annual mandatory Education & Training cost collection exercise

FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	**£2.7m**

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K2

York Teaching Hospital NHS

NHS Foundation Trust

Board of Director – 27 July 2016

Efficiency Programme Update – June 2016

Action requested/recommendation

The Committee is asked to note the June 2016 position.

Executive Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2016/17 target is £26.4m and delivery, as at June 2016 is £7.7m.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC regulations.

Progress of report Finance & Performance Committee

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

York Teaching Hospital NHS
NHS Foundation Trust

Briefing note for the Finance & Performance Committee Meeting 19 July 2016

Subject: June 2016 - Efficiency and Carter update

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

Summary reported position for June 2016

Current position – highlights

Delivery - Overall delivery is £7.7m in June 2016 which is (30%) of the £26.4m annual target. This position compares to a delivery position of £9.6m (37.2%) in June 2015.

Part year delivery is (£1.8m) behind the profiled plan submitted to NHSI.

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

In year planning – There is an in year planning gap of (£3.1m) at June 2016, the comparative position in June 2015, was a gap of (£1.8m).

Four year planning – The four year planning gap is (£22.5m). The position in June 2015 was a gap of (£24.5m). We have a relatively strong planning position for years 1&2 of the plan with £37.6m (90%) worth of plans identified against a target of £42m.

Recurrent vs. Non recurrent – Of the £7.7m delivery, £6.5m (85%) has been delivered recurrently.

Quality Impact Assessments (QIA) – All schemes have been sent out to Directorate teams to self-assess for their safety impact. We are currently working with Mr Khafagy to review the QIA process.

Overview

The June 2016 position is encouraging, with a £2.6m delivery improvement reported in month. The in-year planning position has also moved on in the month from an (£5.6m) gap in May to a (£3.1m) gap in June, a £2.5m improvement.

The recurrent delivery position at 85% of total delivery to date is extremely positive and has been driven predominately by the focus on non-recurrent to recurrent conversion. Of the targeted £6m, £4.3m has been delivered at the end of month 3. Table 1 summarises the delivery of non-recurrent to recurrent savings by Directorate.

Table 1:
Directorate Overview: Conversion of Non-Recurrent to Recurrent CIP

Directorate	NR to Rec Targetted £	M3 Achieved £	Remaining £
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	504,025	504,025	0
CHAIRMAN & CHIEF EXECUTIVES OFFICE	178,745	20,912	157,833
CHIEF NURSE TEAM DIRECTORATE	101,421	101,421	0
CHILD HEALTH	374,050	0	374,050
COMMUNITY	143,535	143,535	0
EMERGENCY MEDICINE	15,171	30,342	-15,171
ESTATES & FACILITIES	639,155	639,155	0
FINANCE	144,463	149,580	-5,117
GENERAL AND ACUTE MEDICINE	318,181	292,324	25,857
GENERAL MEDICINE - SCARBOROUGH	69,461	73,825	-4,364
GENERAL SURGERY & UROLOGY	208,322	208,318	4
HEAD & NECK SPECIALTIES	187,253	187,253	0
LABORATORY MEDICINE	435,771	439,542	-3,771
MEDICAL GOVERNANCE	16,985	0	16,985
MEDICINE FOR ELDERLY	64,478	0	64,478
OPERATIONS MANAGEMENT	61,779	0	61,779
OPHTHALMOLOGY	83,254	83,254	0
ORTHOPAEDICS DIRECTORATE	459,798	12,469	447,329
PHARMACY	136,994	136,994	0
RADIOLOGY	316,033	208,996	107,037
SEXUAL HEALTH	80,250	0	80,250
SPECIALIST MEDICINE DIRECTORATE	306,079	313,686	-7,607
SYSTEMS & NETWORK SERVICES	384,171	384,171	0
THEATRES ANAESTHETICS & CRITICAL CARE	160,292	160,292	0
WOMENS HEALTH	169,737	151,834	17,903
WORKFORCE AND ORGANISATIONAL DEVELOPMENT	276,099	0	276,099
HR			
TOTAL	**5,835,502**	**4,241,928**	**1,593,574**

The Trust is (£1.8m) behind the NHSI delivery profile at month 3.

While we are slightly behind the 2015/16 delivery profile it should be noted that at the end of Q1 in 2015/16 a 20% incentive was applied to all recurrent CIP delivery.

Carter
The second Carter Steering Group was held on 7 July 2016 with the headline programmes of each Carter Lead being tabled.

Attached, ***as Appendix 3***, is an overview document which intends to provide a summary of the main work streams currently on-going linked to the Carter programme.

The Carter Page which forms part of the Finance and Efficiency section within the Patient Safety, Quality, Workforce, Finance and Performance report will continue to be developed as the Carter programme evolves and becomes embedded within the organisation.

Risk
Given the positive start in Q1 there remain key risks in the programme.

- There is an overall planning gap of (£3.1m) in year and a (£22.5m) 4 year planning gap.
- There are 4 Directorates who are risk rated 1 at the end of Q1 in terms of planning and delivery.
- At the end of Q1, 4 Directorates are to complete their QIA self-assessment.

In recognition of the risk to the delivery of CIP a number of measures are to be implemented from August 2016:

- Directorates with a risk rating of 1 will be invited to attend an Emergency Efficiency Panel with the Chief Executive to discuss performance within the next 6 weeks.
- Operational Performance Management Meetings will be held with a specific focus on Finance and Efficiency.
- The current risk positions of the Directorates will inform the programme of work to be challenged and supported through the Efficiency panels starting in October 2016.

