

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

on: **Wednesday 28<sup>th</sup> January 2015**  
in: **The Boardroom, York Hospital**

Time	Meeting	Location	Attendees
8.30am - 9.10am	Non-Executive Director Meeting with Chairman	Classroom 1 PGMC	Non-executive Directors
<b>9.15am – 12.20pm</b>	<b>Board of Directors meeting held in public</b>	<b>Boardroom</b>	<b>Board of Directors and observers</b>
12.30pm – 1.45pm	Board of Directors to consider confidential information held in private with working lunch	Boardroom	Board of Directors
1.45pm-2.30pm	Optional visit to the CHP plant – led by Brian Golding		
2.30pm – 3.00pm	Charity Trustee meeting	Boardroom	Charity Trustee
3.10pm – 3.50pm	Cheshire West Case – Ian Cooper (Partner-Capsticks) - Deprivation of Liberty	Boardroom	Board of Directors

The values, drivers and motivations of the Trust are:

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

These will be reflected during all discussions in the meeting

**Restricted – Management in confidence**

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

On: **Wednesday 28<sup>th</sup> January 2015**

At: **9.15am – 12.20pm**

In: **The Boardroom, York Hospital**

**A G E N D A**

No	Item	Lead	Comment	Paper	Page
<b>Part One: General</b>					
<b>9.15am – 9.45am</b>					
1.	<b><u>Welcome from the Chairman</u></b> The Chairman will welcome observers to the Board meeting.	Chairman			
2.	<b><u>Apologies for Absence</u></b> Anna Pridmore, Foundation Trust Secretary	Chairman			
3.	<b><u>Declaration of Interests</u></b> To receive any changes to the register of directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chairman		<a href="#">A</a>	7
4.	<b><u>Minutes of the Board of Directors meeting held on 26<sup>th</sup> November 2014</u></b> To review and approve the minutes of the meeting held on 26 <sup>th</sup> November 2014.	Chairman		<a href="#">B</a>	11
5.	<b><u>Matters arising from the minutes</u></b> To discuss any matters arising from the minutes.	Chairman			
5.1	<b><u>14/171 Quality and Safety Committee</u></b> Update on the provision of pastoral care for overseas employees to be in place by January 2015.	Director of Organisational Development and HR		Verbal	

No	Item	Lead	Comment	Paper	Page
5.2	<u>14/175 Living Wage</u> Confirmation that the increase has been implemented from 1 January 2015	Director of Finance		Verbal	
5.3	<u>14/181 Governance Review</u> Confirm the launch of the revised values document	Director of Organisational Development and HR		Verbal	
5.4	<u>14/142 CQC visit</u> Preparation for CQC visit in March 2015	Medical Director/ Chief Nurse		Verbal	
6.	<b><u>Patient Experience</u></b> Use of volunteers in the organisation	Vicki Mallows		<a href="#">C</a>	25

**Part Two: Quality and Safety**  
**9.45am-10.30am**

7.	<b><u>Quality and Safety Performance issues</u></b> To be advised by the Chairman of the Committee of any specific issues to be discussed.  <ul style="list-style-type: none"> <li>• Patient and Quality Safety Report</li> <li>• Patient Safety during long waiting times in the Emergency Department</li> <li>• Medical Director Report</li> <li>• Chief Nurse Report</li> <li>• Safer Staffing</li> <li>• Family and Friends</li> </ul>	Chairman of the Committee		<a href="#">D</a>	33
				<a href="#">D1</a>	43
				<a href="#">D2</a>	75
				<a href="#">D3</a>	81
				<a href="#">D4</a>	89
				<a href="#">D5</a>	99
8.	<b><u>Patient Experience Quarterly Report</u></b> To receive the quarterly report from Patient Experience	Chief Nurse		<a href="#">E</a>	109
9.	<b><u>Quarterly Director of Infection Prevention Control Report</u></b> To receive and approve the quarter 3 Director of Infection Prevention Control Report	Medical Director		<a href="#">E</a>	121

No	<u>Item</u>	Lead	Comment	Paper	Page
<b>Part Three: Finance and Performance</b> <b>10.30am-11.15am</b>					
10.	<b><u>Finance and Performance issues</u></b>  To be advised by the Chairman of the Committee of any specific issues to be discussed.  <ul style="list-style-type: none"> <li>• Operational Performance</li> <li>• 18 week plan</li> <li>• Finance Report</li> <li>• Trust Efficiency Report</li> <li>• Terms of Reference</li> </ul>	Chairman of the Committee		<a href="#">G</a>  <a href="#">G1</a>  <a href="#">G2</a> <a href="#">G3</a> <a href="#">G4</a>	127     143 153 165 177
<b>Part four: HR information</b> <b>11.15am-11.25am</b>					
11.	<b><u>Quarterly Workforce Performance Report</u></b>  To receive the quarterly report on workforce performance	Director of Organisational Development and HR		<a href="#">H</a>	187
<b>Part five: Estates information</b> <b>11.25am-11.35am</b>					
12.	<b><u>Sustainable Development Annual Report</u></b>  To receive the annual report			<a href="#">I</a>	201
13.	<b><u>H and S Policy</u></b>  To reapprove the current policy			<a href="#">J</a>	245
<b>Part Six: Community Services/ Integration Developments</b> <b>11.35am-11.40am</b>					
14.	<b><u>Update on the changes at Whitby</u></b>  To provide the Board with an update on the progress of the changes in Whitby	Director of Finance		<a href="#">K</a>	249
<b>Part Seven: Governance</b> <b>11.40am-12 Noon</b>					
15.	<b><u>Report of the Chairman</u></b>  To receive an update from the Chairman.	Chairman		<a href="#">L</a>	253

No	Item	Lead	Comment	Paper	Page
16.	<b><u>Report of the Chief Executive</u></b>  To receive an update on matters relating to general management in the Trust.	Chief Executive		<a href="#">M</a>	257
17.	<b><u>Monitor Quarterly Return</u></b>  To approve the quarterly return prior to submission to Monitor	Director of Finance		<a href="#">N</a>	263
18.	<b><u>Annual Plan process and explanation 2015</u></b>  To note the process for formulation and submission of the annual plan	Director of Finance		<a href="#">O</a>	267
<b>Part Eight: Business Cases</b> <b>12.05pm-12.15pm</b>					
19.	<b><u>Business Cases</u></b>  To approve the following business cases				
19.1	2014-15/88 Orthopaedic Consultant Expansion - Arthroplasty Surgeon, York	Chief Executive	Philip Ashton	<a href="#">P1</a>	273
19.2	2014-15/100 Carbon and Energy Reduction Project, Scarborough and Bridlington Hospitals	Chief Executive	Mike Sweet	<a href="#">P2</a>	289
<b>Any other business</b> <b>12.15pm-12.20pm</b>					
20.	<b><u>Dates of Board meeting and associated Committee meetings from January 2015 to April 2016</u></b> To receive the dates of the Board meetings and associated Committees from January 2015 to April 2016			<a href="#">Q</a>	307
21.	<b><u>Next meeting of the Board of Directors</u></b>  The next Board of Directors meeting held in public will be on 25 <sup>th</sup> February 2015 in the Boardroom, The York Hospital.				
22.	<b><u>Any other business</u></b>  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:

Assurance Framework and Corporate Risk Register  
Service development updates

*'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act 1960.*

**Additions:** No changes

**Changes:** No changes

**Deletions:** No 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-
<b>Mr Alan Rose</b> <i>(Chairman)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	<b>Member</b> —The University of York Court <b>Member</b> —The University of York Ethics Committee	Nil
<b>Jennifer Adams</b> <i>Non-executive Director</i>	<b>Non-executive Director</b> Finance Yorkshire PLC	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	Nil	Nil
<b>Mr Philip Ashton</b> <i>(Non- Executive Director)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity  <b>Member of the Board of Directors</b> — Diocese of York Education Trust	Nil	Nil
<b>Ms Libby Raper</b> <i>(Non-Executive Director)</i>	<b>Director</b> —Yellowmead Ltd	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	<b>Governor and Vice Chair</b> —Leeds City College <b>Chairman and Director</b> - Leeds College of Music <b>Member</b> —The University of Leeds Court	Nil
<b>Michael Keaney</b> <i>Non-executive Directors</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	Nil	Nil



Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
<b>Mr Michael Sweet</b> <i>(Non-Executive Director)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity	Nil	Nil
<b>Professor Dianne Willcocks</b> <i>(Non-Executive Director)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity  <b>Trustee and Vice Chair</b> —of the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust  <b>Chair</b> —Advisory Board, Centre for Lifelong Learning University of York  <b>Member</b> —Executive Committee YOPA <b>Patron</b> —OCA Y  <b>Chairman</b> - City of York Fairness and Equalities Board  <b>Member</b> –Without Walls Board	<b>Director</b> —London Metropolitan University  <b>Vice Chairman</b> —Rose Bruford College of HE	Nil
<b>Mr Patrick Crowley</b> <i>(Chief Executive)</i>	Nil	Nil	Nil	<b>Act as Trustee</b> –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
<p><b>Mrs Sue Holden</b> <i>Executive Director of Corporate Development</i></p>		<p><b>Director –</b> SSHCoaching Ltd</p>		<p><b>Member</b> -Conduct and Standards Committee – York University Health Sciences</p> <p><b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity</p>	Nil	Nil
<p><b>Dr Alastair Turnbull</b> <i>(Executive Director Medical Director)</i></p>	Nil	Nil	Nil	<p><b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity</p>	Nil	Nil
<p><b>Mr Andrew Bertram</b> <i>(Executive Director Director of Finance)</i></p>	Nil	Nil	Nil	<p><b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity</p>	<p><b>Member</b> of the NHS Elect Board as a member representative</p>	Nil
<p><b>Mr Mike Proctor</b> <i>(Deputy Chief Executive)</i></p>	Nil	Nil	Nil	<p><b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity</p>	Spouse a senior member of staff in Community Services	Nil
<p><b>Beverley Geary</b> <i>Chief Nurse</i></p>	TBA	TBA	TBA	<p><b>Act as Trustee</b> –on behalf of the York Teaching Hospital Charity</p>	TBA	TBA

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Board Room, The York Hospital, on 26<sup>th</sup> November 2014

**Present: Non-executive Directors**

Mr A Rose	Chairman
Mrs J Adams	Non-executive Director
Mr P Ashton	Non-executive Director
Mr M Keaney	Non-executive Director
Ms L Raper	Non-executive Director
Mr M Sweet	Non-executive Director
Professor D Willcocks	Non-executive Director

**Executive Directors**

Mr P Crowley	Chief Executive
Mr A Bertram	Executive Director of Finance
Mrs S Holden	Executive Director of Corporate Development & HR
Mr M Proctor	Deputy Chief Executive, Chief Operating Officer
Dr A Turnbull	Medical Director

**Corporate Directors**

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

**Attendance:**

Mrs A Pridmore	Foundation Trust Secretary
Mrs E Day	Assistant Director of Nursing

**Observers:**

Ms P Ethleridge	St John University
Mrs J Moreton	Governor for Ryedale and East Yorkshire
Mrs A Bolland	Governor for Selby
Mrs P Worsely	Governor for City of York
Mrs L Pratt	Vice-Chair of HealthWatch York

**14/166 Apologies for absence**

Apologies were received from Mrs B Geary, Chief Nurse.

**14/167 Declarations of Interests**

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

**14/168 Minutes of the meeting held on the 30 October 2014**

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

**14/169 Matters arising from the minutes**

There were no matters arising that were not part of the agenda.

#### **14/170 Patient Experience – “Hello my name is.....”**

Mrs Day was welcomed to the Board and invited to update the Board on the “Hello my name is....” initiative. Mrs Day reminded the Board of the background to the initiative. She outlined how she had implemented the initiative and described the improvements that had been seen, particularly in Scarborough. She specifically mentioned the improvements in Radiology. She added that domestic staff were now all wearing name badges and there have been significant improvements in how domestic staff interact with patients and relatives.

The Board enquired if the medical staff were also expected to follow the initiative. Mrs Day confirmed that was the case. Dr Turnbull added his support. He said that Kate Grainger (the developer of the initiative) had also undertaken some excellent work around “Do Not Attempt Cardiopulmonary Resuscitation” (DNACPR). Dr Turnbull added that work has begun with the installation of new headboards in bed areas so that the name of the person caring for the patient can be displayed.

