York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 27th November 2013**
in: **The Boardroom, The York Hospital**

Time	Meeting	Location	Attendees
8.30am - 9.10am	Non-Executive Director Meeting with Chairman	Critical Care Seminar Room	Non-executive Directors
9.15am – 12.00noon	**Board of Directors meeting held in public**	**Boardroom York Hospital**	**Board of Directors and observers**
12.05pm – 1.15pm	Board of Directors to consider confidential information held in private	Boardroom York Hospital	Board of Directors
2.00pm – 3.30pm	Leeds and York Partnership Foundation Trust Discussion	Boardroom York Hospital	Chairman and Chief Executive of Leeds and York Partnership Foundation Trust, Board of Directors
3.30pm – 4.30pm	Procurement Strategy	Boardroom York Hospital	Board of Directors

The core values of the Trust are:

- **Improve quality and safety**
- **Create a culture of continuous improvement**
- **Develop and enable strong partnerships**
- **Improve our facilities and protect the environment**

These will be reflected during all discussions in the meeting

York Teaching Hospital NHS
NHS Foundation Trust

Restricted – Management in confidence

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

On: **Wednesday 27th November 2013**

At: **9.15am – 12.00noon**

In: **The Boardroom York Hospital**

A G E N D A					
No	**Item**	**Lead**	**Comment**	**Paper**	**Page**
Part One: General **9.15am – 9.45am**					
1.	**Welcome from the Chairman** The Chairman will welcome observers to the Board meeting.	Chairman			
2.	**Apologies for absence** Michael Proctor, Deputy Chief Executive, Chief Nurse & Chief Operating Officer.	Chairman			
3.	**Declaration of Interests** To receive any changes to the register of directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chairman		A	5
4.	**Minutes of the Board of Directors meeting** To review and approve the minutes of the meeting held on 30th October 2013.	Chairman		B	9
5.	**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chairman		Verbal	
5.1	13/132 Cancer Patient Experience Report To receive an update on research work.	Mrs Holden		Verbal	

No	Item	Lead	Comment	Paper	Page
6.	**Patient Experience** To receive a presentation from Van Nong, Art Development Officer, who works with the renal patients.	Mrs Preece		Verbal	
Part Two: Quality and Safety **9.45am – 10.40am**					
7.	**Quality and Safety Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Patient Safety Dashboard • Medical Director Report • Chief Nurse Report	Chairman of the Committee		C C1 C2 C3	23 35 55 63
8.	**Patient Led Assessment of the Care Environment (PLACE)** To receive a paper on the results of the PLACE assessment.	Director of Estates and Facilities	Mike Keaney	D	71
Part Three: Finance and Performance **10.40am - 11.15am**					
9.	**Finance and Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Operational Performance Report • Finance Report • Trust Efficiency Report	Chairman of the Committee		E E1 E2 E3	81 89 103 115
Part Four: Human Resources **11.15am – 11.30pm**					
10.	**Quarterly HR report** To receive the quarterly report.	Director of Human Resources	Dianne Willcocks	F	125

No	Item	Lead	Comment	Paper	Page
Part Five: Governance **11.30am - 12.00pm**					
11.	**Report of the Chairman** To receive an update from the Chairman.	Chairman		G	127
12.	**Report of the Chief Executive** To receive an update on matters relating to general management in the Trust.	Chief Executive		H (To follow)	
13.	**Dates and times of Board meetings for 2014/15** To receive confirmation of the dates and times of the Board meetings for 2014/15.	Chairman		I	131
Any other business					
14.	**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 29th January 2014 in the Boardroom, The York Hospital.				
15.	**Any other business** To consider any other matters of business.				

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

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

Items which will be discussed and considered for approval in private due to their confidential nature are:

- There are no items to be approved at the meeting.

York Teaching Hospital NHS
NHS Foundation Trust

Additions:

Changes:
Deletions:

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-
Mr Alan Rose (Chairman)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jennifer Adams *Non-executive Director*	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Spouse is ;clinical Director for Anaesthetics, Theatres, Critical Care,
Mr Philip Ashton (Non– Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Member of the Board of Directors—** Diocese of York Education Trust	Nil	Nil
Ms Libby Raper (Non-Executive Director)	**Director—**Yellowmead Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Governor and Vice Chair**—Leeds City College	Nil
Michael Keaney Non-executive Directors	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Michael Sweet (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation **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
Ms Peta Hayward ***(Executive Director Director of Human Resources)***	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Sue Holden ***Executive Director of Corporate Develop-ment***		**Director –** SSHCoaching Ltd		**Member -**Conduct and Standards Committee – York University Health Sciences **Act as Trustee** –on behalf of the York Teaching Hospital Charity		
Dr Alastair Turnbull ***(Executive Director Medical Director)***	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram ***(Executive Director Director of Finance)***	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	**Member** of the NHS Elect Board as a member representa-tive
Mr Mike Proctor ***(Executive Director Deputy Chief Executive, COO and Chief Nurse***	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

York Teaching Hospital NHS Foundation Trust

Minutes of the meeting of the Board of Directors of York Teaching Hospital NHS Foundation Trust, held in public in the Blue Room, Scarborough Hospital on 30th October 2013.

Present:	Mr A Rose	Chairman of the Trust
	Mrs J Adams	Non-executive Director
	Mr P Ashton	Non-executive Director
	Mr P Crowley	Chief Executive
	Ms P Hayward	Executive Director of Human Resources
	Mrs S Holden	Executive Director of Corporate Development & Research
	Mr M Keaney	Non-executive Director
	Mr M Proctor	Deputy Chief Executive/Chief Operating Officer/ Chief Nurse
	Ms L Raper	Non-executive Director
	Mr M Sweet	Non-executive Director
	Dr A Turnbull	Medical Director
	Professor D Willcocks	Non-executive Director
Attendance:	Mrs B Geary	Director of Nursing for items 13/131 to 13/134 inclusive
	Mr B Golding	Director of Estates and Facilities
	Mrs A Pridmore	Foundation Trust Secretary
	Mrs S Rushbrook	Director – Systems and Networks
Observers:	1 members of the public	
	1 Governor	

13/127 Apologies for absence

Apologies were received from Mr A Bertram, Executive Director of Finance

13/128 Declarations of Interests

The Board of Directors **noted** the changes made and interests declared. The members of the Board of Directors were asked to advise Mrs Pridmore of any further changes.

13/129 Minutes of the meeting held on 25 September 2013

The Chairman of the Quality and Safety Committee asked for the opening paragraph on item 13/116 to be amended to reflect that any overlap between the Finance and Performance and Quality and Safety is intentional, to ensure that proper consideration is given to items being discussed. The Board agreed with the amendment and added that the intentional overlap had been noted in the KPMG report. The remainder of the minutes were approved as a true record of the meeting.

13/130 Matters arising from the minutes

Mr Rose raised five items:

13/130.1 13/116 Infection Control

It was agreed that Dr Turnbull would update the Board of Directors on his discussions with the PHE as part of the Quality and Safety discussions.

13/130.2 13/116 Pressure Ulcers

It was agreed that Mr Proctor would update the Board as part of the Finance and Performance discussions.

13/130.3 13/118 First to follow up

It was agreed that Mr Proctor would update the Board as part of the Finance and Performance discussions.

13/130.4 13/118 Winter monies

Mr Proctor reminded the Board that there had been a national allocation of £250m, of which York and Scarborough Clinical Commissioning Groups had been allocated £2.06m to work with the Trust on agreeing how it would be allocated. The money was primarily to support the developments of Emergency Services across the patch. Mr Proctor added that it is mooted that a further £250m would be released next year, but the local allocation will be on the basis that the Trust has this year achieved a 'flu vaccine take-up by staff of 75%.

Mr Proctor confirmed that, following a very positive meeting, agreement had been reached with Scarborough & Ryedale Clinical Commissioning Group on the areas for investment. He added that he was expecting to receive the money imminently.

Mr Proctor offered to bring a report to the next Board meeting confirming the schemes that had been identified.

Mr Proctor added that to ensure appropriate planning is undertaken for next year, he and his team were already starting to look at schemes that would be appropriate for next year's allocation.

Mr Crowley added that this year's allocation is more about improving performance and ensuring the Trust is delivering the 95% target. Mr Simon Cox (Acting Accountable Officer and Chief Operating Officer for Scarborough & Ryedale Clinical Commissioning Group), who was observing the meeting, was invited by the Chairman to comment. Mr Cox confirmed that this year the priority was to improve performance so that the Trust was achieving the 95% target at Scarborough Hospital.

Action: Mr Proctor to provide a paper to the November Board meeting on the schemes that have been identified for the allocated winter monies.

13/130.5 13/120 Recommendation of the Parliamentary Select Committee

Mr Proctor advised that there had been no further information released on a national basis about the recommendation from the Select Committee that each ward should publish the number of staff (qualified and non-qualified) on a ward.

Mrs Adams commented that currently she finds it very difficult to be clear that the wards are staffed at appropriate levels.

Mr Proctor explained that the Board has received information in today's meeting papers about standard ward establishment expectations; he added that the 'fill rates' are an important indicator for the Trust to understand. They represent the level of bank and agency staff being used by the Trust to cover all absences from work of permanent staff. In terms of the recommendation, he commented that it is difficult to provide the information in a meaningful way on a ward, as the ward changes almost minute-by minute during any given day.

Ms Hayward added her support to Mr Proctor's comments and explained that there is an additional level of management information used by the Trust to understand staffing rates. She added that there is not one indicator that will show the full story about staffing on the ward.

The Board discussed the data and following the comments from Professor Willcocks agreed that it was not about having new data; it was more about using the information intelligently. Mrs Holden added that the Trust had made significant investment in the ward sisters, which includes having a clear escalation system in place for those occasions when issues arise.

Mr Crowley believed that the issue was straightforward: as pressures change, establishments change without fully understanding the impact of those changes. The Trust has undertaken a detailed review of the establishment. The Trust has undertaken a recruitment process for the appointment of a significant number of additional staff to ensure we are meeting the needs of the wards and patients. This will create the right environment for the Trust systematically reviewing the establishment.

Mr Proctor commented that it is also a public perception issue, by which the Trust must have credibility on the staffing levels on wards. The Trust's nursing and midwifery strategy demonstrates the accountability and is an open and transparent document that does have a basis against considered and agreed benchmarks.

The Board **noted** the comments.

13/131 Patient Experience

A letter of complaint was read by Dr Turnbull. A letter of compliment was read by Mr Ashton.

The Chairman welcomed Mrs Geary to the meeting.

13/132 Cancer Patient Experience Report

Professor Willcocks commented that there were noticeable improvements in the service and that the report was an excellent report. The Board were reminded that this group of patients are often anxious and concerned and seek the support that is obviously been given by those providing the service.

Mr Rose proposed that the Board should write to those involved congratulating them on excellent work. It was agreed that the Chairman should write to those involved congratulating them.

Mrs Holden added that from a research perspective, the team works closely with the wards when studies are involved. But there are occasions when the studies are undertaken in the specialist (tertiary) centres and our patients are included in those studies, but it is not always clear to the patient what the connection is.

The Board noted the new requirement that Monitor should receive appropriate third party reports about the Trust. It was agreed that the report should be submitted to Monitor and the Care Quality Commission.

The Board **noted** the excellent report.

Action: Mr Rose to write to those involved in the delivery of cancer services in the Trust and Mrs Pridmore to submit the report to Monitor and the Care Quality Commission.

13/133 Quality and Safety Committee

Ms Raper presented the summary of the deliberations of the Quality and Safety Committee. She explained that the dashboard continues to be a developing topic and is very useful as a document in the meeting and has enhanced the current approach used in the meeting of a cyclical review of items. Ms Raper highlighted the following points:

Pressure Ulcer Reduction Plan (PURP)

Ms Raper advised that the Committee had been concerned about the high number of Serious Incidents (10) reported this month. The Committee had understood that a number of the cases related directly to pressure ulcers and had been declared late, following the more focused analysis of the pressure ulcer situation. Ms Raper asked Mr Proctor or Mrs Geary to comment. Mrs Geary detailed that the PURP had been developed as a result of the external evaluation undertaken in December 2012. She advised that there was a national requirement to declare a serious incident on any grade 4 pressure ulcers. The review had highlighted this requirement and as a result 4 of the serious incident that had been declared were related to a late declaration around pressure ulcers. Mrs Geary added that currently there is a national debate about the appropriateness of declaring a grade 3 pressure ulcer as a serious incident, but that debate has not been concluded as yet.

Mrs Geary advised that the PURP had allowed the Trust to take stock and undertake more detailed and focused work.

Mrs Geary added that in terms of Community there is some catch-up work to be completed. Equipment has in the past been an issue; this is being resolved by introducing an equipment coordinator for Community. This is a role that exists in the acute setting already and has proved to be beneficial. Mr Proctor added that the issue of equipment in the community is complicated by Harrogate Trust holding the contract for community equipment. The position is that the Trust would like to have control of the equipment for the area and discussions are being held with Harrogate.

The Board **noted** the comments made.

Patient safety walk rounds

Ms Raper commented that the non-executive directors welcome the walk rounds and find them an invaluable source for triangulation of information. But the feeling is that there is still some confusion about their purpose. Ms Raper asked Dr Turnbull to comment.

Dr Turnbull explained that the name came from a document released by the Institute of Health Improvement (IHI), now called the Institute for Innovation and Improvement, which was circulated to the Board. The document provided a suggested script for those taking part and highlighted appropriate questions related directly to patient safety. He had noted that the walk rounds had noted that other elements not directly related to patient safety were being picked up during the walk rounds. He suggested that if people picked up on other issues related to, for example, estates and facilities, these should be referred back to the member of staff to address through the proper channels.

The Board asked how the loop was closed on outstanding actions. Dr Turnbull explained that it was not the purpose of the walk rounds. The purpose was to highlight issues which are confirmed through the associated report. These issues are then picked up by his team and addressed as part of the normal mechanisms.

Ms Raper commented that the diarising and attendance seems to be very flexible, whereas the non-executive directors see it as a priority. Dr Turnbull commented that his team was responsible for diarising and for writing the reports from the walk rounds. He added that there were other walk rounds undertaken that highlight other aspects. Professor Willcocks proposed that when the team is planning the walk rounds it would be very helpful if they could include time before the walk round for the team to meet and understand the accepted shared responsibility of the walk round and for time to be set aside at the end, so that it can be agreed what the key issues were.

The Board **noted** the discussion and comments.

Family and Friends

Ms Raper commented that it had been noted that the Trust had received excellent support from the governors in driving this initiative in the emergency departments. Mr Proctor added that there had been an improvement in response rates and had been more interest in the initiative across the Trust. He added that he would like to see more involvement from the consultant body. It had been noted that the ‘soft intelligence’ obtained from the system was very valuable and both positive and negative comments were discussed through the patient experience group. Mr Proctor added that the support from governors had boosted the response rate significantly and he would like to see them keeping up their involvement.

Mrs Geary added that the item is a standing agenda item on the patient experience group

The Board **noted** the report.

Complaints

Ms Raper advised that the Committee was keen to see a more detail breakdown around complaints. Mrs Geary explained that the categorisation process that is currently used is being reviewed so that further breakdown information will be available in the future.

Professor Willcocks commented that when she was at the FTN conference recently she had attended a session on complaints and found it very useful. She asked if it would be possible to have a session on complaints handling, given the developments that are being proposed. It was agreed that there should be a session arranged in the future.

Mrs Holden commented that Adam Wardle (Managing Director of Yorkshire and Humberside Local Education and Training Board (YHLETB)) had invited the Trust to be one of the pilot organisations involved in implementing some of the current recommendations.

The Board **noted** the comments.

Staff recruitment

Ms Raper commented that concern had been raised in the Committee about the difficulties there were in recruiting nurses. She asked Mr Proctor or Mrs Geary to comment. Mrs Geary updated the Board on the latest recruitment "one stop shops" that had been held in Scarborough and York over the previous weekend. She advised that the one stop shops had been successful and the Trust had received very positive feedback. The Trust had also successfully appointed 34 nurses for York and 13 for Scarborough, all of whom would be joining the Trust over the next six weeks. Mrs Geary also commented that there had been a lot of media interest in the one stop shops, which had also helped. The other piece of work we are doing is to continue to develop the staff we have.

Ms Hayward added that the Trust generally has a vacancy level of about 50 posts; recently the vacancy level has increased as a result of the additional investment that was agreed. There was some concern about the level of vacancies during the last month, particularly as the market for nursing staff is not very buoyant, but the one stop shops have made a huge difference. They are quicker and allow occupational health clearance to be completed on the day, along with the new criminal records checks (now called Disclosure and Barring Service (DBS)) to be in place. The Trust is also looking at undertaking some 'city tours' where there will be more people available to work. She added that some Trusts are looking for staff from abroad to fill the gap.

Professor Willcocks congratulated those involved and commented that she felt it was a lively and fun approach, yet remained professional.

Mrs Geary added that other approaches are being investigated to address the possible shortfall of trained nurses, including considering the development of the healthcare assistant role and looking at how their scope of practice could be extended.

Ms Raper thanked Mrs Geary for the update and confirmed that the Committee would continue to keep staff recruitment under review from a quality and safety perspective.

Mr Keaney asked about the training of student nurses. Mrs Holden explained that the university recruits the nurses and the Trust is part of the education package they have for their course; 50% of their training is ward-based. Mrs Holden added that she is part of the Partnership Board and the YHLETB and the expectation has been to reduce the nursing and undergraduate places available and to look at shortened programmes. The Trust did have a programme that identifies individuals that would be developed and sponsored to undertake a nursing course and would have a guaranteed job at the Trust. This is being put back in place.

Director of Infection Prevention and Control -- Quarterly Report

Dr Turnbull reported on the current performance against trajectory of C-Diff. He advised that the position to date for York Hospital was 24 cases against an annual trajectory of 26 cases and Scarborough had reported 13 cases against an annual trajectory of 17. He added that during October there had been 4 further cases, one of which was a type 027 which is a more toxic strain and is associated with higher mortality.

Dr Turnbull commented that, as the Board is aware, the Trust had invited Public Health England to visit the Trust for an advisory visit to support the Trust in identifying any other actions the Trust might take. The visit did emphasise a few areas where improvements might be made and at present the Trust is awaiting the written report. One suggestion was to revisit the use of hydrogen peroxide in a rolling programme, rather than on an ad hoc basis. The difficulty with this is that the Trust would need a decant area, which currently does not exist. Dr Turnbull added that he has also commissioned an external agency to undertake an audit of hand hygiene and is also working with local universities on a virtual study of how people wash hands. A further proposal was to cohort (segregate) patients with C-Diff. The Trust has not done this before, for a number of reasons. The final suggestion was to increase the number of side rooms available. This again would create some challenge to the organisation when there is a shortage of beds.

Dr Turnbull advised that the report will be presented to the Hospital Infection Prevention Committee for consideration. Dr Turnbull commented that the Drugs and Therapeutics Committee had rejected the use of probiotics in the organisation, so at present this initiative would not be brought in. There reasoning was that the evidence base was not sufficiently strong. Dr Turnbull confirmed that cost was not a factor in the decision.

The Board **approved** the quarterly report.

Mortality data

Dr Turnbull advised the Board that the latest Summary Hospital-level Mortality Indicator (SHMI) had been published. He reminded the Board that this indicator related to the death of patients as in-patients and those who died within 30 days of discharge.

The data presented is 6 months in arrears and relates to the period April 2012 to March 2013. The hospital had a SHMI of 102.3 which is a significant improvement on the last published figures of 104. The Scarborough site had seen an increase between the two sets of figure from 107 to 110. Dr Turnbull commented that at this stage there is no clear reason for the increase, but work is underway to try to establish the reason. York saw a drop from 102 to 100. This achievement reflects one of the key expectations of the Quality Report prior to the acquisition. As a piece of general information, Dr Turnbull advised that only two Trusts outside central London have a SHMI of lower than 100, one of which is Sheffield at 88.5. Harrogate's SHMI is 101, Hull 103 and Airedale 97.

The Board **noted** the report.

Never Event

Dr Turnbull advised that he had to report one Never Event to the Board. He explained the background to the event and advised that the appropriate people had been informed. He reminded the Board that Never Events were important, as they were one of the elements that could affect the CQC banding.

'Flu Vaccinations

Dr Turnbull advised that at present there has been a 17% uptake of 'flu vaccines in York and 14% in Scarborough, but the programme has only just started. Last year the Trust achieved an organisational uptake of 49% which was in line with the national average. This year, as has already been debated, the Trust must achieve 75% to ensure the allocation of winter monies next year. In response to this Occupational Health have increased the number of clinics, recruited additional nursing staff, a letter has been sent to all staff attached to payslips, an incentive has been put in place of a holiday voucher and there has been very early campaigning.

Mr Crowley added that he has had raised with him that in Hull an additional day of leave is offered to those who are vaccinated. He explained that it was not an approach he supported, because he believes this is about taking personal responsibility for ensuring you do the right thing to stay well. He added that this is reinforced by the core values of the organisation. He explained that this year people will be asked why they choose to opt-out .This information will be used to help understand what makes people feel they do not want the vaccination in future years.

The Board enquired what the highest rate of achievement was. Mr Crowley advised it was 71% in York as a standalone Trust, without Community Services or Scarborough.

The Board **noted** the discussion and would like to receive further updates as appropriate.

Note: Members of the Board presented themselves for a 'flu vaccination during breaks in the meeting.

Eliminating Mixed Sex Accommodation

Mrs Geary commented on the recent challenges the Trust has experienced in eliminating mixed sex accommodation. She advised that, following a recent breach of 5 patients, she had been working with the Care Quality Commission and the Clinical Commissioning Group to review how breaches can be eliminated. Mrs Geary referred the Board to the flow diagram included in the Chief Nurse report and explained that this will address the issues in the short-term.

Dr Turnbull qualified the report by adding that the recent breaches occurred in an area where privacy is not a significant issue, due to the nature of the treatment being received.

13/134 Dementia Strategy update

Professor Willcocks commented that the report was a very helpful document that updated the Board on the progress made against the current national strategy. She felt the development of this strategy and action plan would address the issues. Dr Turnbull added that the Board have a role in that they are asked to support the revised strategy and confirm that the Board would like to receive a regular report.

Dr Turnbull provided some additional context by reminding the Board that 1 in 4 beds (25%) are occupied, typically, by someone with dementia. The Trust (in York) has one ward dedicated to patients with dementia. There is a significant strategy for the Trust and is a key area to address; challenges will be made as part of the Directorate performance meetings.

Professor Willcocks added that in York there are a number of organisations involved in dementia. She added that she had received an invitation from the CLAD to be involved in a

training session for non-clinical staff around dementia. There are two more sessions being delivered on 26 November 9.30-10.30 and 11.00 – 12noon and she would recommend it to colleagues to attend. Professor Willcocks commented on the refurbishment of ward 37 (the dementia ward) and how excellent it is. She asked what the next steps for carers are, as the strategy does not really address how the Trust will support carers. Dr Turnbull advised that there are liaison groups that do provide some support; there are two groups, one for patients and one for carers. Another aspect that should be taken into account is the related Commissioning for Quality and Innovation (CQUIN) target set for the Trust.

It was agreed that Leeds and York Partnership Foundation Trust will be joining the Board in November, at which further discussions can be held.

The Board approved the revised strategy and agreed they would like to receive a quarterly report on the strategy.

Action: Dr Turnbull to include an update on the dementia strategy in his board report on a quarterly basis. The first update would be just in February 2014.

13/135 Finance and Performance Committee

Mr Sweet advised that it had been arranged that the non-executive directors would receive training on the dashboard. He commented that the Committee had received a presentation from James Hayward on the Capital Programme. He was hoping that it would be included in the November Board agenda for the whole Board to see it. Mr Sweet highlighted the following key items:

Assessment Centres

Mr Proctor explained that this is a vital part of the acute strategy and is about assessment rather than admission of patients, which is better for patients. The introduction of the unit is not a short-term measure and the plan in York is to expand the assessment space to ensure more access to assessment.

In Scarborough, it is a case of rebuilding the existing area used for assessment, but currently the focus still needs to be on performance. The work already described that is being undertaken in the Emergency Department will help support the development of the units. Mr Proctor added that that although it does seem a long way down the line until the units will be a reality, the Trust will work towards increasing the number of assessments and not admitting patient wherever this can be prevented. In the long-term it is believed the solution will be to assess patients and treat much more in the community.

The Board **noted** the comments.

Resilience Plan

Mr Proctor explained that the Trust is in a better position compared to last year and there are the additional winter monies to support its delivery. Mr Proctor felt the Trust was in a better place to deliver the plan and was more confident that last year.

Mrs Adams asked if Mr Proctor could clarify where the assessment area was in York. Mr Proctor advised that ward 24, with an additional 20 beds, would be the escalation ward and also incorporate the frailty unit and assessment area. The plan also includes the use of 10-12 additional beds/trolleys in the assessment area which will be attached to AMU. All these

additional areas will be staffed, where as last year the staffing was managed on a much more ad hoc, crisis management basis.

Mr Proctor added that there are two streams that admit patients to the hospital, the first is through the Emergency Department and the second is through GP admission. The challenge for the Trust is to be able to ensure both methods of admission have beds available to them. As a result, the GP admissions will move to ward 24. Mrs Holden added that the Board should not just think about the physical constraints, it is also about the teams that are being brought together. She commented that work is being done with those teams.

Mr Keaney asked what was different from last year. Mr Proctor explained that there were a number of differences from last year, including the escalation ward, GP direct admission, increased establishment on the wards, consultants working different rotas, different rotas in the Emergency Department and a new training post in the Emergency Department for nursing staff. The Trust also has advanced clinical practitioners and reduced time to clerking patients and the ambulatory care pathway has also changed.

The Board **noted** the comments and assurances given.

Yorkshire Ambulance Service

Mr Proctor advised that improvements have been seen. Some of the issues the Trust has had are about the data recording. In Scarborough there is a dedicated area for the ambulance service and this has proved to be very helpful. The potential fines if they had been levied would have been reinvested to develop the services. The relationship between the Ambulance Service and the Trust is very good. Mrs Rushbrook added that in terms of the data there is a field now included in the Clinical Patient Database (CPD) that records the handover time; this allows the Trust to check, if we wish, the quality of the data recorded by YAS.

The Board **noted** the comments**.**

Access targets

Mr Sweet commented that significant work had been done to ensure reduction in the long waits, although it was noted that there were still some patients who had waited 36 weeks.

In relation to CQUIN, Mr Sweet advised that the Committee had understood that the Trust would receive full payment at quarter 2, with the exception of pressure ulcers. Mr Proctor confirmed that was the case. He advised that he had written to the Clinical Commissioning Group to explain that we had agreed unknowingly to the prevalence level instead of incidents, which has made the target unachievable. The letter requests the opportunity to renegotiate to reduce the Trust target. At present Mr Proctor is awaiting a response to the request.

He commented that a briefing session with the consultants had been held recently with Mr Crowley, Mr Bertram and Mrs Rushbrook. Part of the session was designed to including a discussion about CQUIN, both in terms of its complexity and the financial implications and consequences. The sessions, held at York and Scarborough, were very well attended and were designed to help change practice and support the consultants in understanding some of the challenges faced by the organisation.

Mr Sweet asked if there were any targets that Mr Proctor was concerned about. Mr Proctor advised that there were some that would remain challenging, including length-of-stay and 12 hour assessment of patients. Dr Turnbull added that on the first take ward round (in the morning) the doctors review the patients that are a priority and did not prioritise achieving the 12-hour period. Dr Turnbull added that the other concern was the C-Diff target.

First-to-follow-up

The Trust had recently met with the Clinical Commissioning Group and discussed the use of the ratio. The Clinical Commissioning Group agreed in principle that the Trust will be paid for the work that has been done.

Mr Crowley added that the debate will be tied-up in the contract negotiations as a whole. He added that the work Mrs Rushbrook and her team had done had been excellent and provided the evidence the Trust needed to demonstrate the issues around the proposed ratio. Mr Crowley added that he had spent sometime with a reporter from Look North. They are making a feature about the Vale of York Clinical Commissioning Group and were looking for some comments.

The Board **noted** the comments.

Finance

Mr Sweet asked Mr Crowley, in the absence of the Finance Director, to comment on the £15m, the '14/'15 plan and the CIP position.

Mr Crowley advised that a significant chunk of the capital money should be received by the Trust in the next few weeks. *(post-meeting note: £12m received, 4/11/13).*

Mr Crowley commented that the summary about the plan was included in the papers and took into account the assessment and development around the tariff, and a summary on the debate around the 30% marginal tariff for non-elective activity. CQUIN will remain at 2.5%. These are the key points.

Mr Crowley commented that the position of the CIP was slightly worse that expected, but meetings had been held with all directorates that were most challenged. There is a surplus for 2014/15 in the current plans. The bar is being raised, as there is a risk to achieving the year-end. As a result, there are additional short-term measures being put in place for the last quarter of the year to ensure the plan is delivered, part of which will be to depress spend.

There will be, as always, an element of non-recurrent savings that will be carried over to next year.

In terms of capital expenditure, there has been a slippage in the catering contract, but the money is ring-fenced and will be used once it is received from the Treasury. The additional monies will not affect the I&E balance.

The Board **noted** the comments.

13/136 Workforce Strategy Committee

Professor Willcocks advised that the Committee will keep the establishment under review, along with workforce planning and integration.

The Board discussed the living wage issue. The Board had considered the issue some months ago and agreed that the Board supported it in principle.

Professor Willcocks advised that the initial figures had been considered by the committee and the cost of Trust-wide implementation is estimated as between £300-£800K. Professor Willcocks suggested that a paper should be presented to the Board in the near future.

Professor Willcocks commented that the living wage rate currently (outside London) is £7.25 per hour, whereas the minimum wage is £6.31per hour. Three organisations signed-up to paying the living wage and have received accreditation, including York Council for Voluntary Service, Aviva, Joseph Rowntree. There are also a number of organisations that are paying the living wage, and awaiting accreditation; these include York CAB, York St John University, City of York Council, CoYTrading and The Golden Ball Community pub. There are a number of organisations that signed-up to the Fairness Principles in November last year, they include Leeds & York NHS Foundation Trust, Nestle UK, York Teaching Hospital, North Yorkshire Fire & Rescue, North Yorkshire Police, and York and North Yorkshire Probation Trust.

The Board agreed that the matter should be discussed when the data is available and after the uplift in the living wage is confirmed along with the confirmation of the NHS uplift for 2014.

The Board agreed that it would be appropriate to review again at the December Board meeting.

Action: Hold a further discussion on the living wage at the December Board meeting.

13/137 Report of the Chairman

Mr Rose commented about the confusion around collaboration and competition that exists in the NHS currently and the influencing factors around this. He referred to the recent briefing prepared by Mrs Pridmore and circulated to Board members.

Professor Willcocks commented that at the FTN conference she had been struck by how loud the voice was from the mental health sector. She had seen a powerful presentation about the mental health services and the frustrations they experience with the acute sector. She also visited the ambulance service recently (with a Governor, to view the new 111 service) and witnessed the frustration that the ambulance service has with the mental health services.

Mr Rose reported that KPMG, in their recent review and feedback, had specifically praised the 2nd level of staff at the Trust (beneath Director level) that they had met and that they had passed their comments on as part of their update to Monitor.

The Board **noted** the report from the Chairman.

13/138 Report of the Chief Executive

Mr Crowley referred to the “Intelligent Monitoring” banding that CQC had recently released on all Acute Trusts. This Trust was banded 5 out of 6 (6 being judged as the least risky). Mr Crowley added, however, that this kind of ranking was very fragile, despite being prepared

through a vast array of (mainly secondary research) systems and processes. Mr Crowley advised that the Trust was invited to be part of a radio interview, but had declined the interview, in part because of the fragility of the banding. There are four areas for which the Trust has an identified risk in this report. They are: a whistleblowing alert, the proportion of ambulance journeys where the ambulance stays for more that 60 minutes, the number of patients scanned within one hour of arrival at hospital and the staff to bed occupancy rate.

The Board agreed that these reflect the concerns the Board has already identified.

Mrs Rushbrook reminded the Board that, unlike other Trusts, York measured almost everything in real time and every single patient. The Trust does not take a sample to see if it is achieving the target; therefore, the position the Trust records is the true position.

Ms Raper suggested that the areas of concern should be reviewed against the corporate risk register.

The Board **noted** the report.

13/139 Monitor Quarter 2 Return

The Board considered the quarter 2 return and approved submission to Monitor.

13/140 Business Case 2012-13/55 Enhancement of Paediatric Cover (Scarborough)

Ms Raper summarised the business case and suggested that it should be approved by the Board. The Board considered and approved the business case.

13/141 Update on CLRN transition arrangements

Mrs Holden updated the Board on the developments in the national networks. She advised that Sheffield had been approved as the host for the Yorkshire and Humber network. The contract is worth £27.5m and the budget will roll-over to next year. York will continue to be a member. Mrs Holden has asked to see the bid submitted by Sheffield, this request was refused. Mrs Holden has also asked to see the transition plan which should have been submitted as part of the bid. It is now agreed that they will not take up responsibility for a further 19 months and in the meantime our Trust is expected to continue hosting. Mr Crowley asked if we are expected, or being requested, to continue. Mrs Holden confirmed that the Trust is expected.

The Board **noted** the comments.