RISK SCORES - JUNE 2016 -APPENDIX 1

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

DIRECTORATE	Yr1 Target (£000)	4Yr Target (£000)	Yr 1 Plan v Target %	Yr 1 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
EMERGENCY MEDICINE	434	1,842	40%	1	10%	2	7%	2	33%	1	6	1
SEXUAL HEALTH	635	1,329	38%	1	20%	3	0%	1	78%	1	6	1
CHILD HEALTH	1,072	2,374	103%	3	9%	2	0%	1	55%	1	7	1
WOMENS HEALTH	1,683	3,430	32%	1	10%	2	10%	3	51%	1	7	1
RADIOLOGY	1,693	3,295	28%	1	13%	3	13%	3	20%	1	8	2
MEDICINE FOR THE ELDERLY	1,513	3,774	153%	5	2%	1	1%	2	74%	1	9	2
GEN MED SCARBOROUGH	959	2,399	50%	1	16%	3	16%	4	47%	1	9	2
SPECIALIST MEDICINE	3,172	7,189	66%	1	18%	3	18%	4	35%	1	9	2
TACC	2,248	6,274	46%	1	19%	3	15%	4	46%	1	9	2
COMMUNITY	1,099	2,281	82%	1	18%	3	15%	3	106%	3	10	2
GEN MED YORK	1,846	5,686	63%	1	22%	3	21%	4	100%	3	11	2
GS&U	1,964	5,109	69%	1	30%	4	24%	5	57%	1	11	2
OPHTHALMOLOGY	763	2,795	98%	2	24%	4	24%	5	29%	1	12	3
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1,280	3,462	57%	1	46%	5	40%	5	41%	1	12	3
HEAD AND NECK	850	2,050	100%	3	28%	4	28%	5	49%	1	13	3
LAB MED	794	2,881	107%	3	67%	5	61%	5	58%	1	14	3
PHARMACY	374	1,065	118%	4	40%	5	38%	5	99%	2	16	4
ORTHOPAEDICS	1,228	3,521	113%	4	38%	5	25%	5	105%	3	17	4
CORPORATE												
OPS MANAGEMENT YORK	205	568	59%	1	26%	4	5%	2	30%	1	8	2
MEDICAL GOVERNANCE	195	533	30%	1	30%	4	5%	2	11%	1	8	2
ESTATES AND FACILITIES	2,701	7,099	75%	1	38%	5	38%	5	79%	1	12	3
FINANCE	417	1,203	71%	1	71%	5	43%	5	25%	1	12	3
HR	376	1,007	95%	2	28%	4	15%	4	105%	3	13	3
CHIEF NURSE TEAM DIRECTORATE	389	730	105%	3	36%	5	27%	5	56%	1	14	3
SNS	750	1,772	108%	3	71%	5	69%	5	46%	1	14	3
CHAIRMAN & CHIEF EXECUTIVES OFFICE	74	186	108%	3	108%	5	87%	5	43%	1	14	3
LOD&R	217	627	103%	3	38%	5	29%	5	120%	5	18	4
TRUST SCORE	**28,929**	**74,481**	**88%**	**1**	**29%**	**4**	**25%**	**5**	**69%**	**1**	**11**	**2**

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

York Teaching Hospital NHS
NHS Foundation Trust

Public Performance Report

July 2016

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

Access Targets: 18 Weeks

Indicator	Consequence of Breach (Monthly)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	**92%**	93.8%	94.0%	93.0%	92.5%	92.6%	92.9%	92.5%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	**0**	0	0	0	0	0	1	0
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	Not applicable	**Not applicable**	76.3%	77.8%	74.2%	70.6%	69.6%	71.6%	70.6%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	Not applicable	**Not applicable**	95.1%	95.3%	95.3%	95.5%	95.3%	96.4%	95.0%

Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Mar	Apr	May
14 Day Fast Track	Not applicable	**93%**	91.9%	95.2%	93.5%	n/a	94.1%	92.6%	93.3%
14 Day Breast Symptomatic	Not applicable	**93%**	94.0%	94.8%	95.1%	n/a	94.0%	94.4%	98.3%
31 Day 1st Treatment	Not applicable	**96%**	99.3%	99.5%	98.6%	n/a	97.9%	99.2%	99.0%
31 Day Subsequent Treatment (surgery)	Not applicable	**94%**	97.3%	95.5%	96.2%	n/a	100.0%	100.0%	88.5%
31 Day Subsequent Treatment (anti cancer drug)	Not applicable	**98%**	100.0%	100.0%	99.2%	n/a	100.0%	100.0%	100.0%
62 day 1st Treatment	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	**85%**	85.1%	84.5%	85.8%	n/a	89.3%	86.6%	85.5%
62 day Screening	Not applicable	**90%**	92.0%	97.0%	90.4%	n/a	87.5%	90.0%	93.3%
62 Day Consultant Upgrade	Not applicable	**85%**	50.0%	-	-	-	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	**95%**	91.5%	87.1%	85.0%	87.3%	86.7%	87.9%	87.2%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	**0 > 30min**	315	336	566	592	154	189	249
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	**0 > 60min**	139	190	596	591	170	202	219
Ambulance Handovers over 30 and 60 Minutes by CCG	**Ambulance Handovers over 30 and 60 Minutes by CCG**	**Breach Category**	**Q2 15/16**	**Q3 15/16**	**Q4 15/16**	**Q1 16/17**	**Apr**	**May**	**Jun**
	NHS VALE OF YORK CCG	30mins - 1hr	88	91	183	226	55	84	87
		1hr 2 hours	47	74	122	232	65	95	72
		2 hours +	19	18	69	62	15	30	17
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	94	127	184	165	51	44	70
		1hr 2 hours	28	42	128	101	30	32	39
		2 hours +	1	7	40	29	12	7	10
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	82	86	135	117	28	38	51
		1hr 2 hours	23	36	96	89	19	23	47
		2 hours +	1	4	35	22	13	4	5
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	13	10	19	28	5	10	13
		1hr 2 hours	6	2	21	12	2	3	7
		2 hours +	0	0	9	1	0	0	1
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	1	0	2	3	1	0	2
		1hr 2 hours	1	0	2	1	0	1	0
		2 hours +	0	0	1	0	0	0	0
	OTHER	30mins - 1hr	37	22	25	53	14	13	26
		1hr 2 hours	12	6	20	33	9	6	18
		2 hours +	1	1	12	9	5	1	3
Total number of patients waiting over 8hrs in A&E	General Condition 9	Q1 - Establish baseline	431	1060	1656	1045	390	320	335
Trolley waits in A&E not longer than 12 hours	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	**0 > 12 hrs**	1	18	32	7	7	0	0
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**95%**	97.1%	98.4%	99.0%	To follow	98.7%	To follow	To follow