Mrs Holden commented that this is part of supporting the introduction of the Duty of Candour. Clinicians will be expected to take personal responsibility for their actions.

Mr Crowley added that he had noticed that the letters of complaint and compliment were mentioning members of staff by name more often. He added that this initiative is part of expectation that staff engage with each other. He commented that currently there exist some barriers around communication, but this initiative is helping to break those barriers down. He advised that it was an initiative that he would include in the Corporate Induction programme.

Ms Raper commented that she was pleased to see the initiative had been tested and introduced on one site before being rolled across the whole Trust.

Professor Willcocks believed that the initiative is helping improve communication across the organisation.

The Board thanked Mrs Day and congratulated her on appointment to Assistant Director of Nursing. The Board asked if she had had an opportunity to consider her priorities. Mrs Day confirmed that recruitment was high on her priority list. She explained that staff are very supportive of the need to move staff round, but there are wards that are struggling. She confirmed she was starting to support those wards.

The Board **noted** the comments and the assurance received.

#### **14/171 Quality and Safety Committee**

Ms Raper referred the Board to the notes, and specifically mentioned:

**Integrated Data Report** – Ms Raper advised that the Committee had considered the iterative version that had been released. She advised that a meeting had been arranged between herself and Mrs Rushbrook to discuss the latest version. Ms Raper commented that if any members of the Board had any particular comments they wish to be included in

the discussion then would they pass them on to her. The Board **agreed** that any comments should be provided to Ms Raper outside the meeting.

Mrs Rushbrook added that regular feedback on the iterations of the report is very valuable and she would encourage all members to pass on any comments.

Dr Turnbull added that the Board should note that there will be elements that change each month as different aspects are reviewed.

Mr Sweet felt that the trend information was very valuable.

**Serious Incidents (SI)** – Ms Raper asked Dr Turnbull to explain the spike showing in the reports this month. Dr Turnbull explained that the spike is not associated to performance this month, but is related to a look back exercise in which some historic pressure ulcers and falls have been identified as not being included in the SI process.

**Electronic prescribing** – Ms Raper asked the Board to note the progress that has been made on the introduction of the electronic prescribing project.

**Walkround** – Ms Raper raised that it had been noted on walkrounds that there were some broken and loose door bolts. Ms Raper reminded the Board of the support the Board had given to ensuring bolts remain in place. Mr Golding confirmed that work was underway to keep the bolts in place.

**International Recruitment** - Ms Raper asked Mrs Holden to update the Board on the international recruitment processes. Mrs Holden explained that the Trust was in the process of ensuring that there was an appropriate infrastructure providing pastoral care post-commencement of work. She explained before the recruitment can take place this infrastructure needs to be fully established. She added that she had recently been in conversation with Hull University which was divesting itself of some student accommodation in the Scarborough area. She was undertaking some feasibility work about developing the site to see if it could be adapted to allow for more permanent living. She added that the intention is to develop a sense of “community” for international staff.

Mrs Holden explained that North Lincs and Goole (NLAG) is currently seeking staff in Northern Spain and as it is noted in the minutes of the October Board that the Trust chose not to join in at this stage.

Mrs Holden advised that she expected the infrastructure to be in place by February and the Trust would be seeking staff by the end of February or beginning of March 2015. She added that the Trust is expecting to commission a third party to undertake the actual recruitment. This element of the project is still under discussion between Mrs Holden and Mrs Geary, specifically whether a third party can represent the Trust without a member of staff being part of the team.

**Acuity and dependency Audit** – Ms Raper reminded the Board that the Quality and Safety Committee will meet on 9 December to consider the most recent acuity and dependency audit. She advised that she would bring a summary to the December Board meeting.

**Safeguarding children report** – Ms Raper advised the report would be included in the December papers.

**Health and Safety Annual Report** – Ms Raper confirmed that as this report was included in the Board agenda, she confirmed that there was nothing specific that concerned the Quality and Safety Committee.

### **Quality through transparency**

Dr Turnbull commented that this related to the publication of surgeon outcome data. He advised that publication of such data is not new; the cardiothoracic surgeons already publish their data on a website. Outcome data is on the 'My NHS' website and is under 10 domains at present; by the end of the year it will include 13 domains. Of the 13 domains, the Trust will participate in 9 or 10.

Dr Turnbull added that surgeons feel that the published data should reflect the case mix a surgeon may have, otherwise it may deter surgeons from taking on more high risk cases. He added that the data is crudely related to mortality data. He explained that there are specialist websites which the Trust is linking to that look at the case mix. Dr Turnbull added that locally surgeons are looking at the data and he can confirm that none of the Trust's surgeons are outliers in terms of the data.

Dr Turnbull added that this type of transparency will attract attention and at present our practitioners are shown as high quality. He added that the Trust should be aware of the data before it is published. He added that the assessing data includes data he does already bring to the Board's attention, such as national audit data.

Ms Raper commented that the annual Reith Lectures currently being heard on Radio 4 are talking about the need to shine a light on clinical practice. She recommended members of the Board listening to the lectures.

Dr Turnbull added that in the past the view was always that the patient takes the risk, but that approach is changing and the view is now that it is a shared risk with the clinician.

The Board asked if Dr Turnbull could provide assurance that the systems he has in place are sufficiently robust to be able to provide the Board with full assurance. Dr Turnbull confirmed that the systems do provide the Board with the information they need. Mrs Rushbrook added that there are very robust systems in place around surgery and their mortality reviews.

It was agreed that validation would be at the Quality and Safety Committee around transparency and evidence.

Mrs Adams added in relation to the SI process, where there are concerns and associated with the Duty of Candour requirements, it should be possible to shine a clear light on any areas of concern.

Dr Turnbull suggested that the Trust may need to be sharper around how patients are allocated to consultants, although patients may start to request certain consultants. It was suggested that this might be a study that would interest HealthWatch and it would be worth presenting some information to HealthWatch in the future.

Dr Turnbull that he would recommend people to look at 'My NHS' website if they have not already done so, it has some interesting information included, other than the performance of surgeons.

Mr Bertram added that at the Q2 telephone conversation with Monitor recently, it was made clear that concerns were being raised about those organisations that do not report pressure ulcers openly. He added that CQC will be criticising organisations that under report pressure ulcers.

The Board **noted** the comments made by the Quality and Safety Committee and the assurance given.

#### **14/172      Annual Director of Infection Prevention and Control Report**

Dr Turnbull advised that this report brought the key issues around infection control to the Board. He advised that the latest performance results for C-Diff were 26 cases against a trajectory of 40 cases, therefore the Trust remains below trajectory. He added that there is a disparity between Scarborough and York, which is being reviewed.

He advised that CQC will look at this when they visit in March.

Dr Turnbull advised that that MSSA figures demonstrated that the Trust had exceeded the trajectory (this is not a Monitor trajectory). He advised that the infection typically relates to the use of cannula and lines. He advised that the team are looking at outliers practice and incidences of sepsis.

In terms of MRSA, it is 460 days since the last case was reported in the Trust.

He added that he is required to report on the Trust's preparedness for receiving a patient that is suspected of contracting Ebola. He confirmed that the Trust is now compliant with the requirements.

In terms of 'flu vaccinations, the Trust has had a fair response, but there is room for improvement. The Directorates are receiving information on who has had the vaccination. About 30-40% of all staff have received the vaccination. Mr Keaney asked where the Trust was compared to last year. Dr Turnbull advised that the Trust was in about the same place. The campaign runs until February.

Ms Raper advised that there had been a discussion at the Quality and Safety Committee about the C-Diff cases in Scarborough. It was noted that the deep clean programme had not been as easy to manage as it had been in York. Mr Golding confirmed that was the case and it was now made more difficult because the decant ward had become the escalation ward for Scarborough, and previously the ward was being used as part of the work around the building of Lilac ward.

Mr Rose asked that in the past there had been financial support to undertaken to perform this additional cleaning -- was that the case this year? It was confirmed that there was an added cost, but it was worthwhile spending because it would not only improve the quality of care for patients, but it would be more cost-effective than paying the additional fines that could be levied.

Mrs Adams referred to the resilience plans and asked about how the Trust is coping and how high was the occupancy at each site. She was concerned about the transfer of infection from ward to ward.

The Board discussed the point raised and noted that Dr Turnbull does bring information around Norovirus to the Board. Mrs Rushbrook added that the occupation around Scarborough is 95%+ at midnight, which does reflect that there are not enough beds in the system. She added that the same level of occupancy can be seen in York. Dr Turnbull added that at present the Trust has not had a significant number of Norovirus cases, and from time to time it is expected that the Trust will lose space to such infections.

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

#### **14/173 Finance and Performance Committee**

Mr Keaney presented the key points from the meeting. Mr Keaney was concerned that the meeting did not have very good representation from the operations department. He raised that there had been a discussion at the last meeting about including representation from Scarborough. Mr Crowley advised that both Mrs McGale and Mrs Booth were now reporting direct to him and he and Mr Keaney should have a discussion before the next meeting to agree who will come to the meeting. It was also recognised that the new Chief Operating Officer would be attending the meeting once Mrs Juliet Walters has started with the Trust. Mr Keaney advised that Mrs Rushbrook had now joined the meeting.

**Efficiency report** – Mr Keaney referred the Board to the chart included in the papers that demonstrates the gap to deliver 2014/15 progress profile compared to 2013/14. He advised that the Committee had spent time discussing the actions being taken by the poor performing directorates. He added that there remained some concern about the split between non-recurrent and recurrent delivery. Mr Bertram confirmed that the split was of concern, as the impact of not being able to generate recurrent savings is that it will increase the programme next year. Where the base programme would be around £16m next year, the Trust will have to add about £10m to that for the non-recurrent element carried-over; thus he is expecting the target next year to be similar to this year.

Mr Steve Kitching provided an excellent summary that was been discussed by the Committee; the summary demonstrated the hard work that was being undertaken by the directorates and the team. The Board discussed the requirements and agreed that the change from efficiency in services to transformation of services is necessary change to the approach as achievement becomes more difficult.

Mrs Adams asked when schemes are appraised does it include consideration of the safety aspects of the scheme. Mr Bertram confirmed that any appraisal of a scheme always looks at the safety aspects. This is undertaken by a clinician. He added that it has been a very long time since a scheme was rejected on the basis of safety; schemes have been queried on the basis of safety. The Trust does not allow any scheme to progress if it would compromise safety.

**Operational activity** – Mr Keaney advised that there had been an increase in the number of patients waiting more than 18 weeks for treatment. He added that the plan is in place to reduce the backlog, although Mrs Rushbrook added that she would always expect the Trust to have a certain level of backlog. Mrs Rushbrook explained that a patient has the opportunity to choose where they would like their treatment and which clinician they want



through choose and book. Should the patient not arrive for the first appointment, the clock will stop, but on the second occasion if the patient does not arrive the clock continues.

Dr Turnbull added that 80% of the acute sector is currently in deficit. Year-on-year activity continues to grow, which results in an increase in the RTT.

**Cancer 14 day fast track** – Mr Keaney advised that the Committee had been informed that there was a growth in referrals which is being discussed with the CCG.

**14 day symptomatic breast** – Mr Keaney advised that the Committee had noted that performance had improved significantly. He asked Mr Crowley to comment on what the plans were on a long-term basis. Mr Crowley advised that the Trust has continued to attempt to recruit to the vacant post (Scarborough), but the position has not changed. There is work underway with recruitment for a consultant currently based in Holland. The individual will be working with the Trust on a locum basis and consider relocation to Scarborough.

Mr Keaney referred to the dashboard information and noted that there were challenges in other areas. Mrs Rushbrook confirmed that was the case, particularly in dermatology and ophthalmology. She advised that both the non-fast track and fast track referrals are going up.