13/142 Any other business

There were two items of additional business:

13/143 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 27 November 2013 in the Boardroom, York Hospital

Outstanding actions from previous minutes

Minute number and month	Action	Responsible office	Due date
13/115 Patient Experience Report (September)	To provide a quarterly report on patient experience to the January 2014 meeting.	Mr Proctor	January 2014
13/119 Scheme of Delegation (September)	To consider increasing the authority of the Capital Programme Committee to be undertake during the next stage review	Mr Bertram/ Mrs Pridmore	February 2014
13/120 Quarterly HR Report (September)	To review the information provided to the Board in the quarterly reports.	Ms Hayward	For the next quarterly report
13/120 Quarterly HR Report (September)	To circulate the annual report from the Workforce Strategy Committee	Ms Hayward	By December 2013

Action list from the minutes of the 30 October 2013

Minute number	Action	Responsible office	Due date
13/130.4 Matters arising 13/118 Winter monies	To provide a paper to the December Board on the schemes that have been identified for the allocated winter monies.	Mr Proctor	December 2013
13/134 Dementia Strategy	To include an update on the dementia strategy in his board report on a quarterly basis.	Dr Turnbull	February 2014
13/136 Workforce Strategy Committee	Hold a further discussion on the living wage at the December Board meeting	Ms Hayward	December 2013

Quality & Safety Committee – 20th November 2013, LaRC Conference Room

Attendance: Libby Raper
Jennie Adams
Beverley Geary
Anna Pridmore
Philip Ashton
Alastair Turnbull
Catherine Dunn

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1	**Last meeting notes dated 22 October 2013**		The minutes were agreed.		
2	**Matters arising**		**First to follow up –** The Committee queried whether 'first to follow up' should be a standing item every month. AT suggested it should be included in the agenda on a bi-monthly basis unless there is anything specific to discuss. AT commented that at this stage it was too early to say if there were any safety issues arising from first to follow up. In terms of quality and patient choice, AT commented that he felt it had been affected. It was difficult to measure the difference in quality of care received in the Trust and that received in the community under the care of the GP. In terms of the information given to the CCGs at the meeting in October, they have not as yet accepted	The Committee was assured by the comments made.	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
2.	Matters arising cont'd		the list of patients where in the Trust's view is it would not be appropriate or safe for the patient to be discharged into the care of the community. The CCG/GPs are intending on reviewing the list with the Trust's consultants. **Maternity –** BG reminded the Committee that last month there was a query regarding the number of c-sections carried out. BG pointed out that as would be expected, the vast majority were clinically appropriate. Work is underway across the Trust to review the number and the reasons for women having c-sections. More information relating to this work will be circulated with the minutes. A vaginal birth after c-section group has been set up at York to support women who have had a c-section. **Dashboard –** The Committee asked if it would be possible to split the dashboard for maternity so that it was clear what the performance was at each site. The Committee agreed and asked for this to be included in the next version of the dashboard. **Complaints –** BG explained that the Patient Experience Group was being re-established. Part of its work going forward would be to look at complaints and PPI issues and this would be included in the work programme. BG explained that there are a number of issues causing difficulties in terms of identifying trends. As a result, there is a significant piece of work that needs to be undertaken to manually assess the trends. The software currently used does not allow for sufficient breakdown in detail to be given. New software is	The Committee recognised the work that was going on and was assured by the statements made, but it was recognised that there was still further work that needed to be completed.	BG to comment.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
2	Matters arising cont'd		being reviewed, but at this stage there is no date for purchase or implementation of the software. BG is currently looking at the quarterly report and the information to be included at the January meeting. AT asked the Committee for their advice on how they would like litigations claims reported to the Committee. The Committee agreed that it would like to see claims on a 6 monthly basis where the settlement was over £250,000.		
3	**Dashboard**		The Committee reviewed the executive summary of the dashboard. AT gave details of the two never events and advised that there had been a further never event that had been declared in November. **C-Diff –** The Trust now has had 42 cases across the organisation. This will result in the Trust exceeding its trajectory of 43 for the year. The Trust was significantly over trajectory in Q1 with 21 cases, but during Q2 there was a drop in the number of cases; the Trust had 12 cases. For quarter 3 the challenge has been maintained and currently there have been 9 cases. The Trust has not breached the quarterly trajectory of 11 cases at present. AT advised that there continues to be a focus on making sure the Trust is doing everything it can to arrest the incidents of C-Diff, including increasing the use of Hydrogen Peroxide, requiring all consultants to approve antibiotic prescribing within 48 hours and the consideration of issuing patients with wipes to wash their hands before eating. He added that he also had to report that of the 9 reported cases this quarter there had been 4 cases of type 027 C-Diff on one ward in	The Committee was disappointed to see that the Trust would not achieve the trajectory for this year, but were assured by the level of work and commitment there is to addressing the problem.	AT to comment.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
3.	Dashboard cont'd		Scarborough. AT advised that the next antibiotic formulary poster had been prepared and would be published during the week. **Mortality –** AT reported the latest SHMI figures had shown that the Trust had achieved its objective to have a SHMI of 100 or below, but unfortunately, it was also noted that there was an increase in the SHMI for Scarborough. This is being reviewed. The mortality review is being rolled out in Scarborough at present and in common with the work being undertaken in York, work has begun around the number of cases of sepsis seen in the Trust and a peer review is being undertaken around stroke services in Scarborough. The Committee asked AT to provide his view around any learning that might come from Trusts where they have a very low SHMI. AT advised that he had been looking into this and it had been noted that there was a difference in the staff mix along with the time to clerk and the environment, where Sheffield for example had significantly more single rooms. The Committee agreed that the paper should be included on the Workforce Committee agenda. **VTE** – The Trust is achieving the CQUIN for both assessment and investigation. **Incidents** – The Committee noted the number of incidents reported by Scarborough. AT suggested that there was still a cultural change that was underway in terms of staff feeling confident about	The Committee was pleased to see the SHMI for the Trust, but concerned about the increase in the level at Scarborough. The Committee was assured to hear that the CQUIN target for both aspects of VTE was now being achieved.	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
3	Dashboard cont'd		reporting issues. This changing as with all cultural change, is slow. It was also agreed that the introduction of the DATIX system had added some complexity to the level of reporting. PA shared that the Data Quality Group had discussed incident reporting and its effectiveness and it had been noted at that meeting that there was still some work to do around effectiveness. **Flu Uptake –** AT reported that the current uptake of the flu vaccination was 37% on the York and community sites and 25% on the Scarborough, Bridlington and community sites. The Trust is expected to achieve 75% which is a challenging target. AT added that it is relatively early in the campaign so he is not overly concerned about the figures, but he has had reported some minor issues around access to the flu cart; this is being addressed through Occupational Health. AT added that a system is being put in place where Directorates will be able to see which members of staff have not received their flu vaccination and ensure they are provided with an opportunity to have one. **Patient Safety Walk rounds –** JA asked if NEDs could have sight of the walk round data before it is included in the dashboard to ensure the points are all picked up. PA suggested that there should be an opportunity after the walk round to review the key actions. The Committee suggested that a list of appropriate people to attend walk rounds should be drawn up and used as part of the planning process. AT agreed he would arrange for that to happen.	The Committee was assured by the comments and the work being undertaken.	AT to Comment.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
3.	Dashboard cont'd		**Community Dashboards –** The Committee commented that there was some concern about the level of reporting included in the community dashboards. BG advised that she was involved in some work with the Head of Patient Experience to improve some of the reporting. The Committee specifically asked BG to comment on the UTI levels as reported in the dashboards. BG agreed they were very high and that there had been a persistent problem in community hospitals. BG agreed to investigate and report to the next meeting. **Clinical Effectiveness –** AT commented that the Trust does need to maintain a watch over the length of stay of patients. Obviously, the longer the length of the stay, the more challenging the throughput of patients is and additional pressure is put on bed stocks. The Trust is currently on Red Alert in York and Scarborough and has been for a sustained length of time. BG shared that following some excellent work there had been a significant reduction in elderly stay at York earlier in the year, which had improved the position. **NICE guidance –** The Committee commented that they would like to receive information on NICE guidance on a six monthly basis. AT confirmed he would arrange for the information to be provided on that basis. **Friends and Family Test –** BG told the Committee that there has been a dip in response rate in September. The current percentage is 23.6%. The Trust has now put the token system in place in the ED and as a result she is expecting to see an	The Committee was pleased to see the response rate levels.	Further comment to be made by BG.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
3.	Dashboard cont'd		improvement in the response rate as this is what other Trusts have experienced. The system has been introduced to Maternity and the response rate has been very good. BG recently met with her local network and discussed the use of the system. She noted that Hull is a high performer and they have had the token system in place before April 2013. To ensure the Trust continues to collect the qualitative information, comment cards are also provided.		
4	**Supplementary Medical Director Report**		**Patient Safety Strategy –** Work on the Hospital at Night service has continued and the Trust is building a robust strategy. The Out of Hours service includes seven-day working and bank holidays/evenings. AT told the Committee that the organisation is moving towards a seven-day service. Night time staff are not being optimised and shift patterns are changing to ensure that there is no short fall of staff during the busy periods. AT did stress that the Trust does not show a change in the mortality level during the out of hours periods. AT explained that as part of the strategy he had asked James Taylor, CD for Head and Neck to lead the out of hours work, including looking at bleep filtering, better use of the junior doctor rota and a reduction in asking for the completion of technical tasks. **NHS Quest visit –**The Trust benchmarks itself against other Trusts through NHS Quest. Recently,	The Committee was assured by the update given about the work being completed around the out of hours service.	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
4	Supplementary Medical Director Report cont'd		there was an information sharing session with other members of NHS Quest hosted by the Trust. **Falls Champions –** JA asked if there is a reluctance to volunteer for this role. BG shared that established nursing forums are the best place to look for engagement of this issue. AT commented that there would be an increase in the work load around SI as a result of considering all falls that result in server harm being an SI, but he expected the system to be able to manage the additional work. **Patient Feedback Analysis** – AT explained that this data looks at patient feedback. The data gives assurance of the clinical and non-clinical skills of consultants and shows that generally they score very highly on both metrics.		
5	**Supplementary Chief Nurse Report**		**Nurse Restructure –** BG explained the work currently being undertaken with Matrons around their role. She advised that the consultation exercise had started and would be completed at the beginning of January where the next steps would be to hold an assessment centre. It was planned to have the new teams in place by April 2014. The process would result in a reduction of 5 Matrons, but the introduction of a number of significant roles that had not existed before. **Staffing –** BG shared that there are vacancies that need to be filled. The One Stop Shop was successful. The city recruitment has been moved to January 2014. Alternative roles for HCAs are being investigated. The escalation ward recruitment is		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
5.	Supplementary Chief Nurse Report cont'd		continuing. The plan to staff Ward 24 in York has always been to take staff from other areas and re-arrange staff accordingly to ensure all wards are staffed properly. Ward 24 is currently closed but the GP assessment area is in use. The winter ward at Scarborough is open and has been staffed. **Mental Health –** BG met the Chief Nurse of Leeds and York Partnership to discuss the issues around patients with mental health conditions presenting at the ED. It has been recognised that the management of those patients needs to be improved. One of the suggestions is that any patient attending ED with a mental health condition should be on a different pathway which ensures the mental health service is involved. AT added that the complexities of this issue cannot be over stated. Not only is it a challenging issue to resolve, but it is made more challenging by having two different providers for York and Scarborough Hospitals.		
6.	**Quarterly Quality Report Update**		This was the first quarterly Quality Report which had been requested by the Committee. The Committee noted the simplicity of the report and asked if it would be possible to have slightly more detailed information to flag where the detailed performance can be found in other reports. AP agreed she would develop that for the next version. The Committee understood that the full quality report would be included in the Quality and Safety Committee papers as the drafts were prepared.		
7.	**Any other business**		There was no other business.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
8.	**Date and time of next meeting**		The next meeting will be held on 21st January 2014 at 1.30pm in the Ophthalmology Seminar Room.		

Circulate

Summary of work towards reducing caesarean section rates (York site)

- Involved in 'Focus on caesarean section' work with the NHS Institute for Innovation and Improvement in 2007
- Development of a postnatal letter to women who had their first C/S explaining that they won't necessarily need a second C/S so they won't just expect a C/S electively (developed by Jimi Jibodu (now cited by NICE as example of good practice)
- Development of a VBAC (Vaginal Birth after Caesarean section) clinic run by Midwives started in July 2011. All women with previous C/S are offered an appointment to discuss risks and benefits of vaginal birth after section. Patient information leaflet developed to support this clinic.
- Work with MIRU (Mother and Infant Research Unit) at York University and Yorkshire and Humber HIEC (Health Innovation Education Clusters) funded by Department of Health with an aim to 'turn best practice into normal practice'. One of the clusters was on normal birth – York Labour Ward Midwives developed a poster birth positions to promote normal birth which won an award.
- Improving normal birth environment (July 2013). Increased birthing pool on Labour Ward from 1 to 2. Improved 'normal birth' environment with money from department of Health.
- Wireless waterproof fetal monitoring equipment purchased in 2013 to support use of pool by women wishing VBAC. This supports these women to minimise the restrictions of medical intervention and improve the prospects of normal birth.
- Introduced cervical dilator (Cook ®) balloons (2008) to facilitate induction of labour for women with previous CS, now wishing VBAC. Previously, women in this group were excluded from induction of labour and offered elective CS instead.
- External Cephalic version now offered to all eligible women with breech presentation at term. This is performed by three consultants, making the option more available.
- Increase one to one care in Labour by implementing a Labour Ward Triage – reducing admissions of non labour women to Labour Ward – this is only open for part of the day as yet (closed overnight) – business case submitted to increase opening to 24 hours a day
- 'Normal birth' training on Maternity Mandatory training days in 2012
- Developed a core groups of Labour Ward Midwives to promote normal birth on Labour Ward

Formatted: Right: 0.63 cm

1

- Multidisciplinary Labour Ward morning handover – all C/S from previous 24 hours are discussed including at the weekend

- Increased Consultant presence on Labour Ward – now have 76 hours of Consultant cover on Labour Ward (this includes 3 nights of Consultant on duty overnight). This provides more senior cover, support and training for junior medical staff.

The caesarean section rate is discussed regularly at the Labour Ward Forum and Clinical Governance Forum.

Formatted: Right: 0.63 cm

2

York Teaching Hospital
NHS Foundation Trust

C1

Patient Safety and Quality Dashboard

Report: November 2013

Our ultimate objective To be trusted to deliver safe, effective healthcare to our community.

Index

Executive summary

- There were two 'Never Events' reported in the Trust during October.

- Six Serious Incidents (SIs) were declared.

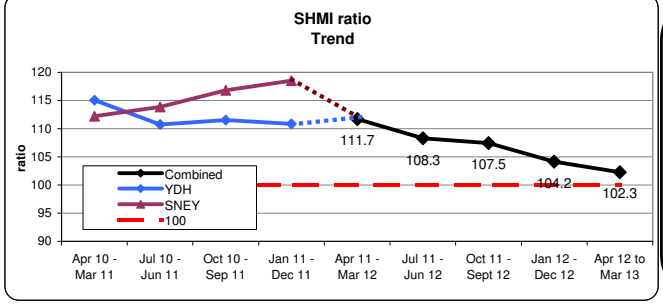
- Four cases of c. diff were identified.

- Four complaints have been referred to the Ombudsman.

- The Summary Hospital-level Mortality Indicator for April 2012-March 2013 is 102.3.

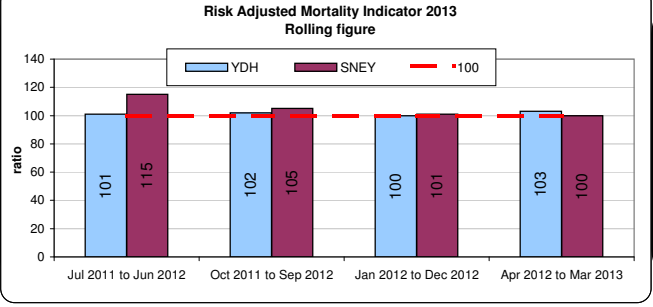
Patient Safety

Mortality



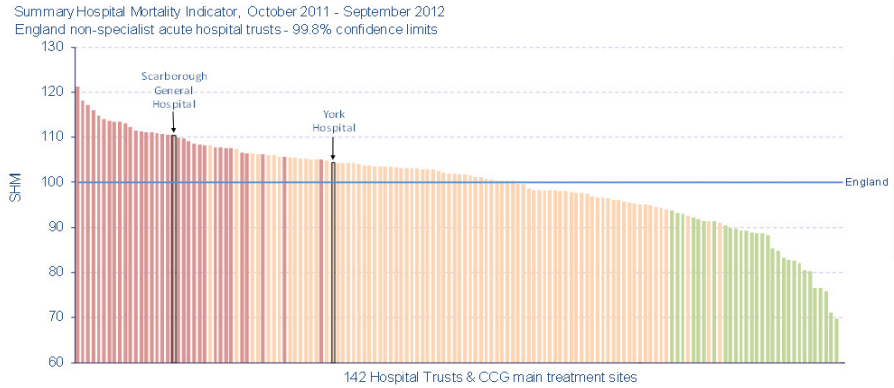
The Trust combined Summary Hospital-level Mortality Indicator (SHMI) for the period April 2012 to March 2013 was published by the Information Centre on the 29th October. The latest figure for combined Trust is 102.3 and continues to represent an overall gradual decrease.

Data source: Health and Social Care Information Centre.



The risk adjusted mortality indicators (RAMI) for both acute hospital sites have remained stable for the last three reporting periods.

Data source: CHKS - does not include deaths up to 30 days from discharge.



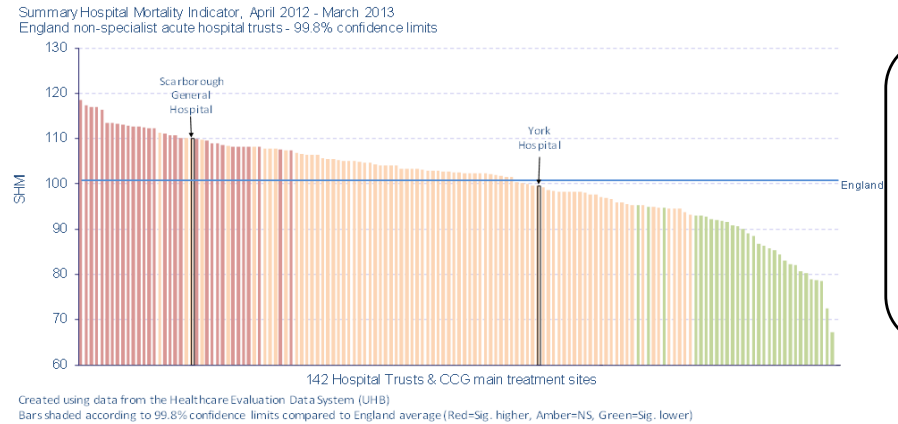
The comparison graph of SHMI for all English Trusts for the period Oct' 2011-Sept' 2012 indicates that Scarborough Hospital was ranked 19th highest with a SHMI of 110.5 which is significantly higher than the national average.

York Hospital is ranked 49th highest with a SHMI of 104 which is non-significantly higher than the national average.

SHMI Category	Condition	Cases	Observed	Expected	SHMI	Excess Deaths
65	**Congestive heart failure nonhypertensive**	**636**	**141**	**109.0**	**129.4**	**32.0**
	York	383	86	65.6	131.0	20.4
	Scarborough	253	55	43.4	126.9	11.6
66	**Acute cerebrovascular disease**	**1038**	**224**	**197.5**	**113.4**	**26.5**
	York	570	113	107.6	105.0	5.4
	Scarborough	468	111	89.9	123.4	21.1
15	**Cancer of bronchus lung**	**279**	**123**	**105.5**	**116.5**	**17.5**
	York	155	52	53.0	98.0	-1.0
	Scarborough	124	71	52.5	135.2	18.5
75	**Chronic obstructive pulmonary disease and bronchiectasis**	**1236**	**108**	**94.7**	**114.1**	**13.3**
	York	702	46	54.6	84.3	-8.6
	Scarborough	534	62	40.1	154.6	21.9
37	**Fluid & electrolyte disorders**	**372**	**51**	**40.3**	**126.5**	**10.7**
	York	267	34	27.8	122.2	6.2
	Scarborough	105	17	12.5	135.9	4.5
113	**Other connective tissue disease**	**963**	**29**	**18.5**	**156.8**	**10.5**
	York	647	24	12.8	187.6	11.2
	Scarborough	316	5	5.7	87.6	-0.7

The table above illustrates the six conditions with the highest SHMI in the Trust.

Data source: CHKS



The comparison graph of SHMI for all English Trusts for the period Apr' 2012-Mar' 2013 indicates a slight reduction in SHMI for Scarborough Hospital of 110. Scarborough Hospital is ranked 22nd highest which is non-significantly higher than the national average.

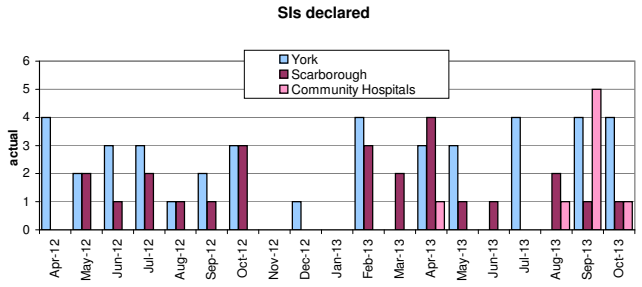
York Hospital is now ranked 88th highest with a SHMI of 100 which is slightly lower than the average.

Trust	SHMI	Trust	SHMI
Sheffield	88.5	Calderdale & Huddersfield	102.1
Leeds	94.0	Hull & East Yorkshire	102.5
Airedale	96.9	York	102.3
Bradford	98.9	Doncaster & Bassetlaw	105.6
Mid Yorkshire	96.9	Barnsley	103.6
Harrogate	101.0	Rotherham	112.0

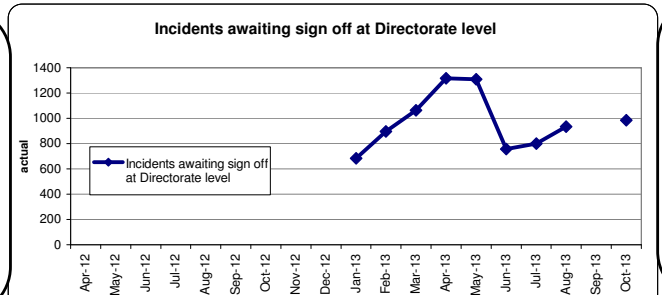
The table above illustrates the latest SHMI for all hospital Trusts in Yorkshire.

Data source: CHKS

Measures of Harm

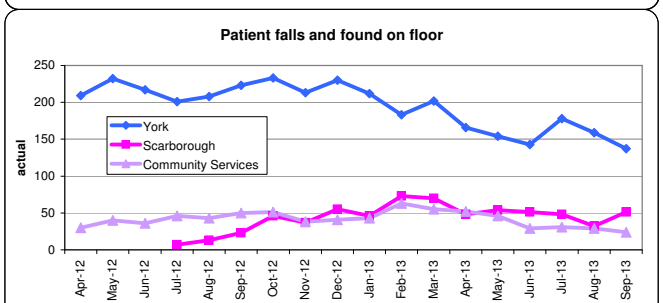


There were six serious incidents (SIs) reported in October. The SIs were as a result of: blocked tracheostomy tube (Sept), sub-optimal care (Sept), cervical screening (Sept), patient suicide (Oct) and pressure ulcers (Oct).



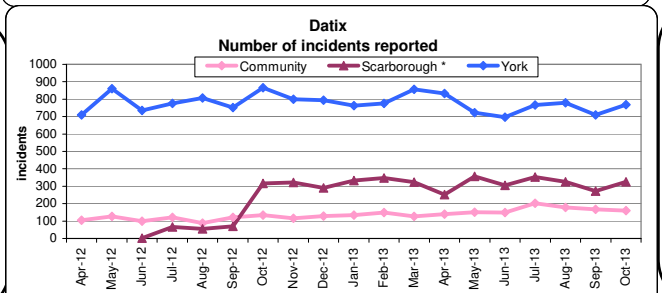
There has been a further increase in the number of incidents awaiting final approval. At the time of reporting there were 984 incidents awaiting sign-off by the directorate managers.

Data Source: Datix



Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust.

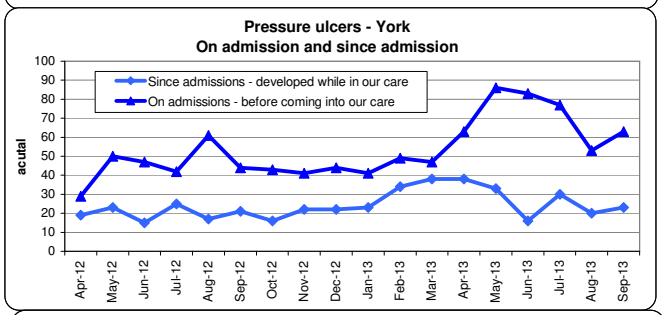
Data Source: Datix



The total number of incidents reported in the Trust during October was 1254. This represents a slight increase on the York and Scarborough sites from last month.

There remains a lower number of incidents reported at Scarborough and Bridlington Hospitals than would be expected.

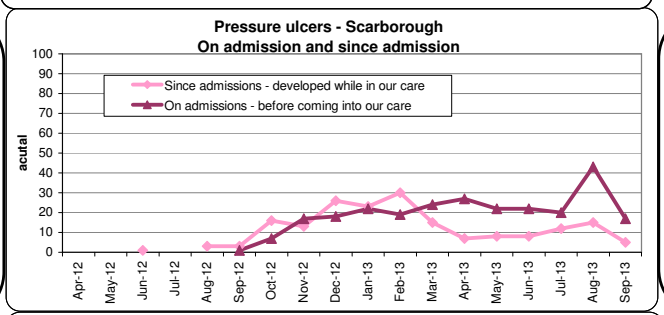
Data Source: Datix



During September a total of 23 pressure ulcers were reported to have developed on patients in York Hospital.

These figures should be considered as approximations as not all investigations have been completed.

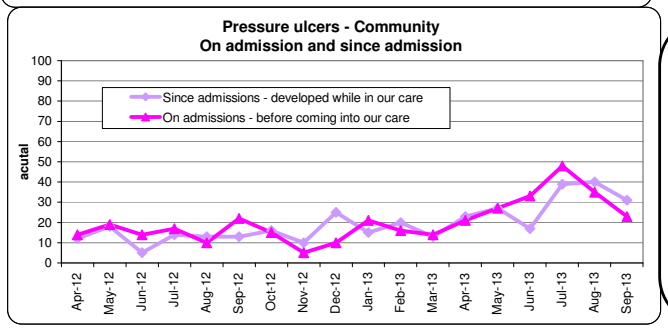
Data Source: Datix



During September a total of 5 pressure ulcers were reported to have developed on patients in Scarborough Hospital.

These figures should be considered as approximations as not all investigations have been completed.

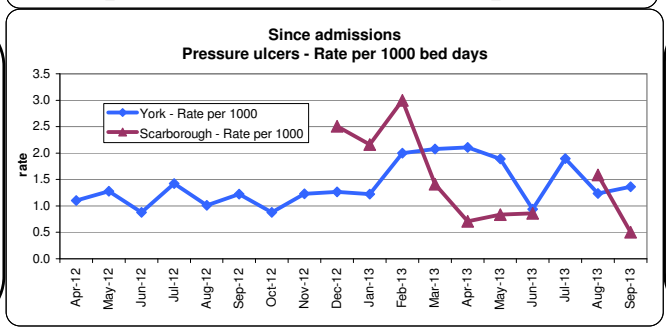
Data Source: Datix



During September a total of 31 pressure ulcers were reported to have developed on patients in our community hospitals or community care.

These figures should be considered as approximations as not all investigations have been completed.

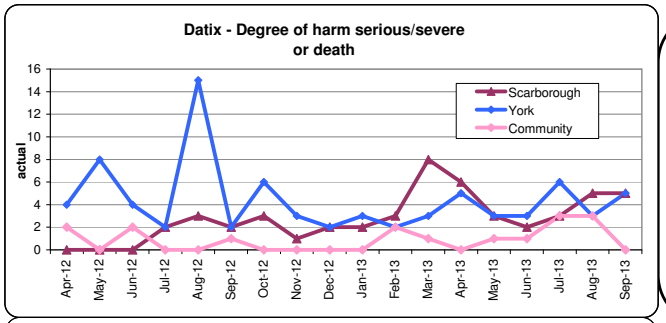
Data Source: Datix



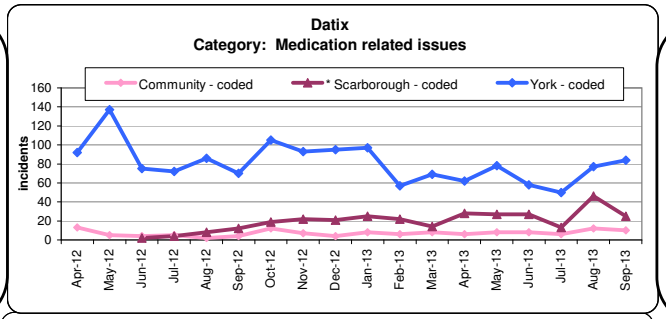
The rate of pressure ulcer development in York Hospital in September was 1.4/1000 bed days.

The rate of pressure ulcer development in Scarborough Hospital was 0.5/1000 bed days.

These figures should be considered as approximations as not all investigations have been completed.

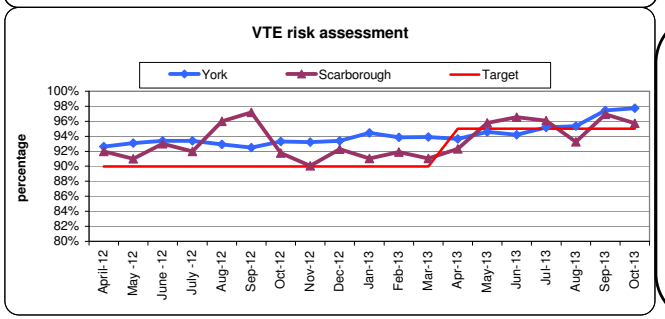


Ten of the incidents reported during Sepember were graded as serious or severe. All of these are being investigated using a detailed root cause analysis methodology.

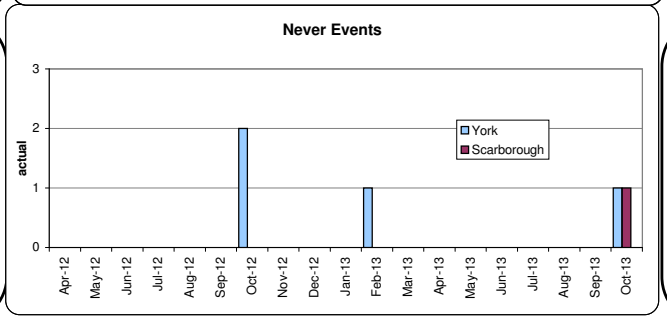


Approximately 10% of incidents reported relate to errors involving medicines. Of these half are due to failures in the administration processes with the majority of the others due to dispensing or prescribing errors. Work on developing EPMA continues.

Data Source: Datix

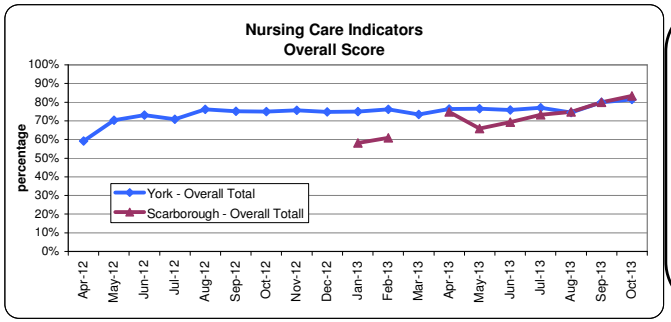


The target of 95% of patients receiving a VTE risk assessment has been maintained during October, with further improvement recorded at York Hospital, althoughthere has been a slight reduction in the number of assessments at Scarborough Hospital.



There have been two Never Events identified in October 2013. One related to a patient who died in December 2012 and despite investigation the cause of death was recognised as air embolism until after the findings of the Coroner's post mortem examination were reported at a recent inquest. The second incident was due to medical equipment which was damaged and retained but not immediately identified at the time of surgery.

Nursing Care Indicators



The nursing care indicators are calculated from an audit of care from a sample of 5 patients per ward. Each ward is audited once every month. Scarborough March 2013 data is not available.
Both Scarborough and York hospitals haveboth scored a compliance rate of >80% in October.
A breakdown of the scores for each indicator from April 2013 is provided in the tables below.

York

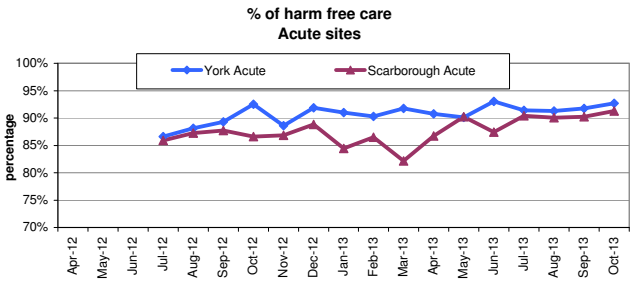
Average of Score	Date						
Criteria	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Combined Assessment Tool Demographics	95%	94%	97%	99%	97%	100%	99%
Waterlow	75%	65%	59%	69%	66%	72%	72%
Falls Assessment	71%	68%	72%	77%	74%	74%	78%
Manual Handling	79%	76%	77%	79%	81%	81%	83%
Nutritional Assessment	65%	71%	71%	67%	63%	73%	73%
Comfort Round	69%	74%	78%	76%	76%	85%	86%
Patient Questionnaire	97%	96%	98%	no data	80%	N/A	82%
Critical Care	93%	91%	96%	100%	100%	95%	100%
Overall Total	76%	77%	76%	77%	75%	80%	81%

Scarborough

Average of Score	Date						
Criteria	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Combined Assessment Tool Demographics	90%	87%	87%	88%	92%	99%	100%
Waterlow	70%	65%	60%	82%	70%	65%	80%
Falls Assessment	77%	72%	71%	78%	78%	86%	82%
Manual Handling	79%	78%	70%	77%	79%	87%	88%
Nutritional Assessment	58%	42%	52%	55%	57%	65%	71%
Prescription Documentation	86%	83%	82%	no data	no data	no data	no data
Comfort Round	70%	67%	83%	84%	91%	89%	90%
Critical Care	98%	N/A	N/A	N/A	N/A	N/A	N/A
Overall Total	75%	66%	69%	73%	75%	80%	83%

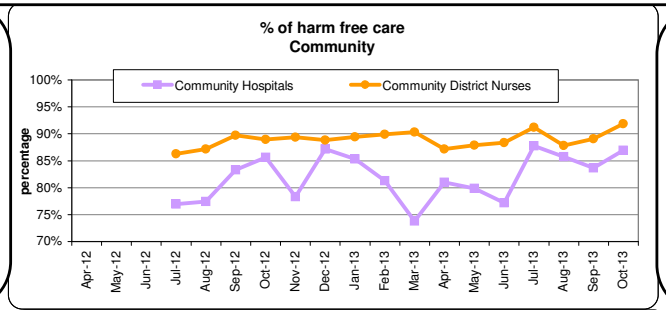
Safety Thermometer

Safety Thermometer
The NHS Safety Thermometer provides a 'temperature check' on harm, by measuring the percentage of patients who are harm free from pressure ulcers, catheter associated urinary tract infections, venous thromboembolism and fall whilst in our care. Collection of robust data on harm free care is linked to the national CQUIN scheme. The Trust has agreed an improvement incentive on delivery of harm free care related to pressure ulcers.



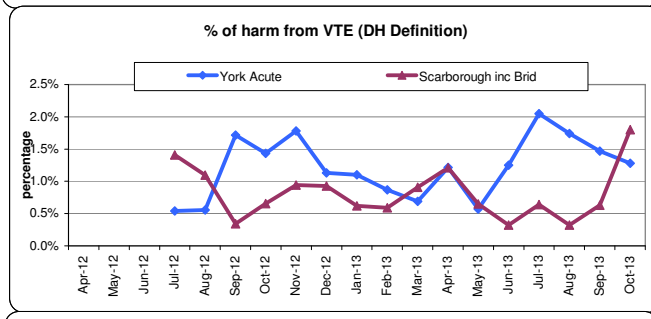
Percentage of patients harm free from pressure ulcers, catheter associated urinary tract infection (CAUTI), falls and VTE is measured as a monthly prevalence score. In August >90% of patients were audited as care 'free from harm'.

Data source: Safety Thermometer



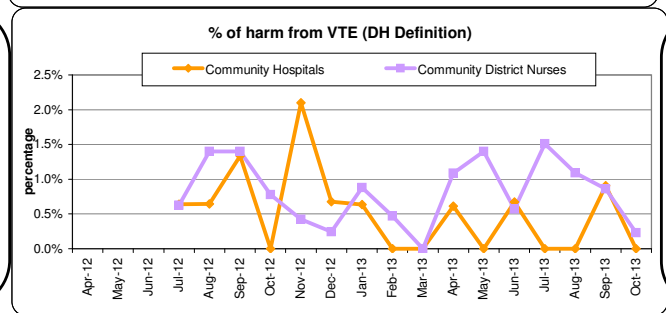
Percentage of patients harm free from pressure ulcers, catheter associated urinary tract infection (CAUTI), falls and VTE is measured as a monthly prevalence score. In October 86% of patients in our community hospitals and 91% of patients in our care in the community received care 'free from harm'.

Data source: Safety Thermometer



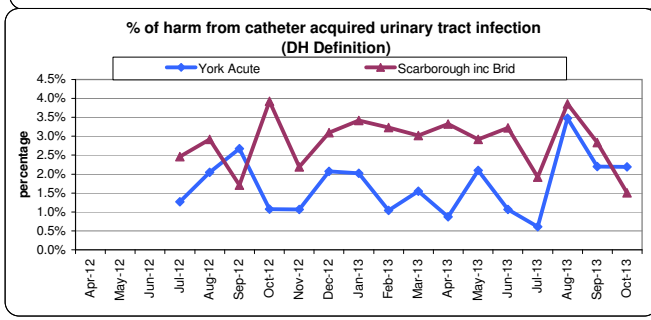
Percentage of patients affected by VTE as measured by the Department of Health (DH) definition, monthly measurement of prevalence.

Data source: Safety Thermometer



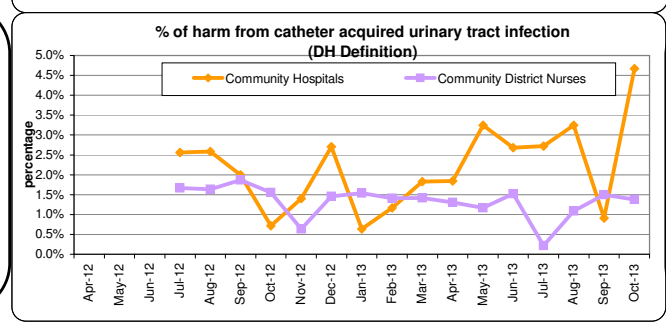
Percentage of patients affected by VTE as measured by the DH definition, monthly measurement of prevalence.