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	**A banding of "Significantly higher that expected" in SHMI using the "Extract Poisson Distribution" method for deriving upper and lower confidence limits, applied to each sub-group reported**	98	99	97	96	95	93	94
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9		108	109	107	108	107	107	108

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Minimise rates of Clostridium difficile	*Schedule 4 part G* **Quarterly:** 1 Monitor point tbc	**48**	14	15	15	7	3	1	3
Number of Clostridium difficile due to "lapse in care"	Establish baseline and set trajectory	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	**Quarterly:** General Condition 9	**(TBC)**	16	23	33	18	5	5	8
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases	**Quarterly:** General Condition 9	**30**	9	10	7	13	9	2	2
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	**0**	0	0	2	2	1	0	1
Confirmed cases of MRSA Bacteraemia to be notified to commissioner by next working day	General Condition 9	**100%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) of MRSA bacteraemia/SI report to be provided to the commissioner within 21 working days of the case being identified in line with national data capture system	General Condition 9	**100%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) completed	TBC	**TBC**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All High Risk (non-day case) Elective admissions are screened for MRSA prior to admission	**Quarterly:** General Condition 9	**95%**	85.6%	83.1%	74.0%	65.0%	68.1%	62.5%	64.5%
Emergency admissions are screened for MRSA within 24 hours of admission	**Quarterly:** General Condition 9	**95%**	75.1%	74.5%	75.0%	83.4%	82.2%	83.6%	84.2%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	**99%**	99.4%	99.1%	99.6%	99.3%	99.2%	99.4%	99.3%
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	0	0	3	0	0	0	0
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	0	8	4	13	8	3	2
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	**0**	0	0	0	0	0	0	0
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	General Condition 9	**95%**	97.4%	97.9%	98.4%	98.7%	98.6%	98.9%	98.7%
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%	99.8%	99.9%	To follow	99.9%	To follow	To follow
All ELECTIVE patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system within 24 hours of admission	General Condition 9	**Q1 - 91% Q2 - 91% Q3 - 93% Q4 - 93%**	90%	89%	92%	87%	87%	86%	88%
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in General Condition 9 - Trust only to be accountable for Health delays.	**Set baseline in Q1 and agree trajectory**	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	**90%**	Annual statement of assurance						
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	**180 per month**	486	448	482	519	189	153	177
Reduction in number of hospital cancelled first and follow up outpatient appointments for non-clinical reasons where there is a delay in the patient treatment	General Condition 9	**Not applicable**	2509	2492	2599	2760	1001	881	878
% Compliance with WHO safer surgery checklist	General Condition 9	**100%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn awaiting figure from CCG**	476	489	466	2 month coding lag	141	2 month coding lag	2 month coding lag
Readmissions within 30 days – Non-elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn awaiting figure from CCG**	1491	1551	1530	2 month coding lag	503	2 month coding lag	2 month coding lag
Reduction in avoidable transfers within the Trust after 10pm. Excludes transfers for clinical reasons or for patients transferred to a more appropriate ward	General Condition 9	**300 per Quarter**	258	308	317	235	78	76	81
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.1%	99.7%	99.2%	n/a	99.5%	100.0%	n/a
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	General Condition 9	**Best Practice Standards**	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced quarterly .						
All Red Drugs to be prescribed by provider effective from 01/04/2016	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
All Amber Drugs to be prescribed by provider effective from 01/04/2016	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
NEWS within 1 hour of prescribed time	None - Monitoring Only	**None**	87.4%	86.9%	85.9%	87.2%	86.8%	87.6%	87.1%