**Emergency Department** – Mr Keaney commented that the Committee was disappointed to see that there had not been an improvement in performance, although it was noted that there had been an increase in the level of attendance. He asked Mr Crowley to explain the COBRA meetings that had been referred to in the notes of the Committee. Mr Crowley explained that the COBRA meetings were designed to encourage wards and clinicians to consider discharging patients earlier in the day. He explained that that this was connected to the Acute Board, in that work was underway to reconstruct the Board and redefine its role. Mr Crowley advised that he was planning for a senior clinician to lead the unplanned care, but as yet he had not appointed anyone. The COBRA meetings are a temporary/interim solution to address the issues. He added the discussions around the estates strategy at the Board time-out were related to these issues. Mr Crowley explained that the senior clinicians and operational managers can unblock the constraints on the site and admitting rights have been put back in place for some areas. A further constraint is the number of beds in Scarborough, which does limit the options available for escalation. He added that work is underway looking at how Bridlington Hospital can be used and of the feasibility of the development of a discharge lounge in Scarborough. Mr Crowley advised that he chairs the meeting whenever possible.

Mr Keaney asked if enough was being done to ensure delivery; it is now 7 months of not achieving. Mr Crowley advised that the organisation is short of ED consultants and has a paucity of middle grade doctors; this position is replicated across the country. He added that there is always more that can be done. Mr Proctor added that the Trust advised Monitor that the 4-hour target would be delivered by Quarter 4, as long as 5 risks did not materialise. Those risks were:

- There was no deterioration in primary care
- Activity did not increase
- The ability of the Trust to recruit
- That there was support from commissioners, and

- There was no loss of key staff

The Board agreed that it understood what was happening; most crucially, there were not enough beds in Scarborough at the moment.

Mr Proctor added that twice in the last month Hull Hospital has diverted patients to the Trust because they could not cope. Only three weeks ago, Hull had suggested that they would never divert patients and that this situation would not arise.

Mrs Rushbrook added that there was no silver bullet that will solve this – but there are small/marginal gains that can be used. The behaviour of an admitting speciality on the Emergency Department can affect its performance. There has been significant change in behaviour, particularly around discharging patients before lunch.

Mr Crowley added that when the 4-hour target was introduced he was fully supportive of it and thought targets would do more good than bad, but it was on the assumption that the balance was right and they would help unblock systems. He now feels that there are questions around the validity of maintaining the 4-hour target and continue to get the best care for the patient. Mrs Rushbrook added that clinicians are looking at how to use the discharge lounge in York and if the Trust creates one in Scarborough that will also help. She added that the difficulty is around the transfer of care.

Dr Turnbull added that the number of moves the patients has during the day and night is a quality issue which occurs because of the pressure of moving patients out of the Emergency Department.

**Ambulance handover** – Mr Keaney advised that the Committee had expressed concern that there was further deterioration in performance.

**Finance** – Mr Keaney commented that the Committee had been advised that the Trust is £3.1m behind plan – elective clinical activity is behind plan and the level of the use of agency staff is concerning, it is understood that the trust cannot get the people it needs and as a result morale is beginning to be affected.

Mr Sweet added that the level of fines is also concerning.

Mr Bertram reiterated the comments made by Mr Keaney and Mr Sweet and directed the Board to the information included in the papers and the notes of the Committee.

Mrs Holden referenced the concerns around the use of agency staff and advised the detail would be discussed at the Workforce Strategy Committee. She offered to prepare and circulate to the Board a paper which would identify everything that is being done around recruitment of staff. She added that there is a regional review of the escalation of the use of and costs of agency staff. Leeds and Harrogate have joined together to work with a neutral provider around costs and have as a result seen changes in approach. She added that the Trust is considering joining them.

It was agreed that a further report was required before the end of the calendar year.

**Action: Mrs Holden to prepare and circulate a paper identifying all the actions the Trust is undertaking around recruitment.**

Mr Rose asked if any other members of the Board had any question. Mrs Adams asked Mr Bertram if he was comfortable that he was managing the expectations of our regulators.

Mr Bertram advised that the Trust is £3.1m behind plan in November and running with a current actual deficit of approaching £1m. The year-end deficit position is currently forecasted to be £1m and is operating broadly within the tolerances which Monitor accepts. He advised that no specific concerns have been brought to Monitor's attention at this stage nor has Monitor raised any concerns.

Mr Ashton explained that this is about providing appropriate assurance to the Board. He said the gradual slippage is one thing, but what is of more concern is whether there is anything that could mean that the Trust could "fail" very quickly. He added that it is important to understand the assumptions Mr Bertram is making around income levels.

Mr Bertram advised that he is acutely aware of this concern and the effect on reputation of sudden financial failure. He explained that considerable detail is discussed and reviewed by the Finance and Performance Committee which is not included in the public Board papers, due to commercial confidentiality and on-going contractual negotiations with commissioners. During the F&P Committee meeting Mr Bertram declares all risk income assumptions and updates the committee members as to recovery progress.

The Board **noted** the comment made and the assurances provided by the Committee and the discussions.

#### **14/174 Procurement update**

Mr Bertram introduced the report and explained that this was intended on being an annual report that would be presented at this time of year. Mr Bertram referred the Board to the level of spend and the change in structure where specialist buyers have been introduced, for example utilities. He added that procurement do not lead to all purchases, but do provide support where needed.

Mr Bertram referred the Board to the recent audit report and the level of assurance given. He updated the Board on the outstanding recommendations from the report.

Mr Ashton commented that it was an interesting exercise and raised a number of questions. He felt that further clarity was needed about who was controlling the purchases. It was clear that it was not always the procurement department. Mr Bertram confirmed that the procurement department is not always directly responsible for some procurement, for example drugs procurement, but those exceptions do come to the Board from time to time.

The Board discussed how often the Trust uses small local firms. Mr Bertram advised that the Trust tries to use local firms wherever possible, but there are occasions where it does not make financial sense to use a local firm; an example would be where specific expertise is needed.

Professor Willcocks welcomed the report and the clarity it gave around procurement. She added that the report did demonstrate the Trust's commitment to good corporate citizenship. She asked if the integration of Scarborough and York included procurement. Mr Bertram confirmed it did and he would include this in the report next year. He advised

that the team had been restructured to ensure there was a single buyer for a specialty area as oppose to geographical area. He added that this has already demonstrated benefits in savings.

Mr Golding added that the Trust is now procuring more food locally and it has been agreed that he will develop a food and drink strategy which will be presented to the Board in the future.

**Action: Mr Golding to develop and bring to the Board a food and drink strategy.**

Ms Raper asked if the Department of Health strategy crosses over with the Trust. Mr Bertram advised that the Trust is increasingly using the framework, it is early days for the Trust's strategy, and there is a lot of work to do. The Board talked about the amount of racking that is used for surgical equipment and expressed surprise. Dr Turnbull agreed with Ms Raper and explained that this is as a result of variations. He advised that reducing the variation could be perceived by clinicians as a tightening-up on practice and a reduction in flexibility.

Mr Sweet asked about the cabinets for theatres that were introduced. It was confirmed that the Trust was rolling them out and reinforcing the principles of stock rotation.

Mr Rose asked if the CIPs from procurement are captured as part of specific Directorate CIPs or captured corporately. Mr Bertram confirmed that it was captured at the Directorate level, thus encouraging Directorates to engage, participate and own various procurement exercises.

#### **14/175 Living wage**

Mrs Holden presented the paper. She explained that it asked the Board to consider two recommendations; the first is around the top-up and the second full accreditation.

The Board discussed the top-up and reminded themselves that they had agreed to consider the top-up each year when the national living wage levels were announced. The Board noted that the cost would be £180,000 to provide a 20p top-up to all those staff involved and asked if this increase had been accounted for. Mr Bertram confirmed that it had been identified in reserve planning. The Board **approved** the top-up and **agreed** that it should be implemented from 1st January 2015. The Board noted that the Trust had not previously publicised that it paid the living wage and **agreed** that more work could be done around publicising it this time.

The Board considered the steps to becoming fully accredited. The Board noted the challenges and agreed that further work should be undertaken on what it means to be accredited and what impact it would have on suppliers. Professor Willcocks added that St John's University is currently working towards compliance and there was a group in York of HR Directors discussing it. She suggested that Mrs Holden should attend that group and find out how compliance is being achieved. The Board **agreed** it would review accreditation again next year when it reviews the living wage uplift.

**Action: Mr Bertram to arrange for the increase to be paid from 1 January 2015.**

#### **14/176 Health and Safety Annual Report**

Mr Sweet commented on the report. He advised that he was becoming a member of the group in the future; he had noted that the report showed quite poor attendance from members and asked if it would be worth reviewing the membership.

Mr Golding advised that the report had been discussed at the Quality and Safety Committee, but he was not convinced this was the right forum for it to be seen by. He advised that the governance review will be considering this as part of its work.

The Board welcomed the report and **noted** the detail in the report. Professor Willcocks commented that it was a very technical report on compliance; she asked if it could have more cultural compliance and integrate the vision and values of the organisation. Mr Golding confirmed that he would link the next version more to the visions and values.

#### **14/177 Community Services**

Mr Proctor advised that the hubs would be operational from 17 January 2015, so at the next public Board meeting the hubs will be up and running.

Mr Proctor advised that the Trust is part of NHS Accelerate. The Trust's local sponsor and champion is Dr Martin McShane, who is the NHS England's Director for People with Long Term Conditions and an ex-GP and vascular surgeon. He has been very supportive of the work the Trust has been doing.

Professor Willcocks commented that she and Mr Proctor had attended a stakeholder event with City of York Council and Priory Med. There had been a good turn-out for the event. There was still a question of how voluntary organisations would be involved.

It was noted that a proposal had been put forward that a presentation would be given to the Board on the Community Services developments at the February Board.

**Action: The Board to receive a presentation on community services at the February Board meeting.**

#### **14/178 Integration Developments**

This is a standing item on the agenda for the Board meeting; there was nothing specific to add at this point.

#### **14/179 Report of the Chairman**

Mr Rose presented his report and highlighted his comments around the FTN conference. He noted that the FTN had changed its name to NHS Providers. He commented that there were a series of presentations all saying how difficult and complex the collaborations and developments are. The Conference suggested that Trusts should have the confidence to come up with their own local ideas and then work with the various local bodies and regulators to drive these forward.

Mr Rose referred to the transparency agenda and digitalisation; he mentioned that he had seen that some Trusts are developing their own apps. He asked Mrs Rushbrook to comment. She confirmed that some Trusts were finding that developing their own apps was difficult and had a lot of validation challenges. She felt that Tele-Med would grow and it would support the work being undertaken around the development of the community

hubs. She advised that it would be part of the bid for community nursing. She added that she is working with the Renal Team on an application to support haemodialysis learning.

Ms Raper asked about electronic Board papers. Mrs Rushbrook confirmed that she is working on introducing an option.

**Chairman's actions** – Mr Rose advised that he had taken Chairman's actions this month around the appointment of three paediatrician consultants. He confirmed that the business case had been circulated off-line and the full normal appointment process had been adhered to.

Mr Rose congratulated the travel group on their recent business award. He also welcomed back 34 Field Hospital (Strensall) who have just arrived back from Camp Bastion and had been given the Freedom of the City (York); he added that he was pleased to be able to report that everyone came back safely.

The Board **noted** the report.

#### **14/180 Report of the Chief Executive**

Mr Crowley commented on the nature and range of the time-out, he felt the time-out was a really good event and helped develop the agenda of the Trust.

Mr Crowley described a conversation he had with the staff that clean the curtains and explained how struck he was by their enthusiasm for their role and how important it was to them to know they were making a difference to patients and the Trust. This was an example of the benefits of his increased engagement with and availability to staff at the various sites – an issue the time-out had highlighted as important.

The Board **noted** the report.

#### **14/181 Governance Review update**

Mrs Holden presented the report and updated the Board on the work stream progression. She referred to the Directors portfolio that was being discussed at the Remuneration Committee that would meet later in the day. She added that the stratification of meetings was progressing along with the status of meetings. She tabled the newly-published guidance from the CQC on the "fit and proper person test" and "duty of candour". She explained that the Directors and Non-executive Director contracts will reflect the requirements included in the guidance.

Mrs Holden also presented a mock-up of the revised values document, which includes the Trust's values and the personal accountability framework in one document. She advised that would be launched in January 2015.

**Action: Launch the new Trust values document by January 2015.**

The Board **noted** the content of the report and **agreed** that it was providing more clarity of leadership and would lead to improved efficiency and quality. Mr Rose commented that the Non-executive Directors are involved, but the stakeholder meeting does not seem to have been held recently. He asked Mrs Holden to make sure the Non-executives were included.

**14/164 Next meeting of the Board of Directors**

The next meeting of the Board of Directors will be held in the Board Room, The York Hospital, on 28 January 2015.