Data source: Safety Thermometer



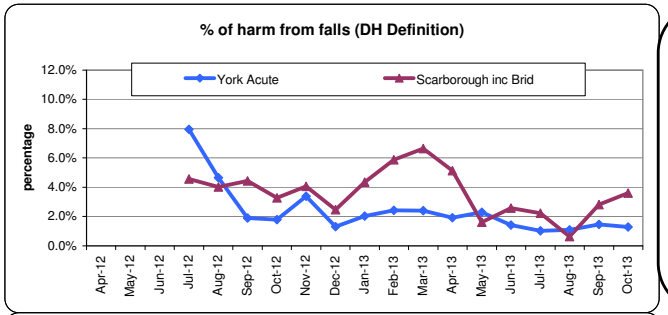
Percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence.

Data source: Safety Thermometer



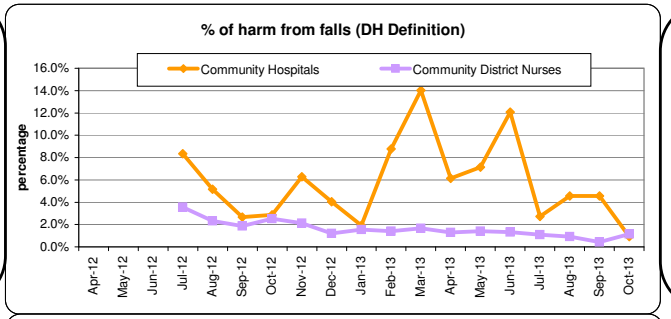
Percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence.

Data source: Safety Thermometer



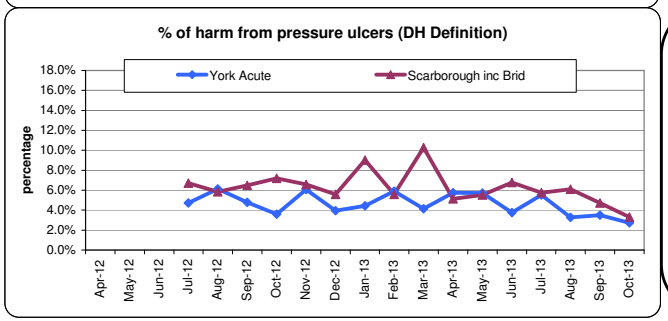
Percentage of patients affected by falls as measured by the Department of Health data definition, monthly measurement of prevalence.

Data source: Safety Thermometer



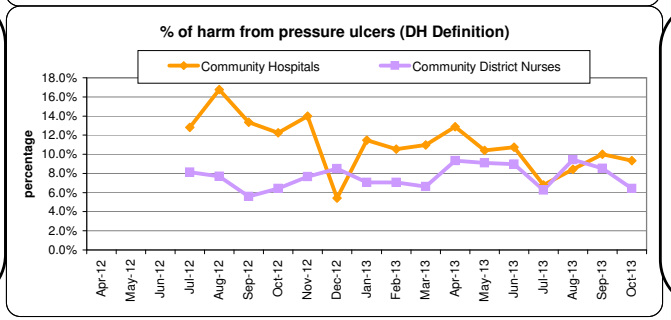
Percentage of patients affected by falls as measured by the Department of Health data definition, monthly measurement of prevalence.

Data source: Safety Thermometer



Percentage of patients affected by pressure ulcers as measured by the Department of Health data definition, monthly measurement of prevalence. Counts all ulcers old and new.

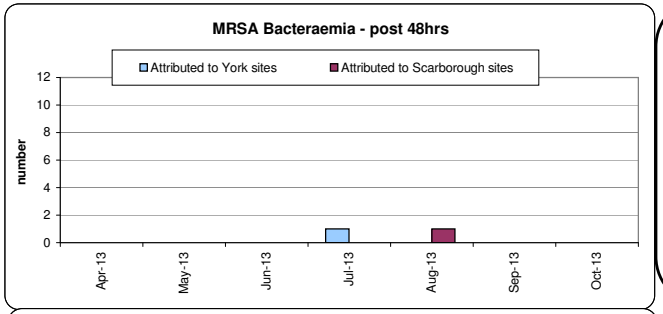
Data source: Safety Thermometer



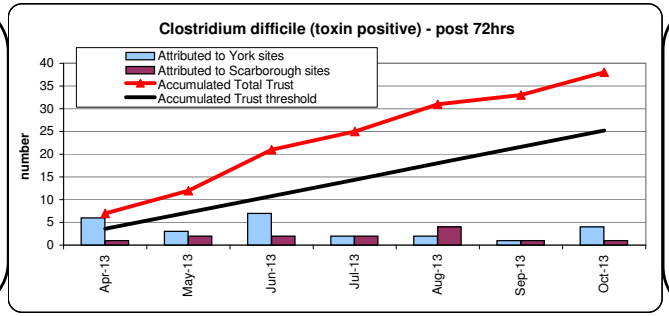
Percentage of patients affected by pressure ulcers as measured by the Department of Health data definition, monthly measurement of prevalence. Counts all ulcers old and new.

Data source: Safety Thermometer

Infection Control



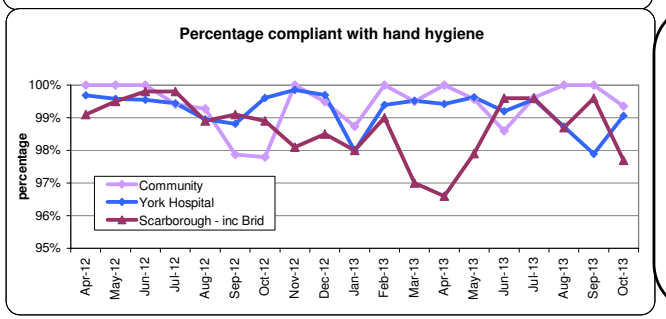
There were no patients in the Trust identifed with healthcare associated bacteraemia during October.



Five cases of c. diff were identifed in the Trust during October.

There has been a significant reduction of c. diff cases in the last four months.

RCA shows inappropriate antimicrobial use a recurring theme in terms of type and duration.

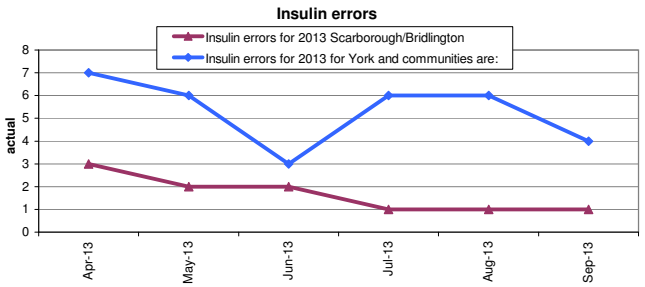


Hand hygiene compliance is >97% compliance for all sites, but further improvement is required.

The importance of hand hygiene remains high as we enter the season of Norovirus.

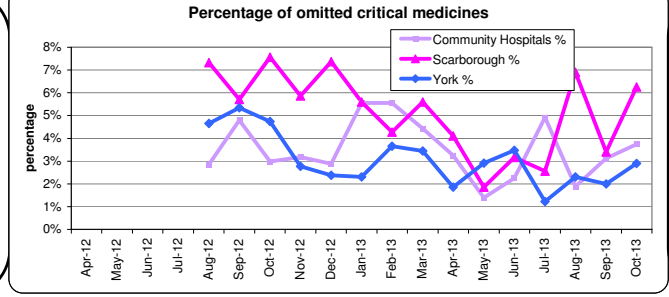
Please note, scale starts at 95% to show detail.

Drug Administration



During September there was a slight reduction in the number of medication errors involving insulin that have been reported on Datix.

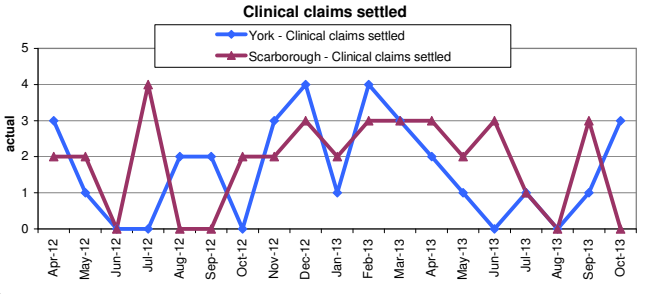
Data Source: Datix



The percentage of critical medicines which were ommited during October increased for all sites.

Data source: monthly prevalence

Litigation



Three litigation claims were settled during October.

Data Source: Risk and Legal Services

Flu Uptake

DIRECTORATE- York	% Uptake	Scarborough	% Uptake
Applied Learning and Research Directorate	22.07	Clinical Support	23
COMMUNITY Directorate	14.30	Facilities	12
Chairman & CEO Directorate	33.33	Headquarters	20
Child Health Directorate	35.19	Medicine	30
Corporate Nursing Directorate	39.22	Surgery & Critical Care	34
Emergency Department Dir	44.89	Women & Children	35
Estates & Facilities Directorate	22.57		
Finance Directorate	45.00		
General Surgery & Urology Directorate	39.22		
General and Acute Medicine Dir	39.35		
Head & Neck Specialties Directorate	41.18		
Human Resources Directorate	23.81		
Laboratory Medicine Dir	37.50		
Medical Governance Directorate	41.67		
Medicine For Elderly Directorate	37.46		
Operations Management Directorate	40.00		
Ophthalmology Directorate	27.18		
Orthopaedics & Trauma Directorate	29.08		
Pharmacy Directorate	60.16		
Radiology Directorate	61.04		
Sexual Health Directorate	31.93		
Specialist Medicine Directorate	30.94		
Systems & Network Services Directorate	31.55		
Theatres Anaesthetics & Critical Care	46.93		
Therapies	35.63		
Womens Health Directorate	32.99		
% Uptake Total	33.61		24

It remains a priority for staff to get vaccinated against influenza.

The Occupational Health & Wellbeing Service are available to vaccinate any member of staff. Uptake of the vaccination to date has been variable with many depts having less than 50% of staff vaccinated.

Patient Safety Walkrounds

Date	Location	Participants	Actions & Recommendations
Tuesday 8th October	Chemotherapy Unit/ Palliative Care Team (Scarborough)	Mike Proctor- Director Dr Humphriss- Clinical Director Jo Southwell- DM Jennifer Adams- NED	The Directorate are liaising with facilities to consider options available to regulate the temperature in the unit. This may include external fixated air conditioning unit. Nursing workspace, as part of the build work, there is provision to move an existing sink to create additional floor space and counter top availability.
Wednesday 9th October	Emergency Dept (revisited) (Scarborough)	Diane Palmer- Deputy Director of Patient Safety Joanne Southwell- Directorate Manager of Emergency Medicine Dr Smith- Clinical Director Hilary Woodward- Matron Mike Kearney- NED Jennifer Adams- NED	Staffing in ED – the medical staffing difficulties have improved. Nursing staff vacancies are now posing difficulties for the department although there are plans to recruit to the vacancies. Patient flow – the biggest problem seems to be that beds are not available early enough in the day. A review of in-patient bed occupancy is planned.
Monday 14th October	Women's wards/ departments (Scarborough)	Diane Palmer- Deputy Director of Patient Safety Mr Booth- CD Kim Hinton- DM Freya Oliver- Matron Jennifer Adams- NED	Old equipment and furniture including wooden trolleys need to be replaced. The décor includes wallpaper which needs to be removed. There is no dedicated ODP for obstetrics which means that out- of-hours if there is a case in general theatres then the on-call ODP has to be called in on-stand-by for obstetrics. Lifts can't be isolated to give priority for urgent obstetric cases. There are additional training needs for anaesthetic medical staff. Introduction of growth charts has resulted in an increased demand for scans, as capacity cannot currently meet demand each case is being individually risk assessed.

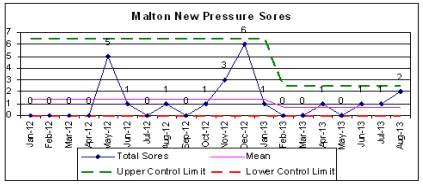
Community Dashboards

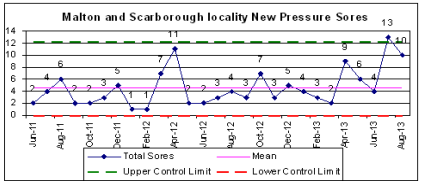
Malton Community Hospital
Patient Safety Dashboard – 21st November 2013

Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of incidents reported on - Datix web	17	24	22	25	32	27	20**					
Number of medication related incidents	1	3	1	1	0	1*	1***					
Number of new clinical litigation cases	0	0	0	0	0	0	1					
Number of settled clinical litigation cases	0	0	0	0	0	0	0					
Number of formal complaints	1	0	0	1	1	1	0					
Number of Serious Incidents (SI's)	0	0	0	0	1	0	3					
Number of Critical Incidents (CI's)	0	0	0	0	0	0	0					

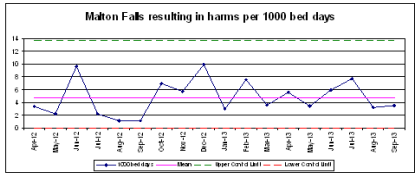
*Patient given Sando Kinstead of Calceos
**as of 9/11/13
***buprenorphine patch 10mcg/hr was found to be missing

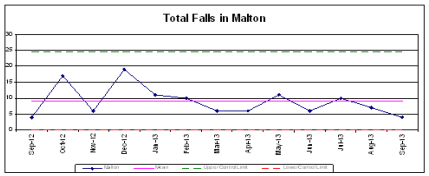
Pressure Ulcers (Datix)





Falls (Datix)





Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Mean falls with harm per 1000 bed days (Trajectory <3.8 per month)	5.6	3.4	5.9	7.7	3.2	3.5						

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of in-hospital deaths	2 (5.4%)	4 (10.3%)	5 (6.6%)	3 (2.5%)	2 (2%)	5 (5.2)	6 (13.3)					
Number of morality reviews	0	0	3	0	0	0	0*					

*as of 11/11/2013

Activity	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar14	
	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye
Admissions	21	34	19	16	32	49	43	76	19	72	19	69	21	13										
Discharges	23	14	21	19	30	46	40	77	25	75	22	74	26	20										
Length of hosp stay – mean *previous yr	26.5 *27	30.3 *NR	24.0 *20.1	24.8 *NR	17.3 *9.1	22.3 *NR	17.5 *NR	20.0 *NR	24.2 *NR	26.1 *NR	19.9 *NR	42.5 *8.8	31.8 *11.8	33.1 *14.8	*15.1	*22.3	*15.3	*15.5	*30.5	*16.5	*24.5	*26.8	*19.9	*22.5

NR= No Record on Signal

IPC	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar14	
Ward	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye
% compliance with hand hygiene	100	100	100	100	75	100	100	100	100	100	100	100	100	100										
% compliance with glove use	100	100	100	100	100	100	100	100	100	100	100	100	100	100										
% compliance with bare below the elbow	100	100	100	100	100	100	100	100	100	100	100	100	100	100										
CDIFF >72hrs (Acc year to date)	0	0	0	0	0	0	0	0	0	0	1		0	0										

Harm Free Care - Safety Thermometer Prevalence data	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar14	
Ward	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye
VTE (% of patients with a VTE)	0%	0%	7% (1 old)	0%	7% (1 old)	0%	7% (1 old)	7% (1 old)	0%	8% (1 old)	0%	0%	0%	0%										
Falls (% of patients who fell)	17% (3 low harm)	46% (1 low, 3 mod, 3 sev harm)	0%	13% (2 low harm)	23% (3 low harm)	18% (2 mod harm)	14% (1 mod, 1 low harm)	15% (1 no, 1 low harm)	6% (1 low harm)	8% (1 low harm)	42% (1 NH, 3 LH, 2 MH)	0%	14% (2 no harm)	8% (1 no harm)										
Pressure Ulcers (% of patients with a new PU- CQUIN)	5% (1 cat 2)	6% (1 cat 3)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	14% (1 cat 2)	0%										
Pressure Ulcers (% of patients with an old PU - CQUIN)	5% (1 cat 2)	13% (2 cat 2)	0%	20% (1 cat 2, 2 cat 3)	23% (3 cat 2)	27% (2 cat 2, 1 cat 4)	0%	7% (1 cat 4)	6% (1 cat 2)	16% (1 cat2, 1 cat3)	0%	28% (3 cat2, 1 cat4)	14% (1 cat 2, 1 U)	23% (2 cat2, 1 U)										
UTI (% of patients)	23% (3 new, 1 old)	20% (3 old)	50% (5 new, 2 old)	6% (1 new)	30% (3 new, 1 old)	0%	14% (2 old)	22% (2 new, 1 old)	22% (2 new, 2 old)	8% (1 new)	21% (3 old)	7% (1 new)	7% (1 new)	15% (2 old)										
Empty Admin Boxes	41%	20%	28%	6%	7%	63%	28%	69%	28%	33%	7%	43%	7%	23%										
Omission code 4	41%	20%	0%	20%	30%	72%	28%	7%	22%	25%	14%	14%	7%	23%										
Omitted Critical Medicines	0%	0%	0%	0%	0%	18%	0%	23%	0%	0%	7%	0%	0%	8%										

RCA feedback and action planning	1 RCA for CDIFF case outstanding 2 x RCA for falls with harm complete Key actions: Comfort round frequency for high risk patients to be hourly. Care planning interventions to be reviewed. Safety brief to include all patients at risk. Better utilisation of falls monitors. Ensure that post falls check lists have been completed and actioned. Ensure that staff know the correct process for calling Primecare out of hours Dr's. RCA's awaited for 3x SI's for category 4 pressure ulcers in the community.

Risk Register

No of risks on Risk Register	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14

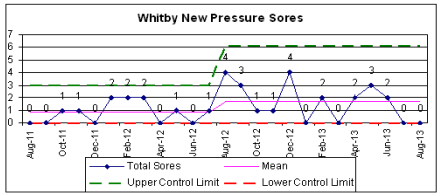
Top 3 Risks on Risk Register	
1.	
2.	
3.	

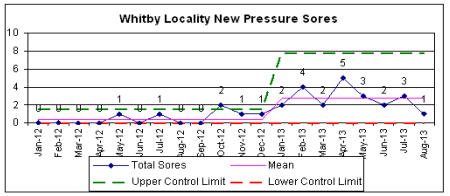
WHITBY Community Hospital
Patient Safety Dashboard – November 2013

Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan14	Feb 14	Mar 14
Number of incidents reported on Datix web	26	22	19	18	17	14	33					
Number of medication related incidents	0	1	3	0	0	0	1*					
Number of settled clinical litigation cases	0	0	0	0	0	0	0					
Number of formal complaints	0	0	0	0	0	0						
Number of Serious Incidents (SI's)	0	0	0	0	1	1**	0					
Number of Critical Incidents (CI's)	0	0	0	0	1	0	0					

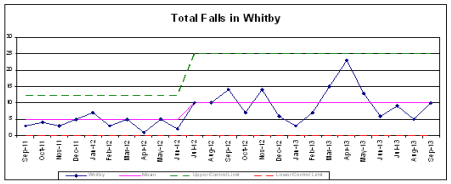
** ? SI Category 4 Pressure Ulcer on Abbey Ward from March
* drug given but not signed for

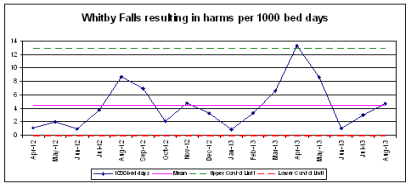
Pressure Ulcers (Datix)





Falls (Datix)





Target 20% reduction in falls 13/14: Mean number of Falls with harm per 1000 beds days to not exceed 3.6 per month.

Mean falls with harm per 1000 bed days	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
	13	8.6	1	3	4.8	-						

A Falls Prevention Action Plan is currently being worked through Abbey & War Memorial Wards.

Activity	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar 14	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
Admissions	19	18	17	35	11	24	18	27	10	16	7	11	9	14										
Discharges	21	19	18	30	10	22	17	26	18	29	10	14	15	30										
Delayed Transfer of Care	Current position as of 7/11/13: 4																							
Mean Length of stay over both wards *previous yr	20.6 *0	20.8 *0	28.9 *0	16.0 *0	17.2 *0	15.7 *0	36.5 *0	21.6 *0	33.3 *14.7	23.3 *0	41.8 *0	23.5 *0	42.1 *0	29.1 *16.3	*15.0	*13.0	*21.0	*16.1	*24.6	*18.9	*14.4	*27.5	*37.4	*15.6

IPC	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar 14	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
% compliance with hand hygiene	100	100	100	100	100	100	100	100	100	100	100	100												
% compliance with glove use	100	100	100	100	100	100	100	100	100	100	100	100												
% compliance with bare below the elbow	100	100	100	100	100	100	100	100	100	100	100	100												
CDIFF >72hrs (accumulative Whitby year to date)	1		1		1		0		0		0													

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan14	Feb 14	Mar 14
Number of in-hospital deaths (discharge as died)	6 (12.5%)	2 (3.6%)	3 (7.7%)	9 (16%)	9 (16%)	6 (18%)	4 (6.9%)					
Number of morality reviews	1	0	0	0	0	1	0*					

*as of 21/10/13

Harm Free Care - Safety Thermometer Prevalence data	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar 14	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
VTE *(% of patients with a VTE)*	0%	5% *(1 new)*	0%	11% *(2 old)*	7% *(1 old)*	6% *(1 old)*	0%	0%	7% *(1 old)*	0%	0%	5% *(1 new)*	7% *(1 old)*	5% *(1 old)*										
Falls *(% of patients who fell)*	13% *(2 no harm)*	10% *(2 no harm)*	14% *(2 low harm)*	11% *(2 low harm)*	57% *(1 sev, 3 mod, 4 low)**	12% *(2 low harm)*	6% *(1 no harm)*	0%	6% *(1 no harm)*	0%	0%	6% *(1 no harm)*	7% *(1 mod harm)*	0%										
Pressure Ulcers *(% of patients with a **new** PU- CQUIN)*	7% *(1 cat 2)*	0%	0%	0%	0%	6% *(2 cat 2)*	13% *(2 cat 2)*	0%	0%	10% *(2 cat 2)*	0%	0%	7% *(1 U)*	5% *(1 cat 2)*										
Pressure Ulcers *(% of patients with an **old** PU - CQUIN)*	0%	10% *(2 cat 3)*	7% *(1 cat 2)*	16% *(1 cat 3, 2 cat 2)*	7% *(1 cat 2)*	6% *(1 cat 4)*	6% *(1 cat 2)*	5% *(1 cat 2)*	0%	5% *(1 cat 2)*	7% *(1 cat2)*	12% *(2 cat 2)*	7% *(1 cat2)*	10% *(1cat2, 1 cat 3)*										
UTI *(% of patients)*	26% *(4 old)*	10% *(1 new, 1 old)*	14% *(2 new)*	27% *(5 new)*	7% *(1 new)*	12% *(2 old)*	13% *(1 new, 1 old)*	21% *(4 old)*	13% *(1 new, 1 old)*	5% *(1 new)*	21% *(2 new, 1 old)*	6% *(1 new)*	13% *(2 new)*	40% *(6 new 2 old)*										

Safety thermometer – Local measures	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar 14	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
Empty Admin Boxes (% missed doses)	20%	5%	35%	0%	50%	56%	0%	0%	0%	10%	0%	0%	0%	20%										
Omission code 4 (% drug not available)	46%	5%	42%	0%	21%	31%	0%	5%	0%	5%	0%	0%	13%	10%										
% Omitted Critical Medicines	0%	0%	7%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%										

RCA feedback and action planning	Actions from recent RCA investigation of falls with harm - All domestic staff to receive refresher training in bed brakes application, falls sensors to be purchased. Falls prevention leaflets to be ordered and given to patients at risk, as we as all actions from falls action plan developed in August.

Risk Register

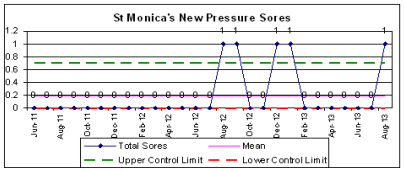
No of risks on Risk Register	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14

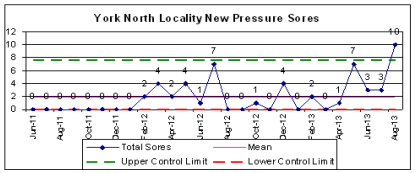
Top 3 Risks on Risk Register	
1.	Lack of Clinical Leadership at Minor injuries Unit Whitby
2.	Fire detection system does not meet commission level 1 requirement
3.	Failure to reduce pressure ulcer prevalence

ST MONICA'S Community Hospital
Patient Safety Dashboard – October 24th 2013

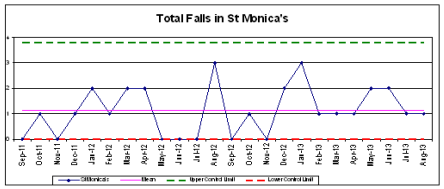
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of incidents reported on - Datix web	2	5	6	4	7	2						
Number of medication related incidents	0	0	0	3	0	0						
Number of settled clinical litigation cases	0	0	0	0	0	0						
Number of formal complaints	0	0	0	0	0	0						
Number of Serious Incidents (SI's)	0	0	0	0	0	0						
Number of Critical Incidents (CI's)	0	0	0	0	0	0						

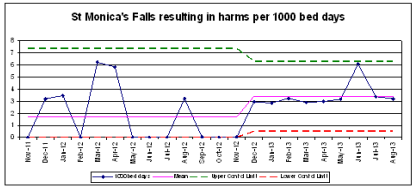
Pressure Ulcers





Falls





Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Mean falls with harm per 1000 bed days (Trajectory <1.7 per month)	3.0	3.2	6.1	3.4	3.4	-						

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of in-hospital deaths (%)	4 (19%)	1 (5.6%)	5 (41%)	0	1 (7%)	2 (11%)						
Number of morality reviews	0	0	1	0	0*	0*						

* as of 21/10/13

York Teaching Hospital NHS
NHS Foundation Trust

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Admissions	17	14	12	15	14	19						
Discharges	18	14	12	15	14	17						
Delayed Transfer of Care	Current as of 15/10/2013 - 2											
Length of hospital stay – mean *(previous yr)*	24 (40)	13.1 (23)	30 (21)	13.9 (50)	24.3	18.7						

IPC	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
% compliance with hand hygiene	100%	95%	95%	94.3%	100%	100%						
% compliance with glove use	100%	100%	100%	100%	100%	100%						
% compliance with bare below the elbow	88%	95%	95%	89%*	100%	100%						
CDIFF >72hrs (accumulative Whitby year to date)	0	0	0	0	0	0						

*Dr 67%

Harm Free Care - Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
VTE *(% of patients with a VTE)*	0%	0%	0%	0%	0%	0%	0%					
Falls *(% of patients who fell)*	9% (1 no harm)	33% (3 low harm)	10% (1 low harm)	23% (1 no harm, 1 low harm)	0%	0%	0%					
Pressure Ulcers *(% of patients with a new PU)*	0%	0%	0%	0%	10%	0%	0%					
Pressure Ulcers *(% of patients with an old PU)*	0%	0%	0%	0%	0	11%	0%					
UTI *(% of patients)*	19% (1 old, 1 new)	12% (1 old)	20% (1 old, 1 new)	23% (1 old, 1 new)	30% (3 new)	0%	0%					
Empty Admin Boxes	0	10%	0%	20%	20%	22%	9%					
Omission code 4	0%	12%	0%	23%	20%	44%	0%					
Omitted Critical Medicines	0%	0%	0%	0%	0%	0%	0%					

RCA feedback and action planning	No RCA's since last meeting

Risk Register

No of risks on Risk Register	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14

Top 3 Risks on Risk Register	
1.	
2.	
3.	

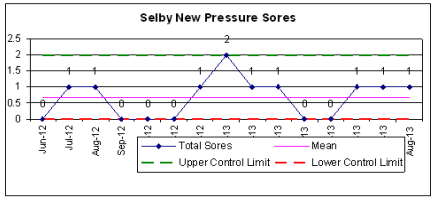
York Teaching Hospital NHS
NHS Foundation Trust

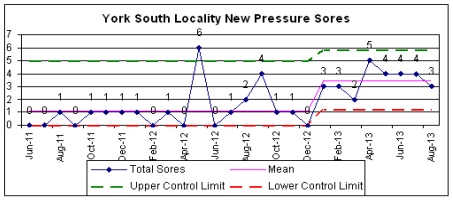
SELBY Community Hospital
Patient Safety Dashboard – October 2013

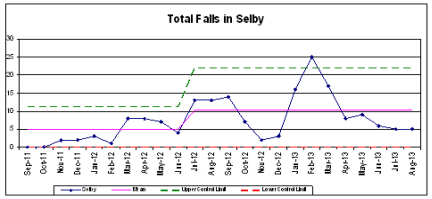
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of incidents reported on - Datix web	15	13	10	20	10	13						
Number of medication related incidents	1	0	1	3	0	2*						
Number of settled clinical litigation cases	0	0	0	0	0	0						
Number of formal complaints	0	0	0	0	0	0						
Number of Serious Incidents (SI's)	0	0	0	0	0	0						
Number of Critical Incidents (SI's)	0	0	0	0	0	0						

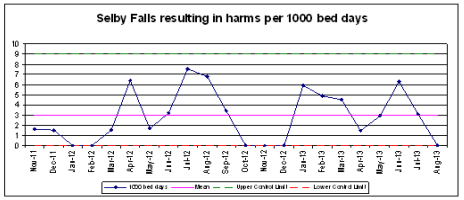
* *pharmacy supplied wrong TTO, Oral morphine 5 mls missing*

Pressure Ulcers









Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Mean falls with harm per 1000 bed days (Trajectory <2.32 per month)	1.5	3.0	6.3	3.0	0							

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of in-hospital deaths (%)	6 (2.6)	3 (5.7)	3 (5.9)	6 (10)	8 (17)	5 (11)						
Number of morality reviews	0	0	2	4	5	0*						

*as of 21/10/13

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Admissions	39	55	48	61	43	45						
Discharges	39	53	51	60	47	45						
Delayed Transfer of Care	Info not available yet											
Length of hospital stay – mean *(previous yr)*	32 (27)	29 (19)	21 (18)	22.4 (25)	14.3 (20.1)	21.1 (18.9)						

IPC	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
% compliance with hand hygiene	100%	100%	100%	100%	100%	100%						
% compliance with glove use	100%	100%	100%	100%	100%	100%						
% compliance with bare below the elbow	100%	100%	100%	100%	100%	100%						
CDIFF >72hrs (accumulative Selby *year to date)*	0	0	0	0	0	0						

Harm Free Care - Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Overall Ward Harm free	**90%**	**100%**	**100%**	**95%**	**100%**	**100%**	**100%**					
VTE *(% of patients with a VTE)*	0%	0%	0%	0%	10% *(2 old)*	5% *(1 old)*	0%					
Falls *(% of patients who fell)*	4% *(1 no harm)*	10% *(1 no harm,1 moderate harm)*	5% *(1 no harm)*	4% *(1 no harm)*	0%	0%	0%					
Pressure Ulcers *(% of patients with a new PU)*	4%	0%	0%	10%	0%	0%	7%					
Pressure Ulcers *(% of patients with an old PU)*	13%	14%	8%	10%	25%	15%	14%					
UTI *(% of patients)*	18% *(3 new, 1 old)*	23% *(3 new, 2 old)*	4% *(1 new)*	10% *(1 old, 1 new)*	15% *(2 old, 1 new)*	10% *(2 new)*	14% *(2 new)*					
Empty Admin Boxes	13%	23%	17%	14%	30%	20%	14%					
Omission code 4	0%	4%	0%	0%	10%	0%	7%					
Omitted Critical Medicines	4%	4%	0%	4%	5%	5%	14%					

RCA feedback and action planning	No RCA completed since last meeting

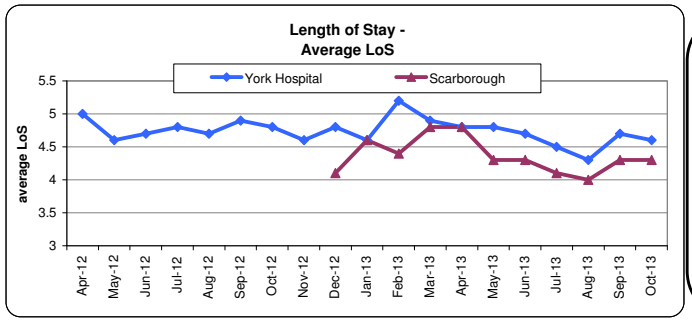
Risk Register

No of risks on Risk Register	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14

Top 3 Risks on Risk Register	
1.	
2.	
3.	

Clinical Effectiveness Dashboard

Clinical Effectiveness



The Length of Stay (LOS) for in-patients (excluding day cases and babies) was 4.6 days for York Hospital and 4.3 days for Scarborough Hospital during October.

Data source: CHKS

Corporate Risk Register (Quality and Safety issues)

September 2013

• No new risks have been added to the register this quarter.

Risk description	Risk Rating	Start date
Capacity Issues	20	Feb-13
A risk to patients of harm through Drug Errors both within acute and community services E.g. Never event that occurred at Whitby Hospital	20	Oct-03
Risk of harm to patients due to lack of patient ID and failure to follow policy. (updated November 2010) Variation in compliance with patient ID policy	16	Jun-09
Risk to patient safety from the lack of a commissioned service to specialist advice regarding paediatric mental health as there is no 'out of hours' service provision by the mental health specialist services.	15	Feb-11
Exceeding trajectories for C. diff	15	Feb-11
Secondary care patients at risk of sub-optimal care due to lack of psychiatry liaison.	12	Jan-06
Inability to fulfil the Training requirements of the PREVENT Strategy to the standards as laid out in the Department of Health Document; "Building Partnerships, Staying Safe, the health sector contribution to HM Governments Prevent strategy.	12	Jun-12
Public/Stakeholder/Political reputation/media turbulence as reconfiguring proposals begin to be in the public domain	10	Feb-11
Delay in treatment due to failure to act on abnormal test results	5	Sep-07
Risk to compliance with Children's safeguarding standards due to levels of staff trained at levels 2 and 3	6	Sep-12

Report: Patient Safety > Patient Safety Scorecard
Hierarchy: Trust overview
Site time period: Sep 2012 to Aug 2013 Peer time period: 2013

Description	Change	Value Current Period	Value Previous Period	Site Numerator	Site Denominator	Peer 25th Percentile	Peer 75th Percentil	Peer Average	Rating
Data Quality Index (HRGv4 based)	Current period is 3% worse than previous period.	93.4	95.9	152,728	163,557	95.5	96.8	95.5	Red
% FCEs with palliative care code	Current period is 3% better than previous period.	0.71%	0.73%	1,128	158,538	0.95%	0.52%	0.71%	Amber
% Deaths with Palliative care code	Current period is 15% worse than previous period.	15.42%	13.42%	312	2,023	21.38%	12.17%	16.87%	Amber
% Sign or symptom as a primary diagnosis	Current period is 9% better than previous period.	11.49%	12.64%	18,209	158,538	11.92%	9.13%	10.12%	Amber
Outpatient DNA Rate	Current period is 4% better than previous period.	6.40%	6.70%	36,919	575,197	9.90%	7.10%	9.00%	Green
Readmissions 7 days	Current period is 5% better than previous period.	2.90%	3.10%	3,830	131,700	3.50%	2.70%	3.10%	Amber
Readmissions 30 Days	Current period is 8% better than previous period.	6.20%	6.70%	8,197	131,700	7.10%	5.60%	6.20%	Amber
Mortality	Current period is 4% better than previous period.	1.56%	1.62%	2,050	131,700	1.47%	1.12%	1.22%	Red
Rates of deaths in hospital within 30 days of Non-elective surgery	Current period is 7% better than previous period.	1.60%	1.70%	140	8,759	1.60%	1.10%	1.40%	Amber
Rates of deaths in hospital within 30 days of Elective surgery	Current period is 3% better than previous period.	0.02%	0.02%	6	26,416	0.04%	0.02%	0.03%	Amber
Discharge to usual place of residence within 28 days of emergency admission from there with a hip fracture	Current period is 12% better than previous period.	51.20%	45.80%	297	580	41.80%	55.70%	48.50%	Amber

The Patient Safety Scorecard for the Trust indicates a red rating for mortality when compared with our peer group, although there has been a 4% improvement.