Never Events

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

District Nursing Activity Summary

Indicator	Source	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Apr	May	Jun
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	-	2539	3470	3103	3133	1034	933	1166
	Community nurse/service	-	860	1041	1254	1365	449	459	457
	Acute services	-	75	91	122	111	42	29	40
	Self / Carer/family	-	966	1200	1250	1227	399	360	468
	Other	-	652	883	826	817	251	261	305
	Grand Total	-	5092	6685	6555	6653	2175	2042	2436
Community Adult Nursing Contacts	First	-	617	836	900	1136	370	376	390
	Follow up	-	46436	55322	61781	72699	22757	24883	25059
	Total	-	47053	56158	62681	73835	23127	25259	25449
	First to Follow Up Ratio	-	31.7	32.7	36.5	39.8	13.0	14.1	12.7
Community Hospitals average length of stay (days)	Archways	-	22.0	22.5	20.9	21.7	17.0	26.4	22.4
	Malton Community Hospital	-	24.3	20.5	19.4	18.8	16.9	20.1	20.4
	St Monicas Hospital	-	19.3	19.3	18.8	16.4	12.4	19.9	16.1
	The New Selby War Memorial Hospital	-	23.6	23.0	20.4	14.1	14.7	15.1	12.5
	Whitby Community Hospital	-	19.2	12.8	0.0	0.0	0.0	0.0	0.0
	Total	-	22.7	21.5	20.0	17.9	15.8	20.2	17.9
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	10	12	15	10	4	3	3
		Emergency	80	77	73	71	27	20	24
	Malton Community Hospital	Elective	70	55	61	42	16	15	11
		Emergency	83	84	82	84	34	29	21
	St Monicas Hospital	Elective	26	23	23	17	6	6	5
		Emergency	29	30	28	37	12	13	12
	The New Selby War Memorial	Elective	70	74	71	73	24	22	27
		Emergency	68	69	72	75	29	20	26
	Total	Elective	131	113	122	142	50	46	46
		Emergency	436	504	295	267	102	82	83

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Complaints and PALS												
New complaints this month	41	37	58	42	38	28	25	40	46	36	30	33
Number of cases requiring deadline extension this month	n/a	n/a	n/a	32	33	30	47	35	20	26	18	35
Top 3 complaint subjects												
All aspects of Clinical Treatment	27	29	30	15	30	24	21	39	49	21	26	19
Communications/information to patients (written and oral)	2	2	8	5	7	9	13	24	21	14	6	16
Patient Care	-	-	-	5	11	11	11	26	22	10	11	9
Top 3 directorates receiving complaints												
Acute & General Medicine	6	7	6	8	11	2	7	7	9	8	8	5
Emergency Medicine	7	9	7	1	2	6	4	4	8	5	3	3
General Surgery & Urology	4	4	11	4	4	7	2	7	5	4	3	1
Number of Ombudsman complaint reviews (new)[1]	1	3	1	0	2	1	0	4	0	2	3	4
Number of Ombudsman complaint reviews completed												
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	1	0	1	0	0	1	0
Number of Ombudsman complaint reviews partly upheld	0	0	0	1	0	2	0	2	1	2	1	3
New PALS queries this month	643	530	631	682	505	450	492	557	443	480	407	387
Top 3 PALS subjects												
Requests for information and advice	236	228	296	309	202	171	196	208	191	200	187	173
Any aspect of clinical care/treatment	101	63	76	75	66	53	68	89	48	59	55	47
Communication issues	64	56	69	74	50	40	42	48	48	36	25	23

Serious Incidents												
Number of SI's reported	20	11	16	22	19	13	11	28	21	19	12	31
% SI's notified within 2 working days of SI being identified*	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
* this is currently under discussion via the 'exceptions log'												
Compliance with Duty of Candour for Serious Incidents:												
-Verbal Apology Given	11	6	6	12	9	6	7	7	8	8	6	15
-Written Apology Given *	0	0	0	2	1	0	0	2	1	1	1	2
-Invitation to be involved in Investigation										TBC	TBC	TBC
-Given Final Report (If Requested)										TBC	TBC	TBC

Pressure Ulcers												
Number of Category 2	37	44	34	29	47	36	33	42	52	49	44	30
Number of Category 3	4	3	3	7	4	3	4	3	3	2	6	6
Number of Category 4	0	1	1	3	1	1	1	1	0	2	0	0
Total number developed/deteriorated while in our care (care of the organisation) - acute	33	35	27	28	49	38	37	44	57	44	54	36
Total number developed/deteriorated while in our care (care of the organisation) - community	29	27	27	34	33	21	24	26	30	26	20	27

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

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Safeguarding												
% of staff compliant with training (children)	74%	80%	80%	81%	82%	82%	82%	84%	85%	86%	86%	85%
% of staff compliant with training (adult)	74%	80%	81%	82%	82%	82%	83%	83%	84%	85%	85%	85%
% of staff working with children who have review CRB checks												
Prevent Strategy												
Attendance at the HealthWRAP training session												
Number of concerns raised via the incident reporting system												
Claims												
Number of Negligence Claims	14	8	14	21	21	15	12	12	12	18	16	17
Number of Claims settled per Month	8	6	4	5	10	4	5	1	2	3	6	2
Amount paid out per month **										£635,000	£66,500	£125,000
Reasons for the payment										Accepted Liability	Accepted Liability	Accepted Liability

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

* * one claim in April was settled for a lump sum payment of £450,000 (included in the data) with yearly payments of £145,000 to fund care needs, with the Claimant's life expectancy being between 3 and 5 years. The ongoing care costs are excluded from the above data as they cannot be quantified at present.

Audit Committee time out – 7 July 2016

At the time out meeting on 7 July 2016 the Committee agreed the following actions:

1 Effectiveness review

At the meeting on 12 September the Committee will review the work on the Terms of Reference around all the Board Committees.

Further discuss what 'effective' looks like to the organisation.