**14/165 Any other business**

There was no other business.

**Outstanding actions from previous minutes**

<b>Minute number and month</b>	<b>Action</b>	<b>Responsible office</b>	<b>Due date</b>
13/134 Dementia Strategy	To include an update on the dementia strategy in his board report on a quarterly basis.	Dr Turnbull	February 2014
14/055.1 2013 - 14/127: Bridlington Orthopaedic Elective Surgery	Evaluation Report pending the release of further capital	Mr Bertram	November 14
14/041 Patient Experience - Matron refreshment	Update the Board on the progress of the introduction of the new nursing structure	Mrs Geary	January 15
14/083 Finance and Performance Committee	Include dementia screening in his Medical Director report.	Dr Turnbull	July 2014
14/131 Quality and Safety Committee	A further report of the F&F should be presented to the next Board meeting	Mrs Geary	October 2014
14/131 Quality and Safety Committee	Update the Board on the completed development of the Quest tool at the Board meeting in November.	Mrs Geary	November 2014
14/148 Matters arising – Workforce Mitigations	Take the paper to the next Workforce Strategy Committee meeting.	Mrs Holden	Next Workforce Strategy meeting
14/149 Quality and Safety Committee – SHMI	Bring monthly trends on mortality data to the Quality and Safety Committee	Dr Turnbull	Next Quality and Safety Committee
14/154 Finance and Performance Committee	Discuss the pay rates at the next meeting.	Professor Willcocks	At the next Workforce Strategy

			Committee
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### Action list from the minutes of the 26 November 2014

Minute number	Action	Responsible office	Due date
14/173 Finance and Performance Committee	Prepare and circulate a paper identifying all the actions the Trust is undertaking around recruitment.	Mrs Holden	Immediate
14/174 Procurement update	Develop and bring to the Board a food and drink strategy.	Mr Golding	During 2015
14/175 Living wage	Arrange for the increase to be paid from 1 January 2015.	Mr Bertram	1 January 2015
14/177 Community Services	Action: The Board to receive a presentation on community services at the February Board meeting.	Mr Sweet/ Mr Proctor	February 2015



## Board of Directors – 28 January 2015

### Patient Focus – Volunteer Service update

#### Action requested/recommendation

For information.

#### Summary

This paper provides an update on progress against the Volunteer Service strategy and three year plan (2014-2017), and in particular the impact on patient experience (see Appendix 1).

#### **Strategic Aims**

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

**Please cross as appropriate**





#### Implications for equality and diversity

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

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

#### Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report      New Paper

Risk                      No risk identified

Resource implications	Resources implication detailed in the report
Owner	Sue Holden, Director of Corporate Development and Human Resources
Author	Vicki Mallows, HR Manager - Resourcing
Date of paper	January 2015
Version number	Version 1

## Board of Directors – 28 January 2015

### Patient Focus – Volunteer Service update

#### 1. Introduction and background

Volunteering is an opportunity to improve quality rather than to reduce costs. The purpose of this service is to provide volunteering opportunities for individuals that in turn enhance the patient experience. Research undertaken by the Kings Fund estimates that the return on investment for acute trusts is approximately 11 times the cost of supporting volunteering. This does not include the positive impact on volunteers themselves e.g. an increase in self-esteem, wellbeing, and social engagement.

Volunteers therefore provide a significant contribution to the organisation and can have a positive impact on the patient experience by complementing work undertaken by our employees.

The Trust's Volunteer Strategy was produced in March 2014, and developed into a three-year plan which was approved by the Workforce Strategy Committee in June 2014.

Year One of the plan covers the financial year 2014/15 and the key aims were:

- Further enhance the patient experience by increasing volunteer numbers in the Trust to approximately 200 before the end of 2014.
- Provide greater support to Elderly patients in particular by increasing the number of Dining Companions, and extending the Level 2 role (which includes feeding) to Scarborough.
- Harmonisation of processes across York & Scarborough in order to increase the robustness of governance arrangements.
- Offer recognition events as part of National Volunteers Week in June.
- A signed Memorandum of Understanding between the Trust and Friends of York Hospitals outlining how the two organisations will work together.
- Develop a 'road map' of the partner organisations, the volunteer opportunities available, and means by which potential volunteers can get involved.

#### 2. Service Structure

The Volunteer Service is supported by two 0.5 WTE Band 3 Administrators – one each based at York and Scarborough. Their key role is to co-ordinate the recruitment of volunteers and to work with directorates to develop appropriate volunteer roles that will enhance the patient experience. They receive management support from a HR Manager who also takes responsibility for the strategic aspects of the service.

There are now approximately 230 volunteers overall. On average the volunteers (excluding Chaplaincy) deliver almost 300 hours per week across Bridlington, Scarborough and York hospitals as at January 2015. If this is costed at the Living Wage of £7.85 per hour, the Trust is benefiting from the equivalent of more than £122,000 worth of unpaid work per year from volunteers. This does not include the volunteers working via other organisations such as Friends of York Hospital, Friends of St Monica's, Hospital Radio, York Wheels or the

RVS.

Volunteer roles are designed to enhance the patient experience – see Appendix 1 for further information about this, and the impact on patients.

### 3. Achievements in 2014

#### Increased Numbers

- There are now approximately 230 volunteers in various roles across the Trust.
- Implemented the Level 2 Dining Companion role at SGH in response to demand from Elderly.
- Working with Elderly at YH to develop new roles to support initiatives around dementia and prevention of delirium.
- Developed a catering volunteer role at YH aimed at enhancing the experience of outpatients and the public who use Ellerbys.
- Introduced a volunteer role into Maternity at SGH – many of these volunteers are now training for the Breast Feeding Peer support role as well.
- Attendance at events to promote the Volunteer Service and the opportunities available to support our patients, continue e.g. Sixth Form College SGH, St Johns careers fair at YH, Hospital Open Day at SGH.

#### Governance / Process

- Systems, processes and documentation have been harmonised across York and Scarborough, enabling greater inter-site support between the two administrators.
- There has been a change of practice around interviewing prospective volunteers – involving directorates to encourage a greater sense of ownership in the staff who will be supervising those people volunteering in their departments.

#### Recognition & Engagement

- National Volunteers' week recognition events were held in the form of a coffee morning at YH and afternoon tea at SGH. Stands of information were in place at both sites about how volunteers are used to enhance patient experience, at SGH volunteers were on hand to talk about their firsthand experiences. Christmas lunch was offered at YH, this was not possible at SGH due to lack of space in the restaurant, however a New Year event is being planned.
- The annual Celebration of Achievement awards once again recognised the value of volunteers.
- The first Volunteer Service Newsletter was published August 2014, and a second edition in November.
- There is an updated section about the service on the Trust website – this provides contact details for the administrators and also role descriptions for the most popular volunteer roles.
- The New Starter pack for staff is now being offered to new volunteers.

#### Friends

- Closer working with Friends of YH – meetings at an operational level, and the administrators held a joint information and marketing stand in Main Reception at YH in November.
- Memorandum of Understanding – currently with Friends of YH for agreement.
- Roadmap of opportunities – attached at Appendix 2.

<p><u>Additional</u> York Cares</p> <ul style="list-style-type: none"> <li>• First team volunteering event undertaken in April 2014.</li> <li>• First nomination made for Golden Moments Award, recognition given to Cardiac Rehabilitation volunteers at ceremony with Lord Mayor in July 2014.</li> <li>• Increased attendance at events e.g. AGM, Starting Blocks workshop, raising the profile of the Trust as a socially responsible employer.</li> </ul>	
<p><b>4. Plans for January-March 2015</b></p>	
<ul style="list-style-type: none"> <li>• Recruit to the Dementia and Prevention of Delirium roles in Elderly.</li> <li>• Work with AMU at York Hospital to implement a Dining Companion volunteer role that is relevant to their needs.</li> <li>• Implement a supervision pack for staff in directorates who support volunteers on a daily basis.</li> <li>• Develop social media presence on Trust Twitter &amp; Facebook pages.</li> </ul>	
<p><b>5. Years Two &amp; Three</b></p>	
<ul style="list-style-type: none"> <li>a) Consult with stakeholders (including Governors and the Patient Experience team) and develop new roles to meet the needs of patients;</li> <li>b) Develop short-term projects which will be attractive to younger volunteers, which would maintain the recent reduction in age profile of our volunteers and meeting the Trust's objective to link with local schools;</li> <li>c) Promote staff volunteering and work more closely with York Cares to meet the Trust's corporate social responsibilities e.g. looking at supporting young people leaving care with their transition into the workplace;</li> <li>d) Incorporate Community Services into the scope that the Volunteer Service covers;</li> <li>e) Better engagement with volunteers e.g. improved communication and recognition of the value they contribute.</li> </ul>	
<p><b>6. Conclusion</b></p>	
<p>This paper provides an update on progress against the Volunteer Service strategy and three year plan (2014-2017), Appendix 1 focuses in particular on the impact the service has on patient experience.</p>	
<p><b>Author</b></p>	<p><b>Vicki Mallows, HR Manager - Resourcing</b></p>
<p><b>Owner</b></p>	<p><b>Sue Holden, Director of Corporate Development and Human Resources</b></p>
<p><b>Date</b></p>	<p><b>January 2015</b></p>

## Impact of Volunteers on Patient Experience

### 1. Roles are specifically created with the aim of enhancing the patient experience.

#### Examples

**Core Roles** - offered at Bridlington, Scarborough and York hospitals. Chaplaincy also has volunteers at some of the community hospitals.

Ward Visitor – for those patients who do not have friends/family to visit them in hospital. Loneliness can have an impact on patient recovery, therefore having someone to talk to can help minimise this.

Chaplaincy – a long history of using volunteers to enhance the spiritual service offered.

Dining Companions – patients may be unable to eat without help e.g. opening packets, cutting up food; or may be reluctant to eat e.g. loss of appetite. Nutrition is a key aspect of care and therefore the Level 1 Dining Companion role was introduced to assist both with physical tasks mentioned above and also to gently encourage patients to eat.

Elderly patients in particular may not have the dexterity to feed themselves, and therefore requests soon came in for volunteers to be allowed to help patients feed. A Level 2 role was developed and training is provided from Dietetics before volunteers are allowed to take on the enhanced role. We have increasing numbers of heavily dependent patients and staff do not have as much time to spend supporting feeding as we would like. The use of volunteers means that more patients are likely to get their meals when they are hot, rather than having to wait until staff have time to help them.

Department/Clinic Liaison – recognising that staff do not have time to spend in waiting areas reassuring patients they have not been forgotten and keeping them updated about delays, this role was developed and volunteers also direct patients to other services e.g. blood taking / x-ray, or to where they can find refreshments.

#### **Department-Specific Roles**

Maternity, the Child Development Centre, the Bereavement Service, the Emergency Departments, Radiology, Chemotherapy and Catering all have developed volunteer roles to enhance the patient / public experience at either York or Scarborough or both sites.

### 2. Focusing on areas of greatest need

Support is being provided to Elderly (York) with new roles being developed in response to their growing needs around prevention of delirium and caring for patients with dementia. The Dining Companion role is also being adapted for AMU to recognise that patients need support at meal times due to the pressures on staff in a fast-paced service.

### **3. Recognition of the Impact that Volunteers make**

- Nominations for the Volunteer category in the annual Recognition of Achievement awards are always high.
- Managers always have positive examples to share when asked for newsletter articles.
- External recognition – York Cares Golden Moments awards, York Press Awards.
- The fact that managers take the time to make nominations suggests they value the service that is provided.