Data source: CHKS

Maternity Dashboard - York and Scarborough

			Measure	Data source	No Concerns (green)	Of Concern (Amber)	Concerns (Red)	Flag Source	2013 Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Av. Monthly YtD	Notes
Activity	**Births**	Bookings	1st m/w visit	CMIS	≤502	503-579	≥580	prev. stats	570	464	462	511	414	403	477	429	396	261	458	
		Bookings <13 weeks	No. of mothers	CMIS	≥90%	76%-89%	≤75%	CQUIN	89%	90%	92%	88%	84%	86%	89%	86%	86%	87%	88%	
		Bookings ≥13 weeks (exc transfers	No. of mothers		≥90%	76%-89%	≤75%	CQUIN				only Scarborough data available								to commence when CPD data available
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	Mat Rec	≥90%	76%-89%	≤75%	CQUIN				to commence when CPD data available								
		Births	No. of babies	CMIS	≤365	366-499	≥500	prev. stats	386	378	380	416	421	349	439	436	431	293	404	
		No. of women delivered	No. of mothers	CMIS	≤365	366-499	≥500	prev. stats	377	368	365	410	415	340	434	427	422	283	395	
	Closures	Homebirth service suspended	No. of closures	Comm. Manager	0-6	7-13	14 or more		4	3	5	1	2	2	0	1			2	
		Homebirth service suspended	No. of women	Comm. Manager	0	3	4 or more		0	0	2	1	0	0	0	0			0	
		Escalation Policy implemented	No. of times	Comm. Manager	0-6	7-11	12 or more		4	4	3	3	1	0	1	0			2	
		Maternity Unit Closure	No. of closures	Matron	0	1	2 or more		2	1	0	0	0	0	0				0	
		SCBU closed to admissions	In utero transfers	Transfer folder	0	1-3	4 or more		1	1	1	1	1	0	0	2	5	3	1	
Workforce	**Staffing**	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH												
		HCA's	WTE	Matron				staffing paper	35.68	33.26		only York Data available				38.61				
		1 to 1 care in Labour		Risk Team								only Scarborough data available								to commence when CPD data available
		L/W Co-ordinator supernumary %		Risk Team								only York Data available						48		
		Consultant cover on L/W	av. hours/week	Rota	≥98		<98	Safer Childbirth	105	116	116	116	116	116	116	116	116	76	115	
		Anaesthetic cover on L/W	av.sessions/week	Rota	20		≤20		13	13	13	13	13	13	13	13	13	13	13	
		Supervisor : M/w ratio 1:	Ratio	Rota	≤15	16-19	≥20	NMC	13	13	13	13	13	13	13	13	13	13	13	
Clinical Indicators	**Neonatal/Maternal Morbidity**	Sponateous Vaginal Births	No. of svd	CMIS	≥65%	64%	≤63%		68.1	67.7	68.3	66.1	66.2	66.9	71.8	70.3	67.0	68.3	68.0	
		Operative Vaginal Births	No. of instr. births	CMIS	≤15%	16-19%	≥20%	prev. stats	8.3	8.4	9.6	7.5	8.3	11.2	8.1	8.6	8.3	10.9	8.7	
		C/S Deliveries	Em & elect	CMIS	≤24%	24.1-25.9	≥26%	prev. stats	22.5	22.4	21.4	22.6	25.2	21.5	19.5	20.4	23.9	20.8	22.2	
		Eclampsia	No. of women	CMIS	0	1-3	4 or more		0	0	0	0	0	0	0	0	0	0	0	
		Undiagnosed Breech in Labour	No. of women	CMIS	4 or less	5-9	10 or more	prev. stats	1	1	0	2	1	1	1	5	1	3	1	
		ICU transfers	No. of women	Risk Team - Datix	0	1-3	4 or more	prev. stats	0	0	0	1	0	2	2	1	1	1	1	
		HDU on L/W	No. of days	Handover Sheet								only York Data available				39	19	25	29	
		P/N Hysterectomies < 7days p/n	No. of women	Risk Team - Datix	0	1-3	4 or more	prev. stats	0	0	0	1	0	0	0	1	0	0	0	
		BBA	No. of women	Risk Team - Datix	2 or less	3-7	8 or more	prev. stats	4	3	9	5	2	2	4	11	2	6	5	
		Meconium Aspirate	No. of babies	SCBU sister	0	1-3	4 or more	prev. stats	0	1	0	0	0	0	0	1		0	0	
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1-3	4 or more	prev. stats	1	0	0	0	1	0	2	1		0	1	
	Risk Management	SI's	Total	Risk Team	0	1-3	4 or more		0	0	0	0	0	0	1	0	0	0	0	
		PPH > 2L	No. of women	Risk Team - Datix	4 or less	5-9	10 or more		4	3	4	4	0	2	2	5	5	7	3	
		Shoulder Dystocia - True	No. of women	Risk Team - Datix	4 or less	5-9	10 or more	RCOG	7	2	6	4	2	3	4	2	3	6	4	
		3rd/4th Degree Tear	% of tears (vaginal bi	CMIS	≤1.5%	1.6-6.1%	≥6.2%	RCOG	3.9	4.6	2.8	4.5	3.5	3.5	3.7	3.4	1.9	3.4	3.5	April 2013 - range of goals reviewed & updated following publication of RCOG HES data
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%				only York Data available				79	79	84	90	83	
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%				only York Data available				63	48	51	48	53	
		Training cancelled	No. of staff affected	Risk Team	0	1	≥2		0	0	0	0	9	8	0			1	2	
	New Complaints	Informal	Total	Matron	0	1-9	10 or more		1	0	2	0	3	2	2	1		0	1	
		Formal	Total	Matron	0	1-9	10 or more		4	3	4	3	3	1	4	4		2	3	
	New Claims		Total	Directorate Manager	0	1-3	4 or more		1	1	0	0	2	0	3	0	1	0	1	

Clinical Standards Group – November 13

This paper provides an update on current status and risk issues with NICE Guidelines at the Trust on the 1st November 2013.

NICE Clinical Guidance

Site	Guidance	Compliant with evidence	Compliant	Partial			Not compliant		Pending	Total
				With action plan	No action plan required	No action plan	No action plan	With action plan		
York	Clinical Guidelines	22	34	42	0	3	0	0	22	**123**
Scarborough	Clinical Guidelines	19	10	4	0	7	0	0	71	**111***
York	Non-drug Technology Appraisal	3	12	0	2	0	0	0	1	**18**
Scarborough	Non-drug Technology Appraisal	2	6	0	0	0	0	0	8	**16***
York	Quality Standards	3	3	7	2	0	0	0	30	**45**
Scarborough	Quality Standards	2	4	1	0	2	0	0	36	**45**
York	Cancer Guidelines	3	1	2	3	0	0	0	0	**9**
Scarborough	Cancer Guidelines	1	0	0	7	0	0	0	1	**9**

*Scarborough - 12 Clinical Guidelines that are not relevant
*Scarborough - 2 Non Drug Technology Appraisals that are not relevant

York - Partial no action plan

Action plan but no timescales

CG110 Pregnancy and complex social factors
Action taken: 21/10/2013 (York) Email re. Partial with no action plan sent to K Thompson re. Timescales and responsible officers

No Action plan

CG147 Lower limb peripheral arterial disease - **Recommendation:** Offer a supervised exercise programme to all people with intermittent claudication. **Response:** Not currently provided in York but available in Scarborough

Action required: To email for action to be taken and timescales

CG170 Autism - management and support of children and young people on the autism spectrum
Action required: To email for action to be taken and timescales

Scarborough - Partial no action plan

Action plan but no timescales

CG035 Parkinson's disease
Action taken: 18/10/2013 requested timescales for actions from Dr Jones

CG064 Prophylaxis against infective endocarditis
CG094 Unstable angina and NSTEMI
CG095 Chest pain/discomfort of recent onset
CG134 Anaphylaxis
Action required: Email to request timescales

QS002 Stroke
18/10/2013 Emailed Dr Paterson for update and timescales for actions planned.

QS011 Alcohol Dependence
Action required: Effectiveness Team to confirm with Clinical Standards Group if action plan is needed

No Action plan

CG117 Tuberculosis
Action required: Email to request action plan and timescales

CG140 Opioids in palliative care
18/10/2013 Spoke with Katie re baseline before sending asking for action plan and timescales. Added do not do to baseline

The Clinical Audit & Effectiveness will be contacting the Clinical Leads to ensure we have action plans and timescales.

Do Not Do's

Site	Number of Do Not Do's					
	Compliant	Non Compliant	CSC Agreed to remain non compliant	Not Applicable	Pending	Total
York	576	7	7	15	160	765
Scarborough	231	11	0	55	467	765

Medical Technologies and Diagnostic Guidance

Site	Guidance	Performed	Pending	Total
York	Medical Technologies	4	5	**9**
Scarborough	Medical Technologies	0	9	**9**
York	Diagnostic Guidance	1	4	**5**
Scarborough	Diagnostic Guidance	0	5	**5**

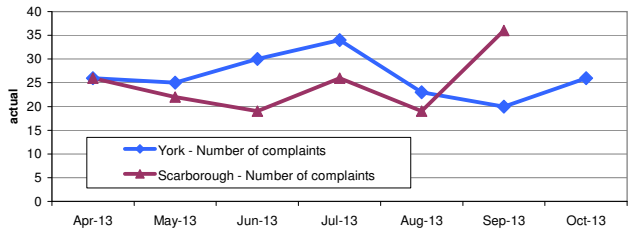
Interventional Procedures

Site	Guidance	Not Performed	Pending	Performed
York	Interventional Procedures	353	13	51
Scarborough	Interventional Procedures	387	26	4

Patient Experience Dashboard

Patient Experience

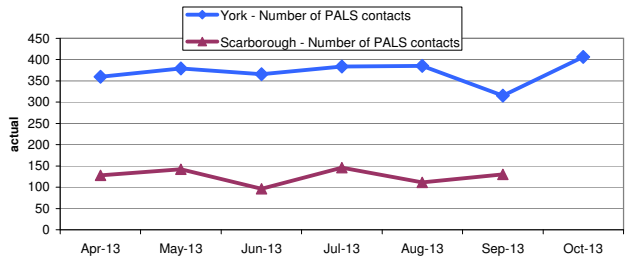
Number of complaints



Complaints registered in York relate to York Hospital and Community Services.

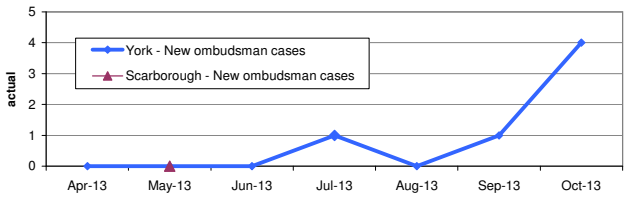
Complaints registered in Scarborough relate to Scarborough Hospital and Bridlington Hospital.

Number of PALS contacts



PALS contacts include face to face contact or contact by telephone or e-mail. Completed comment cards are also included in these figures.

New ombudsman cases



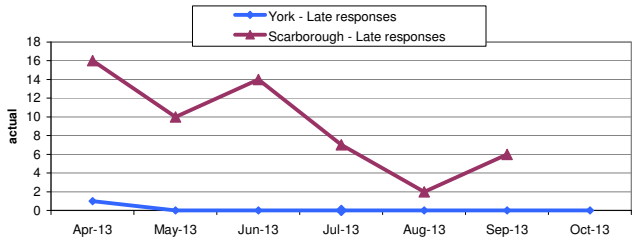
In York during 2012/2013, six cases were referred to the HSO, this represents 1.9% of the total number ofcomplaints received. Since April 2013, there have been six cases refered to the HSO, four in October.

In Scarborough during 2012/2013, nine cases were referred to the HSO, this represents 3.1% of the total number of complaints received. Since April 2013, no cases have been refered to the HSO.

York Complaints by subject- October 2013
All aspects of clinical treatment: 21
Attitude of staff: 3
Admissions, discharge and transfer arrangements: 1
Personal records: 1

The majority of complaints for all sites related to aspects of clinical treatment.

Complaints - Late responses

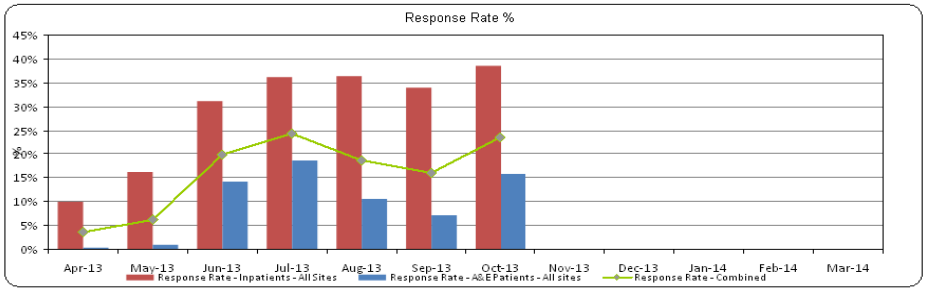


Late responses are defined as those complaints which do not meet the agreed response time. Complaint investigations that have been extended and agreed with the complainant are not included unless the extebded deadline is not met

York Complaints by directorate- October 2013
Child Health: 1
Elderly Medicine: 3
Emergency Medicine: 3
Estates and Facilities: 1
General Surgery: 4
Head and Neck & Ophthalmology: 4
Acute ard General Medicine: 3
Obstetrics and Gynaecology: 4
Orthopaedics and Trauma: 1
Anaesthetics, Theatres and Critical Care: 1
Specialist Medicine: 1

Friends and Family Test

The Friends and Family Test (FFT) continues to be rolled out across the Trust, with all adult inpatients, those attending ED and women accessing maternity services being asked the question "would you recommend this ward/ED/antenatal/labour and postnatal service to your family and friends".



	No. Eligible	Responses	Target	Response Rate
Q1	30,369	2,975	15%	9.80%
Q2	29,795	5,933	20%	20.05%
Q3				
Q4				

The response rate for Q2 overall achieved the required 20% response rate. The response rate for October increased to 23.60% from 16% in September

Response Rate - Inpatients - All Sites				Response Rate - A&E Patients - All sites				Response Rate - Combined			
Month	Eligible Pts	Responses	Response rate %	Month	Eligible Pts	Responses	Response rate %	Month	Eligible Pts	Responses	Response rate %
Apr-13	3,420	344	10.06%	Apr-13	6,887	30	0.44%	Apr-13	10,307	374	3.63%
May-13	3,417	559	16.36%	May-13	6,658	64	0.96%	May-13	10,075	623	6.18%
Jun-13	3,245	1,013	31.22%	Jun-13	6,742	965	14.31%	Jun-13	9,987	1,978	19.81%
Jul-13	3,447	1,243	36.06%	Jul-13	7,086	1,317	18.59%	Jul-13	10,533	2,560	24.30%
Aug-13	3,189	1,160	36.38%	Aug-13	6,883	727	10.56%	Aug-13	10,072	1,887	18.74%
Sep-13	3,061	1,037	33.88%	Sep-13	6,129	449	7.33%	Sep-13	9,190	1,486	16.17%
Oct-13	3,368	1,302	38.66%	Oct-13	6,623	1,056	15.94%	Oct-13	9,991	2,358	23.60%

Emergency Department:

Our response rate for both our Emergency Departments (ED) has been inconsistent across the first six months of implementation with a 15%+ response rate being achieved in July 2013 and October alone.

ED Response Rate by Site – October 2013				
Hospital Site	Eligible Patients	Total Responses	Response Rate	Net Promoter Score
York ED	4218	691	16.38%	51
Scarborough ED	2405	365	15.18%	48
Overall	**6623**	**1056**	**15.94%**	**50**

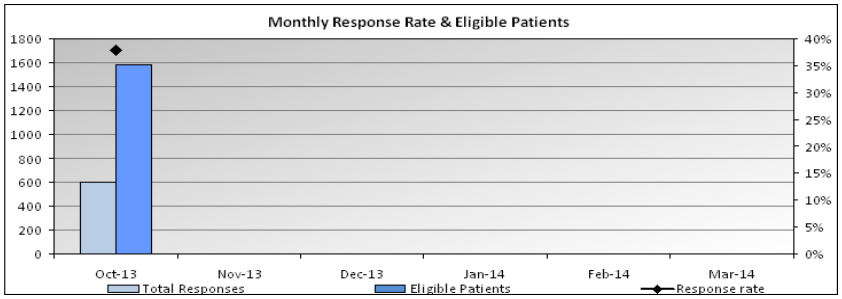
The Trust agreed that from 1st November we would move away from the Picker Comment Card to a bespoke token system and additional comment card. A token is handed to patients with a card which provides an explanation of the reason for the token and asks the patients to provide feedback on the back of the card. The token system in York is located in the main exit/entrance to the ED and in Scarborough is located near the reception desk and exit/entrance.

Additionally, to support our EDs a number of Governors agreed to assist in ensuring patients had been given a comment card and encouraged to complete it. This commenced mid October 2013 and will continue with the token system and separate comment card. Eight to ten Governors able to support the York ED and two Governors are supporting Scarborough ED. Additional Trust recruited volunteers are also providing support to the FFT in ED.

Maternity Services:
National roll-out of the FFT in Maternity took place from October 2013. A Maternity Services project group was set-up as a work-stream of the Friends and Family Test Steering group to oversee the implementation of the FFT. The Trust implemented the FFT in August 2013 to allow a period of testing.

The FFT across the maternity pathway asks four questions at the 36 week antenatal appointment, following labour and discharge from the postnatal ward and the transfer of care from midwife to HV/GP.
The table below shows the response rate for October 2013:

Report Month	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	Total Responses	Eligible Patients	Response rate	FFT Score
Oct-13	77.37%	19.13%	2.16%	0.83%	0.17%	0.33%	601	1585	37.92%	74



The PPI Specialist with the NHS Partnership Commissioning Unit lead attended a pre Overview & Scrutiny Committee (OSC) to brief the North Yorkshire CC on the Trust's plans to deliver the Maternity FFT. The City of York OSC will receive an update on our plans at its November meeting.

Healthwatch York:
Access to health and social care services for Deaf people

The Trust received the draft report into 'access to health and social care services for Deaf people' written by Healthwatch York. The report has been circulated within the Trust for comments and agreement on the recommendations contained within the report.
A number of recommendations made by Healthwatch include:

1 Provide deaf awareness training for all staff who have contact with the public. Deaf awareness training would enable staff to:
• Understand the communication needs of deaf people
• Understand who is responsible for booking interpreters
• Know how to book interpreters and the standards required.

2 Advertise and promote interpreting provision
3 Review how providers become aware of the preferred language or preferred method of communication of their patients and carers who are Deaf
4 Review how Deaf patients book appointments and how appointments are confirmed*
5 Consider how public meetings can be made accessible to the Deaf community
6 Consider creating a central fund to provide a shared pool of interpreters.
7 Adopt simple visual indicators in waiting rooms and reception areas
8 Review the accessibility of standard letters and consider making video clips of them

* is a recommendation for GP practices only in the report

The Trust must now respond within 20 working days to Healthwatch York and agree actions in response to those recommendations by 29th November 2013.

Community Services group (Governor-led)

At a recent meeting of the Community Services (Governor-led) group, members of the Trust attended to discuss plans that Governors were considering which would capture the views of patients in our community hospitals. The Governors are developing a project plan to take this piece of work forward by piloting patient diaries within a small number of wards at Selby and Malton hospitals.

Patient and Public Forums

Two Selby Governors, Lead Governor and the PPI specialist attended the Eastern Community Forum and Southern Community Forum (Selby) to discuss the Trust's values of Listening in order to improve and further discuss Governors roles and responsibilities. The Trust has been asked to speak at future forums and has responded by suggesting that given the nature of issues raised, that the Trust could provide senior representation to the Forum on a yearly basis alongside Public Health, the CCG, the Ambulance Trust and Healthwatch if this was acceptable to the Forum. It is felt that this would enable wider Q&A session .

Patient Narratives

The Trust's value 'Listening in order to improve' encourages directorates to seek and share patient and carer narratives of their experience of our Trust. The Patient Experience Team will support directorates where this is needed and is currently working with for eg the Parkinson's Advanced Nurse Specialist and Parkinson's UK to seek patient narratives of their care.

The Trust hears narratives received through many sources such as PALS, Complaints, and surveys and one which recently came into the Trust through a Cancer Experience survey was the following story about waiting for surgery: (in the patient's own words and grammar)

"my second operation, on a Friday – last on list, & I went to theatre at 4.10pm – however I had to be in hospital by 7.30am that day – I had nothing to eat since the evening before & wondered why I had to be in so early & then wait all day – when I saw afternoon operations patients arriving at midday & all had gone to theatre before me. The only time I felt left behind, although the nurses were very caring – understanding. There wasn't a bed in a ward until gone 8pm & I didn't see a Dr for an after-operation consultation. All staff were very apologetic – in the end I was discharged at 9pm – completely my decision – I was told I didn't have to go home as it wasn't policy to do that after 8pm, but it was my choice – I know not everything goes to plan all of the time & I was feeling well, although sore & tired. But it did seem a very long day, when I could have arrived at midday possibly? Having said that I still believe I had excellent care & treatment, & very grateful for everything, thank you".

This particular exert was fed back directly to the directorate and through the service improvement led steering group which is currently looking at improving the patient experience in this area.

C2

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 November 2013

Medical Director's Report

Summary

This report provides an update from the Medical Director.

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

No implications for equality and diversity.

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 Directors.
Risk	No additional risks indicated other than those reported on the 'Risk Register' item.
Resource implications	None identified.
Owner	Dr Alastair Turnbull, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	15 November 2013
Version number	1

Board of Directors – 27 November 2013

Medical Director's Report

1. Introduction

In the report this month:

1. Consultant appointments
2. Patient Safety Strategy - update
3. Patient Feedback Analysis
4. NHS Quest Site Visit

2. Consultant appointments

Mr Matthew Collins
Specialty Dentist in Restorative Dentistry

Dr Prashant Kant
Consultant Gastroenterologist

3. Patient Safety Strategy - update

Hospital Out of Hours

On both the York Hospital and the Scarborough Hospital sites work has been ongoing to develop a robust Hospital at Night model of care. These are currently at different stages of implementation within both hospitals.

To review the Hospital out of Hours work to date, on both sites, a key stakeholder meeting was held in September. The purpose of this meeting was to discuss progress made for the hospital over night model and agree the next steps for the work needed to review and improve the hospital at weekend and bank holidays.

The team agreed the aim of the HOOHs programme of work is to continue to develop an out of hour's service that delivers consistent care 24/7 365 days / year – reducing variation in interventions and outcomes between in hours and out of hours care.

The scope of this work will remain, in the first instance, focused on the York and Scarborough acute sites, but will expand its remit from hospital over night services to include hospital weekend and bank holiday out of hours care.

In recognition of the differing infrastructures and workforce arrangements on each site, the team acknowledged that *how* the above goal is met may be different on both sites. However, the guiding principle of improving consistency of care across 24 hours, 7 days per week will apply to both sites.

The interdependencies between the acute board strategy and in particular working group 3 which is leading the work on developing a 7 day consultant led service for acutely ill patients are recognised.

In order to assess the quality and safety of the out of hours service both over night and now in particular at weekends and bank holidays, a set of key performance indicators will need to be

collected and analysed.

This data collection will form the first phase of the diagnostic stage of the improvement cycle. The aim of the data collection is to understand if there is variation in quality and safety of care that is related to day and time of admission. Data will be collected for a period of 12 months from August 2012 to August 2013.

Once the data collection has been completed the plan is to engage with a wider key stakeholder group on each site the aim being to form site specific steering groups to oversee an performance manage the work.

Scarborough Hospital out of Hours update
The Scarborough Hospital at night model of care was implemented in February 2013 following a 2 year project. The specialties of Medicine, Elderly Medicine, Surgery, Urology and Trauma and Orthopaedics are included in the current model.

Initial feedback from the H@N team and initial audit of the model has been very positive. The next stage is to undertake a review of site management and the management of patient flow within Scarborough Hospital, identifying any areas for improvement. The H@N team will be part of this review.

As part of the current Acute Board Strategy work looking more extensively at the Hospital out of Hours an initial stakeholder meeting has already been held on the Scarborough site to discuss engagement, support and leadership for the work, including the descriptors and parameters for the data analysis.

At this meeting the team felt there was a need to collect a view about patient quality and safety of care out of hours from a broader group of multidisciplinary front line staff. A questionnaire has been devised to distribute across both Trusts in November 2013.

York Hospital out of Hours update
The York model for hospital at night is part way through its implementation plan.

Bleep filtering has been successfully rolled out to all areas identified as needing to be covered by bleep filtering including medicine, elderly medicine, surgery, urology, head and neck, gynaecology and ESA.

The junior doctor rota on AMU has also been successfully implemented with a dedicated rota for acute medicine being designed and delivered.

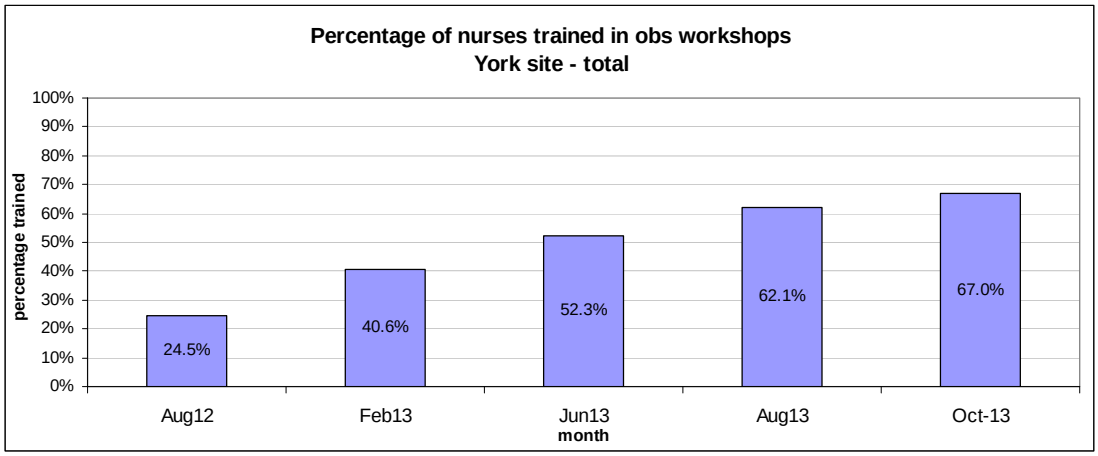
Work continues to implement a reduction in the number of technical tasks requested by the wards over night, this includes exploration of the clinical support worker role, or ward staff completing the task themselves. Work has also stared to improve the phlebotomy service and reduce the demand on junior doctor time during the day to complete blood requests.
A plan to develop the bed manager's office to be a central information hub for new arrivals and patient flow is also planned. This will be supported by IT developments such as the arrivals board and enable electronic handovers between day to night teams to commence.

No work has been undertaken as yet on the York site to expand the H@N programme to include hospital at weekends and bank holidays. However, the aim is to start hospital at weekend by December 2013 following the identification of a clinical chair to lead the work. It is envisaged the' hospital at night steering group would be re-convened under the leadership of the new clinical chair to over see this work.

Reducing Harm and Deterioration

Deteriorating patient

Standard to be achieved – 95% of registered nurses and health care assistants completed observation training in high risk wards by March 2014.



The graph above demonstrates compliance against this standard – York site only. Scarborough data not yet available although training has commenced.

For high risk wards (York site) the data is as follows:
Ward 14 – 100%
Ward 16 – 98%
Ward AMU – 56% (number of vacancies now recruited to)
Ward 28 – 75%
Ward 33 – 93%
Ward 34 – 100%
Ward SSW – 74%

Manual observations – business case has been approved to purchase manual obs equipment in order to make more equipment available to undertake observations and to promote improved assessment. A small project group has been established to manage the roll out and associated education.

The Deteriorating Patient Group is being re-established chaired by a clinical lead, terms and reference and membership are in development.

Standard to be achieved – Quarterly audit of cardiac arrests.

This audit cannot yet be undertaken due to capacity within the Resuscitation Team. The focus of the team currently is to ensure all staff under take basic life support training (BLS). A further update will be provided in next months report.

The CQUIN indicator for the deteriorating patient requires an audit to be undertaken of 50 patients (25 for each acute site) for quarter 3 and 4. The audit tool has been developed and will examine care leading up to deterioration, escalation and response. Some of these patients may have had a cardiac arrest. Therefore some learning will be able to be determined through this audit without a full cardiac arrest audit being undertaken.

Improved recognition and management of the patient with sepsis

The Sepsis Group continues to meet. Main focus is testing the Sepsis 6 protocol in ED and AMU on both acute sites. An audit of compliance is due to take place in November, results of which will

determine next steps. Education for sepsis continues and material is being standardised for use in clinical areas.

Improved management of in-patients with diabetes

Standard to be achieved – insulin prescribing errors of no more than 6% by December 2014
Figures for August insulin errors are 4.7% (4/85) for York Hospital and 4.5% (1/22) for Scarborough/Bridlington.

Standard to be achieved – Hypoglycaemic episodes of no more than 2.5% by December 2014

Current figure stands at 3.69% (i.e. of all blood glucose tests undertaken 3.69% were <4 mmols). The figure is not yet available for Scarborough hospital or any of the community hospitals.

Reduce patient falls

A falls group has now been established at Scarborough Hospital and will meet for the first time in November. Pre-meeting discussions with the clinical lead have agreed to aim to replicate the falls reduction strategy in place in York. A whole trust group will be established early next year.

Between January and October 2013 there were a total of 18 patients who had a fall which resulted in serious harm.

All falls resulting in severe harm will now, be considered as potential serious incidents (SIs).

Standard to be achieved – Falls champions identified on all wards by March 2014.

Within the acute hospitals of the 37 areas requiring Falls Champions, 13 areas have formally identified the names of Falls Champions (35.1%). It has been agreed that community hospitals require one champion per hospital rather than one per ward. Eight community hospitals require Falls Champions and to date 3 hospitals have formally identified the names of Falls Champions (37.5%).

Standard to be achieved - All Falls Champions to have undertaken the FallSafe E-learning package by June 2014.

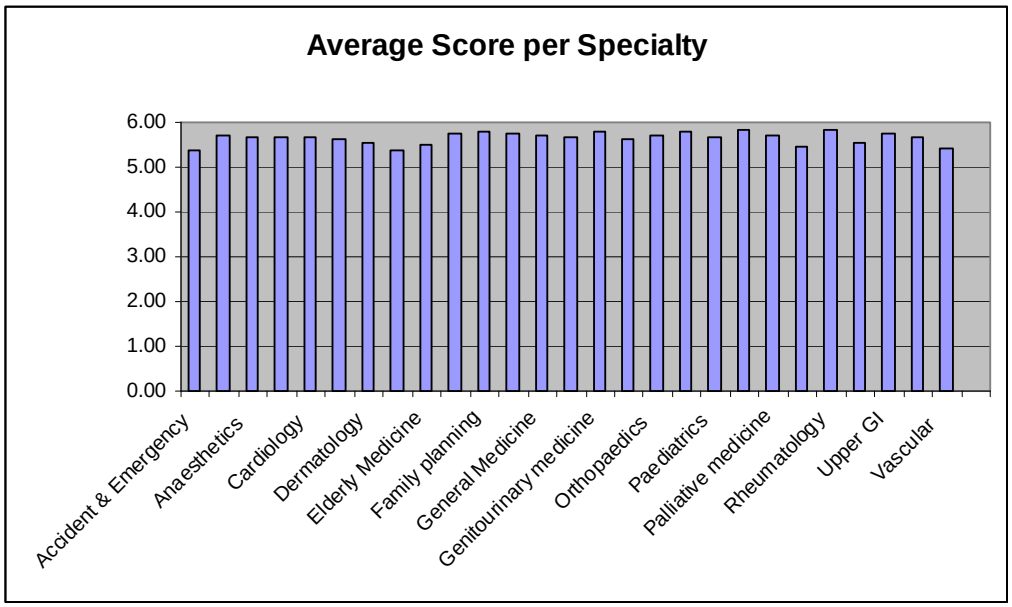
A total of 207 staff members have now enrolled for the E-Learning package. The majority of these staff members have enrolled out of their own interest and are not necessarily the Falls Champions. Of the 207 staff registered, 47 (22.9%) have completed and passed the module.

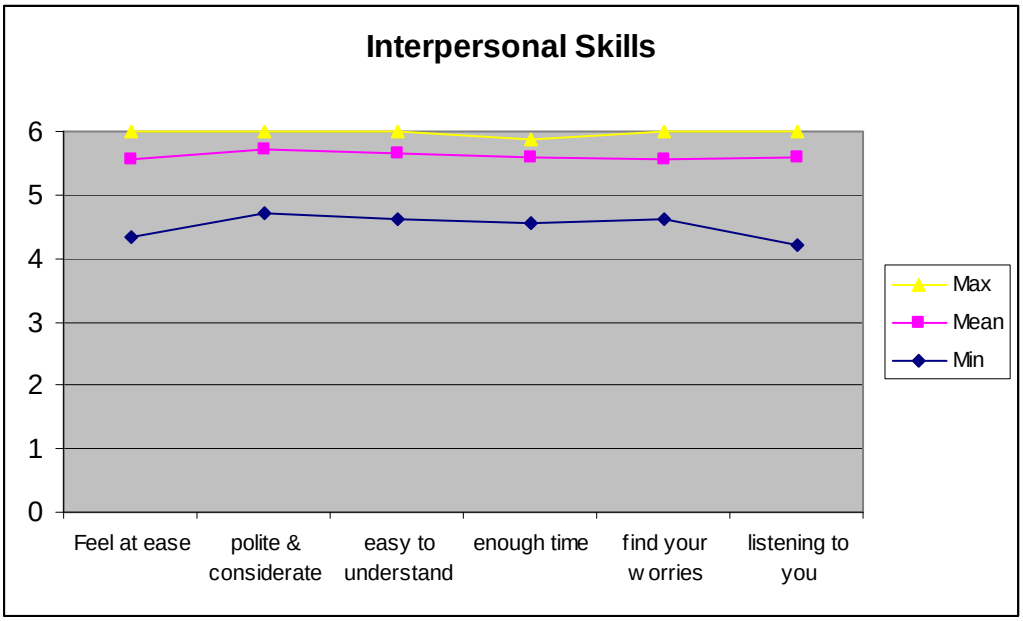
17 ward areas (46%) and 5 community hospitals (62.5%) now have one or more staff members (RN and / or HCA) that have registered for this training although not all have specifically nominated themselves as Falls Champions or completed the module.