2 Data quality

The meeting is considered beneficial. Consider preparing a record of the meeting.

3 Relations with other committees

Talked about invitation from NYOS members signed by the four chairs to go to members of the STP footprint to arrange initial collaboration discussion.

4 Developing Committee assurances

The Board to receive the report from NYOS into a recent financial failing in the NHS.

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 July 2016

Monitor M3 Return

Action requested/recommendation

The Board is asked to approve the submission to Monitor for M3.

Summary

The Trust is required to submit the Month 3 2016/17 in year return at the end of July.

The Trust has not met the required Monitor governance standards in Q1 2016/17 in the following area:

- A&E: Maximum waiting time of four hours from arrival -target 95%

Actual Performance: 87.28%

The Trust has met it's agreed STF trajectories each month in Quarter 1 and the Quarter delivery is an improvement on the Q4 position of 84.96%.

The Trust continues to work to implement our Acute and Emergency Recovery Plan. The following interventions are of particular note:-

- Following Board approval, the 18-month pilot of the York ED front door model (0800-2200) went live on the 1st of July, which includes a Clinical Navigator role . Between 4th and 10th July, 182 patients were streamed away from ED directly to, for example, specialties, ambulatory care or primary care.
- Tests of change associated with the national pilot of a new Acute Medical Model on the Scarborough site are on-going and focus on a) improving the initial assessment of patients arriving in ED using Acute Care Practitioners and b) launching a Frailty Model on 27th June, which includes a care of elderly senior clinician working more closely with ED for rapid advice, assessment and treatment where relevant.
- A planned "No Delays" programme commenced on the 11th July, covering both sites, which is progressing well.

Cancer - The Trust is not in a position to report final performance for the cancer indicators in Q1. Due to the nature of national reporting, performance statistics will only be available at least 25 working days after the end of the Quarter. However, we project that we will have met all the required thresholds.

Attached are copies of the submission documents.

The Trust continues to comply with the standard licence conditions as required by the Risk Assessment Framework and Monitor Provider Licence.

The Chair and Chief Executive will review the final supporting letter on behalf of the Board and confirm the letter prior to the submission being made to Monitor.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Prepared for presentation to the Board of Directors.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Patrick Crowley, Chief Executive
Author	Lynda Provins, Governor & Membership Manager

Date of paper	July 2016
Version number	Version 1

Monitor targets and trajectories for quarter 1

Target or Indicator (per Risk Assessment Framework)	Target	Score	
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	92.5%	Achieved
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	87.3%	Not met
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	85%	86.5%	Achieved
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	90%	93.5%	Achieved
Cancer 31 day wait for second or subsequent treatment - surgery	94%	95.6%	Achieved
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	98.4%	Achieved
Cancer 31 day wait for second or subsequent treatment - radiotherapy	94%	0.0%	Not relevant
Cancer 31 day wait from diagnosis to first treatment	96%	99.4%	Achieved
Cancer 2 week (all cancers)	93%	92.7%	Achieved
Cancer 2 week (breast symptoms)	93%	96.1%	Achieved
C.Diff due to lapses in care (YTD)	48	7	Achieved
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	N/A	Achieved
Community care - referral to treatment information completeness	50%	100.0%	Achieved
Community care - referral information completeness	50%	74.5%	Achieved

Community care - activity information completeness	50%	98.7%	Achieved
Risk of, or actual, failure to deliver Commissioner Requested Services	N/A		No
Date of last CQC inspection	N/A		31/03/2015
CQC compliance action outstanding (as at time of submission)	N/A		Yes
CQC enforcement action within last 12 months (as at time of submission)	N/A		No
CQC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		Yes
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No
Overall rating from CQC inspection (as at time of submission)	N/A		Requires improvement
CQC recommendation to place trust into Special Measures (as at time of submission)	N/A		No
Trust unable to declare on going compliance with minimum standards of CQC registration	N/A		No
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)	N/A		N/A

*****Cancer - The Trust is not in a position to report final performance for the cancer indicators in Q1. Due to the nature of national reporting, performance statistics will only be available at least 25 working days after the end of the Quarter. However, we project that we will have met all the required thresholds.