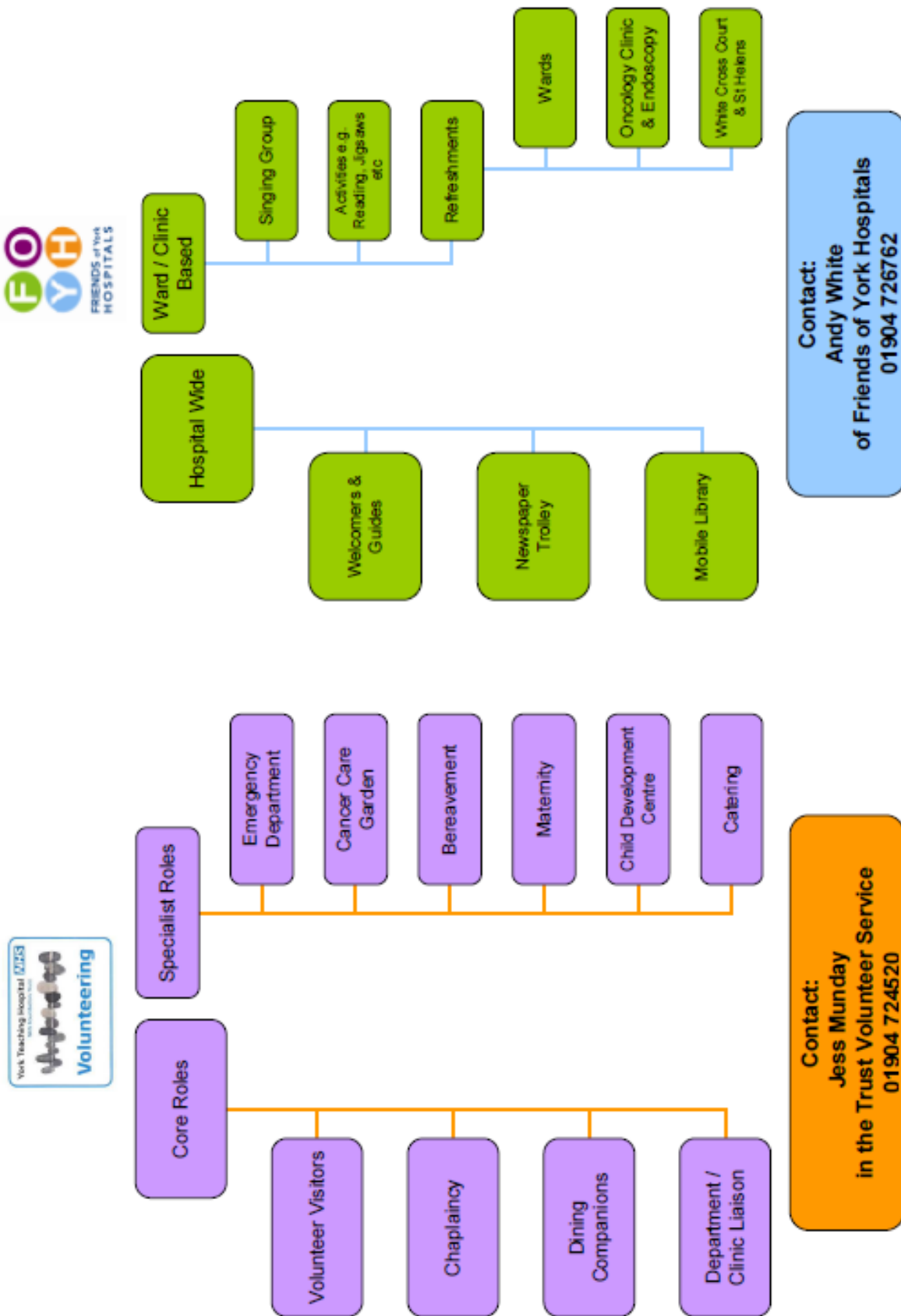
### **4. Numbers**

There are now approximately 230 volunteers (including Chaplaincy) delivering on average 300 hours per week (excluding Chaplaincy) as at January 2015. If this is costed at the Living Wage of £7.85 per hour, the Trust is benefiting from the equivalent of more than £122,000 worth of unpaid work per year from volunteers that is specifically designed to enhance the patient experience.

### **5. Evaluating the impact in other ways**

- The impact of volunteers on patient experience is not currently measured by the Friends & Family test, or national Inpatient Survey.
- Complaints and compliments letters received via PALS.
- Supervisors of volunteers in each department are asked to provide feedback about volunteers – response rates tend to be low.
- National work around evaluating the impact:
  - Trusts that have regular listening exercises with staff report that volunteers are being seen as the part of the solution to some of the problems aired (Pennine Acute)
  - Data is collected from comment boxes placed around the hospital, and via feedback from volunteers themselves (NLAG)
  - Value is calculated in terms of volunteer hours rather than monetary terms; an annual survey has been introduced for staff and volunteers about the impact of the service; and feedback forms about both staff and volunteers are placed on all reception desks (University College Hospital Cancer Centre).

York Hospital Volunteering Opportunities





**Quality & Safety Committee – 20<sup>th</sup> January 2015 Boardroom, York Hospital**

**Attendance:** Libby Raper, Jennie Adams, Alastair Turnbull, Beverley Geary, Diane Palmer, Anna Pridmore, Liz Jackson

**Apologies:** Philip Ashton

	Agenda Item	Comments	Assurance	Attention to Board
1	<b>Last meeting notes dated 19<sup>th</sup> November 2015</b>	The notes were approved as a true record.		
2	<b>Matters arising</b> - Feedback from the meeting with Sue Rushbrook	<p>Due to the detail required on some of the items on the meeting agenda and in the context of time being limited the Committee suggested that it focus on key areas where the Trust was significantly challenged.</p> <p>The Committee investigated the progress against acuity work and noted that a more detailed review of the acuity information is scheduled for the February Quality and Safety Committee.</p> <p>In preparation for reviewing the Terms of Reference the Committee noted that the revised draft of the Governance Structure that will be included in the Board papers proposed that the Patient Safety Group reports directly to the Corporate Risk Committee. The Committee believes that it would give stronger governance assurance if the Group reported directly to the Quality and Safety Committee.</p>		For discussion at Board.

	Agenda Item	Comments	Assurance	Attention to Board
		<p>LR reported that she had held a couple of meetings with Sue Rushbrook (Director of Systems and Network) also involving the Foundation Trust Secretary and the Chairman of the Finance and Performance Committee to provide input to the development of the performance booklet.</p> <p>The Committee welcomed the work undertaken by AP to develop and improve the linked agenda items to the Assurance Framework and Corporate Risk Register.</p> <p>AJT briefed the Committee on preparation on Safe and caring elements of the CQC visit. AJT explained that the CQC have requested that the Trust undertakes a self-assessment in advance of their visit. AJT advised that work was currently being completed and would be circulated to Board members prior to its release to CQC.</p>		
3	<p><b>Integrated Dashboard for discussion</b>  Patient Safety  Clinical Effectiveness  Patient Experience</p>	<p>The Committee commented that the new integrated report is a very useful document and welcomed the addition of the at a glance performance summary which combines all relevant information in to one place.</p> <p><b>Serious Incidents (SIs)</b> – The Committee expressed some real concern over the ability to action and in particular embed learning from Sis. Highlighting in particular the delayed diagnosis SI in the Medical Director’s report. DP explained both the specific background to this SI and the expectation that actions would</p>	<p>The Committee were advised that the latest SHMI would be available for the Board meeting</p> <p>The Committee were concerned by the expectation of one person being able to be responsible for the delivery of a diverse set of recommendations. The Committee were assured by</p>	<p>AJT to present the latest SHMI</p>

	Agenda Item	Comments	Assurance	Attention to Board
		<p>be taken by appropriate teams with the named lead ensuring these took place.</p> <p>The Committee went on to discuss the SI concerning a parking barrier and commented how difficult it was to link a recommendation to this incident. DP advised the Committee the HSE had given external assurance and highlighted no concerns.</p> <p>The Committee expressed some concern over the speed of managing the SI process with the specific concern over the Trusts ability to learn as quickly as possible from them. The Committee understood the broader context of the percentage of SI closed in six months measure but looks forward to receiving the separate quarterly timeline</p> <p>The Committee noted that there had been no never events.</p> <p><b>Patient Safety Walkrounds</b> – the Committee noted that only one walkround was reported in December. DP advised that a full programme was in place for the coming months.</p>	<p>the comments made, but will keep recommendations from SI under review.</p>	
4	<p><b>Supplementary Medical Director Report</b>  Consultant appointments  EMP project update  Sign up to safety</p>	<p><b>Sign up to safety</b> - The Committee questioned which areas of the sign up to safety plan were auditable, how we demonstrate honesty and collaboration and could the plan be something that can be measured over time.</p> <p>The Committee agreed that specific departmental projects driven by the NHSLA</p>	<p>The Committee were assured by the comments given. The Committee were keen to see all the actions being implemented.</p>	

	Agenda Item	Comments	Assurance	Attention to Board
		<p>should be included to demonstrate progress on some of the pledges. BG advised that the Patient Experience Steering Group could help on the sections that involved patients.</p> <p>DP gave an overview of the Patient Safety pages on the Trust website and how this could be used to support the open and honest pledge.</p> <p>The Committee showed great interest in the plans for a Patient Safety Conference to embed patient safety issues within the Consultant body.</p> <p>The Committee agreed to give some further thought to the sign up to safety plan and send any comments to DP including its relationship with the Quality Report.</p>		
5	<b>Quarterly report from the Director of Infection Prevention and Control Report</b>	The Committee acknowledged the report. It was noted that the report would be considered and approved by the Board of Directors, and further detailed comments will be added at that point.		
6	<b>Patient Safety during long waiting times in the Emergency Department</b>	LR updated the Committee regarding discussions with the Chief Executive and Chairman over the appropriate governance route for handling this major issue. The Committee agreed that it was appropriate to look in detail at the quality and safety issues, giving first priority to the safety of patients to be followed by the quality of their care and the patient experience. It was acknowledged that	The Committee were assured by the comments of the members that the Trust are actively perusing a broad range of approaches to deal with the current pressures and noted that more analysis of the impact will be available in February.	AJT and BG to discuss at Board.

Agenda Item	Comments	Assurance	Attention to Board
	<p>data to support discussions made take a little time to become available. The Committee welcomed the detail provided regarding SI from the emergency Department and noted the attention being paid to their investigation.</p> <p>BG explained that all patients involved in the trolley breaches had been spoken to and were kept fully informed of the situation. Additional support staff have been put in place to undertake COMFE rounding and offer food and drinks.</p> <p>The Committee noted the much broader context of this item, and expressed considerable concern over the reported rise in the death rate, level of cancelled activity, extremely high bed occupancy rates, high use of escalation beds, level of ward transfers and rise in infection control issues. The Finance and Performance Committee share these concerns from a performance and financial perspective. Both the Quality and Safety Committee and the Finance and Performance Committee have raised further concerns about the commitments made to Monitor around the Trust's performance and the ability of the Trust to achieve those commitments.</p> <p>The Committee are aware that many of these issues will remain on the agenda for the coming months.</p> <p>The Committee sort assurance that everything possible was being considered to meet these</p>	<p>The Committee does remain concerned about safety and will continue to seek evidence that safety was not compromised. It was further agreed that the Committee would seek to review quality once it is assured about safety.</p>	

	Agenda Item	Comments	Assurance	Attention to Board
		<p>serious challenges and questioned if all nursing staff were being utilised and BG confirmed that Clinical Nurse Specialists and Senior Nurses had staffed Malton Hospital and Ward 38 at York. AJT assured Committee that escalation wards would not be opened unless they could be adequately staffed.</p> <p>AJT and BG confirmed that they had attended a summit meeting to discuss how key stakeholders could aid the pressures although this produced nothing tangible. It was noted at the summit meeting that the Trust has responded well.</p>		
7	<b>Maternity Services – Scarborough</b>	<p>AJT advised the Committee that dependant on the results of the environmental sampling the new obstetric theatre will open this week.</p> <p>The Committee enquired both about the robustness of the review and the practicality of plans to significantly engage and benefit from external views. A further meeting with the Directorate is planned to take place this month following which an internal report will be produced. Dates for the external review have now been agreed. AJT confirmed that the formal reports will be available for February Trust Board.</p> <p>BG highlighted CN1 on the Corporate Risk Register and asked for the wording to be changed. It was agreed that would be completed through the risk management processes.</p>	<p>The Committee were assured by the Comments given and await the findings of the investigation in February. They were please to hear of the new theatres imminent opening.</p>	<p>To discuss at private Board.</p>