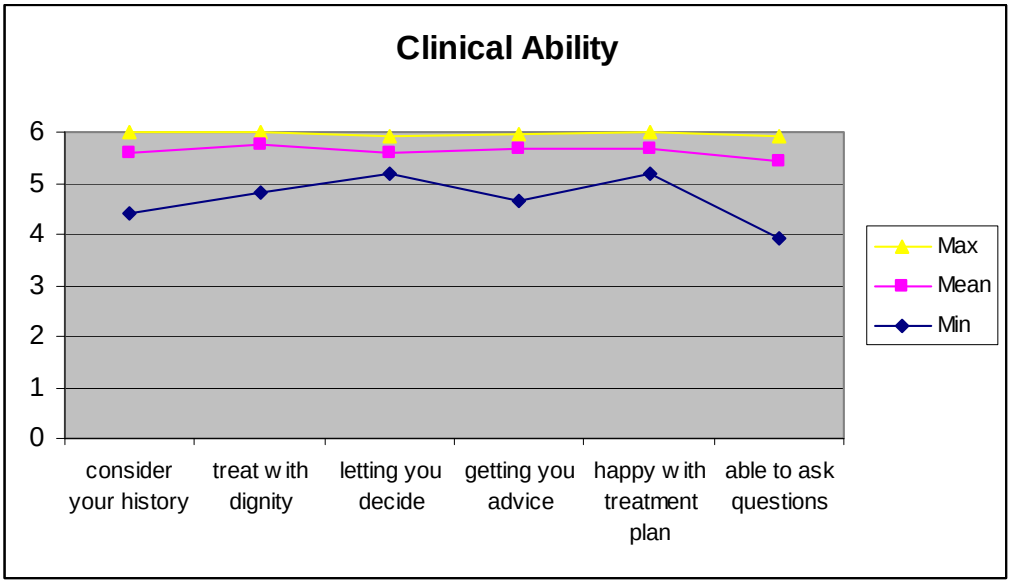
4. Patient Feedback Analysis

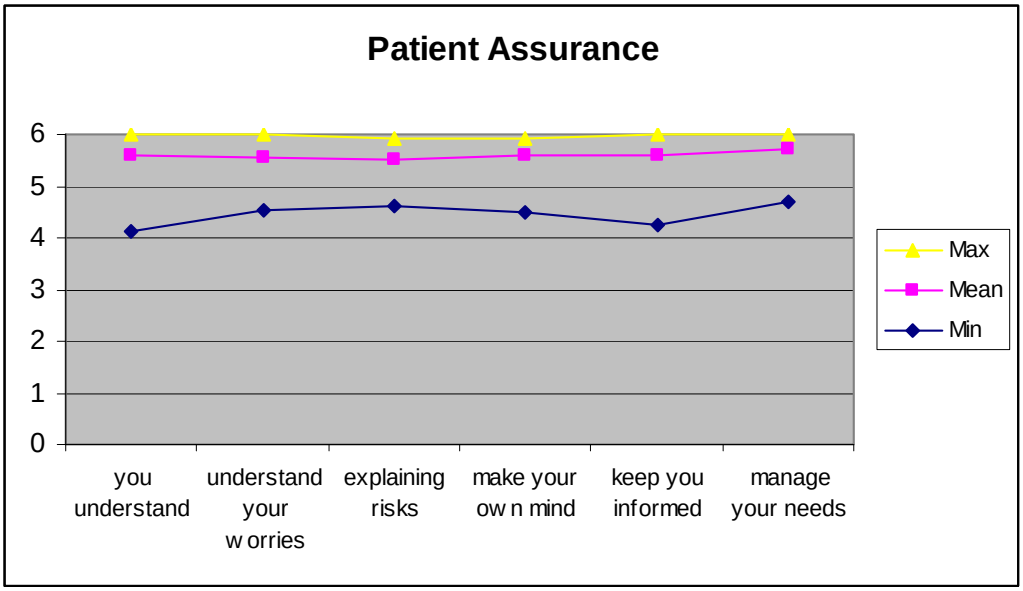
Background
The GMC's Revalidation requires all doctors to undertake patient and colleague feedback. Within the Trust, feedback is collected via anonymous paper forms, and analysed by a third party. A tablet has also been piloted in some departments.

The following analysis summarises 2106 returns made, covering 117 doctors.
Results
The following charts show the results to date, with a maximum score of 6 for each question. The 17 questions have been split into 3 themes for clarity.


Average Score per Specialty
6.00
5.00
4.00
3.00
2.00
1.00
0.00
Accident & Emergency
Anaesthetics
Cardiology
Dermatology
Elderly Medicine
Family planning
General Medicine
Genitourinary medicine
Orthopaedics
Paediatrics
Palliative medicine
Rheumatology
Upper GI
Vascular


Interpersonal Skills
6
5
4
3
2
1
0
Feel at ease
polite & considerate
easy to understand
enough time
find your w orries
listening to you
Max
Mean
Min


Clinical Ability
6
5
4
3
2
1
0
consider your history
treat w ith dignity
letting you decide
getting you advice
happy w ith treatment plan
able to ask questions
Max
Mean
Min



5. NHS Quest Site Visit

The Trust had an NHS Quest peer site visit on 5th November. The focus of the programme was:

- Early identification of the deteriorating patient
- Reducing mortality
- Collection information to support clinical care
- C.diff challenges
- Achieving good ward round practice.

We had 40 external visitors representing nine NHS organisations. We are expecting formal feedback from NHS Quest, but informally the feedback has been positive with several organisations making requests for information from us.

As a result of our site visit NHS Quest are going to establish a clinical community for c.diff and have asked Dr Simon Smale if he will chair the group. NHS Quest are also going to consider establishing a community group for Non-Executive Directors.

Many thanks to all of our staff who supported this event.

6. Recommendations

The Board of Director's are requested to note and support the content of the report.

Author	**Diane Palmer, Deputy Director of Patient Safety**
Owner	**Dr Alastair Turnbull, Medical Director**
Date	**15 November 2013**

Blank page

C3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 November 2013

Chief Nurse Report – Quality of Care

Action requested/recommendation

The Board is asked to accept this report as assurance of standards of care for patients and note areas of both risk or significant progress.

Summary

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

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

Implications for equality and diversity

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

Reference to CQC outcomes

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

Progress of report	Executive Board.
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Mike Proctor, Chief Nurse
Author	Beverley Geary, Director of Nursing
Date of paper	November 2013
Version number	Version 1

Board of Directors – 27 November 2013

Chief Nurse Report – Quality of Care

1. Key priorities

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

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

Work at ward and organisational level is showing progress against the strategy with specific ward introducing there own initiatives and indentifying specific priorities for their own clinical areas. The Patient Experience Committee is planning to align it's work-plan to the strategy.
An update of the implementation plan will be included in the December report.

2. Pressure Ulcer Reduction Plan (PURP)

The PURP has been in place now for the last 8 months and a full report on progress has been presented to the Chief Nurse Team and to Matrons to agree ongoing recommendations. From that a new action plan will be developed and agreed with Board.

Progress since the last report is detailed below:

PURP Project Board will continue to meet and manage the work programme.
Due to the complexity of community services, particularly the shared responsibility of patients from health, family and social services, an action plan specific to this part of our organisation is in development.
A workshop with community staff is planned for November to agree the actions and identify lead responsibilities and timescales.

Equipment:

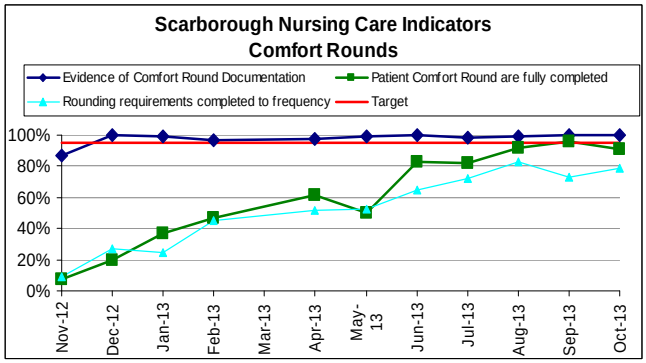
- Matrons are developing a joint case for replacement of chairs and this has been identified as a key requirement
- Tissue Viability Assistant (TVNa) equipment is to be appointed for community services to support access to equipment and de-escalation when patients no longer require it

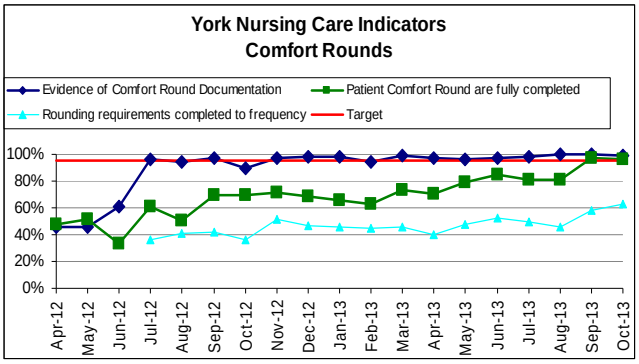
Education:

- Organisational approach to pressure ulcer prevention training has been developed
- Competency assessment tool is now ready to be launched for registered nursing staff to identify further knowledge practice gap and priority areas

Comfort Rounds: continues to improve

Compliance with comfort rounding





Pathways and referrals:

- All referral criteria has been agreed and the wound care policy is now ready to be launched in time with World Stop the Pressure Day which is on the 21 November

Data and assurance:

- Pressure ulcer panel established on both acute sites from November and will also cover community services. Learning from panel is regularly shared with nursing staff and others as appropriate
- RCA process and tool is being scrutinised and clarified quickly to gain more timely learning and improve process
- Discussions continue with commissioners to resolve attribution issues which remain and adversely affect our data and that for CQUIN

World Stop the Pressure Day – 21 November:
A variety of activities are planned to publicise World Stop the Pressure Day, these include educational and health promotion sessions with staff, patients, carers and GPs.

3. Senior Nurse re-structure

The current nursing management structure is based within Clinical Directorates' with a triumvirate of clinical and managerial roles to manage finance and activity, quality and safety. Matrons are currently line managed by Directorate Managers, some with a professional clinical background others with no clinical experience. They link with the Chief Nurse team via established groups and forums.

Lead Nurses are managed by a number of senior individuals within the organisation some are linked to the nursing agenda via professional forums, 1:1's or informal links other have little on no formal link to the senior nursing teams.

There is currently disparity between roles within each speciality; this has evolved over time in response to the demands of each clinical directorate.
Modern Matrons were introduced in 2001 in response to public demand to raise standards, focus upon IP&C and patient experience, champion the privacy and dignity agenda and ensue that the basics of care were being achieved.

The Lead Nurses' roles are disparate and specialist due to the specific agenda and also the managerial area.

The organisation has signed up to the delivery of the recommendations of the *Francis Report* (February, 2013) as outlined in '*Patients First and Foremost'* (March, 2013):

- Preventing problems
- Detecting problems quickly
- Taking action promptly
- Ensuring robust accountability
- Ensuring that staff is trained and motivated

It is anticipated that many of the priorities outlined to the Board of Directors will be achievable by delivering the Nursing and Midwifery strategy and re-focussing the senior nursing team within the organisation to support the nursing workforce and deliver high quality safe patient care.

In order to focus on the patient care and nursing agenda the recommendation is that Matrons and Lead Nurses are managed by the Chief Nurse team (Assistant Directors of Nursing and Head of Midwifery). This will enable the following:

- A clear focus upon the nursing and patient care agenda as an organisation
- Clear focus on quality and standards of care
- Put challenge into the clinical directorates to ensure patient experience and safety is aligned with finance and activity
- Allow consistent delivery of the PPI agenda
- Allow clear professional accountability
- Support nursing leadership at all levels of the organisation (in the next phase post Chief Nurse Team re-structure)
- Give an organisational overview and get rid of the speciality focussed silos
- Allow a full review of roles and areas in order to achieve best fit for the benefit of the organisation
- Ensure lessons are learnt across the whole organisation following complains, adverse incidents and SI's

A meeting is planned for early November chaired by the Chief Nurse to discuss the specific changes with Matrons and Lead Nurses across the organisation. This will propose a new senior nursing structure and begin a consultation period in line with HR policy.

The proposed structure and progress with the changes will be updated in future Chief Nurse Reports.

4. Nurse Staffing

As reported previously there remains a strong focus on reducing the number of band 5 registered nurse vacancies.

The centrally supported recruitment 'One Stop Shop' was held on both main sites on the 26th October.
A really positive response followed regional radio advertising and bookings for interview was coordinated centrally
Written offers were given to candidates on day (subject to references) in order to reduce previously seen attrition rates.

In total offers made:
York - 34
Scarborough – 13

This gives an organisational total of 47 offers made which equates to around half of the Band 5 vacancies across the Trust.

This is a very positive step that will impact positively on the quality of patient care.

In order to recruit further numbers of nursing staff Corporate Directors' have approved a round of planned city recruitment for early December, the areas targeted will be Glasgow and London. These events will take place over 2 weekends, the first to publicise and the following to conduct interviews and screen candidates. Result's an updates will be reported in Januarys Chief Nurse report.

5. Patient Experience

Friends and Family Test

Following a decrease in response rate to the test in August and September in our Emergency Departments, the response rate rose during October. Inpatient numbers across Bridlington, Scarborough and York also rose during this period.

With the inconsistency in the response rate within the Emergency Departments being a risk to achieving the CQUin target of 20% response rate in Q4 the Trust is moving to a token system from 1st November with the expectation that this will sustain a consistent response rate in line with the CQUin.

Two token systems are now in place in both the Emergency Departments. Patients are also provided with an A5 comment card which explains the reason for the token but further asks for their feedback on their ED experience. Ten Governors are also supporting the Emergency Departments to deliver the Friends and Family Test with other Trust volunteers spending time ensuring that we are capturing the views of our patients.

Maternity Services – September

The Trust implemented the FFT in August 2013 to allow a period of testing ahead of the national roll-out of October 2013.

The first complete data for maternity was September and the Trust had a very positive start with a response rate of 39.55% across the maternity pathway of antenatal, delivery, postnatal ward and postnatal community.

Regionally:

A brief overview of the response rates and net promoter scores are provided below for our region.

A&E - August 2013			
Organisation Name	Score	Responses	Response Rate
Hull and East Yorkshire Hospitals NHS Trust	73	667	10.77%
Harrogate and District NHS Foundation Trust	62	357	14.26%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	62	50	0.84%
York Teaching Hospital NHS Foundation Trust	**45**	**727**	**10.56%**

Inpatients - August 2013			
Organisation Name	Score	Responses	Response Rate
Hull and East Yorkshire Hospitals NHS Trust	83	1,909	49.96%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	81	185	9.58%
York Teaching Hospital NHS Foundation Trust	**73**	**1,160**	**36.38%**

Harrogate and District NHS Foundation Trust	71	456	41.08%

Nationally
Draft guidance has been received from NHS England for roll-out to Outpatients and Day Case patients will take place during 2014/15.

The FFT Steering Group will meet in November to consider the next roll-out phase of FFT.

Clywdd - Hart Report
The Francis Report (DOH, February 2013) talked at length about listening to patients and highlighted the importance of good complaints management.
The report prompted the Prime Minister and Secretary of State for Health to commission a review of NHS hospital complaints handling. This work was undertaken and the findings were recently reported in *A Review of the NHS Hospitals Complaints System-Putting Patients Back in the Picture.*
The terms of reference were detailed and the evidence collection included meetings, public engagement sessions and invited people to send accounts of there experiences of NHS complaints systems with suggestions for improvement.
The recommendations (which reflect the principles in the NHS Constitution) focus on four areas for change:

- Improving the quality of care
- Improving the way complaints are handled
- Ensuring independence in the complaints procedures
- Whistle blowing

The report was discussed at the recent Patient Experience Committee who agreed that a review of the organisations' complaints handling would be undertaken in light of the recommendations', and that this would be triangulated with the work undertaken to respond to *Patients First and Foremost*.
A full report would be submitted to Board with an overview and recommendations in December.

Mental Health
Recent patient episodes have highlighted some issues in the management and assessment times of patients with Mental Health problems presenting to the Emergency Department (ED). We have approached Leeds and York Partnership NHS Trust (LYPFT) in order to work collaboratively to improve patient safety and experience within our ED and other areas of the organisation.

Following a productive planning meeting we have agreed a number of actions which include: a full review of patients that present at ED more than three times in a specified period; in order to ensure that each of these patients have an appropriate crisis care plan in place and that this would be shared with ED for future presentations. The aim of this is to ensure that all parties agree (including the patient) the care that is likely to be needed in a crisis and that we work together to endure the help is put in place without delay.

Both organisations will work together to develop a shared and agreed pathway of care, we plan to map this pathway to identify any gaps in resource and seek to find alterative ways of delivering safe and quality patient care. It was acknowledged that there may be resource implications and that in the medium to long term, joint commissioning of services may need to be sought.

LYPFT agreed that they will deliver psychiatric first aid training to staff in high risk areas such as ED, AMU and Short Stay ward. This is specialist training in caring for patients with Mental Health problems in acute setting and has evaluated really well in other organisations and has demonstrable positive impact on patient experience.

6. Nursing documentation review

As previously reported the Chief Nurse Team are working to streamline, reduce the amount and align across the organisation documentation that is required to be completed by nursing staff.

The documentation steering group has already approved a number of nursing documents, which will be used across both acute sites. These are already stored on Q-pulse in order to maintain version control and record author and review date.
All newly developed documentation is now being processed through this group to prevent duplication and also to reduce what has been termed nationally as the 'buerocratic burden' of nurses.

The combined nursing assessment will be rolled out electronically at the end of November after an initial test on 2 wards at the Scarborough site and 3 at York. It is anticipated that this will greatly improve compliance of the reassessments of patients and will reduce risk by enabling members of the multi-disciplinary team to view patients assessed as high risk to be reviewed easily. For example, a dietician can review which patients have a high nutritional screen score, ensure effective interventions have been put in place and monitor these.

A sub group are currently working to develop a single record of care, which will encompass the documentation of all basic care that nurses provide, with an easy to use end of bed document. This will form the basis of "always events", providing the care we always expect to deliver and document.

Some nursing assessments have also been revised and shortened, thus reducing the time to undertake these and increase time for patient care and intervention.

7. Recommendation

The Executive Board is asked to accept this report as assurance of standards of care for patients and note areas of both risk or significant progress.

Author	**Beverley Geary, Director of Nursing**
Owner	**Mike Proctor, Chief Nurse**
Date	**November 2013**

Blank page

York Teaching Hospital NHS Foundation Trust

Board of Directors – 27 November 2013

Patient Led Assessments of the Care Environment (PLACE) 2013

Action requested/recommendation

To note the report and receive assurance that action plans are in place.

Summary

The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care in the following areas:

- Cleanliness;
- Quality and availability of food and drink.
- Privacy and dignity
- Condition, appearance and maintenance

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

There are no implications for equality and diversity.

Reference to CQC outcomes

Outcomes 4, 5 and 10.

Progress of report	October 2013 – Corporate Directors December 2013 – Council of Governors
Risk	No risk.
Resource implications	Resources implication detailed in the report.

Owner	Brian Golding, Director of Estates and Facilities
Author	Carol Tarren, Head of Facilities
Date of paper	November 2013
Version number	Version 1

Board of Directors – 27 November 2013

Patient Led Assessments of the Care Environment (PLACE) 2013

1. Background and Principles

The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care in the following areas:

- Cleanliness;
- Quality and availability of food and drink.
- Privacy and dignity
- Condition, appearance and maintenance

The criteria included in PLACE assessments are not standards, but they do represent both those aspects of care which patients and public have identified as important and good practice as identified by professional organisations whose members are responsible for the delivery of these services.

The assessments undertaken in 2013 were the first under this programme following its replacement of the former Patient Environment Action Team (PEAT).

York Hospital participated in the pilot of the PLACE and had an input into the final process which was of benefit for both Trust staff involved in the process and Patient Assessors and Governors.

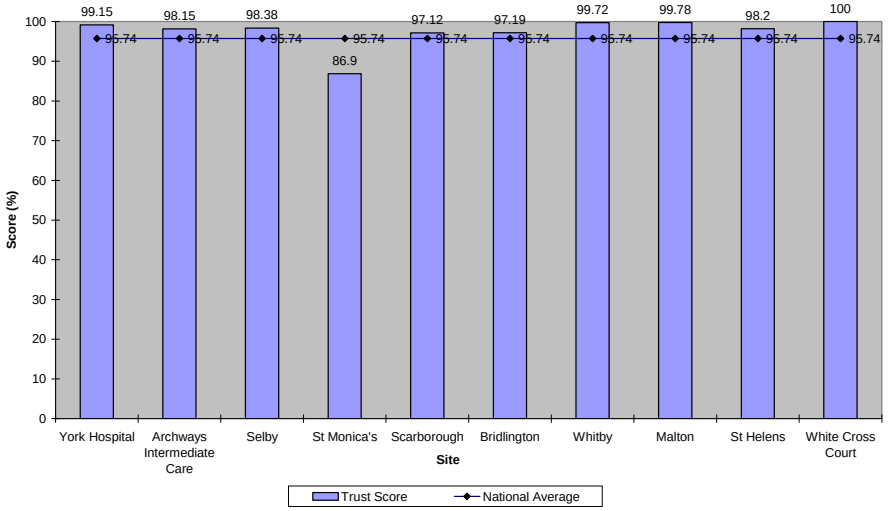
Although not a requirement of the 2013 process, Peer Review (also known as External Validation) is a recommended good practice and in 2013 199 (15%) hospitals, including YTHFT, included this in their assessment. The Francis Review recommended greater involvement of peer review in the (former) PEAT process, further guidance on this is anticipated in time for the 2014 programme.

At the end of the process, each hospital/unit which has undertaken an assessment submits data to the DH and is provided with a comparative result against each of the four areas of the assessment. For the purposes of comparison, a national average of scores from all participating hospitals/units is also published. These are publicly displayed on the Health & Social Care Information Centre website.

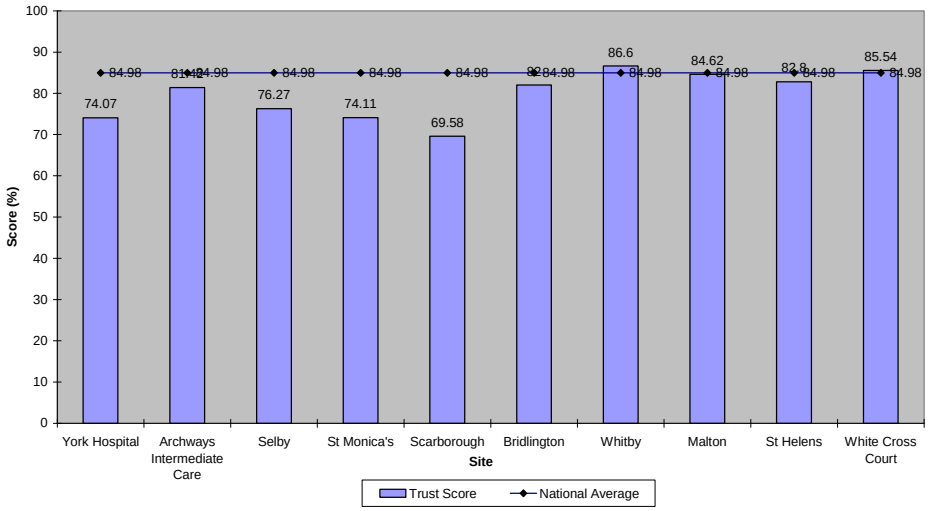
It should be that as this is the first year of this new regime, PEAT results and those from the 2013 PLACE programme are not comparable.

2. Trust Results

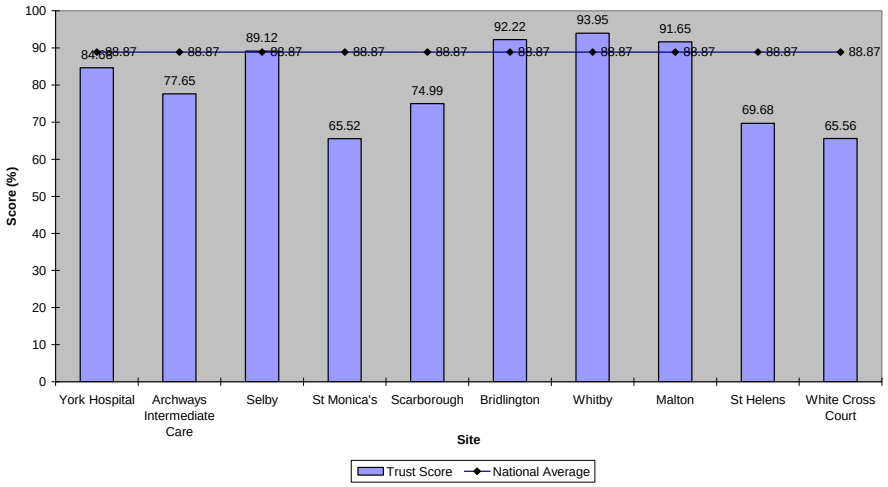
Patient Led Assessment of the Care Environment 2013 Results - Cleanliness

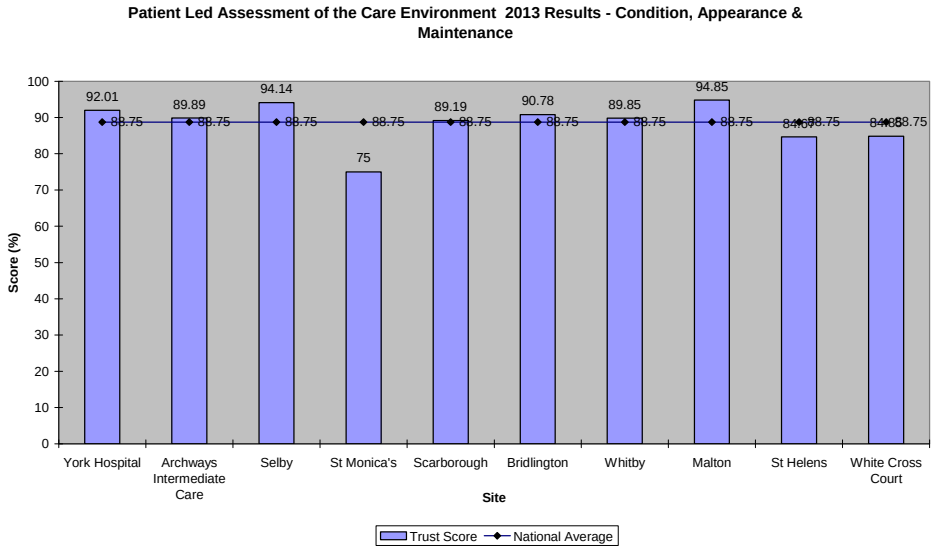


Patient Led Assessment of the Care Environment 2013 Results - Food & Hydration



Patient Led Assessment of the Care Environment 2013 Results - Privacy, Dignity & Wellbeing





3. Action Plans

Following the assessments, 63 action plans were circulated to the relevant areas and are tracked via Facilities Management on a monthly basis.

Specific action plans will be developed to address the Privacy, Dignity and Wellbeing at St Monica's, St Helens and White Cross Court together with a Trust wide plan to address food and hydration.

It has been acknowledged that 100% completion may not be achieved immediately as some of the team comments will require capital investment.

Two feedback sessions for Patient Assessors and Governors have taken place to discuss the 2013 assessments, scores, action plans and how any improvements can be made for the annual 2014 assessments.

The feedback was extremely positive and those who attended are willing to take part in internal assessments prior to the next official round of 2014 PLACE. This would ensure that patient assessors and governors are kept fully involved with the process and would allow progress of action plans to be monitored during an actual site visit.

The Governors also requested that Carol Tarren, Head of Facilities – Satellite Properties attend their December meeting to give a brief presentation which will benefit those Governors who were unable to take part in the 2013 process.

4. Future Assessments

The future assessment period will be March to May.

The number of Patient Assessors and Governors will need to be maintained and reviewed now that Healthwatch is fully functional. The Head of Facilities – Satellite Properties and the Trust Public and Patient Involvement Specialist will work together to ensure adequate numbers are available for the assessment period and are adequately trained.

The Head of Facilities – Satellite Properties will continue to work closely with local Trusts to

agree reciprocal arrangements for Peer Review/External Validation.

St Monicas, Easingwold, scored below national average in all areas, and this is examined in further detail in appendix 1.

5. Recommendation

To note the report and receive assurance that action plans are in place.

Author	**Brian Golding, Director of Estates and Facilities**
Owner	**Carol Tarren, Head of Facilities**
Date	**November 2013**

Appendix 1
St Monica's Hospital – Easingwold

Domain 1 – Cleanliness

The national average score for cleanliness across all sites is 95.74% with a lowest score of 24.46% and a highest score of 100%. St Monica's Hospital scored 86.90% which is below the national average.

Analysis of the cleanliness scores shows that there were 11 areas within the hospital identified on the site action plan.

10 of the areas received an immediate clean and will be continued to be monitored in line with the frequency of clean as identified on the cleaning schedules.

The one outstanding action is for protective washable strips on light pull cords; these have been requested and will be closed out on the action plan once fitted.

Within the physiotherapy department there were 6 areas identified on the action plan, 5 of the areas received an immediate clean and will be continued to be monitored in line with the frequency of clean as identified on the cleaning schedules.

The one outstanding action is replacement of the fabric chairs which are ordered and will be closed out on the action plan once in place.

Domain 2 – Food & Hydration
The food and hydration section is scored in two sections.

Section 1
Organisational questions which includes how patients choose their meals, dietary requirements, choices at each meal service and choice of drinks.

The majority of the questions within this section are multiple choice.

Section 2
Food tasting on the day of the assessment by the assessment team together with observation of food service and presentation at ward level.

Scoring is broken down into 3 sections, taste, texture and temperature and is scored as follows:

The national average score for food and hydration across all sites is 84.98% with a lowest score of 26.67% and a highest score of 100%. St Monica's scored 74.11% which is below the national average.

A total of 13 food choices were tasted.

Analysis of the scores is:

	Taste	Texture	Temperature
Good	8	8	0
Acceptable	4	3	12
Poor	1	2	1

The assessment team noted that the food service and attention to detail by both nursing and catering staff was good.

The Trust Hygiene Auditor will continue to carry assessments of the catering services and is aware of the results of the PLACE 2013 results for food and will address issues on a site by site basis.

A gap analysis is currently been undertaken for all in-patient sites to establish the necessary actions to ensure that the scores for the PLACE 2014 assessments are an improvement on the 2013 scores.

The Trust wide catering strategy will assist with the improvement of scores particularly in relation to the number of choices available once the a la carte menu is introduced.

Domain 3 – Condition, Appearance and Maintenance
The condition, appearance and maintenance section is scored in two sections.

Section 1
Organisational questions include car parking, window cleaning and safety for visually impaired patients/visitors. The questions require yes/no answers.

Section 2
Condition and appearance on the day of the assessment by the assessment team looks at internal decoration, condition of floors and furnishings, lighting, tidiness and waste management and external areas covering grounds maintenance, grounds safety, building maintenance and appearance and external tidiness.

Scored Pass/Qualified Pass/Fail/Not Applicable

The national average score for condition, appearance and maintenance across all sites is 88.75% with a lowest score of 36.25% and a highest score of 100%.

St Monica's scored 75% which is below the national average.

In summary the areas requiring attention and detailed on the action plan include

- General Decor of hospital and physiotherapy department
- Lighting dim in several areas
- Hospital Reception area cluttered and untidy
- Old notice boards requiring review of information displayed and replacement boards
- External road markings
- Physiotherapy – Generally untidy and inappropriate storage

A decoration programme has commenced in both the hospital and physiotherapy department which should greatly improve the scoring for this section in future assessments.

Domain 4 – Privacy, Dignity and Well-Being

The Privacy and Dignity section is scored in two sections. Confidentiality is also scored with this domain.

Section 1
Organisational questions which include television and radio access, access to computers and telephones, availability of multi-faith/prayer room, overnight stay facilities, areas/rooms designated exclusively for use as family/visiting areas and access to meals within the hospital at all times of the day and night.

The questions require yes/no answers.

Section 2
Privacy, Dignity and Well-Being as observed on the day of the assessment by the assessment team who look at sleeping accommodation, single-sex toilets and appropriate signage, space so that patients are not cramped/overlooked, private rooms where patients can go for conversations, appropriately dressed patients to protect their dignity at all times and privacy curtains in bath/shower rooms.

The questions require yes/no answers.

The national average score for privacy, dignity and wellbeing across all sites is 88.87% with a lowest score of 52.26% and a highest score of 100%. St Monica's scored 65.52% which is below the national average.

The review of bed space has been completed and confirmed that the space is appropriate. The issues in relation to clutter in the bed bays has also been addressed as on the day of the assessment the team felt that this was a contributing factor as to why the space appeared too small.

Privacy curtains and locks on toilet doors have been addressed.

The actual layout of the physiotherapy department and availability of space restricts meeting the standards in relation to single sex toilets and patients having to leave consultation rooms without having to return the general waiting area.

Confidentiality
This section consists of three questions that require Yes/No answers.

It should be noted that on the day of the assessment building work was in progress which made the unit appear untidy and cluttered however the scoring of the assessment is as seen on the day.

The progress of the action plans clearly demonstrates that the unit has been proactive and has taken on board the comments and feedback from the assessment and improvements are visible. The action plan will continue to be monitored until all actions are closed out.

Blank page

Finance and Performance Committee – 19th November 2013, Boardroom, York Hospital

Attendance: Mike Sweet, Chairman
Mike Keaney
Debbie Hollings-Tennant
Lucy Turner
Andrew Bertram
Anna Pridmore
Graham Lamb
Sarah Lovell for item

Apologies: Liz Booth

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1.	**Last Meeting Notes dated 22nd October 2013**		The notes were approved as a true record of the meeting.		
2.	**Matters arising**		**Use of probiotics –** The funding arrangements have been approved, but the Drugs and Therapeutics Group have not approved its introduction. It was agreed this item would be held over. **Winter monies –** AB outlined that the patch had received £2.06m of additional winter funding of which about £1m had been given to the Trust to support the winter initiatives that were being developed. **Local Authority Contracts –** GL confirmed that the Trust has received a signed copy from the City of York Council, but is still awaiting the completed		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
2.	Matters arising cont'd		document from North Yorkshire County Council.		
3.	**Efficiency Report**	3.1 3.9	DHT highlighted the performance during the month. It was noted that the Trust was behind the Monitor plan by £3.2m on a year to date basis having achieved 60% of the full year plan. The equivalent percentage for last year was 67%. The current balance to achieve full delivery is £9.4m which equates to £1.9m worth of schemes per month to the end of the year. The level of recurrent delivery has improved; it is now 42% (last month 38%). But the planning gap for full achievement remains high at £3.7m. The future plans include some high risks, but the overall risk remains unchanged. All risks have now been reviewed as a result of the recent finance review meetings with the Finance Director and senior finance and efficiency team. DHT commented that the four year plan has also slipped by £1.3m. DHT commented on the impact on next year. She explained that the element that is not delivered recurrently this year will be carried over to next year's plan. The projection at this stage could be a range between £12m-£16m but this is expected to reduce as the Directorates convert non-recurrent schemes to recurrent as in previous years.. The Committee noted that the plans for next year showed a £4.6m surplus prior to any non-recurrent carry over.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
3.	Efficiency Report cont'd		DHT advised that the efficiency panels are continuing to be in place and are having an effect on the thinking and approach to efficiencies taken by directorates. They are actively thinking about how they can work differently. The Committee expressed its concern about the ability of the Directorates to achieve the target for this and future years given the increasing demands on the organisation and asked AB to provide assurance. AB assured the Committee. He explained that there is no complacency in the system; all are agreed that this is a very challenging target. But he is confident that the Trust will record a balanced financial position at the end of the year, which includes achieving the CIP target. There is still a lot of work to do this year, as is demonstrated by the report given by DHT, but it will be achieved. The Committee accepted the assurance given and felt that it was important that the Board be made aware of the concerns raised by the Committee. The Committee proposed and it was agreed that a further discussion should be held between AB and DHT and the NEDs on the F&P Committee during December.	AB provided assurance to the Committee that in his opinion the Trust will record a balanced position at the end of the year.	AB to provide more detail.
4.	**Acute Strategy**		SL presented her paper and outlined the work that had been undertaken since her last report. She specifically referred to the efficiencies that had been identified and outlined the work that needed to be undertaken to put them in place. She advised that the management arrangements had changed and the work was now managed through Liz Booth,		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
4.	Acute Strategy cont'd		Director for Operations at York. SL updated the Committee on the work being undertaken in the workstreams and she highlighted that two workstreams had merged to formulate a single workforce group. The Committee discussed the work and noted that this strategy did not include detail around the delivery of the immediate winter resilience plan and the use of the winter monies but instead focused on a long-term strategic solution to non-elective issues. The Committee discussed the time lag for the introduction of the assessment unit on York and Scarborough sites and noted the challenges that exist around changing processes and practices. This is work that is currently being undertaken. AB reminded the members of the Committee of the presentation given by Brian Golding on the site development plan and the timelines that had been included in that presentation. It was agreed that the planning processes and work programmes were being formulated, but at this stage they were not formulated sufficiently to be able to share them with the Committee. It was agreed that these would be shared in due course. It had become evident to the Committee that there are 2 main strands to the strategy – the immediate/short term needs of the organisation and the longer term (capital based) needs. The committee consider that its remit should focus on the immediate/short term rather than the long term. In this connection MS asked that work stream presentations be provided to the Board in due course	The Committee noted the progress that had been made.	To discuss the progress on the Acute Strategy and whether the Strategy be best taken as a Board item in future rather than an F&P item.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
4.	Acute Strategy cont'd		and AB suggested this might be best provided in conjunction with the Acute Board and he agreed to raise this with PC and MP.		
	Operations Report		**ED Targets** – LT presented the performance dashboard. She advised that the Trust had failed the ED target for all types for October and a recovery plan was in place which was being discussed with Commissioners. She added that there are two separate plans in place, a recovery plan and a rapid improvement event planned for Scarborough. She reminded the Committee that the resilience plan was in place and Graham Ward was open and Willow Ward would be open this month as part of the operation of the plan. There is also the CCG allocation of monies that will help secure the delivery of the plan over the winter months. LT outlined the ED recovery plan and advised that it is hoped that the Trust will return to compliance with the targets by Q4, although this is dependent on the success of the whole system approach being adopted by the Trust with the CCGs. LT confirmed that the Trust is currently recruiting to the additional posts described in the plan and funded by the additional monies. LT provided a detailed list of all the initiatives being implemented to improve ED performance. The committee were grateful for the update and both MS and MK commented on the assurance given from the update. **Ambulance hand over targets –** LT reminded the Committee that the application of fines against failed	The Committee were assured by the detail work being undertaken	Updates to be provided to the Board on: i) the ED recovery plan and resilience plan. ii) The actions being taken to improve ambulance turnaround times.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
5.	Operations Report cont'd		targets started in October 2013. She explained that there were still some issues with the data received from YAS and those issues are being addressed. While it was recognised that ambulance turnaround times were an element within the ED recovery plan, it was noted that to date there has been little evidence of any consistent month on month improvement and it was requested that the Board be provided with an update given the potential size of the fines if applied from 2014/15. AB explained the basis of the fines. He explained that for this year the fines would not be applied in the contract. Resources would remain within the Trust to support improvement initiatives. He added that part of this work includes the recent approval of a business case to develop a dedicated space for the ambulance service handovers within the ED department at York. **18weeks –** LT referred to the recovery plan to remove any patients that have waited more than 36 weeks for treatment. She is expecting this work to demonstrate an improvement. It was noted by the Committee that there were two patients waiting more than 52 weeks. Disappointment was expressed with this position and LT explained the circumstances surrounding both patients. AB explained the difficult position the Trust found itself in with regard to the concern over the level of CCG overtrading and payment ability alongside the clear pressure, also from the CCGs, to undertake further work to improve access times. AB advised	and the level of challenge in the system currently to ensure improvements are being made.	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
5.	Operations Report cont'd		that in this regard any improvement action plan was being discussed and agreed with the CCG. The Committee noted the other comments in the performance report. **CQUIN –** LT advised that the only concerning areas around CQUIN were pressure ulcers and C-Diff. It was agreed these topics would be discussed by the Q&S Committee.		
6.	**Finance Report**		The Committee had discussed the finance report as part of the discussion around the Efficiency Report. AB expressed some growing concern about the delay in payments around some invoices (specialist commissioning as an example) that were outstanding but advised that they were not materially affecting the cash position at present. AB confirmed these issues were being escalated with NHS England. It was noted that the £12m of capital from DH would be in the November and not October accounts.	The committee was assured that the report clearly described the current financial position.	AB to provide an overview of the current financial position.
6.	**Any other business**		There was no other business.		