Summary of Financial Statements for York Teaching Hospital NHS Foundation Trust

	units	sense	Audited Prev YE ending 31-Mar-16	Plan Month ending 30-Jun-16	Actual Month ending 30-Jun-16	Variance Month ending 30-Jun-16	Plan YTD ending 30-Jun-16	Actual YTD ending 30-Jun-16	Variance YTD ending 30-Jun-16	Plan Year ending 31-Mar-17	Simple Forecast Year ending 31-Mar-17	Adjusted Forecast Year ending 31-Mar-17	Forecast Variance Year ending 31-Mar-17
Summary Income and Expenditure Account													
Operating income (inc. in EBITDA)													
NHS Clinical income, total	£m		414.300	35.994	37.764	1.770	106.770	108.650	1.880	435.036	436.916	435.036	-
Non NHS Clinical Income. total	£m		2.695	0.231	0.280	0.049	0.694	0.841	0.147	2.776	2.923	2.776	-
Non Clinical income (included in EBITDA), total	£m		52.112	3.780	4.227	0.447	11.341	12.035	0.694	45.365	46.059	45.366	0.001
Operating income (inc. in EBITDA), total	£m		**469.107**	**40.006**	**42.271**	**2.265**	**118.805**	**121.526**	**2.721**	**483.176**	**485.898**	**483.178**	**0.001**
Operating expenses (inc. in EBITDA)													
Employee Expenses, total	£m		(318.461)	(25.893)	(26.144)	(0.251)	(78.822)	(78.854)	(0.031)	(313.525)	(313.556)	(313.527)	(0.002)
Non-pay expenses (excluding PFI/LIFT). total	£m		(144.726)	(11.401)	(12.709)	(1.307)	(35.106)	(36.906)	(1.795)	(140.908)	(142.702)	(140.830)	0.077
PFI/LIFT operating expenses, total	£m		-	-	-	-	-	-	-	-	-	-	-
Operating expenses (inc. in EBITDA), total	£m		**(463.187)**	**(37.294)**	**(38.853)**	**(1.559)**	**(113.928)**	**(115.754)**	**(1.826)**	**(454.432)**	**(456.258)**	**(454.357)**	**0.075**
EBITDA	£m		5.920	2.712	3.418	0.706	4.877	5.772	0.895	28.744	29.639	28.820	0.076
EBITDA Margin %	%		1.26%	6.78%	8.09%	1.31%	4.10%	4.75%	0.64%	5.95%	6.10%	5.96%	0.00%
Operating income (exc from EBITDA)													
Donations & Grants received of PPE & intangible assets. total	£m		0.472	0.062	0.078	0.017	0.185	0.235	0.051	0.739	0.790	0.739	-
Operating expenses (exc from EBITDA)													
Depreciation and Amortisation, total	£m		(11.091)	(1.000)	(1.000)	-	(3.000)	(3.000)	-	(12.000)	(12.000)	(12.000)	-
Impairment (Losses) / Reversals net, total	£m		(1.717)	-	-	-	-	-	-	(0.300)	(0.300)	(0.300)	-
Restructuring Costs	£m		(0.595)	-	(0.003)	(0.003)	-	(0.075)	(0.075)	-	(0.075)	(0.075)	(0.075)
Operating expenses (exc. From EBITDA), total	£m		**(13.403)**	**(1.000)**	**(1.003)**	**(0.003)**	**(3.000)**	**(3.075)**	**(0.075)**	**(12.300)**	**(12.375)**	**(12.375)**	**(0.075)**
Non-operating income													
Finance Income (for non-financial activities), total	£m		0.131	0.008	0.016	0.008	0.025	0.047	0.022	0.100	0.122	0.100	-
Gain/(loss) on asset disposals	£m		0.004	-	-	-	-	-	-	-	-	-	-
Gains on transfers by absorption	£m		-	-	-	-	-	-	-	-	-	-	-
Other Non-Operating income	£m		-	-	-	-	-	-	-	-	-	-	-
Non-operating income, total	£m		**0.135**	**0.008**	**0.016**	**0.008**	**0.025**	**0.047**	**0.022**	**0.100**	**0.122**	**0.100**	**0.000**
Non-operating expenses													
Interest expense (non-PFI / LIFT)	£m		(0.406)	(0.037)	(0.036)	0.001	(0.108)	(0.108)	(0.000)	(0.488)	(0.488)	(0.488)	-
Interest Expense on PFI leases & liabilities	£m		-	-	-	-	-	-	-	-	-	-	-
PDC dividend expense	£m		(6.842)	(0.552)	(0.552)	-	(1.657)	(1.657)	-	(6.627)	(6.627)	(6.627)	-
Other Finance Costs	£m		(0.011)	-	-	-	-	-	-	-	-	-	-
Non-Operating PFI costs (e.g. contingent rent)	£m		-	-	-	-	-	-	-	-	-	-	-
Losses on transfers by absorption	£m		(4.690)	-	-	-	-	-	-	-	-	-	-
Other non-operating expenses (including tax)	£m		-	-	-	-	-	-	-	-	-	-	-
Non-operating expenses, total	£m		**(11.949)**	**(0.589)**	**(0.589)**	**0.001**	**(1.765)**	**(1.765)**	**(0.000)**	**(7.115)**	**(7.115)**	**(7.115)**	**0.000**
Surplus / (Deficit) after tax	£m		**(18.825)**	**1.193**	**1.921**	**0.728**	**0.322**	**1.214**	**0.893**	**10.168**	**11.061**	**10.169**	**0.001**
Profit/(loss) from discontinued Operations. Net of Tax	£m		-	-	-	-	-	-	-	-	-	-	
Surplus / (Deficit) after tax from Continuing Operations	£m		**(18.825)**	**1.193**	**1.921**	**0.728**	**0.322**	**1.214**	**0.893**	**10.168**	**11.061**	**10.169**	**0.001**
Memorandum Lines:													
Surplus / (Deficit) before impairments and transfers	£m		(12.418)	1.193	1.921	0.728	0.322	1.214	0.893	10.468	11.361	10.469	0.001
One off income/costs	£m		(6.998)	-	(0.003)	(0.003)	-	(0.075)	(0.075)	(0.300)	(0.375)	(0.375)	(0.075)