	Agenda Item	Comments	Assurance	Attention to Board
8	<b>Supplementary Chief Nurse Report</b> Nursing & Midwifery Strategy Environment Safer Staffing Early Warning Trigger Tool Patient Experience Healthwatch report update	<p>The Committee noted the commencement of the de-clutter and asked that this be an imbedded initiative to which organisational compliance could be applied.</p> <p>BG advised the Committee that development work has commenced with Matrons along side the National Advisory Board to introduce a regular 'de-clutter round'.</p>		
9	<b>Family and Friends update</b>	<p>The Committee commented on the front sheet of the Family and Friends report and were pleased to see its inclusion of the implications for equality and diversity.</p> <p>The poor response rate of staff for the family and friends test was noted.</p>		
10	<b>Patient Experience quarterly Report</b>	<p>The Committee acknowledged the report. It was recognised that the report would be included in the Board papers. LR and JA had met with BG and Kay Gamble to discuss this report as well as the Friends and Family update, they reported on the good progress being made and noted the improving analysis of complaints and the developing broader context within which to learn from them. Time constraints meant that other agenda items took priority at this Committee session.</p>		
11	<b>Safer Staffing Report</b>	<p>The Committee highlighted the impact of Maternity leave on staffing pressures. BG assured the Committee that covering Maternity leave would be looked at on a case by case</p>	<p>The Committee were assured by the level of attention focused on safer staffing and the amount of data provided.</p>	<p>BG to discuss at Board.</p>

	Agenda Item	Comments	Assurance	Attention to Board
		<p>basis.</p> <p>A discussion commenced around the recruitment of Staff Nurses and BG gave an update on the over seas recruitment plans and advice from the agency involved. An open advert has now been placed on NHS jobs advising candidates to send their CV to a Matron.</p> <p>BG confirmed that the establishments included in the report were the agreed budgeted establishments and not based on current staffing levels.</p> <p>The Committee commended the efforts to address the current vacancies and adjust the skill mix and noted that the fill rates were increasing.</p> <p>AJT confirmed that a Consultant lead has been identified to report on the numbers of non Consultant medical staff which will feed in to the Quality and Safety Committee. The Trust is hoping to expand the numbers of non training grades by making the roles more attractive to potential applicants.</p> <p>The Committee went on to discuss the need for additional Consultants and agreed that the rigorous appointment procedure still needed to be in place to reduce any recruitment associated risks.</p>	<p>Again it was recognised that more work was being undertaken which included work on the medical staffing levels.</p>	
12	<b>Six Monthly Review of</b>	The Committee commented on the items	The Committee were pleased	



	Agenda Item	Comments	Assurance	Attention to Board
	<p><b>Progress with the Quality and Safety Priorities</b></p>	<p>included in the update report and the detail around the measures. DP confirmed that Matrons and Ward Sisters are becoming more involved in validation increasing their understanding of the data collected.</p> <p>The Committee asked for clarification around pressure ulcers and falls. DP confirmed the Commissioners had asked for a 20% reduction in category 3 &amp; 4 pressure ulcers over 5 consecutive months, which has been achieved. Falls have seen a significant reduction in harm and work is still being undertaken.</p> <p>DP explained that an audit is due to take place in theatre to measure the compliance with the WHO theatre checklist. Following this audit any necessary action plan for improvement would be put in place.</p> <p>The work in the Patient Safety Strategy has resulted in a change and can demonstrate the work that has been done around Trust's Quality and Patient Safety priorities.</p> <p>DP will provide, for agreement of the Committee, a draft of the items to be included in the Quality Report.</p>	<p>to see the report and understand the progress against the priorities. The Committee was assured by the information included in the report.</p>	
13	<p><b>Quality Report format for 2014/15 and 2015/16</b></p>	<p>The Committee reviewed the new format for the quality report and confirmed they liked the report and how it was clear and allowed for additional information.</p>	<p>The Committee were assured by the work to date on the Quality Report.</p>	

	Agenda Item	Comments	Assurance	Attention to Board
14	<b>Any other business</b>	AJT highlighted the number of Clostridium Difficile cases and the link to the current operational pressures. The Trust is below trajectory but rising. The Committee noted the concern.		AJT to update Board
15	<b>Other</b> Work Programme	No other business was discussed.		

# Patient Safety and Quality Report

January 2015

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



Index and Performance Summary

Summary Information	Target Type*					Committee**		Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	M	N	C	L	I	F	Q													
Patient Safety and Quality Executive Summary	x	x	x			x	x	n/a												
<b>Mortality Information</b>	<b>M</b>	<b>N</b>	<b>C</b>	<b>L</b>	<b>I</b>	<b>F</b>	<b>Q</b>	<b>Threshold</b>	<b>Apr-14</b>	<b>May-14</b>	<b>Jun-14</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>
Summary Hospital Level Mortality Indicator (SHMI)							x	100	97			98			99					
<b>Patient Experience</b>	<b>M</b>	<b>N</b>	<b>C</b>	<b>L</b>	<b>I</b>	<b>F</b>	<b>Q</b>	<b>Threshold</b>	<b>Apr-14</b>	<b>May-14</b>	<b>Jun-14</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>
Litigation - Clinical Claims Settled					x		x	n/a	7	4	2	5	2	7	1	6	1			
Complaints					x		x	n/a	51	38	58	57	46	47	43	60	31			
PALS contacts					x		x	n/a	495	474	528	531	488	570	653	552	443			
New Ombudsman cases					x		x	n/a	0	2	3	0	0	0	0	0	0			
Friends and Family Inpatients			x				x	30%	31.33%	33.94%	34.23%	41.65%	40.21%	37.60%	38.20%	44.10%	38.40%			
Friends and Family A&E			x				x	20%	19.48%	21.55%	33.94%	22.78%	19.98%	16.70%	15.90%	21.50%	16.00%			
Friends and Family Maternity - Antenatal					x		x	n/a							39.8%	42.8%	32.2%			
Friends and Family Maternity - Labour and Birth					x		x	n/a							17.2%	39.7%	15.8%			
Friends and Family Maternity - Post Natal					x		x	n/a							26.5%	47.1%	19.4%			
Friends and Family Maternity - Community Post Natal					x		x	n/a							19.5%	18.4%	18.2%			
Friends and Family Staff (% at quarter end)			x				x	n/a			8%			8%			n/a			
<b>Quality and Safety: Measures of Harm</b>	<b>M</b>	<b>N</b>	<b>C</b>	<b>L</b>	<b>I</b>	<b>F</b>	<b>Q</b>	<b>Threshold</b>	<b>Apr-14</b>	<b>May-14</b>	<b>Jun-14</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>
Serious Incidents					x		x		18	21	20	19	12	13	23	12	24			
Incidents Reported					x		x	n/a	1012	1247	1210	1239	1112	1150	1166	1023	1383			
Incidents Awaiting Sign Off					x		x		1240	1394	1877	-	1870	1497	1408	858	272			
Patient Falls			x				x		226	282	251	270	232	247	228	179	214			
Pressure Ulcers - Newly Developed					x		x		41	33	36	18	28	33	45	36	16			
Pressure Ulcers - Transferred into our care					x		x		80	127	98	113	86	77	90	83	60			
Degree of harm: serious or death					x		x		15	18	8	3	4	9	8	9	11			
Degree of harm: medication related					x		x		69	61	69	54	43	49	42	33	195			
VTE risk assessments		x					x	95%	97.1%	97.1%	97.6%	97.5%	97.2%	96.1%	97.4%	97.4%	96.90%			
Never Events		x					x	0	0	0	0	0	0	0	0	0	0			
<b>Quality and Safety: Drug Administration</b>	<b>M</b>	<b>N</b>	<b>C</b>	<b>L</b>	<b>I</b>	<b>F</b>	<b>Q</b>	<b>Threshold</b>	<b>Apr-14</b>	<b>May-14</b>	<b>Jun-14</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>
Insulin Errors					x		x	n/a	6	6	13	11	6	8	6	14	n/a			
Omitted Critical Medicines					x		x	n/a	33	21	23	23	32	23	16	22	18			
Prescribing Errors					x		x	n/a	22	13	11	22	27	17	21	20	n/a			
Preparation and Dispensing Errors					x		x	n/a	10	10	11	12	11	12	8	11	n/a			
Administrating and Supply Errors					x		x	n/a	37	46	47	56	42	41	35	43	n/a			
<b>Quality and Safety: Safety Thermometer</b>	<b>M</b>	<b>N</b>	<b>C</b>	<b>L</b>	<b>I</b>	<b>F</b>	<b>Q</b>	<b>Threshold</b>	<b>Apr-14</b>	<b>May-14</b>	<b>Jun-14</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>
% Harm Free Care - York	x						x		93.4%	93.0%	93.4%	93.6%	94.6%	95.7%	94.6%	94.8%	94.9%			
% Harm Free Care - Scarborough	x						x		92.1%	89.4%	90.9%	90.7%	89.5%	93.8%	92.2%	91.7%	88.1%			
% Harm Free Care - Community	x						x		93.6%	85.7%	84.3%	91.3%	91.4%	92.0%	88.6%	95.2%	92.9%			
% Harm Free Care - District Nurses	x						x		91.2%	91.3%	91.8%	94.0%	93.1%	94.0%	94.3%	95.6%	94.9%			
% Harm from Catheter Associated Urinary Tract Infection - York	x						x		1.5%	2.6%	1.9%	2.2%	1.9%	1.6%	1.5%	1.2%	2.1%			
% Harm from Catheter Associated Urinary Tract Infection - Scarborough	x						x		2.4%	2.7%	4.3%	4.3%	5.6%	3.3%	4.1%	2.1%	4.0%			
% Harm from Catheter Associated Urinary Tract Infection - Community	x						x		2.7%	0.9%	0.9%	1.0%	1.0%	0.0%	2.9%	1.0%	0.0%			
% Harm from Catheter Associated Urinary Tract Infection - District Nurses	x						x		1.8%	1.2%	1.5%	0.8%	1.0%	0.2%	0.7%	0.6%	0.7%			
Patient Safety Walkrounds					x		x													
<b>Community Information</b>	<b>M</b>	<b>N</b>	<b>C</b>	<b>L</b>	<b>I</b>	<b>F</b>	<b>Q</b>	<b>Threshold</b>	<b>Apr-14</b>	<b>May-14</b>	<b>Jun-14</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>
Community Hospital Summary					x		x													
<b>Maternity Dashboards</b>	<b>M</b>	<b>N</b>	<b>C</b>	<b>L</b>	<b>I</b>	<b>F</b>	<b>Q</b>	<b>Threshold</b>												

Target Type\*: M - Monitor; N - National; L - Local; C - CQUIN; I - Internal  
Sub Group\*\*: F - Finance and Performance; Q - Quality and Safety

## **Patient Safety and Quality Executive Summary**

The next SHMI for the period July 2013 to June 2014 is due to be released (under embargo) on 14th January and published on 27th January. The Trust RAMI continues to reduce and is calculated as 87 for the reporting period October 2013 to September 2014.

24 Serious Incidents (SIs) were declared in December - 11 as a result of patient falls, 7 as a result of pressure ulcers.

No Never Events were reported.

Patient falls remains the most frequently reported incident category.

IPC - 10 cases of toxin positive c. difficile and 8 cases of MSSA bacteraemia were identified in December.

Compliance with VTE risk assessment remains >96%.

Compliance with dementia screening for patients admitted to hospital was 86.7% in December.

Overall performance with the Emergency Department 4 hour standard was 86.47% in December.