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Performance Headlines 2013/14 – October

Access

18 weeks: Significant reduction in people waiting over 36 weeks for their treatment. There remains concern about the achievement of patients waiting more than 36 weeks by the end of Q3 An action plan has been shared with Commissioners. 2 Patients waited longer than 52 weeks in October, one Urology patient in Scarborough and one Ophthalmology patient at Scarborough. We have achieved both the admitted and non admitted pathways for October and validation of the incomplete pathway is still ongoing.

Cancer – All targets achieved for Q2.
Ongoing concern regarding Symptomatic breast target due to patient choice and reduced radiology cover at Scarborough site.

No sleeping accomodation breaches this month.

Ethnicity: Performance improved across all sites, York currently at 90.1%, Scarb 88.2% and Brid 95.4%

ED: failed All Types and Type 1 targets on both sites. An action plan for recovery has been shared with Commissioners.

Ambulance Handover
Ambulance Handover: This target relates to ED. However, YAS are unable at the moment to identify where the patient has been 'handed over' to i.e. a ward or the ED dept so the position is expected to improve. We have also implemented a solution that enables us to validate the data received from YAS on a daily basis, the trust has already started to dispute some of the timings. Recording compliance has improved significantly from Sep to Oct. Fines for handovers over 30 minutes have been incurred this month

Reduction in Outpatient clinics cancelled less than 14 days notice: Significant reduction from 218 in September to 175 in October.

CQUINS

Friends and Family - Achieved a response rate of over 20% for first time since July. A new token system has been introduced into both ED depts on 1st November and it is anticipated this will increase response rates in the depts dramatically. Rollout in maternity has commenced and early results on response rates are very promising.

Pressure ulcers: A report has been shared with the CCG detailing significant achievements. CCG have agreed to amend the CQUIN Indicator. The target for acute will be a 50% reduction over 12 months, discussions are still ongoing in relation to the new target for community services. It should be noted that prevalence has reduced in October for both Community and Acute.

Care of the deteriorating patient There has been a slight deterioration in Performance in York against both the 4 clerking & 12hr Consultant post take targets. Discussions around the medical model are ongoing in relation to the 12hr target, particularly on the Scarborough site.

NEWS Proposed changes to this indicator have been finalised with the CCG. Q2 milestone met.

Elderly length of stay:
Currently above trajectory, however measure will be for Q4 length of stay only

Stroke accreditation - Progress report for Q2 accepted by CCG - thus £900k of indicator secured. Accreditation visit to go ahead in November, plans are in place to demonstrate compliance/ progress to compliance with all areas.

Quality and Safety

Cdiff: Cumulative YTD position of 38. It is probable that the yearly nationally set objective will be exceeded by the end of Q3.

MSSA: currently slightly over YTD trajectory of 18, however there has been a reduction in cases in the last 4 months.

eDN (IDL) within 24 hours
Data has been provided to the Clinical Directors for them to discuss with their teams on ways in which performance in relation to this target can be improved.

eDN - Quality Audit
Audit currently underway for ER only, no results as yet. VoY not yet confirmed methodology to be used.

Finance Penalties

Key Performance Indicators
April - October 2013 (approximate value)

18 weeks: £253,869
52 weeks: £100,000
Cdiff: £600,000
MRSA: £5,000
EMSA: £6,000
ED 12 hour trolley wait: £1,000
ED 4 hour target: £94,752

Total: **£1,060,621**

CQUINS
Indicator delivery not yet confirmed, discussions ongoing with CCG regarding community element.

Monitor Penalties

Quarter 2:

ED: 95% target: 1 monitor point
18 weeks: 92% incomplete pathway: 1 Monitor point
Cdiff: 1 Monitor point

Performance Headlines 2013/14 - October

Indicator	Section	Page
Infection Prevention		
Rates of Clostridium difficile	Quality & Safety	7
Zero tolerance MRSA	Quality & Safety	7
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	Quality & Safety	7
Mortality		
Mortality - HSMR - to maintain or improve against the 12/13 outturn position	Quality & Safety	7
Mortality - SHMI - to maintain or improve against the 12/13 outturn position	Quality & Safety	7
Number of Inpatient Deaths	Quality & Safety	7
Stroke/TIA		
Proportion of stroke patients who spend >90% of their time on a stroke unit	Quality & Safety	7
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours of first contact with a health professional	Quality & Safety	7
Percentage of patients presenting with stroke with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter for anti-coagulation	Quality & Safety	7
Percentage of patients and carers with joint care plans on discharge from hospital. Percentage of patients with confirmed stroke who have a copy of their joint care plan on discharge from hospital subject to exceptions included in guidance (except patients RIP or who refuse a health/social care assessment/intervention)	Quality & Safety	7
% of stroke patients scanned within 24 hours of hospital arrival	Quality & Safety	7
Maternity		
Women who see a midwife or maternity healthcare professional by 12 weeks and 6 days of pregnancy	Quality & Safety	8
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	Quality & Safety	8
Percentage of maternity patients recorded as smoking at delivery that are referred to a smoking cessation service– subject to patient consent	Quality & Safety	8
% of women initiating breast feeding.	Quality & Safety	8
Number of term babies admitted to NICU or SCBU	Quality & Safety	8
Number of adverse midwifery/obstetric related incidents	Quality & Safety	8
Number/percentage of women recorded as smoking by 12 weeks and 6 days	Quality & Safety	8
Number of babies born between 32 and 36 weeks	Quality & Safety	8
Number of babies born between 28 and 31 weeks	Quality & Safety	8
Number of babies born between 24 and 27 weeks	Quality & Safety	8
Number of babies born under 24 weeks	Quality & Safety	8
Number of babies put to the breast within 1 hour of birth (Breast feeding initiation report)	Quality & Safety	8

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Oct
18 Weeks					
Percentage of admitted patients starting treatment within a maximum of 18 weeks from referral	**Monthly:** **Specialty fail:** 37.5% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice **Quarterly:** 1 Monitor point	**90%**	90.2%	90.4%	90.8%
Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	**Monthly:** Specialty fail: 12.5% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice **Quarterly:** 1 Monitor point	**95%**	95.0%	95.3%	95.1%
Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	**Monthly:** Specialty fail: 50% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice **Quarterly:** 1 Monitor point	**92%**	92.0%	92.0%	validation ongoing
Zero tolerance RTT waits over 52 weeks	£5000 per patient waiting over 52 weeks	**0**			2
Zero tolerance RTT waits over 36 weeks by Q3	Performance Notice (VoY)	**0**			validation ongoing
% of patients seen within 18 weeks for direct access audiology	Performance Notice	**95%**	99.9%	99.9%	100.0%
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	2% of revenue from provision of service line	**99%**	99.0%	99.3%	99.4%
Inpatients					
Sleeping Accommodation Breach	£250 per patient per day	**0**	0	24	0
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice	Non payment of costs associated with cancellation and non payment or reimbursement of re-scheduled episode of care	**0**	0	0	0
No urgent operation should be cancelled for a second time	Non payment of costs associated with cancellation and non payment or reimbursement of re-scheduled episode of care	**0**	0	0	0
All patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system on admission within 48 hours at York hospital and Scarborough hospital	Exception Report to be provided where the target failed in any one month (ER)	**95% by Q4 (Elective)**			83.2%
Delayed transfers of care: number of bed days	Performance Notice	**TBA**			432
Hospital admissions where the patients' ethnic group was recorded in electronic patient records	Performance Notice (VoY)	**98%**			89.4%

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Oct
Outpatients					
Trust waiting time for Rapid Access Chest Pain Clinic	Performance Notice (ER)	**98%**			100.0%
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons - YORK	Performance Notice (ER)	**York Baseline 11.1% to achieve 10.74% By Q4**			10.5%
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons- SCARBOROUGH	Performance Notice (ER)	**Scarborough baseline 11.2% to achieve 10.7% by Q4**			15.6%
North Yorkshire Commssioners Only - First: Follow Ratios will be capped at 1:2.1 for Q1, 1:1.5 for Q2. This is subject to the Speciality Review which once complete if a revision is required to the ratio it will be applied prospectively	£	**1:1.5 (Q2 on)**	2.06	1.85	1.87
Outpatient clinics cancelled with less than 14 days notice	Performance Notice (VoY)	**3% reduction**			175
Provider failure to ensure that 'sufficient appointment slots' are available on Choose & Book	Performance Notice ER and VOY	**>4% slot unavailability if utilisation >90%** **>6% unavailability if utilisation <90%**			1.5%
Emergency Department					
Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**95%**	96.3%	94.1%	94.2%
A&E: % attendances at Type 1 units where the patient spent four hours or less in A & E from arrival to transfer, admission or discharge	Performance Notice	**Q1 90%; Q2 90%; Q3 95%**	York: 95.0%	York: 93.2%	York: 92.5%
			Scar: 95.1%	Scar: 88.6%	Scar: 91.1%
			Total: 95.1%	Total: 91.5%	Total: 92.0%
Recording of **compliance** with patient handover arrangements in A&E	£5 per patient from Q3 onwards	**Q1 90%** **Q2 90%** **Q3 95%**	82.3%	83.7%	94.9%
All handovers between ambulance and A & E must take place within 15 minutes	£200 per patient waiting over 30 minutes from Q3	**> 30min**	595	762	230
All handovers between ambulance and A & E must take place within 15 minutes	£1000 per patient waiting over 60 minutes from Q3	**> 60min**	135	284	99
Trolley waits in A&E	£1000 per breach	**> 12 hrs**	0	1	0
A&E: % attendances for cellulitis and DVT that end in admission	Quarter: Performance Notice	**> 12/13 Avg**	17.0%	17.3%	
A&E: % re-attending (unplanned)	Quarter: Performance Notice	**> 5%**	3.0%	3.2%	3.4%
A&E: % left department without being seen	Quarter: Performance Notice	**> 5%**	3.0%	4.7%	4.7%
A&E: 95th percentile for time to initial assessment	Quarter: Performance Notice	**>15mins by end Q2**			81
Service experience - any worsening in the aggregate score of national patient survey	Annual: Performance Notice				
Monthly report to show patient satisfaction score for A&E department	Performance notice	**none**			50

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Oct
Cancer (one month behind due to national reporting timetable)					
Percentage of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**85%**	88.2%	89.4%	not yet available
Percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**90%**	98.7%	90.5%	not yet available
Percentage of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	**Monthly:** 2% of revenue from provision of service line	**85%**	none	100.0%	not yet available
Percentage of patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**96%**	99.3%	99.3%	not yet available
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**94%**	95.3%	97.8%	not yet available
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regime	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**98%**	100.0%	99.5%	not yet available
Percentage of patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 0.5 Monitor point	**93%**	95.6%	94.2%	not yet available
Percentage of patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 0.5 Monitor point	**93%**	94.7%	93.1%	not yet available

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Oct	Comments
N1: Friends and Family Test [To improve the experience of patients in line with the domain 4 of the NHS Outcomes Framework]							
1.1 Friends & Family Test Phased Expansion - Delivery of Friends and Family rollout for maternity services		0.0375%	£135,000	Milestones for delivery: End Oct and End March 2014			
1.2 Friends and Family Test - Increased Response Rate Provider achieving an increase in response rate that improves on Q1 and is 20% or over	Q1: 15% Q4: 20%	0.0500%	£180,000	9.8%	19.9%	23.6%	
1.3 Friends and Family Test - Improved performance on the Staff Friends and Family Test Provider having a better result in 2013/14 compared with 2012/13 (70.4), or remaining in the top quartile		0.0375%	£135,000				
N2: Safety Thermometer							
2 NHS Safety Thermometer - Improvement Reduction in prevalence of the number of patients recorded as having a category 2-4 pressure ulcer (old or new)	2.9%	0.0625%	£225,000	5.4%	4.6%	3.0%	Acute
	3.95%	0.0625%	£225,000	9.9%	8.6%	7.5%	Community
N3: Dementia							
3.1a Dementia - Number of patients >75 admitted as an emergency who are reported as having known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question	90%	0.0750%	£270,000	94.0%	92.5%	91.9%	
3.1b Dementia - Number of above patients reported as having had a diagnosis assessment including investigations	90%			97.6%	99.2%	98.4%	
3.1c Dementia - Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners	90%			99.0%	100.0%	97.7%	
3.2 Dementia - Clinical Leadership10/09/2013 named lead clinician and submit training plan to be delivered by March 2014		0.0125%	£45,000	Reported twice (pre-April 2013, March 2014)			
3.3 Dementia - Supporting Carers of People with Dementia - monthly audit 6 monthly - Report on feedback from Carers to Commissioners		0.0375%	£135,000	6 monthly reporting			

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Oct	Comments
N4: VTE							
4.1 VTE Risk Assessment	95%	0.1250%	£450,000	95.0%	96.1%	97.1%	
4.2 VTE Root Cause Analysis				96.15%	74.1%	50.0%	Q2 provisional as still within '90 day rule'
N5: Care of the Deteriorating Patient							
5.11 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of admissions through AMU and Cherry will be reviewed within 4 hours of admission	Q4: 80%	0.4000%	£1,440,000	79.8%	88.4%	80.8%	York
	Q4: 80%				74.1%	78.1%	Scarborough
5.12 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of all acute medical, elderly medical and orthogeriatic patients to have a Consultant post take ward round consultation within 12 hours of arrival.	Q4: 80%			67.4%	71.4%	70.8%	York
	Q4: 80%				52.9%	52.7%	Scarborough
5.2 Care of the Deteriorating Patient at York and Scarborough Hospitals - Identification, Response & Management - Adults (excluding Obstetrics, ICU/HDU, SCBU, Day Cases, Children and Paediatrics). - Number of patients who have observations recorded producing NEWS score within 1 hour of prescribed time - No of patients with NEWS score trip with escalation of care within 15 minutes to appropriate clinician. - Quality of escalation response - Trust to produce a quaterly report on actions taken and improvements made to care pathways	Q2 70% York; Q3 80% Y&S; Q4 90% Y&S	0.4000%	£1,440,000	64.7%	65.5%	79.1%	1hr Obs
	Q2-4				Quarterly audit	Quarterly audit	Quality of escalation response
5.3 Full implementation of NEWS and PAWS across both York and Scarborough Hospitals by Q4, excluding Paediatrics, SCBU, Obstetrics, ICU/HDU and Day Cases.		0.1000%	£360,000			Implementation plan to be agreed by Q2	

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Oct	Comments
N6: Reduce Length of Stay on Elderly Medicine Bed Base							
6a: A reduction in the average length of stay in the acute elderly medicine bed base of York	100% 9 days; 75% 9.2 days; 50% 9.5 days	0.0500%	£180,000	9.62	10.84	10.10	
6b: A reduction in the average length of stay in the acute elderly medicine bed base of Scarborough Hospitals	100% 10 days; 75% 10.16 days; 50% 10.32 days	0.0500%	£180,000	11.17	10.71	10.46	
6c: A reduction in the average length of stay in the acute elderly medicine bed base of the rehab beds at White Cross Court and St Helen's.	100% 50 days; 75% 51.17 days; 50% 52.3 days	0.1000%	£360,000	53.14	48.79	51.31	
N7: Effective Discharge							
7.1 Effective Discharge - Self-Management Care Plans on Discharge Q1 Clinical Engagement, Q2 Implementation, Q3 & Q4 Rollout	Q4: 60%	0.2500%	£900,000			Implementation plan to be agreed by Q2	
7.2 Effective Discharge - Nursing Assessments - 80% of patients to have a combined nursing risk assessment on emergency admission with a LoS greater than 24 hrs - 100% of these assessments should be made available to the NCT via access to CPD		0.0500%	£180,000	Implementation Plan by Q2 and full implementation by Q4		Implementation Plan by Q2 and full implementation by Q4	
N8: Respiratory							
8.1 Respiratory - Asthma - bi-annual audit of patients attending ED with asthma discharged home with completed care bundle	75%	0.0500%	£180,000	Q2 baseline only			Under 19
	75%						Over 19
N9: Stroke Accreditation							
9 Level 2 Accreditation to be achieved at Scarborough Hospital by end of Q3		0.5000%	£1,800,000	Q2 and Q3 only			

Contracted Performance Requirements 2013/14: Quality and Safety

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Oct
Infection Prevention					
Rates of Clostridium difficile	*Schedule 4 part H (confirm calc)* **Quarterly:** 1 Monitor point	**> 43 annual**	21	12	5
Zero tolerance MRSA - **NO LONGER A MONITOR TARGET FROM OCT 2013**	Non payment of inpatient episode **Quarterly:** 1 Monitor point	**0**	0	2	0
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	Non payment of inpatient episode (VoY)	**30 annual**	10	9	0
Mortality					
Mortality - HSMR - to maintain or improve against the 12/13 outturn position	Performance Notice (ER) with the exception of any imposed financial penalty (VOY)	**>= 12/13**			
Mortality - SHMI - to maintain or improve against the 12/13 outturn position	Performance Notice (ER) with the exception of any imposed financial penalty (VOY)	**>= 12/13**	1.04	1.02	
Number of Inpatient Deaths	none - monitoring only	**none**			166
Inpatients					
Percentage of emergency admissions where A&E attendance in previous 24 hours and patient discharged from A&E	Performance Notice - (VoY) with the exception of any imposed financial penalty for breaches at Scarborough Hospital	**tba**			2.6%
% Compliance with WHO safer surgery check list	Non-compliance of any areas will require RCA and Remedial Action Plan £500 penalty if not achieved within 3 consecutive months (ER)	**95%**	Written assurance		
% non-elective spells with operation within 2 days of admission	Quarterly: Performance Notice	**>2012/13 average**			
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn awaiting figure from CCG**	394	to follow	to follow
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**	1267	to follow	to follow
Number of medication errors affecting CYP (under 19yrs old)	Performance Notice (ER)	**none**			
Number of medication errors causing serious harm affecting CYP (under 19yrs old)	Performance Notice (ER)	**none**			
Stroke/TIA					
Proportion of stroke patients who spend >90% of their time on a stroke unit	Performance Notice (ER)	**80% (York)**	86.0%	89.1%	to follow
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours of first contact with a health professional	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	**60% (VoY) 75% York (ER)**	74.5%	78.8%	to follow
Percentage of patients presenting with stroke with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter for anti-coagulation	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	**60%**	70.8%	81.8%	to follow
Percentage of patients and carers with joint care plans on discharge from hospital. Percentage of patients with confirmed stroke who have a copy of their joint care plan on discharge from hospital subject to exceptions included in guidance (except patients RIP or who refuse a health/social care assessment/intervention)	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	**85% by Q4 for York site only (ER)**			
% of stroke patients scanned within 24 hours of hospital arrival	Performance Notice	**100%**	86.9%	82.0%	to follow

Contracted Performance Requirements 2013/14: Quality and Safety

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Oct
Maternity					
Women who see a midwife or maternity healthcare professional by 12 weeks and 6 days of pregnancy	Performance Notice	**90%**	91.6%	93.3%	to follow
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	Performance Notice	**100% (VoY)** **95% (ER)**	100.0%	100.0%	100.0%
Percentage of maternity patients recorded as smoking at delivery that are referred to a smoking cessation service– subject to patient consent	Performance Notice (VoY)	**90% offered a referral, 100% of those consenting referred VoY and ER**	100.0%	100.0%	100.0%
% of women initiating breast feeding.	Performance Notice	**60%**	68.3%	71.5%	71.2%
Number of term babies admitted to NICU or SCBU	Performance Notice	**none**	29	40	9
Number of adverse midwifery/obstetric related incidents	Performance Notice	**none**	0	0	0
Number/percentage of women recorded as smoking by 12 weeks and 6 days	Performance Notice	**none**	202	225	63
Number of babies born between 32 and 36 weeks	Performance Notice	**none**	65	63	24
Number of babies born between 28 and 31 weeks	Performance Notice	**none**	4	10	1
Number of babies born between 24 and 27 weeks	Performance Notice	**none**	4	5	2
Number of babies born under 24 weeks	Performance Notice	**none**	0	0	0
Number of babies put to the breast within 1 hour of birth (Breast feeding initiation report)	Performance Notice	**none**	641	932	312
Discharge Notifications					
Immediate Discharge letters – 24 hour standard: York Hospital	Quarterly: Performance Notice (VoY) £3k per quarter (ER)	**90% - Q2** **92% - Q3** **93% - Q4**		65.3%	67.9%
Immediate Discharge letters – 24 hour standard: Scar/Brid hospitals	Quarterly: Performance Notice (VoY) £3k per quarter (ER)	**30% - Q2** **60% - Q3** **90% - Q4**		32.5%	35.7%
Immediate Discharge Letters (IDLs) handed to patients on Discharge	Quarterly: Performance Notice (VoY)	**98%**	Written assurance		
Percentage of IDLs that meet the minimum quality for IDLs (SIGN standard)	Quarterly: Performance Notice (VoY) £7k per quarter (ER)	**90% Q4**			
Quality of ED IDLs - York	Quarterly: £6k per quarter (ER)	**Q1: 80%** **Q2: 83%** **Q3: 85%** **Q4: 90%**	Quarterly audit of 60 Pts		Quarterly audit of 60 Pts
Quality of ED IDLs - Scarborough	Quarterly: £6k per quarter (ER)	**Q2 - 30%** **Q3 - 60%** **Q4 - 90%**	Quarterly audit of 60 Pts		Quarterly audit of 60 Pts

Blank page

E2

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors - 27 November 2013

Finance Report

Action requested/recommendation

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 31st October 2013.

At the end of October, there is an Income and Expenditure surplus of £1.3m (after restructuring costs of £0.6m) against a planned surplus for the period of £2.4m, and an actual cash balance of £16.2m. The Income and Expenditure position places the Trust behind it's Operational plan.

Strategic Aims	**Please cross as appropriate**
1. Improve Quality	☒
2. Improve our effectiveness, capacity and capability	☒
3. Develop stronger citizenship through our working with partners	☒
4. Improve our facilities and protect the environment	☒

Implications for equality and diversity

None directly identified.

Reference to CQC outcomes

No reference to CQC outcomes.

Progress of report	Prepared for presentation to the Board of Directors.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director

Author	Graham Lamb, Deputy Finance Director
Date of paper	November 2013
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Briefing Note for the Finance & Performance Committee Meeting 19 November 2013
Briefing Note for the Board of Directors Meeting 27 November 2013

Subject: October 2013 Financial Position (Month 7)

From: Andrew Bertram, Finance Director

Summary Reported Position for October 2013

The attached income and expenditure account shows an actual £1.3m surplus of income over expenditure. This is £1.1m behind the Trust's operational plan of an expected surplus of income over expenditure of £2.4m.

This represents an improvement on the deficit position reported last month. Of note is that our plan for October assumed a marked increase in surplus. October was a 31-day month with only 8 weekend days interrupting normal elective activity. This provides for high levels of elective activity and is untypical in terms of the proportion of working days in the month. Whilst our position has improved we have not hit plan.

Of note is that the position includes restructuring costs of £0.6m relating to redundancy and MARS and donated income of £0.4m. Both are excluded in Monitor's assessment of our position.

Income Analysis

The income position is based on coded and costed April to September activity and an estimate has been used for October (based on reported activity levels but using average specialty costs). The final assessed position for September proved to be a little higher than estimated last month and October has been extremely busy. Both these issues have increased income levels. At this stage overall income is assessed to be £4.8m ahead of plan. This represents a significant increase on that reported last month (£3.8m).

This remains of concern in terms of CCG affordability. The position is openly discussed with the CCGs in the Contract Management Board and the associated Finance and Performance Subgroup meetings. Agreed actions to manage the position include the follow up reduction work and the CCG's planned implementation of a Referral Support Service (RSS). This is being piloted in two Practices for a limited number of specialties. The process will involve checks of all referrals to ensure all primary care pre-work up and alternative management has been undertaken and the appropriateness of the referral will be assessed. It is the CCG's assessment that the RSS will reduce demand into the hospital.

The Board are well aware of the position in relation to contract penalties. In the October position we are assuming penalties of £1.1m. This comprises actual penalties of £100k for

52-week breaches, a £254k assessment of likely 18-week RTT penalties at specialty level, a £95k assessment of the ED 4-hour target breach in Q2 (and for October), a £600k assessment of the impact of the excess c diff to trajectory (12 cases above trajectory at £50k per case) and a small number of minor penalties. In the case of the c diff penalty this remains an annual assessment for any potential penalty. Of note is the continued and marked improvement in c diff rates in comparison to Q1.

We have reduced the number of follow up patients the Trust has seen under the CCG's QIPP initiative. The Board are aware of the work done to establish condition registers at specialty level in order to evidence the need for secondary care follow up. We are still awaiting CCG instruction as to which specialty registers they wish to review but we have confirmed to the CCGs that, following the work we have done to evidence the need for follow up, until our registers are successfully challenged we expect payment for all work done. Whilst the QIPP has undoubtedly been successful, the pressure on CCG finances will require further action. This remains a source if debate within the CCGs but also through the Collaborative Improvement Board.

Expenditure Analysis

Pay is reported as £1.5m overspent. Of note is that there has been no further deterioration in the position this month, in fact the position has improved slightly. This is the net position after release of reserves for escalation areas and other agreed developments. Pressures in the main relate to premium costs associated with the continued and necessary use of temporary staff plus costs associated with higher than planned levels of Extra Contractual Work necessary to meet access targets. ECP budgets are £0.7m overspent against plans, with notable pressures in both Radiology (delivery 6-week scanning access) and Endoscopy (delivery of diagnostic capacity).

The balance of the pay cost pressure is not easily attributable to a single issue but is varied in nature. These pressures form part of the PMM discussions with directorates. A notable pressure area is agency staff to support unplanned increased Chlor Cleans on site (£115k) as part of our infection control strategy. There is likely to be further pressure from infection control improvement issues as we consider further expansions of Chlor cleans, alternative cleaning products and the potential extended use of HPV cleaning techniques.

Drug costs are over spent by £2.1m with this almost exclusively relating to pass through drug costs excluded from tariff (particularly high cost rheumatology and oncology drugs). There is corresponding additional income in this regard. There are no operational drug pressures to report in terms of regular tariff funded drug expenditure. Pressure in this budget area is causing the CCGs and, in particular, Specialist Commissioners concern.

Clinical supplies and services have overspent this month by £364k. This is primarily due to pressure on excluded from tariff devices for which there is a direct income charge. There are no issues I would wish to bring to the Board's attention.

The report shows that the CIP programme is impacting adversely on the position by £3.3m. This is dealt with in the CIP report. This continues to place pressure on the reported income and expenditure position but is being compensated for by additional income and slippage on planned developments.

Contracting Matters

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

Other Issues

We have dealt off-line with the issue of the recent receipt of the second instalment of the £20m strategic acquisition capital. We have received a £12m PDC payment taking the total strategic capital now provided to the Trust to £17m. The remaining £3m has been assured as available for the Trust to draw in 2014/15. There are no adverse issues associated with the proposed split of funds. Of note for the Board is that the £12m PDC payment has come to the Trust through the normal and standard PDC route, setting an important precedent for the remaining balance.

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 31 October 2013

High Level Overview

* A net I&E surplus for the period of £1.3m means the Trust is £1.1m behind plan.

* CIPs achieved at the end of October total £14m. The CIP position is running £3.3m behind plan.

* Income from all contracts is assessed to be ahead of plan by £7.3m.

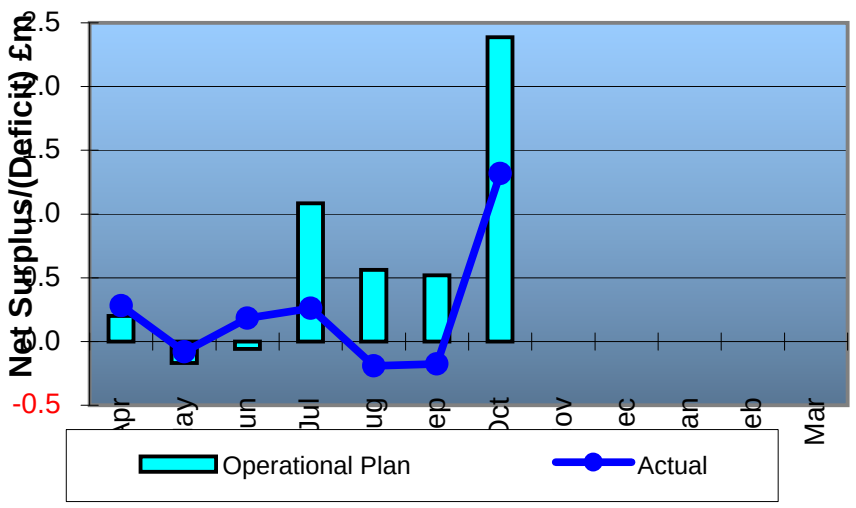
* Cash balance is £16.2m, and is £16.2m behind plan. £15m PDC is due next month.

* Capital spend totalled £6.4m, and is behind plan.

* The provisional Monitor Financial Risk Rating is 3, which is on plan.

* The Continuity of Service Risk Rating is 4.

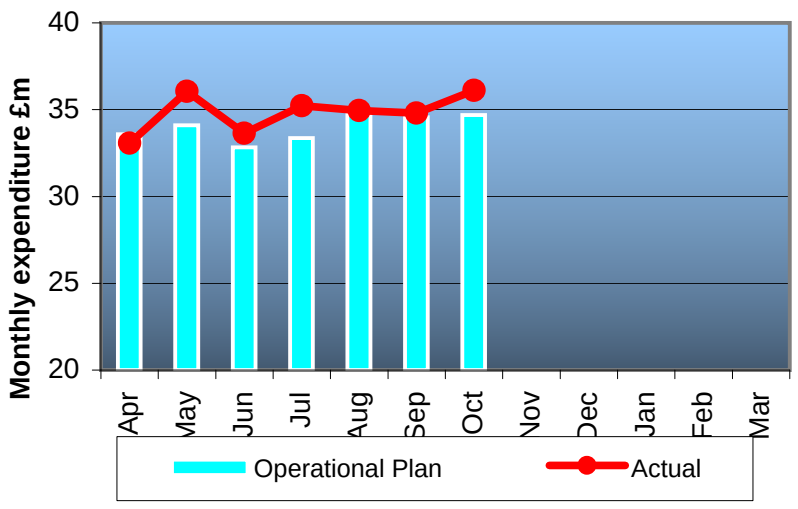
Net Income & Expenditure



Key Period Operational Variances

	Plan £m	Act.£m	Var. £m
Clin.Inc.(excl. Lucentis)	212.5	217.8	5.3
Clin.Inc.(Lucentis)	6.0	4.8	-1.2
Other Income	31.5	32.2	0.7
Pay	-166.2	-167.7	-1.5
Drugs	-20.3	-22.4	-2.1
Consumables	-24.1	-24.5	-0.4
Other Expenditure	-27.3	-29.2	-1.9
	12.1	**11.0**	**-1.1**

Expenditure



At the end of October there is an adverse variance against operational expenditure budgets of £5.9m. This comprises:-

- Operational pay being £1.5m overspent.
- Drugs £2.1m overspent, mainly due to pass through costs linked to drugs excluded from tariff.

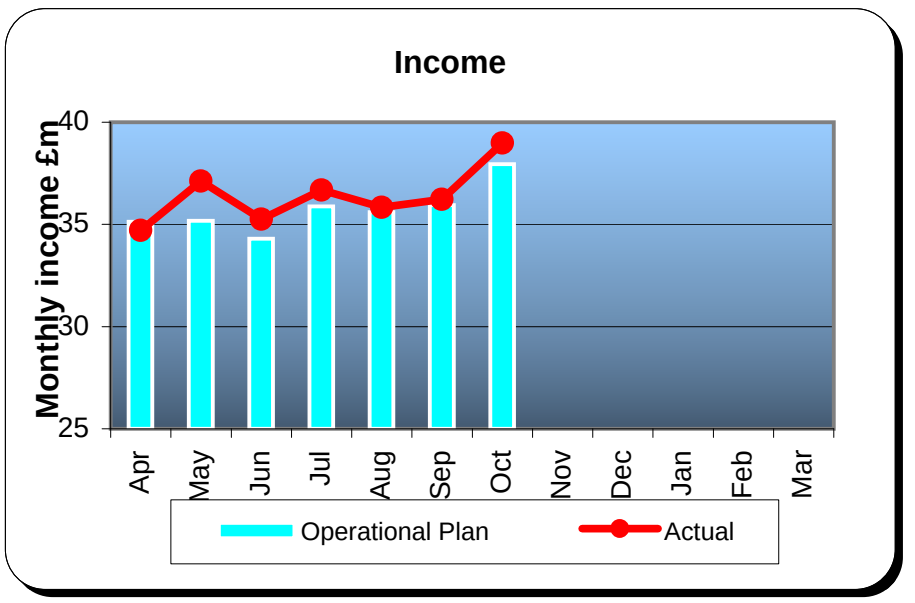
- Clinical supplies £0.4m overspent.