Normalised Surplus / (Deficit)	£m		(11.827)	1.193	1.924	0.731	0.322	1.290	0.968	10.468	11.436	10.544	0.076
Normalised Surplus / Deficit Margin %	%		(2.52%)	2.98%	4.54%	1.57%	0.27%	1.06%	0.79%	2.16%	2.35%	2.18%	0.00%
Summary Statement of Financial Position													
Non-current Assets													
Intangible Assets, total	£m		2.499	3.488	2.705	(0.783)	3.488	2.705	(0.783)	3.663	2.880	3.663	-
Property, Plant and Equipment, total	£m		244.279	235.141	244.759	9.618	235.141	244.759	9.618	244.875	254.493	254.457	9.582
On balance sheet PFI/LIFT assets, Non-Current, total	£m		-	-	-	-	-	-	-	-	-	-	-
Other	£m		1.366	1.087	1.366	0.279	1.087	1.366	0.279	1.087	1.366	1.087	-
Non-current assets, total	£m		**248.144**	**239.716**	**248.830**	**9.114**	**239.716**	**248.830**	**9.114**	**249.625**	**258.739**	**259.207**	**9.582**
Current Assets													
Cash and Cash Equivalents (excluding overdrafts), total	£m		13.662	27.991	25.121	(2.870)	27.991	25.121	(2.870)	22.690	19.820	25.064	2.374
Other current assets	£m		28.631	33.476	38.143	4.667	33.476	38.143	4.667	24.076	28.743	24.076	-
Current assets, total	£m		**42.293**	**61.467**	**63.264**	**1.797**	**61.467**	**63.264**	**1.797**	**46.766**	**48.563**	**49.140**	**2.374**
Current Liabilities													
Overdrafts and drawdowns in committed facilities	£m		-	-	-	-	-	-	-	-	-	-	-
PFI/LIFT leases. Current	£m		-	-	-	-	-	-	-	-	-	-	-
Other borrowings	£m		(1.616)	(2.007)	(1.788)	0.219	(2.007)	(1.788)	0.219	(2.404)	(2.185)	(2.404)	-
Other current liabilities	£m		(38.368)	(58.284)	(59.614)	(1.330)	(58.284)	(59.614)	(1.330)	(35.802)	(37.131)	(35.801)	-
Current liabilities, total	£m		**(39.984)**	**(60.291)**	**(61.402)**	**(1.111)**	**(60.291)**	**(61.402)**	**(1.111)**	**(38.206)**	**(39.316)**	**(38.205)**	**0.000**
Non-current Liabilities													
PFI/LIFT leases. Non-Current	£m		-	-	-	-	-	-	-	-	-	-	-
Other borrowings	£m		(18.280)	(18.078)	(17.303)	0.775	(18.078)	(17.303)	0.775	(23.826)	(23.051)	(23.826)	-
Other non-current liabilities	£m		(1.071)	(1.055)	(1.071)	(0.016)	(1.055)	(1.071)	(0.016)	(1.055)	(1.071)	(1.055)	-
Non-current liabilities, total	£m		**(19.351)**	**(19.133)**	**(18.374)**	**0.759**	**(19.133)**	**(18.374)**	**0.759**	**(24.881)**	**(24.122)**	**(24.881)**	**0.000**
Total Equity & Reserves	£m		231.100	221.759	232.314	10.556	221.759	232.314	10.556	233.305	243.861	245.261	11.956
Summary Statement of Cash Flows													
Surplus (Deficit) from Operations	£m		(7.011)	1.774	2.494	0.720	2.062	2.932	0.871	17.183	18.054	17.184	0.001
Operating activities													
Non-operating and non-cash items in operating surplus/(deficit)	£m		12.808	1.000	1.000	-	3.000	3.000	-	12.300	12.300	12.300	-
Operating Cash flows before movements in working capital	£m		**5.797**	**2.774**	**3.494**	**0.720**	**5.062**	**5.932**	**0.871**	**29.483**	**30.354**	**29.484**	**0.001**
Movements in working capital	£m		4.280	10.527	(9.251)	(19.778)	17.784	10.166	(7.618)	6.196	(1.422)	6.197	0.001
Increase/(Decrease) in non-current lines	£m		(0.339)	-	-	-	(0.060)	-	0.060	(0.060)	-	(0.060)	-
Net cash inflow/(outflow) from operating activities	£m		**9.738**	**13.301**	**(5.757)**	**(19.058)**	**22.786**	**16.098**	**(6.688)**	**35.619**	**28.932**	**35.621**	**0.001**
Investing activities													
Capital Expenditure (Accruals basis)	£m	i	(18.402)	(3.714)	(1.574)	2.140	(5.794)	(3.681)	2.113	(23.304)	(21.191)	(24.398)	(1.094)
Increase/(decrease) in Capital Creditors	£m		0.225	-	0.547	0.547	-	0.015	0.015	-	0.015	1.094	1.094
Proceeds on disposal of PPE, intangible assets and investment property	£m		0.241	0.712	-	(0.712)	0.712	-	(0.712)	0.712	-	0.712	-
Other cash flows from investing activities	£m		0.130	0.008	0.016	0.008	0.024	0.047	0.023	0.096	0.119	0.096	-
Net cash inflow/(outflow) from investing activities	£m		**(17.806)**	**(2.994)**	**(1.011)**	**1.983**	**(5.058)**	**(3.619)**	**1.439**	**(22.496)**	**(21.057)**	**(22.496)**	**0.000**
Financing activities													
Public Dividend Capital repaid	£m		-	-	-	-	-	-	-	-	-	-	-
Repayment of borrowings	£m	i	(1.258)	(0.383)	(0.377)	0.006	(0.811)	(0.805)	0.006	(1.616)	(1.610)	(1.616)	-
Capital element of finance lease rental payments	£m	i	(0.054)	-	-	-	-	-	-	-	-	-	-
Interest element of finance lease rental payments	£m	i	(0.009)	-	-	-	-	-	-	-	-	-	-
Interest paid on borrowings	£m		(0.359)	(0.064)	(0.065)	(0.001)	(0.213)	(0.214)	(0.001)	(0.431)	(0.432)	(0.431)	-