**Diane Palmer**  
**Deputy Director - Patient Safety**

Indicator	Apr 11 - Mar 12	Jul 11 - Jun 12	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	July 12 - June 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14
SHMI – York locality	110	105	105	102	99	96	93	93	95
SHMI – Scarborough locality	115	117	112	106	108	108	104	105	107
<b>SHMI – Trust</b>	<b>112</b>	<b>108</b>	<b>107</b>	<b>104</b>	<b>102</b>	<b>101</b>	<b>97</b>	<b>98</b>	<b>99</b>

## Definition

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

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

## Analysis of Performance

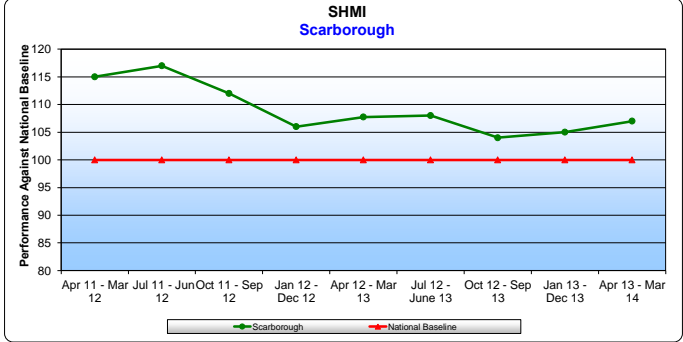
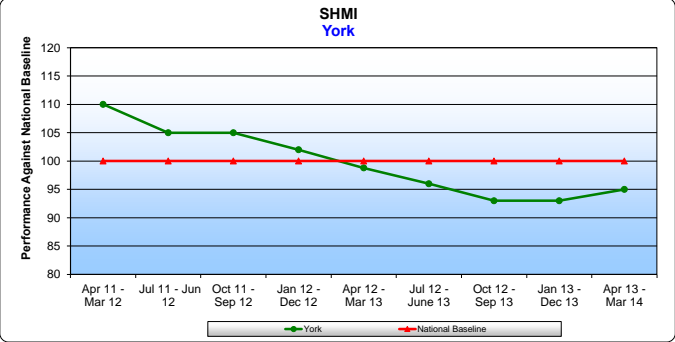
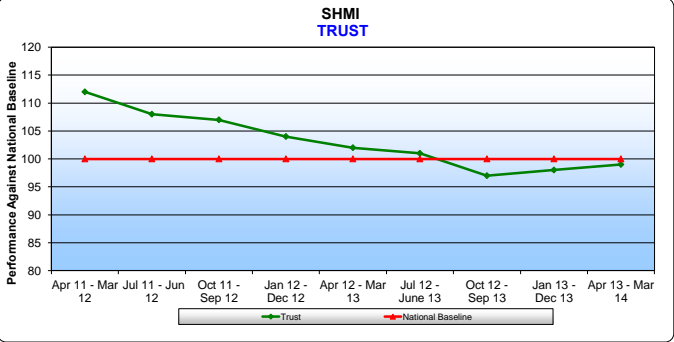
The latest SHMI report for the period April 2013 to March 2014 indicates the Trust to be in the 'as expected' range. In January 2014 the York site saw a spike in the number of patient deaths which was outside normal range, this time period is contained in the latest SHMI release.

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

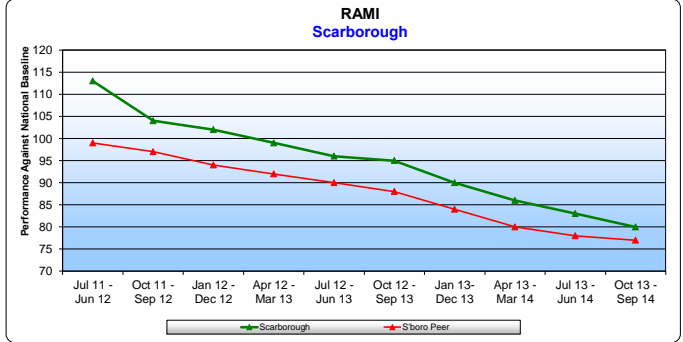
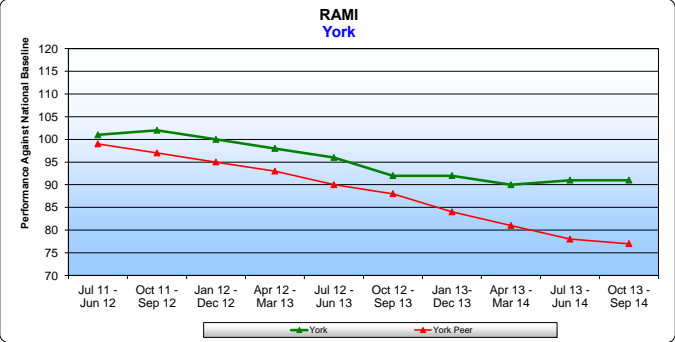
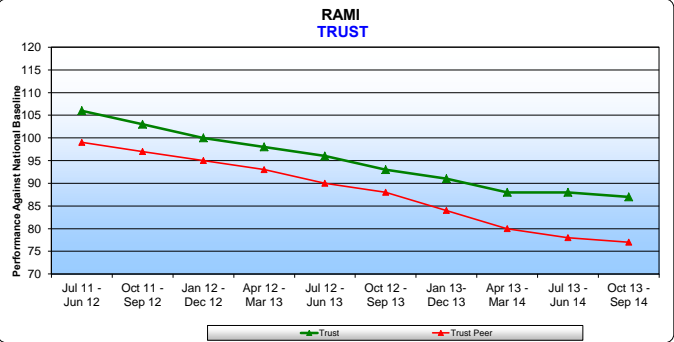
Work is currently underway with CHKS to understand the difference between RAMI scores on York and Scarborough sites

**Mortality**

Indicator	Consequence of Breach (Monthly unless specified)	Jan 12 - Dec 12	Apr 12 - Mar 13	July 12 - June 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14
Mortality – SHMI (TRUST)	Quarterly: General Condition 9	104	102	101	97	98	99
Mortality – SHMI (YORK)	Quarterly: General Condition 9	102	99	96	93	93	95
Mortality – SHMI (SCARBOROUGH)	Quarterly: General Condition 9	106	108	108	104	105	107

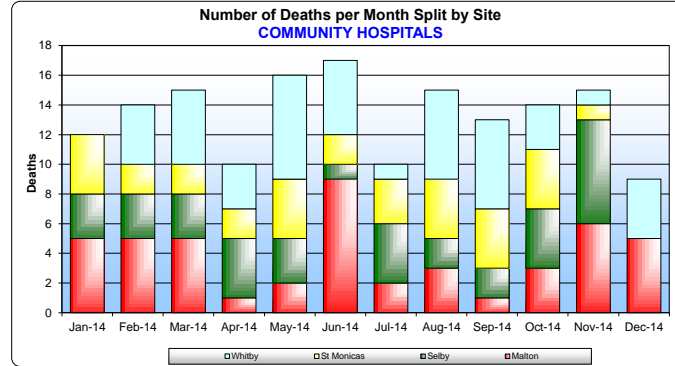
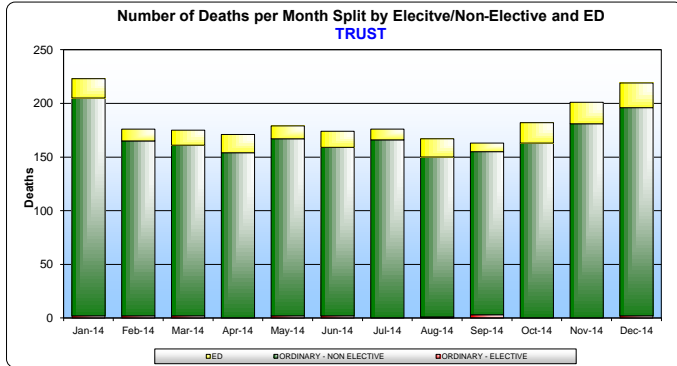


Indicator	Consequence of Breach (Monthly unless specified)	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14
Mortality – RAMI (TRUST)	none - monitoring only	98	96	93	91	88	88
Mortality – RAMI (YORK)	none - monitoring only	98	96	92	92	90	91
Mortality – RAMI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

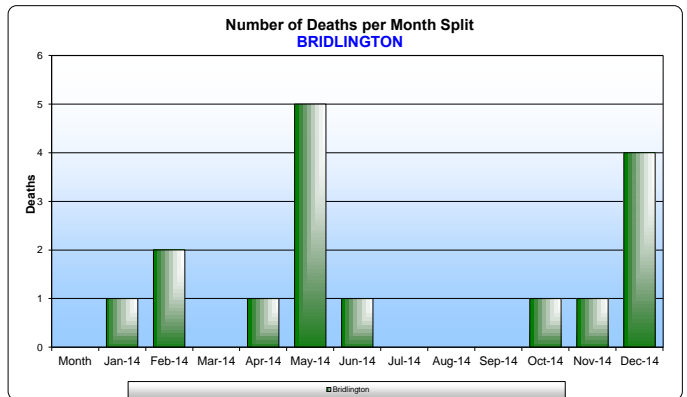
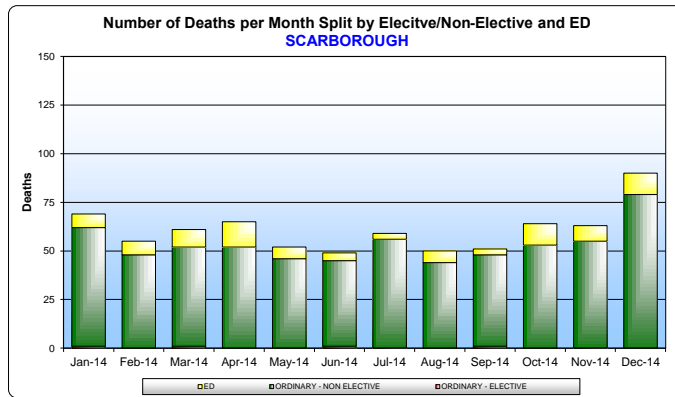
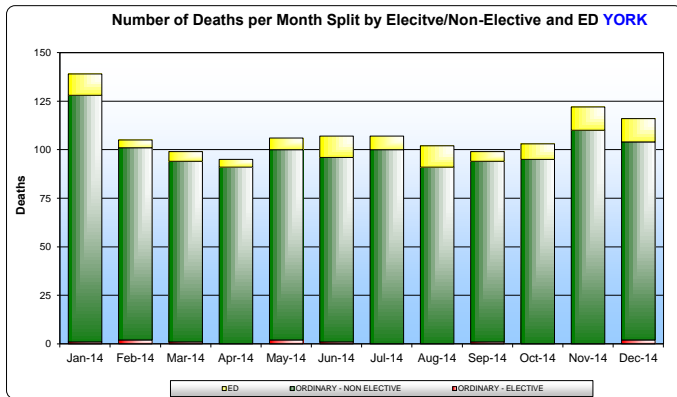


## Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec
Number of Inpatient Deaths (excludes deaths in ED)	None - Monitoring Only	none	480	471	540	163	181	196



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





## Litigation

Indicator	Site	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Clinical Claims Settled	York	3	4	0	2	1	3	1	5	1
	Scarborough	4	0	2	3	1	4	0	1	0

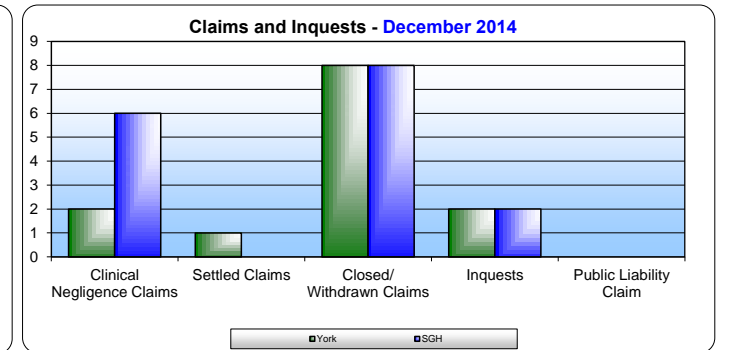
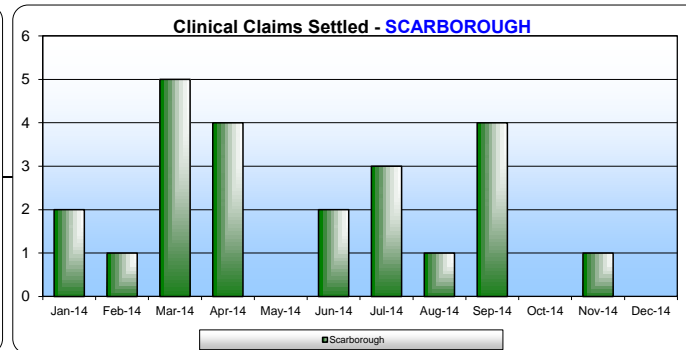
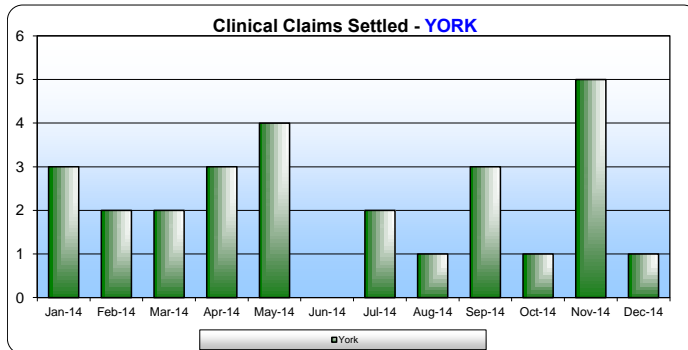
One clinical claim attributed to York was settled in December.