- Other costs are £2.0m underspent, primarily due to slippage on planned investments

- Restructuring costs (MARS and redundancies) are £0.6m overspent

- CIPs are £3.3m behind plan

Income

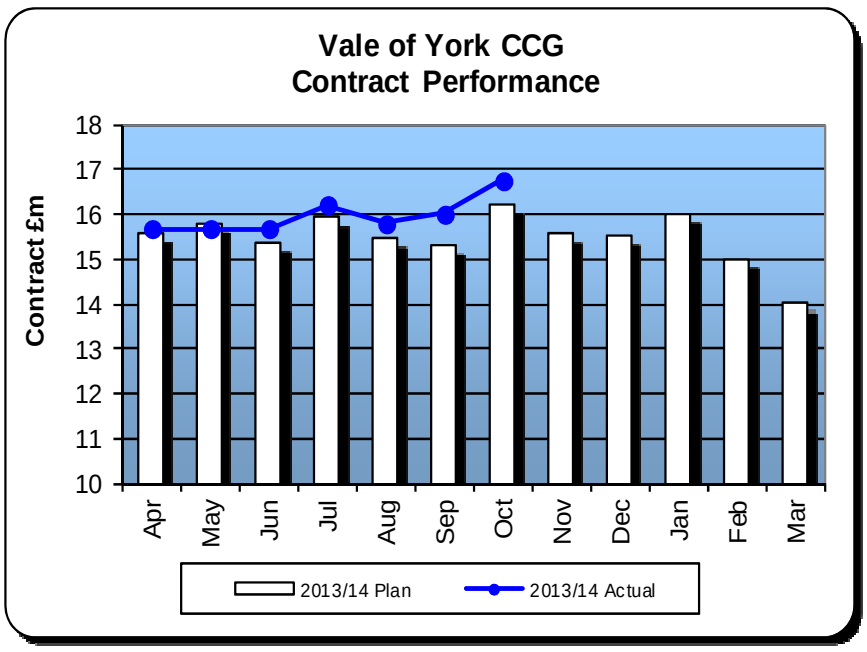


At the end of October income is ahead of plan by an estimated £4.8m. This comprises:

- Elective and day case income are ahead of plan by £1.5m.
- Non elective income is ahead of plan by £0.6m.
- Community income is marginally ahead of plan by £0.4m.
- Out patient income is behind plan by 0.5m
- A&E is ahead of plan £0.6m.

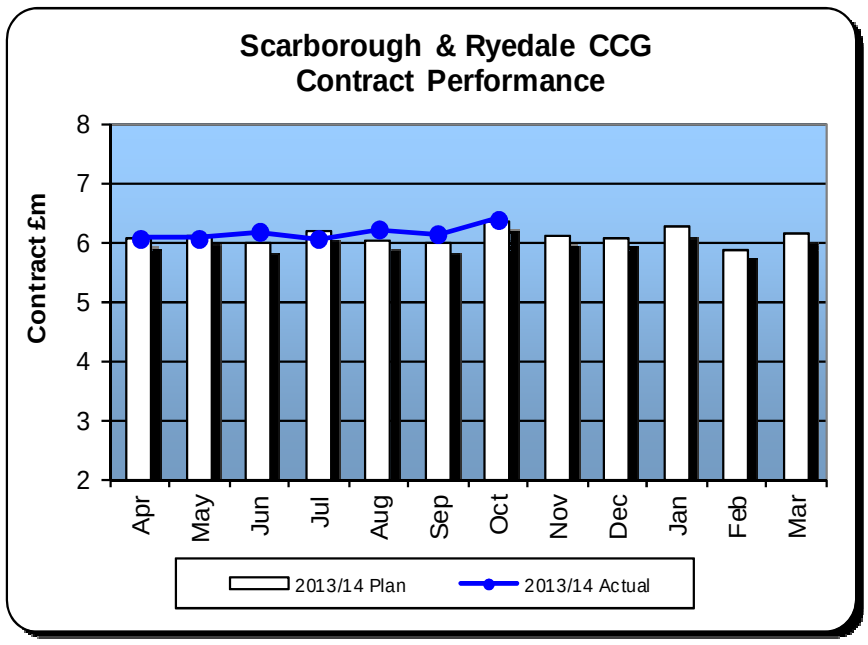
- Other clinical income is ahead of plan by £2.5m.
- Other income is £0.7m ahead of plan
- Contract penalties and the effect of CCG QIPP schemes are estimated at £1.0m.

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 31 October 2013



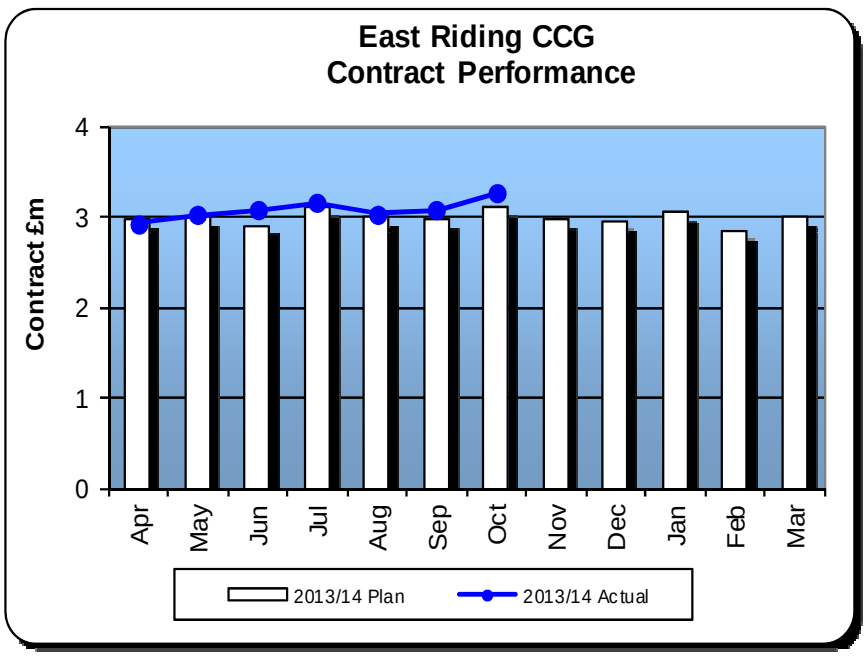
The contract value is £185.7m.

The contract is ahead of plan by £2.1m ahead of plan and includes estimates for the month of October.
The actual value has been reduced to take account of anticipated contract penalties.



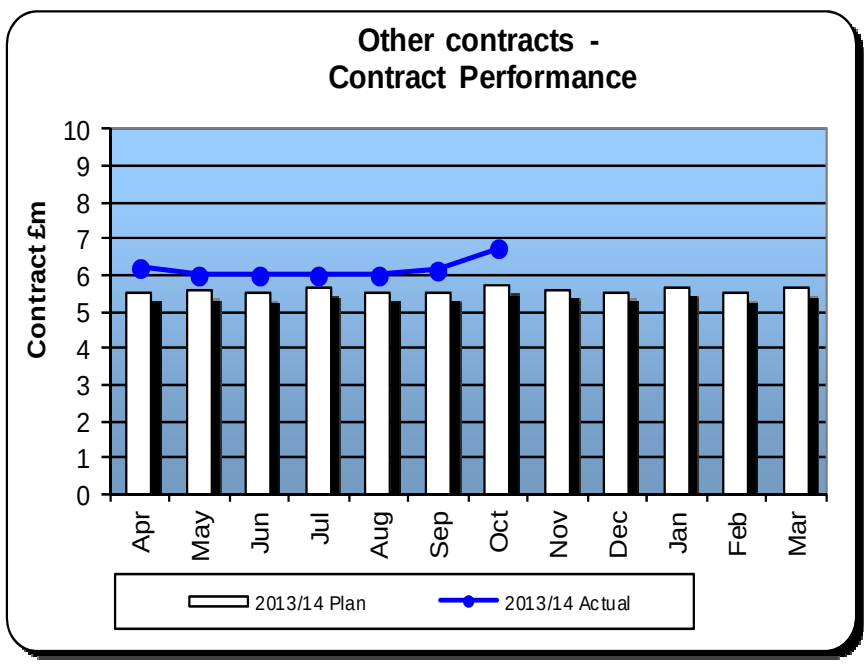
The contract value is £73.1m.

The contract is marginally ahead of plan by £0.5m, and includes estimates for October.
The actual value has been reduced to take account of anticipated contract penalties.



The contract value is £35.8m

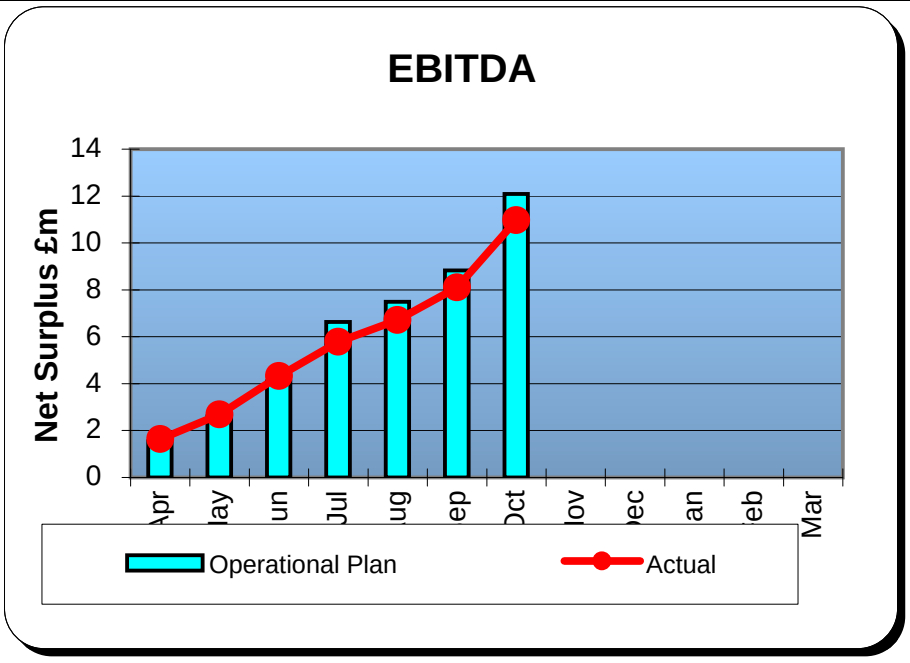
The contract is marginally ahead of plan by £0.5m, and includes estimates for October.
The actual value has been reduced to take account of anticipated contract penalties.

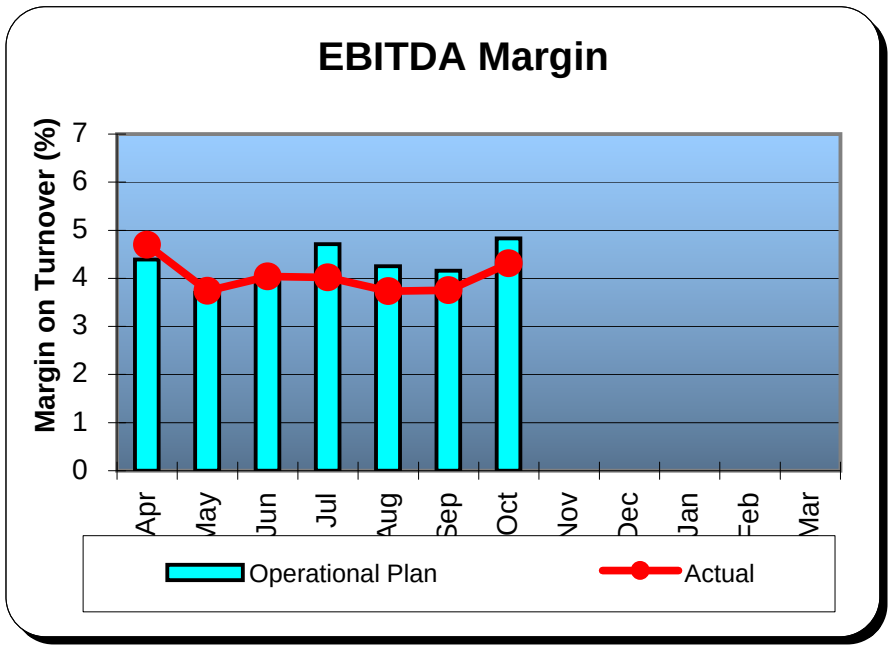


The total contract value is £67.0m

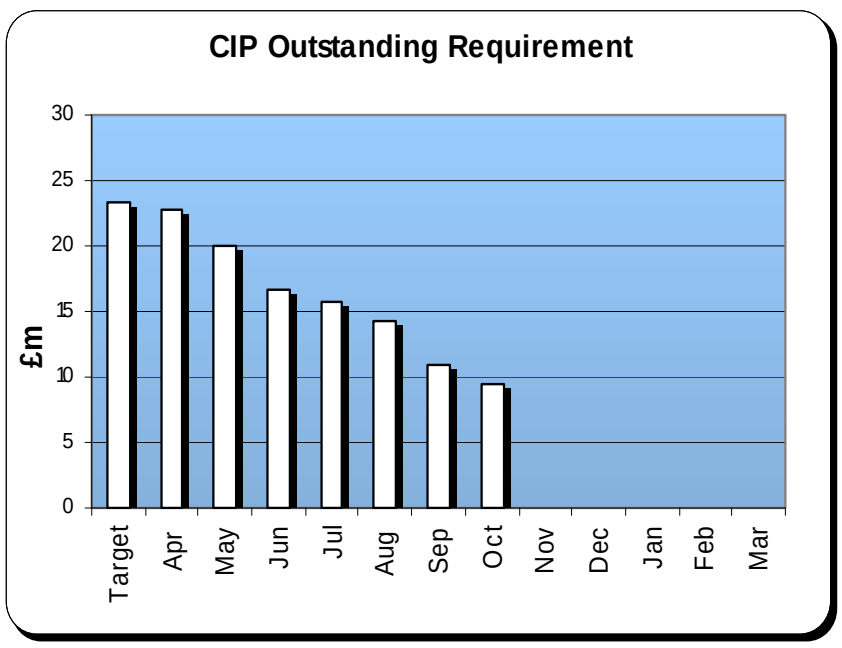
These include the smaller CCG contracts, NHS England (both public health services and prescribed specialist services), and Local Authority contracts. Overall contracts are ahead of plan by an estimated £4.1m. Prescribed specialist services are £3.1m ahead of plan, and Hambleton, Whitby and Richmondshire CCG is £0.3m ahead of plan. These positions include estimates for October.

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 31 October 2013

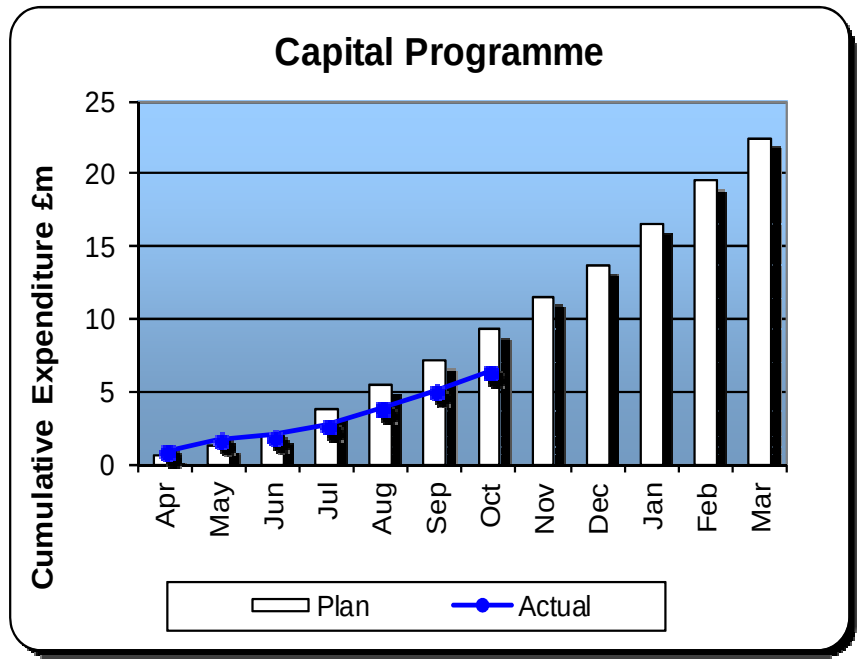




Actual EBITDA at the end of October is £10.97m (4.31%), compared to operational plan of £12.09m (4.83%), and is reflective of the overall I&E performance.



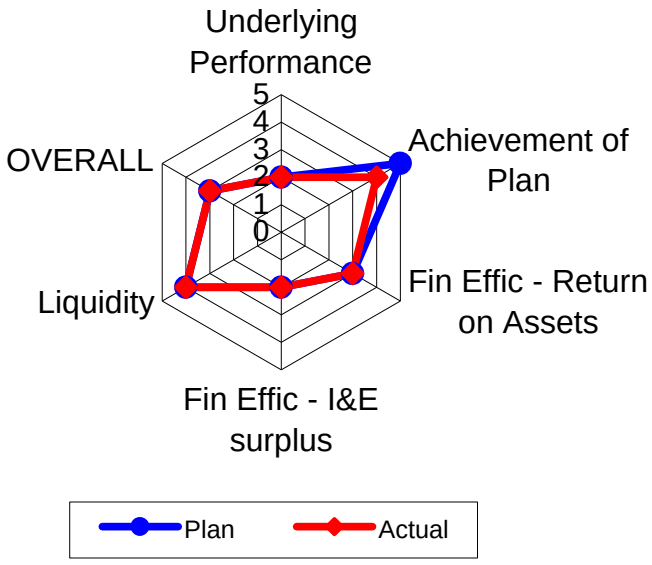
The full year efficiency requirement is £23.4m. At the end of October £14.0 m has been cleared.



Capital expenditure to the end of October totalled £6.4m and is behind plan.

Capital schemes with significant in year spend to date include the pharmacy robot now complete, the maternity theatre upgrade at SGH upgrade of ward kitchens in York, 2nd CT scanner replacement. The carbon & energy scheme has also started. However there has been scheme slippages that account for actual being behind plan

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 31 October 2013

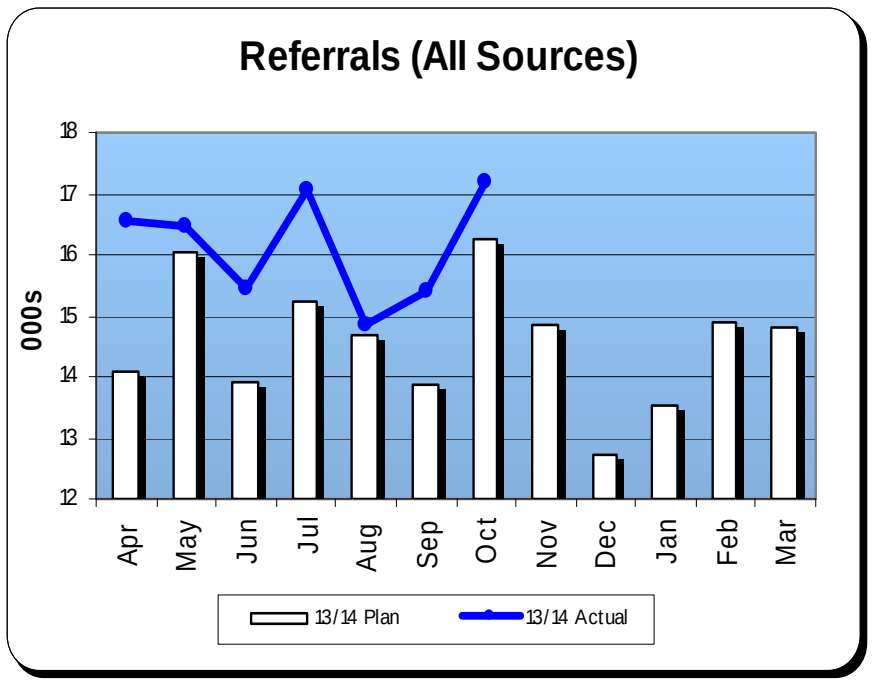


The Trust's provisional overall FRR for the year to date is 3, which is in line with the plan submitted to Monitor.

The 'Achievement of Plan' is behind the plan submitted to Monitor and is reflective of the I&E position being behind plan.

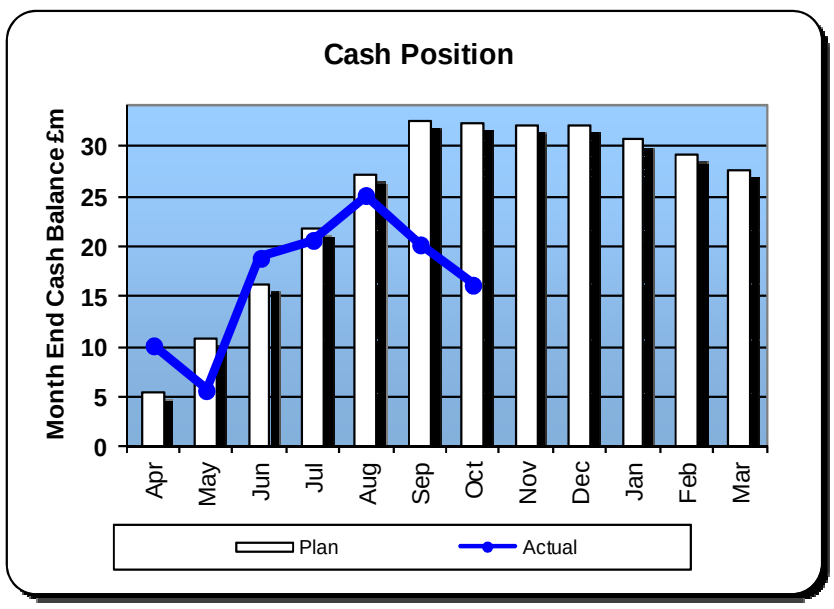
Continuity of Service Risk Rating (CoSSR):

Debt Service Cover rating	4
Liquidity rating	4
Overall CoSSR	**4**



Annual plan 174,884 referrals (based on full year equivalent of 2012/13 outturn)

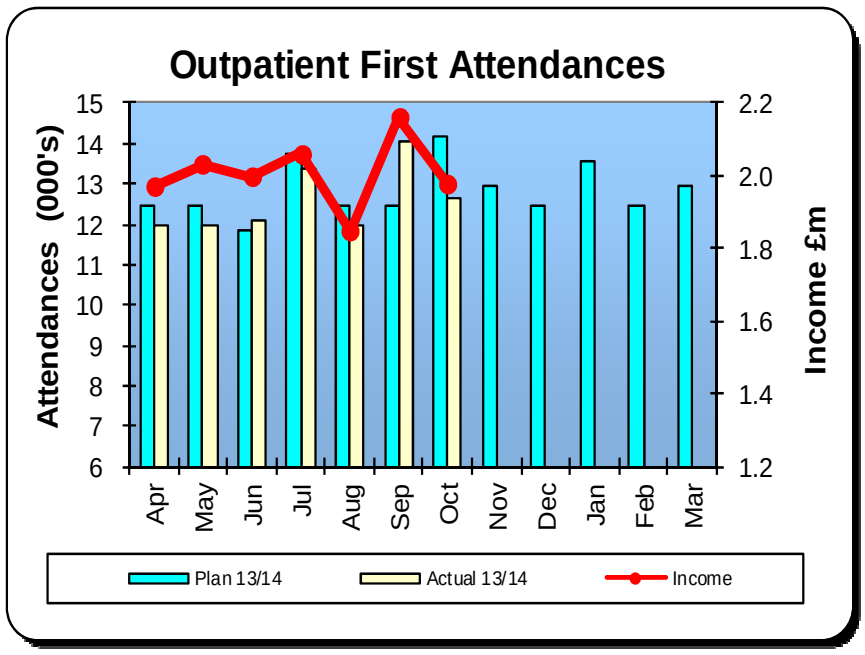
Variance at end of October: +8,821 referrals (+8%)
GP referrals +5,667 (+9%)
Cons to Cons referrals +165 (+1%)
Other referrals +2,989 (+11%)



The cash balances at the end of October totalled £16.2m, and is £16.2m behind plan. The position includes the £12m transitional income support for the whole year received in June, however £15m additional PDC for capital is still to be received in November.

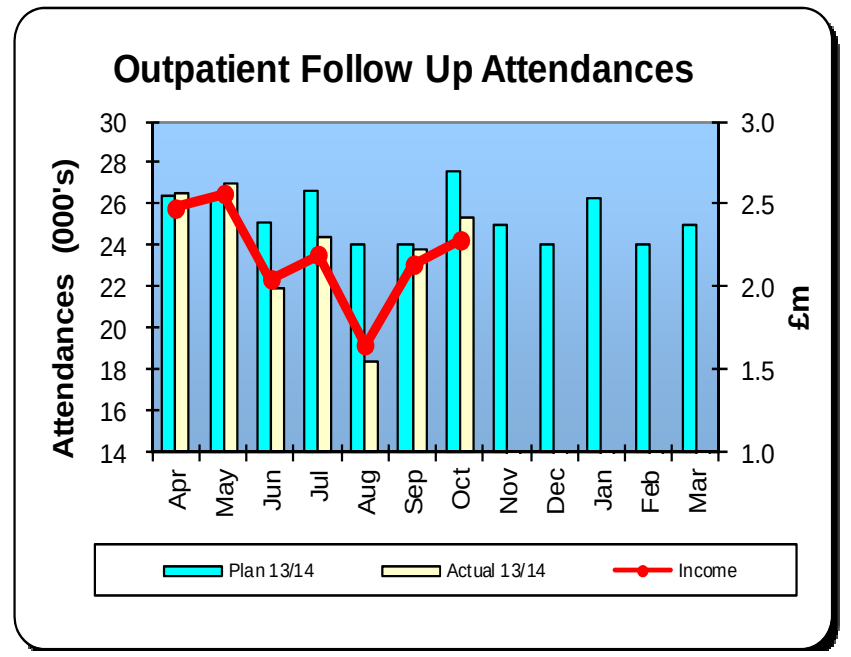
Monitor Liquidity Ratio					
Risk Rating	5	4	3	2	1
Days Cover	60	25	15	10	<10
Trust Actual Days		31			

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 31 October 2013



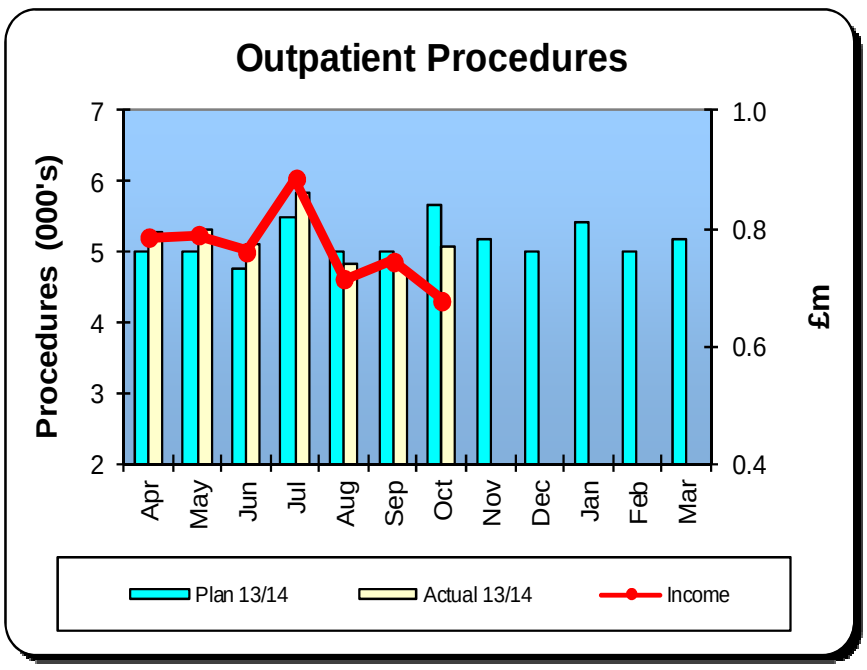
Annual Plan (Attendances) 154,195
Variance at end of October: -1,488 attendances (-2%).

Main variances: Opthalmology -2,089 (-18%), ENT -579 (-11%), Gastroenterology -406 (-12%), Cardiology +1,849 (-21%)



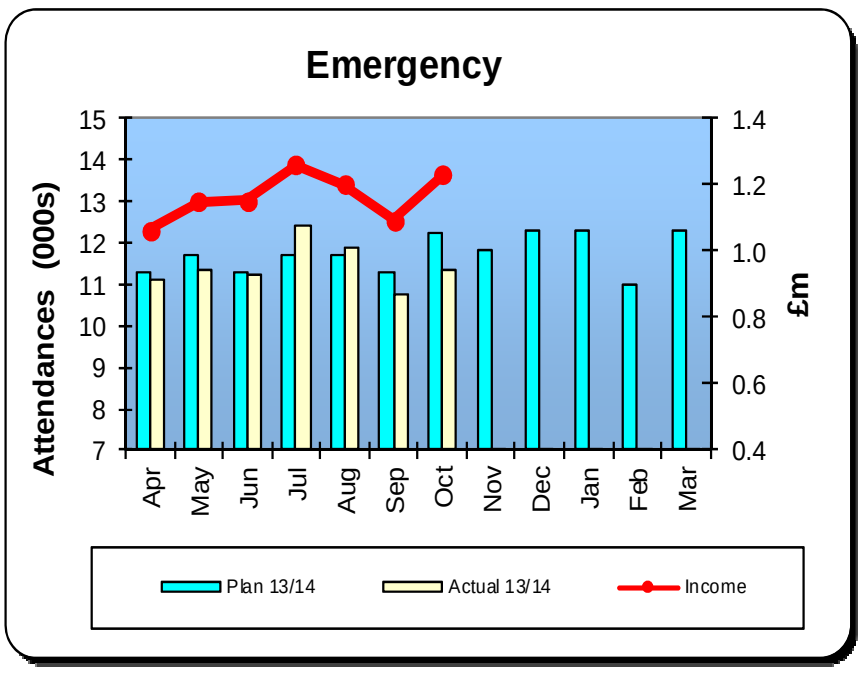
Annual Plan (Attendances) 325,838
Variance at end of October: -23,650 attendances (-12%).

Main variances: General Surgery -1,966 (-13%), Urology -1,615 (-22%), Opthalmology -14,123 (-31%), Anaesthetics -2,340 (-48%), and Medical Oncology +4,311 (+52%)



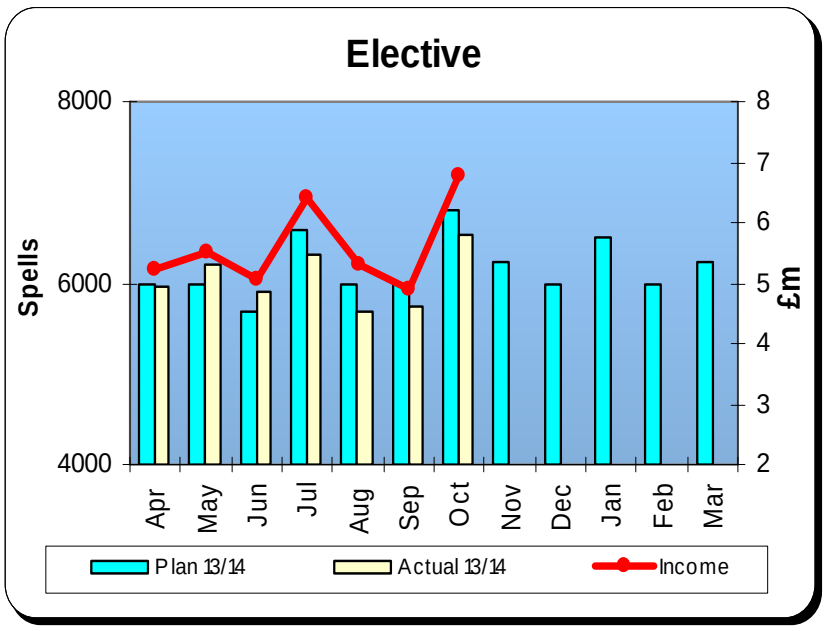
Annual Plan (Procedures) 61,660
Variance at end of October: +27 procedures (+0.1%).

Main variances: ENT +635 (+13%), Orthodontics +1,109 (+26%), Trauma and Orthopaedics +34 (+25%), Cardiology -352 (-11%), and Gynaecology -900 (-27%).



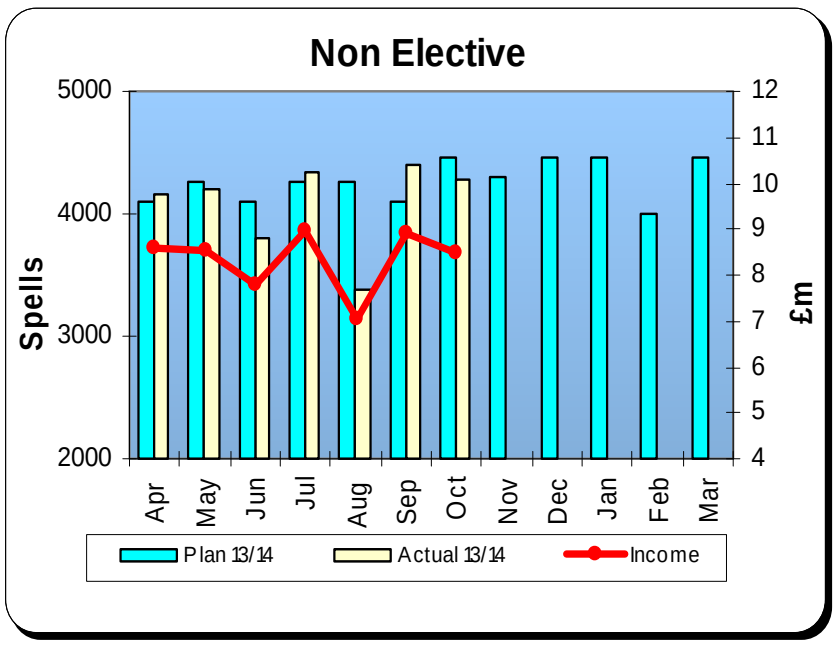
Annual Plan (Attendances) 140,970
Variance at end of October: -1030 attendances (-1.3%).

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2013 to 31 October 2013



Annual Plan (Spells) 74,033
Variance at end of October: -995 spells (-4.0%): inpatient -214; daycase -781

Main variances: General surgery -432 (-7%), Urology +280 (+4%), Gastroenterology -1325 (-17%), and Haematology +474 (+21%).



Annual Plan (Spells) 51,245
Variance at end of October: -1,211 spells (-4%).