Other cash flows from financing activities	£m		4.916	-	-	-	1.000	-	(1.000)	1.326	0.326	0.326	(1.000)
Net cash inflow/(outflow) from financing activities	£m		**3.236**	**(0.447)**	**(0.442)**	**0.005**	**(0.024)**	**(1.019)**	**(0.995)**	**(0.721)**	**(1.716)**	**(1.721)**	**(1.000)**
Opening cash and cash equivalents less bank overdraft	£m		18.493	18.132	32.332	14.200	10.288	13.661	3.373	10.288	13.661	13.661	3.373
Net cash increase / (decrease)	£m		(4.832)	9.860	(7.210)	(17.070)	17.703	11.460	(6.243)	12.402	6.159	11.404	(0.998)
Changes due to transfers by absorption	£m		-	-	-	-	-	-	-	-	-	-	-
Closing cash and cash equivalents less bank overdraft	£m		**13.661**	**27.991**	**25.121**	**(2.870)**	**27.991**	**25.121**	**(2.870)**	**22.690**	**19.820**	**25.065**	**2.375**
Financial Sustainability Risk Rating													
Capital Service Cover													
Material Adjustments to:													
Revenue Available for Capital Service	£m		-				-	-	-	-	-	-	-
Capital Service	£m		-				-	-	-	-	-	-	-
Revenue Available for Capital Service	£m		6.051				4.902	5.819	0.918	28.844	29.762	28.921	0.077
Capital Service	£m		(8.571)				(2.576)	(2.570)	0.006	(8.731)	(8.725)	(8.731)	-
Capital Service Cover metric	0.0x		0.71				1.90	2.26	0.36	3.30	3.41	3.31	0.01
Capital Service Cover rating	Score		**1**				**3**	**3**		**4**	**4**	**4**	
Liquidity													
Material Adjustments to:													
Working Capital for FSRR	£m		-				-	-	-	-	-	-	-
Operating Expenses within EBITDA, Total	£m		-				-	-	-	-	-	-	-
Working Capital for FSRR	£m		(5.781)				(5.664)	(5.490)	0.174	1.720	1.895	4.095	2.374
Operating Expenses within EBITDA, Total	£m		(463.187)				(113.928)	(115.754)	(1.826)	(454.432)	(456.258)	(454.357)	0.075
Liquidity metric	Days		(4.49)				(4.47)	(4.27)	0.21	1.36	1.49	3.24	1.88
Liquidity rating	Score		**3**				**3**	**3**		**4**	**4**	**4**	
I&E Margin													
Material Adjustments to:													
Normalised Surplus/(Deficit)	£m		-				-	-	-	-	-	-	-
Total Income	£m		-				-	-	-	-	-	-	-
Normalised Surplus/(Deficit)	£m		(11.827)				0.322	1.290	0.968	10.468	11.436	10.544	0.076
Adjusted Total Income for FSRR	£m		474.400				119.015	121.809	2.794	484.015	486.809	484.016	0.001
I&E Margin	%		(2.49%)				0.27%	1.06%	0.79%	2.16%	2.35%	2.18%	0.00%
I&E Margin rating	Score		**1**				**3**	**4**		**4**	**4**	**4**	
I&E Margin Variance From Plan													
I&E Margin	%		(2.49%)				0.27%	1.06%	0.79%	2.16%	2.35%	2.18%	0.00%
I&E Margin Variance From Plan	%		(1.75%)				(1.75%)	0.79%		(1.75%)	0.19%	0.02%	
I&E Margin Variance From Plan rating	Score		**2**				**2**	**4**		**2**	**4**	**4**	
2* Override	Text		-				-	-		-	-	-	
1 Rating Trigger			Trigger				No Trigger	No Trigger		No Trigger	No Trigger	No Trigger	
Overall Financial Sustainability Risk Rating	Score		**2**				**3**	**4**		**4**	**4**	**4**	
CIPs													
CIPs as a percentage of opex within EBITDA less PFI expenses	%		5.59%	5.36%	3.53%	(1.83%)	3.79%	2.25%	(1.54%)	5.49%	5.11%	5.49%	0.00%
CIPs	£m		27.402	2.113	1.423	(0.690)	4.491	2.668	(1.823)	26.416	24.594	26.417	-

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In Year Governance Statement from the Board of

The board are required to respond "Confirmed" or "Not confirmed" to the following statements (see notes below)

Board Response

For finance, that:

The board anticipates that the trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months. — **Confirmed**

The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return. — **Confirmed**

For governance, that:

The board is satisfied that plans in place are sufficient to ensure: ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix A of the Risk Assessment Framework; and a commitment to comply with all known targets going forwards. — **Confirmed**

Otherwise:

The board confirms that there are no matters arising in the quarter requiring an exception report to NHS Improvement (per the Risk Assessment Framework, Table 3) which have not already been reported. — **Confirmed**

Consolidated subsidiaries:

Number of subsidiaries included in the finances of this return. This template should not include the results of your NHS charitable funds. — 0

Signed on behalf of the board of directors

Signature	Sign Here.	Signature	Sign Here.
Name	Susan Symington	Name	Patrick Crowley
Capacity	Chair	Capacity	Chief Executive
Date		Date	

Responses still to complete: 0