Main variances: Cardiology +569 (+67%), Thoracic Medicine +795 (+52%), and Trauma & Orthopaedics +286 (+18%). Medical Oncology -38 (-25%) Paediatrics -565 (-12%)

Contract Penalties

Other Penalties	YTD Actual	Penalty £000	Comments
Clostridium Difficile	37	600	Annual target 43; period target 25. £50k penalty per case over target.
52 week breaches	20	100	£5k penalty per breach per month. 12 GenSur (York); 3 GenSur (Scar); 2 Ophthal (Scar); 2 Gynae (York). 1 Urology (York).
18 week breaches:			Figures are estimates and awaiting confirmation.
- Admitted (90% target, weighting 37.5%)	n/a	87	GenSur £25k; Gynae £26k; Anaes £8k: Rheumatology £3k, Urol;ogy £7k.Haematology £4k, T&O £6k..
- Non-admitted (95% target, weighting 12.5%)	n/a	85	Gen Sur £25k; Urology £17k Anaesthetics £7k, Gastro £16k, T&O £6.1k, Rheumatology £5k cardilogy £3k.
- Incomplete pathways (92% target, w'ting 50%)	n/a	42	GenSur £14k; Gynae £5k; Urology £9k; T&O £9k; Opthalmology £2k,
- Estimate for October	n/a	40	An estimate for the month of October has been included.
MRSA	2	5	Penalty estimated and will be the HRG income.
VIU breaches/Trolly wait	24	7	Mixed sex accomodation breaches / Trolley Waits
A&E Performance	n/a	95	Faliure to admit, transfer or discharge patients within 4 hours of arrival. Target 95%, actual provisional position at October is 94.12%. Penalty 2% of cost in quarter.
		1,061	

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
SUMMARY INCOME & EXPENDITURE POSITION
FOR THE PERIOD 1st APRIL 2013 to 31st OCTOBER 2013

	ANNUAL PLAN	PLAN FOR PERIOD	ACTUAL FOR PERIOD	PERIOD VARIANCE
	£000	£000	£000	£000
INCOME				
NHS Clinical Income				
Elective Income				
Tariff income	25,909	15,088	15,919	831
Non-tariff income	578	336	71	-265
Planned same day (Day cases)				
Tariff income	37,576	21,842	22,743	901
Non-tariff income	525	306	421	115
Non-Elective Income				
Tariff income	98,342	56,759	57,478	719
Non-tariff income	1,537	887	785	-102
Outpatients				
Tariff income	61,550	35,831	35,487	-344
Non-tariff income	5,611	3,267	3,095	-172
A&E				
Tariff income	12,397	7,155	8,316	1,161
Non-tariff income	612	353	-160	-513
Community				
Tariff income	1,024	582	680	98
Non-tariff income	33,417	19,493	19,759	266
Other				
Tariff income	0	0	0	0
Non-tariff income	98,314	56,620	59,134	2,514
Fines and Contract Penalties		0	-1,061	-1,061
	377,391	**218,519**	**222,667**	**4,148**
				0
	377,391	**218,519**	**222,667**	**4,148**
Non-NHS Clinical Income				
Private Patient Income	1,088	635	614	-21
Other Non-protected Clinical Income	1,879	1,099	1,039	-60
	2,967	**1,734**	**1,653**	**-81**
Other Income				
Education & Training	13,845	8,094	8,264	171
Research & Development	8,027	4,682	4,931	249
Donations & Grants received of PPE & Intangible Assets	0	0	0	0
Donations & Grants received of cash to buy PPE & Intangible Assets	240	140	350	210
Other Income	16,964	9,841	9,964	124
Transition support	11,985	6,991	6,991	0
	51,061	**29,748**	**30,501**	**753**
Total Income	**431,419**	**250,001**	**254,821**	**4,820**
EXPENDITURE				
Pay costs	-290,169	-166,226	-167,729	-1,503
Drug costs	-35,086	-20,292	-22,419	-2,127
Clinical Supplies & Services	-41,635	-24,101	-24,465	-364
Other costs (excluding Depreciation)	-54,548	-30,551	-28,656	1,895
Restructuring Costs	0	0	-580	-580
CIP	9,364	3,255	0	-3,255
Total Expenditure	**-412,074**	**-237,915**	**-243,849**	**-5,934**
EBITDA (see note)	**19,345**	**12,086**	**10,972**	**-1,114**
Profit/ Loss on Asset Disposals	0	0	-5	-5
Fixed Asset Impairments	-300	0	0	0
Depreciation	-10,854	-6,332	-6,332	0
Interest Receivable/ Payable	65	38	52	14
Interest Expense on Overdrafts and Working Capital Facilities	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0
Interest Expense on Non-commercial borrowings	-270	-158	-122	36
Interest Expense on Commercial borrowings	0	0	0	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0
Other Finance costs	0	0	0	0
PDC Dividend	-5,566	-3,247	-3,247	0
Taxation Payable	0	0	0	0
NET SURPLUS/ DEFICIT	**2,420**	**2,387**	**1,318**	**-1,069**

E3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 November 2013

Efficiency Programme Update

Action requested/recommendation

The Board is asked to note the October 2013 position with its significant future potential risks to delivery. Significant and sustained action is required to close these gaps.

Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. Delivery in October is behind plan, and the Monitor variance remains significantly behind plan by (£3,255k). There is also a planning shortfall of (£3,723k) for the current year, which is high risk.

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

Reference to CQC outcomes

Progress of report	Finance and Performance Committee.
Risk	The Efficiency Programme presents a significant financial risk to the organisation.
Resource implications	The aim of this work stream is to ensure the most effective use of the Trust resources.
Owner	Andrew Bertram, Director of Finance
Author	Steve Kitching, Deputy Head of Corporate Efficiency
Date of paper	November 2013

Board of Directors – 27 November 2013

Efficiency Position Update at October 2013

1. Executive Summary

The full year plan to Monitor is £23,363k.

In period 7 we have achieved £13,998k in full year terms.

In October 2013 we are behind the Trust plan to Monitor by **(£3,255k)**.

Table 1 below provides a high level summary of progress.

Table 1 – Executive Summary – October 2013	Total
	£'000
In year target	
In year target	**23,363**
In year delivery	
Delivery - recurrent	5,845
Delivery – non-recurrent	8,153
Total delivery	**13,998**
Delivery (gap)/ Over achievement	**(9,365)**
In year planning	
Further in year plans	**5,642**
In year planning (gap)/surplus	**(3,723)**
Part year Monitor position	**(3,255)**
Future planning	
4 year target	71,464
4 year plans total	56,408
4 year planning (gap)/surplus	**(15,056)**

2. Introduction and background

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme.

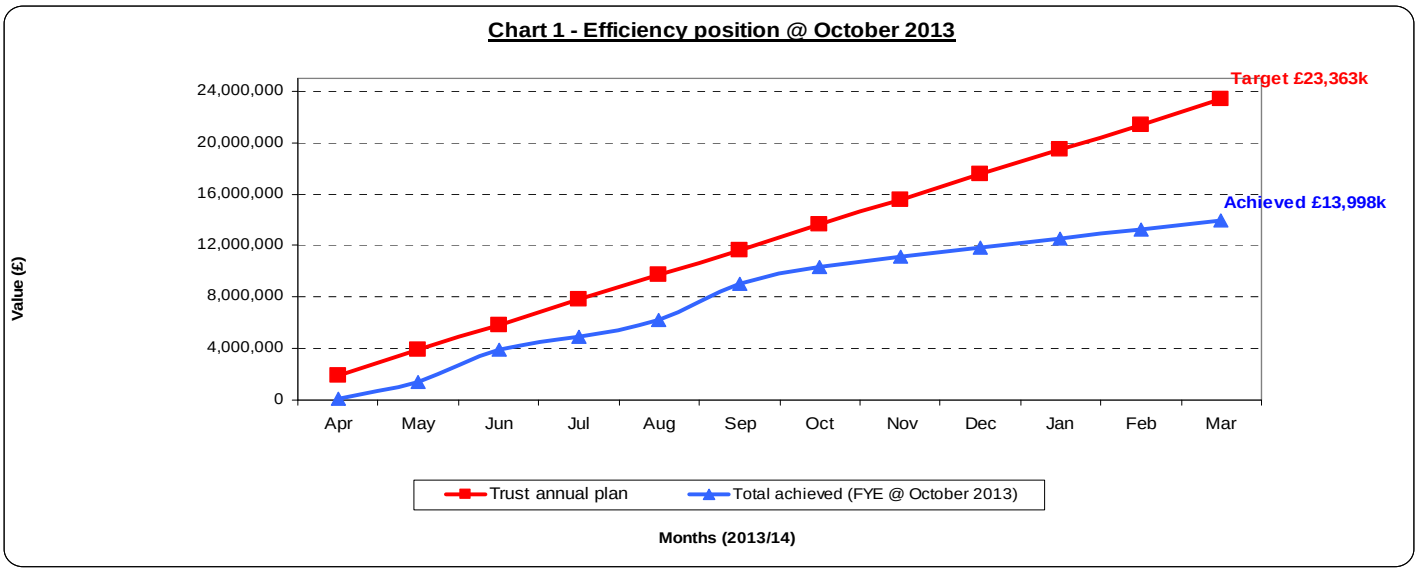
3. Efficiency position report

This report covers the period of 7 months to October 2013.

3.1 Trust plan to Monitor

The combined position is **(£3,255k)** behind the trust plan to Monitor as at October 2013; see Table 2 and Chart 1 below.

Table 2	YTD September	October 2013	Total YTD
	£,000	£,000	£,000
Trust plan	11,681	1,947	**13,628**
Achieved	9,086	1,288	**10,374**
Variance	**(2,595)**	**(659)**	**(3,255)**



3.2 Full year position summary

As at October 2013, £13,998k has been achieved in full year terms against the plan of £23,363k (see Table 3 below). This is made up of £5,845k of recurrent and £8,153k non-recurrent schemes.

Table 3	Sept 2013	Oct 2013	Change
	£,000	£,000	£,000
Expenditure plan – 13/14	23,363	23,363	0
Target – 2013/14	**23,363**	**23,363**	**0**
Achieved - recurrently	4,846	5,845	999
Achieved - non-recurrently	7,666	8,153	487
Total achieved	**12,512**	**13,998**	**1,486**
Gap to achieve	**(10,851)**	**(9,365)**	**1,486**
Further plans	8,445	5,642	(2,803)
(Gap)/Surplus in plans	**(2,406)**	**(3,723)**	**(1,317)**

3.3 Workforce overview

Chart 2 below shows the impact of the Trust's Efficiency programme on workforce expenditure. Budgeted WTE has seen a small increase of 2 in the month. Table 4 below details the current vacancy gap.

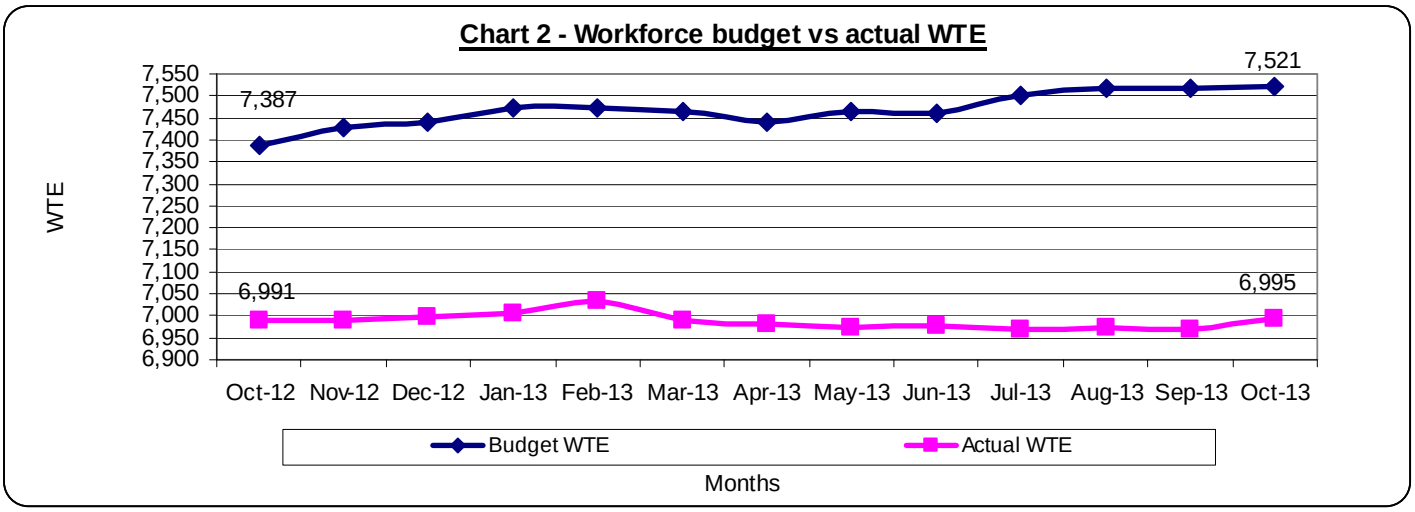


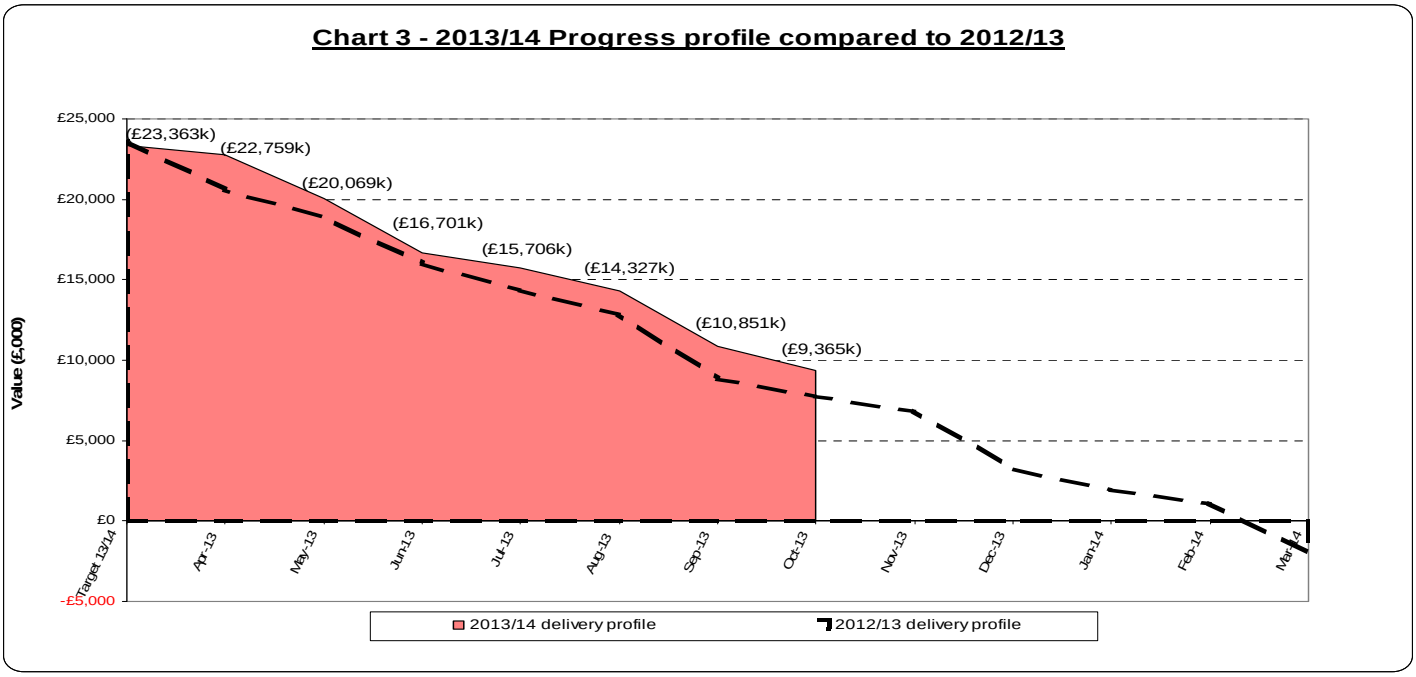
Table 4

	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13
Budget WTE	7,387	7,430	7,441	7,474	7,472	7,465	7,440	7,464	7,459	7,500	7,519	7,519	7,521
Actual WTE	6,991	6,990	6,997	7,004	7,034	6,990	6,982	6,974	6,978	6,969	6,972	6,969	6,995
Vacancy Gap %	5.4%	5.9%	6.0%	6.3%	5.9%	6.4%	6.2%	6.6%	6.4%	7.1%	7.3%	7.3%	7.0%

Actual WTE numbers have seen an increase of 26 across the Trust. Staffing levels are below budgeted levels due to the impact of staff turnover.

3.4 Delivery profile and further plans

The current full year deficit is £ (9,365k). Savings achieved by month are shown in Chart 3 below. The broken line shows delivery in 2012/13 which has been added for information.



Further plans have been formulated amounting to £5,642k. These are summarised in Table 5 below.

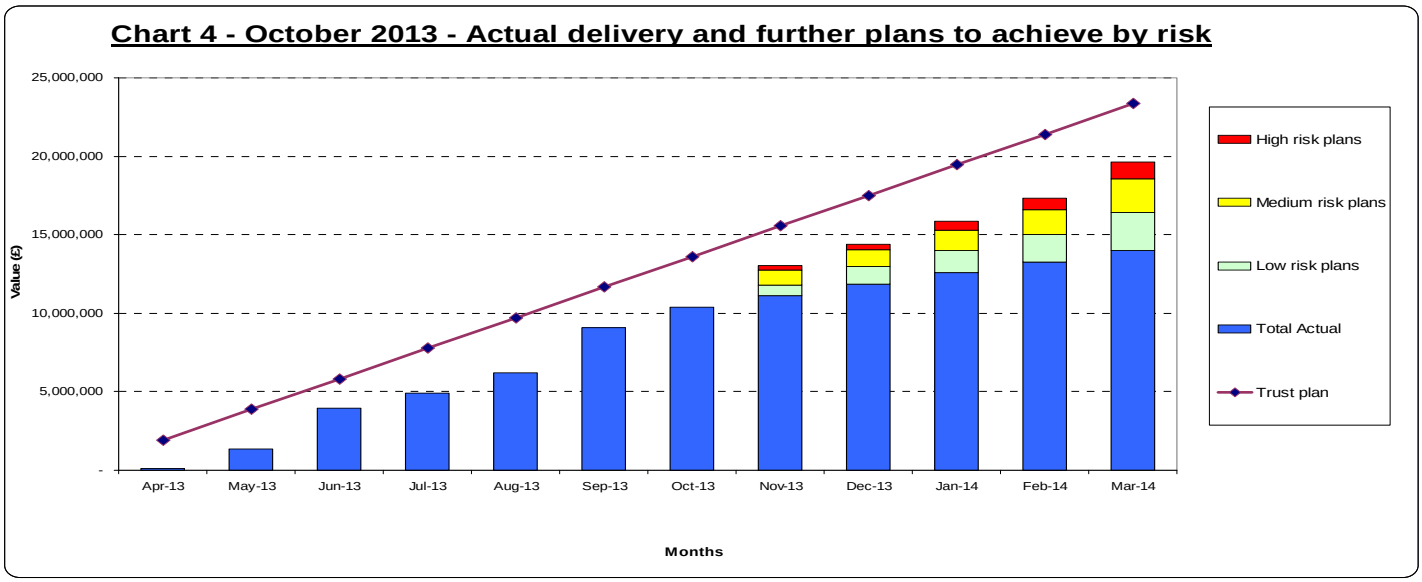
Table 5 – Further plans 2013/14

Risk	Gap Full Year	Plans - Recurrent	Plans - Non Recurrent	**Plans Total**	Shortfall in plans
	£'000	**£'000**	**£'000**	**£'000**	**£'000**
Low		1,664	783	**2,447**	
Medium		1,194	937	**2,131**	
High		1,052	11	**1,064**	
Total	**(9,365)**	**3,911**	**1,731**	**5,642**	**(3,723)**

3.5 Risk profile of further plans and forecast risk to delivery

Directorate plans are each assigned a risk rating.

The overall October 2013 position is summarised in Chart 4 below. The bottom section has been used to represent savings achieved; with low, medium and high risk plans shown ascending, as detailed on the legend.



Significant work has been carried out to re-assess, remove or re-profile plans at the month 6 position to ensure a clear assessment of risk can be carried out.

3.6 Four year plans

Directorates are required to develop four year plans and Table 6 below summarises this position. There is currently a shortfall of (£15,056k) over 4 years on the base target.

Significant work is on going to reduce the impact of the non recurrent carry forward and schemes continue to be developed and assessed. The shortfall in plans offers a high risk to delivery.

Table 6 - 4 Year efficiency plan summary – October 2013					
Year	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**Total**
	£'000	**£'000**	**£'000**	**£'000**	**£'000**
Base target	23,363	16,364	15,868	15,868	**71,464**
Plans	19,640	20,975	7,676	8,117	**56,408**
Variance	**(3,723)**	**4,610**	**(8,193)**	**(7,751)**	**(15,056)**

3.7 Finance risk rating

In year delivery is behind the same point last year with £13,998k (60%) delivered in October 2013 against £15,866k (67%) in October 2012.

A new risk scoring process has been developed and is attached as Appendix 1 and 2. It should be noted Directorates scoring a 1 or 2 on finance are considered high risk; directorates scoring a 4 or 5 are low risk.

3.8 Governance risk rating

The governance rating, detailed in Appendix 1, is currently work in progress and is in the process of being implemented. The majority of areas have now self assessed their schemes, only 4 remain, and a full review with the Clinical Efficiency Lead is now underway.

To enable a green rating to be achieved, the Directorate must have assessed 100% of their in year efficiency plans against the Trust Risk Assessment System. A red rating represents <70% of plans assessed. This process should be carried out quarterly.

Plans which are identified as high risk through this process following review with the Clinical Efficiency Lead will be presented to the Finance and Performance Committee quarterly.

In addition high risk schemes will be presented to the Patient Safety Group, Chaired by the Trust Medical Director, for information.

4. Conclusion

Delivery in October 2013 is behind plan with £13,998k (60%) of full year schemes being delivered against the Trust plan of £23,363k; this compares with £15,886k (67%) in October 2012. This progress is significantly behind our Monitor profile by (£3,255k) in month 7.

We currently have a planning deficit in year of (£3,723k), which has slipped significantly from the previous month's position and is extremely high risk.

The 4 year planning position highlights a shortfall in base plans of (£15,056k); this has slipped from the September 2013 position and is considered high risk.

5. Recommendation

The Board is asked to note the October 2013 position with its significant future potential risks to delivery. Significant and sustained action is required to close these gaps.

Author	**Steve Kitching, Deputy Head of Corporate Efficiency**
Owner	**Andrew Bertram, Director of Finance**
Date	**November 2013**

RISK SCORES - OCTOBER 2013 - APPENDIX 1

DIRECTORATE	FINANCE					GOVERNANCE			
	R	RA	A	AG	G	R	RA	AG	G
COMMUNITY	1	2	3	4	5	○	○	○	●
MEDICINE FOR THE ELDERLY SCARBOROUGH	1	2	3	4	5	○	○	○	●
TACC YORK	1	2	3	4	5	○	○	○	●
SPECIALIST MEDICINE	1	2	3	4	5	○	○	○	●
WOMENS HEALTH	1	2	3	4	5	○	○	○	●
OPHTHALMOLOGY	1	2	3	4	5	○	○	○	●
LAB MED	1	2	3	4	5	○	○	○	●
RADIOLOGY	1	2	3	4	5	○	○	○	●
GS&U	1	2	3	4	5	○	○	○	●
ED YORK	1	2	3	4	5	●	○	○	○
MEDICINE FOR THE ELDERLY	1	2	3	4	5	○	○	○	●
GEN MED SCARBOROUGH	1	2	3	4	5	○	○	○	●
CHILD HEALTH	1	2	3	4	5	○	○	○	●
TACC SCARBOROUGH	1	2	3	4	5	○	○	○	●
T&O YORK	1	2	3	4	5	○	○	○	●
SEXUAL HEALTH	1	2	3	4	5	○	○	○	●
THERAPIES	1	2	3	4	5	●	○	○	○
GEN MED YORK	1	2	3	4	5	○	○	○	●
T&O SCARBOROUGH	1	2	3	4	5	○	○	○	●
ED SCARBOROUGH	1	2	3	4	5	○	○	○	●
HEAD AND NECK	1	2	3	4	5	○	○	○	●
PHARMACY	1	2	3	4	5	○	○	○	●
CORPORATE									
OPS MANAGEMENT YORK	1	2	3	4	5	○	○	○	●
CORPORATE NURSING	1	2	3	4	5	●	○	○	○
OPS MANAGEMENT SCARBOROUGH	1	2	3	4	5	○	○	○	●
ESTATES AND FACILITIES	1	2	3	4	5	○	○	○	●
MEDICAL GOVERNANCE	1	2	3	4	5	○	○	○	●
HR	1	2	3	4	5	●	○	○	○
SNS	1	2	3	4	5	○	○	○	●
AL&R	1	2	3	4	5	○	○	○	●
CHIEF EXEC	1	2	3	4	5	○	○	○	●
FINANCE	1	2	3	4	5	○	○	○	●
TRUST SCORE	1	2	3	4	5				

RISK SCORES - OCTOBER 2013 - APPENDIX 2

DIRECTORATE	Yr 1 Plan v Target		Yr 1 Delivery v Target		Y1 Recurrent Delivery v target		4 Yr Plan v Target		Risk Score	
	%	Score	%	Score	%	Score	%	Score	Total Score	Monitor Rating
COMMUNITY	21%	1	16%	1	7%	1	42%	1	4	1
MEDICINE FOR THE ELDERLY SCARBOROUGH	32%	1	21%	1	6%	1	34%	1	4	1
TACC YORK	49%	1	36%	1	26%	1	47%	1	4	1
SPECIALIST MEDICINE	66%	1	55%	1	25%	1	32%	1	4	1
WOMENS HEALTH	31%	1	13%	1	6%	1	52%	2	5	1
OPHTHALMOLOGY	52%	1	21%	1	13%	1	59%	2	5	1
LAB MED	62%	1	56%	1	24%	1	94%	5	8	2
RADIOLOGY	82%	2	68%	2	9%	1	74%	3	8	2
GS&U	84%	2	45%	1	35%	1	81%	5	9	2
ED YORK	94%	3	26%	1	15%	1	80%	5	10	2
MEDICINE FOR THE ELDERLY	93%	3	35%	1	31%	1	94%	5	10	2
GEN MED SCARBOROUGH	90%	3	47%	1	5%	1	88%	5	10	2
CHILD HEALTH	98%	4	51%	1	9%	1	104%	5	11	2
TACC SCARBOROUGH	71%	2	66%	2	42%	2	92%	5	11	2
T&O YORK	75%	2	73%	3	41%	2	99%	5	12	3
SEXUAL HEALTH	94%	3	78%	3	15%	1	82%	5	12	3
THERAPIES	97%	4	72%	3	49%	2	90%	5	14	3
GEN MED YORK	101%	5	66%	2	51%	2	110%	5	14	3
T&O SCARBOROUGH	97%	4	87%	4	37%	1	98%	5	14	3
ED SCARBOROUGH	102%	5	85%	4	77%	4	124%	5	18	4
HEAD AND NECK	114%	5	92%	5	73%	4	90%	5	19	5
PHARMACY	101%	5	100%	5	100%	5	238%	5	20	5
CORPORATE										
OPS MANAGEMENT YORK	20%	1	17%	1	12%	1	46%	1	4	1
CORPORATE NURSING	48%	1	42%	1	39%	1	68%	3	6	1
OPS MANAGEMENT SCARBOROUGH	80%	2	46%	1	10%	1	52%	2	6	1
ESTATES AND FACILITIES	65%	1	39%	1	19%	1	77%	4	7	1
MEDICAL GOVERNANCE	72%	2	72%	3	0%	1	26%	1	7	1
HR	97%	4	42%	1	8%	1	75%	3	9	2
SNS	100%	5	61%	2	13%	1	92%	5	13	3
AL&R	120%	5	112%	5	35%	1	91%	5	16	4
CHIEF EXEC	132%	5	127%	5	108%	5	74%	3	18	4
FINANCE	124%	5	119%	5	90%	5	89%	5	20	5
TRUST SCORE	**80%**	**2**	**60%**	**2**	**25%**	**1**	**79%**	**5**	**10**	**2**

Blank page

F

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 November 2013

Human Resources Strategy Quarterly Performance Report 1 July 2013 to 30 September 2013

Action requested/recommendation

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

Summary

The attached document provides updated information for the period July to September 2013, relating to key Human Resources indicators including, sickness, recruitment & retention and workforce expenditure.

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

There are no implications for equality and diversity.

Reference to CQC outcomes

There are no references to CQC outcomes.

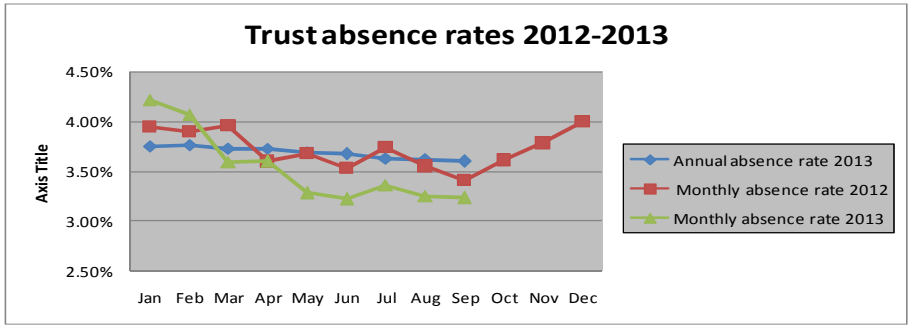
Progress of report

Risk	No risk.
Resource implications	None.
Owner	Peta Hayward, Director of Human Resources
Author	Siân Longhorne, Workforce Information Manager
Date of paper	November 2013
Version number	Version 1

York Teaching Hospital NHS Foundation Trust
Human Resources Strategy Performance Report
Key Indicators Trust Summary
Covering Period July - September 2013

Key Indicator	This quarter (Jul-Sept 13)			Previous quarter (Apr-Jun 13)			Last year (Jul-Sep 13)			Regional Average	Up/down/no significant change	Status R/A/G
	Quarter average	Annual	LTS*	Quarter average	Annual	LTS*	Quarter average	Annual	LTS*			
Sickness	3.28%	3.60%	99	3.36%	3.67%	95	3.57%	3.78%	77	Most recently published data covers the quarter Apr-Jun 13. The average absence for acute trusts in the Yorkshire & Humber region for this period was 3.91% and this trust was ranked first of acute trusts.	No significant change	
Comments: Although absence rates within the Community setting continue to be higher than for the acute hospital sites, all areas are making progress in improving absence rates.												
Active Vacancies (FTE) Defined as vacancies approved by VC group	Vacancies (average over quarter)	Vacancy rate (No. of vacancies/staff in post+number of vacancies)		Vacancies (average over quarter)	Vacancy rate (No. of vacancies/staff in post+number of vacancies)		Vacancies (average over quarter)	Vacancy rate (No. of vacancies/staff in post+number of vacancies)		The NHS Information Centre no longer publishes these figures	No significant change	
	139.30	1.96%		133.28	1.60%		116.43	1.68%				
Vacancies within budgeted establishment (Finance data)	Budgeted establishment	Actual paid	Variance	Budgeted establishment	Actual paid	Variance	Budgeted establishment	Actual paid	Variance	No regional figures available	No significant change	
	7519.09	6981.31	-7.15%	7447.56	6978.39	-6.30%	7387.41	6990.54	5.37%			
Comments: Vacancy rates remains a difficult metric to calculate accurately due to the differences between the information held in financial systems (e.g. budgets & establishment) and in the ESR HR & payroll system (e.g. staff in post). One of the key aims that the organistion set out in the Workforce Planning return for 2013/14 to Health Education Yorkshire & the Humber was to reduce vacancy rates but further work is being undertaken to look at how this can be more accurately measured. Recruitment are also undertaking a large piece of work to address the needs identified for the nursing workforce through the establishment review.												
Maternity Leave	FTE on Maternity Leave at end of quarter	As % of staff in post		FTE on Maternity Leave at end of quarter	As % of staff in post		FTE on Maternity Leave at end of quarter	As % of staff in post				
	153.90	2.21%		142.93	2.07%		154.18	2.22%		No regional figures available	No significant change	
Comments: Maternity leave rates continue to be fairly consistent. Any operational challenges created by higher than average maternity leave in particular areas continue to be managed through the Workforce PIM & vacancy control processes & there are now more formal agreements in place about backfill for maternity leave in areas with especially high numbers.												
Turnover (FTE)	10.24%			10.39%			10.31%			12.5% (Yorkshire & the Humber regional average)	No significant change	
Comments: Turnover rates have not changed significantly for the organisation since the acquisition of Scarborough.												
Appraisal activity	83.92%			83.71%			60.06%			National average for acute trusts in 2012 staff survey was 84%	Up	
Comments:												
Temporary workforce spend		Spend			Spend			Spend				
	NHSP Spend	£492,016.00			£535,057.00			£556,500.00				
	Bank	£442,010.00			£349,350.00			£413,440.00				
	Agency inc. external medical locums	£1,811,449.00			£1,628,422.00			£1,418,029.00				
	Overtime Spend	£301,982.00			£329,954.00			£289,250.00				
	Total temporary workforce spend	Total spend	% of paybill		Total spend	% of paybill		Total spend	% of paybill	No benchmarking figures currently available	Up	
		£3,047,457	4.21%		£2,842,783	3.98%		£2,677,219	3.83%			
	Comments: Temporary workforce spend is higher in this quarter than last quarter and also higher than in the same quarter last year. However, due to some delays with payements last year as electronic systems were integrated, figures from the sa period are not necessarily directly comparable. Agency spend continues to account for the most significant proportion of spend - 59% of the temporary workforce spend in this quarter.											
Compromise agreements	In the period from July to September 2013, the Trust has not dealt with any COT3 submissions. The Trust has agreed 3 Settlement Agreements (the new legal name for compromise agreements) within this quarter.											

*LTS = staff on long term sickness absence classed as 29 days or more



York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 27 November 2013

Chairman's Items

Action requested/recommendation

The Board of Directors is asked to note the report.

Summary

This paper provides an overview from the Chairman.

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

There are no implications for equality and diversity.

Reference to CQC outcomes

There is no reference to CQC outcomes.

Progress of report	This paper is only written for the Board of Directors
Risk	No risks
Resource implications	No resource implications
Owner	Alan Rose, Chairman
Author	Alan Rose, Chairman
Date of paper	November 2013
Version number	Version 1

Board of Directors – 27 November 2013

Chairman's Items

1. Strategy and Context

The Hull/York Clinical Conference this month was deemed by most to be a real success. It was great to see such positivity about the need for change and the broad direction of travel. Clearly, each specialty and other aspects of potential "alliance" will proceed carefully and as appropriate. A key message was how we need to be extremely flexible about the development of a whole variety of collaborative groupings, ranging and tailored across many participants in the region. Congratulations to all who helped instigate and execute the event. The Hull Chair has resigned this week, but the recruitment of a new Chair should be seen as an opportunity to progress the spirit of the alliance and the clear need identified at the conference for each Trust (including NLAG) to continue to reconfigure and collaborate sensibly.

The Time-out for the Board created very positive interactions and helped us grapple with the ongoing issue of how to progress our various options and how to balance our energies and resources in the vertical and horizontal planes. As is our style, we opened rather than closed options, but we did agree (to be confirmed):

- a clear commitment to prosecuting our five-year plan of integration across our existing sites.
- a sense of increasing separation and distinctiveness between acute and elective services.
- an increasingly active and creative approach to openness and collaboration in the region.
- a commitment to enhancing our research and education activities.

… with the determination to tailor specific actions across these four themes to both our horizontal (hospitals) and vertical (community) services, activities and pathways.

The Scarborough & Ryedale CCG is developing its stance on urgent care facilities in that part of the region. The coming year(s) will present a good opportunity for us to work collaboratively with them to innovate and improve these services. The consultation about, and procurement of, these services will challenge our ability to respond effectively to this type of market/service development.

The Department of Health has just made its pronouncements in support (largely) of the Francis and other Reports published in the last year. Mr Hunt refers to this as: "Hard Truths: The Journey to Putting Patients First". Although I personally object to the tone of "a need for fundamental transformation of the culture in the NHS…" and other such rhetoric, finding this insulting to the vast majority of work that takes place on a daily basis in the Service, the key messages are good signposts for us. The themes are:

- Preventing problems
- Detecting problems quickly
- Taking action promptly
- Ensuring robust accountability
- Ensuring staff are trained and motivated

Not much to argue about here – Patrick and the team will confirm that we are well on with much of this agenda and will sharpen-up where gaps are identified.

2. Governance, Governors and Community
We received recently what I believe is the first HealthWatch (York) report. This covered “access to health and social care services for Deaf people”. The nature of the report was not significantly different to the LINk reports we have received in the past (they suffer from an overly-anecdotal sampling of “what is going on”) – but the clarity of recommendations, etc. was better. In this case, our Trust was asked to consider a small number of potential improvements, but in general the focus of critique was on primary care and social services. Going forward, we should expect a number of such reports from our three HealthWatch areas and we should continue to nurture these relationships. There are pressures regarding the activities of the Trust (and of the Service in general) coming from several of our communities at present, but arguably the most vocal is Bridlington. Pat has invested considerable effort in responding to local concerns and a significant interview in the local press is imminent. As the pace of reconfiguration quickens, we should expect a continual requirement to liaise with local communities in flexible and varied ways, to help explain the way the Trust is developing its services. This will include our Governors, the media, staff meetings and other approaches.
3. Recommendation
The Board of Directors is asked to note the report.

Author	**Alan Rose, Chairman**
Owner	**Alan Rose, Chairman**
Date	**November 2013**

Blank page

Meeting Dates for Board and associated Committees

	Board dates	F&P and Q&S dates
2014		
January	29th	21st
February	26th	18th
March	26th	18th
April	30th	22nd
May	28th inc YE	20th
June	25th	17th
July	30th	22nd
August	13th Summer meeting	-
September	24th	16th
October	29th	21st
November	26th	18th
December	17th Winter meeting	
2015		
January	28th	20th
February	25th	17th
March	25th	17th
April	29th	21st

Please note:

F&P and Q&S will be held on the same day, F&P in the morning from 9.30am – 11.30am. Q&S will be held in the afternoon from 1.30pm- 3.30pm

The dates for the Audit Committee need to be confirmed, I know that there are some proposed dates that are difficult for people, so I have not included them in this version