In December, 2 clinical negligence claims for York site were received and 6 were received for Scarborough. York had eight withdrawn/closed claims and there were eight from Scarborough.

There were four Coroner's Inquests heard in December.

# Litigation

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



## Themes for Clinical Claims Settled 01 Jan 2012 to 30 Sept 2014

Incident Type	Total Damaged	Total Number Reported	Number (York)	Number (Scarborough)
Failure to refer to other specialty	£2,047,500	4	4	0
failure to investigate further	£1,344,590	16	6	10
Delay in treatment	£1,265,000	3	1	2
Inadequate surgery	£1,249,316	14	6	8
Lack of appropriate treatment	£387,868	7	2	5
Inappropriate discharge	£333,000	4	1	3
Inadequate examination	£210,847	6	3	3
Failure to adequately interpret radiology	£107,613	11	6	5
Inadequate nursing care	£88,500	9	5	4
Not Known	£60,000	3	0	3
Inadequate procedure	£58,880	4	2	2
Results not acted upon	£49,500	7	6	1
Inadequate interpretation of cervical smear	£37,500	1	1	0
Intraoperative burn	£30,000	4	3	1
Anaesthetic error	£27,500	1	1	0
Inadequate consent	£26,500	3	2	1
Failure to retain body part	£25,000	1	1	0
Lack of risk assessment/action in relation to fall	£24,250	2	2	0
Prescribing error	£22,500	2	2	0
Failure to act on CTG	£13,500	1	1	0
Lack of risk assessment/action in relation to pressure ulcer	£7,000	1	1	0
Maintenance of equipment	£5,000	1	1	0

## **Patient Experience**

### **Complaints**

Complaints registered in York relate to York Hospital and Community Services.  
Complaints registered in Scarborough relate to Scarborough Hospital and Bridlington Hospital.  
There were 16 new complaints registered to the York site and 15 to the Scarborough site in December.

### **PALS contacts**

There were 334 PALS enquiries at York Hospital and 109 PALS enquiries at Scarborough in December. The highest number of contacts were in the category "requests for information and advice", however of note are 49 contacts in the 'compliment/thanks' category.

### **New Ombudsman Cases**

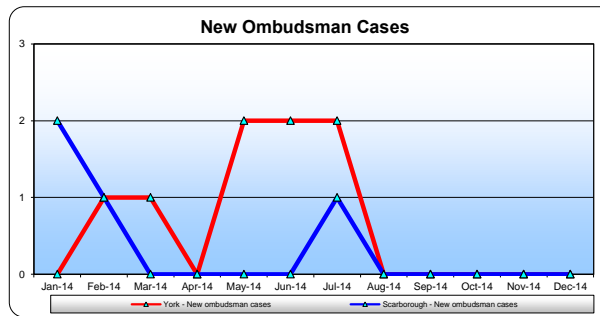
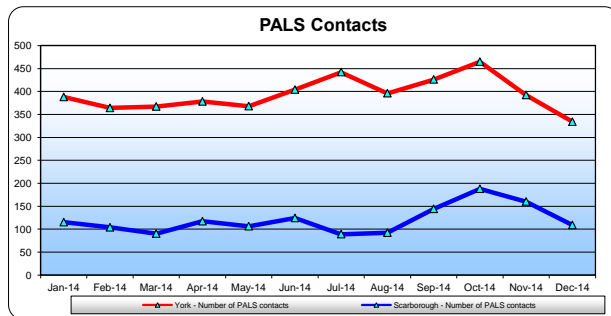
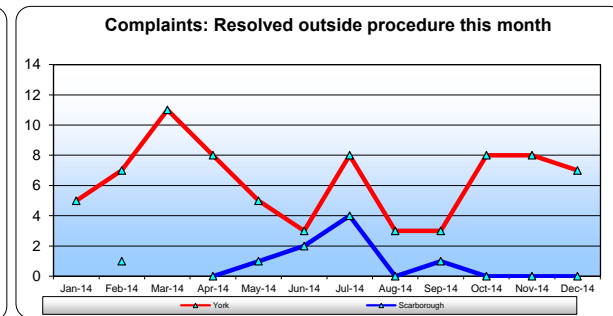
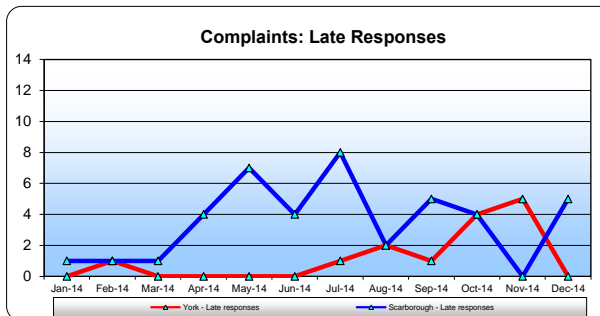
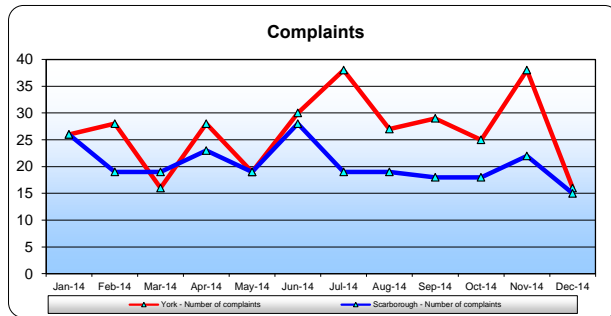
There were no new ombudsman cases reported in December.

### **Complaints – Late Responses**

There were 5 late responses to complaints at Scarborough site in December, none in York.

# Patient Experience

Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Complaints	York	26	28	16	28	19	30	38	27	29	25	38	16
	Scarborough	26	19	19	23	19	28	19	19	18	18	22	15
PALS contacts	York	388	364	367	378	368	404	442	396	426	465	392	334
	Scarborough	115	104	90	117	106	124	89	92	144	188	160	109
New Ombudsman Cases	York	0	1	1	0	2	2	2	0	0	0	0	0
	Scarborough	2	1	0	0	0	0	1	0	0	0	0	0
Complaints - Late Responses	York	0	1	0	0	0	0	1	2	1	4	5	0
	Scarborough	1	1	1	4	7	4	8	2	5	4	0	5
Complaints - Resolved outside procedure this month	York	5	7	11	8	5	3	8	3	3	8	8	7
	Scarborough	0	1	0	0	1	2	4	0	1	0	0	0



# Patient Experience

December 2014

Complaints by Directorate/Division (Datix)	York	S'boro	Total
Child Health (Y)	0	0	0
Clinical Support Services (S)	1	0	1
Community Services (Y)	1	1	2
Corporate (Y,S)	0	1	1
Elderly Medicine (Y)	0	1	1
Emergency Medicine (Y)	0	2	2
Facilities (Y,S)	0	1	1
General Surgery and Urology (Y), Surgery (S)	5	2	7
Head and Neck and Ophthalmology (Y)	2	1	3
Medicine (General and Acute, Y), Medicine (S)	0	3	3
Obstetrics and Gynaecology (Y)	1	1	2
Operations (Y)	0	0	0
Orthopaedics (Y)	0	0	0
Pharmacy (Y)	1	0	1
Physiotherapy (Y)	0	0	0
Radiology (Y)	0	0	0
Sexual Health (Y)	0	0	0
Specialist Medicine (Y)	3	1	4
Theatres Anaesthetics and CC(Y)	2	1	3
<b>Total</b>	<b>16</b>	<b>15</b>	<b>31</b>

PALS Contact by Subject	York	S'boro	Total
Action Plan	2	0	2
Admissions, discharge, transfer arrangements	15	1	16
Appointments, delay/cancellation (inpatient)	15	9	24
Appointments, delay/cancellation (outpatient)	32	9	41
Staff attitude	14	3	17
Any aspect of clinical care/treatment	31	35	66
Communication issues	33	7	40
Compliment / thanks*	49	0	49
Alleged discrimination (eg racial, gender, age)	1	0	1
Environment / premises / estates	2	1	3
Hotel services (including cleanliness, food)	2	0	2
Requests for information and advice	105	31	136
Medication	2	0	2
NCMP	1	0	1
Other	3	0	3
Car parking	2	6	8
Privacy and dignity	1	4	5
Property and expenses	7	3	10
Personal records / Medical records	7	0	7
Support (eg benefits, social care, vol agencies)	4	0	4
Patient transport	5	0	5
Welfare benefits	1	0	1
<b>Total</b>	<b>334</b>	<b>109</b>	<b>443</b>

Complaints by Subject (Datix)	York	S'boro	Total
Admissions, discharge and transfer arrangements	0	0	0
Aids, appliances, equipment, premises	0	0	0
All aspect of clinical treatment	8	10	18
Appointment delay/cancellation (inpatient)	2	1	3
Appointments delay/cancellation (outpatient)	3	1	4
Attitude of staff	2	3	5
Communication/information to patients (written and oral)	0	0	0
Complaints handling	0	0	0
Consent to treatment	0	0	0
Failure to follow agreed procedure	0	0	0
Hotel services, including food	0	0	0
Mortuary and post mortem arrangements	0	0	0
Other	0	0	0
Patients' privacy and dignity	0	0	0
Patients' property and expenses	0	0	0
Patients' status, discrimination	1	0	1
Personal records	0	0	0
Policy and commercial decision of Trust	0	0	0
<b>Total</b>	<b>16</b>	<b>15</b>	<b>31</b>

PALS themes this month, eg staff attitude, increased numbers in an area, topics (Y,S)
<b>Duty of Candour</b> a) Caller states she has been diagnosed with Lung Cancer but understands that there was a sighting in May and wants this looked into. PALS liaised with Risk but unfortunately it took 16 days before they could confirm to the patient this would be an SI investigation.
<b>Infection Control</b> b) Patient (a dentist) visiting the hospital and not happy with the number of staff members wearing scrubs in the canteen. Feels this is inappropriate due to infection prevention. PALS liaised with infection control team who advised lots of people wear theatre scrubs who do not work in theatre therefore not an infection prevention issue. Happy to send out information via <b>Information</b>
c) Caller on behalf of patient: 3 Nov came for procedure which stated on his letter it was LA. Arrived to find it was GA and could not do it as nil by mouth.
d) Member of staff in ED. They now need patient letters to make up part of their portfolio. The caller has received letter but had not retained them as did not know they would be required. Asked if PALS retain any letters etc. PALS log positive feedback however we do not have the member of staff it relates logged on Datix so could not pull out the info relating to caller.

## Friends and Family

Indicator	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
Inpatients – York	Q4: 40% Combined	29.2%	31.4%	34.5%	39.0%	36.1%	31.7%	34.9%	39.4%	35.1%
Inpatients – Scarborough		30.9%	29.3%	27.4%	40.1%	44.4%	43.1%	39.5%	50.0%	37.9%
Inpatients - Bridlington		73.5%	82.0%	60.8%	86.0%	71.1%	83.6%	72.3%	77.2%	85.9%
<b>Inpatients – Combined</b>		<b>31.3%</b>	<b>33.9%</b>	<b>34.2%</b>	<b>41.7%</b>	<b>40.2%</b>	<b>37.6%</b>	<b>38.2%</b>	<b>44.1%</b>	<b>38.4%</b>
ED – York	Q4: 20% Combined	10.5%	14.6%	27.1%	14.5%	9.4%	8.5%	9.6%	15.4%	14.2%
ED - Scarborough		34.8%	33.1%	45.2%	35.9%	36.8%	31.5%	27.4%	32.7%	19.1%
<b>ED – Combined</b>		<b>19.5%</b>	<b>21.6%</b>	<b>33.9%</b>	<b>22.8%</b>	<b>20.0%</b>	<b>16.7%</b>	<b>15.9%</b>	<b>21.5%</b>	<b>16.0%</b>
Maternity – Antenatal	None	41.3%	33.6%	26.0%	27.7%	33.1%	37.2%	39.8%	42.8%	32.2%
Maternity – Labour and Birth		44.1%	33.3%	32.9%	19.4%	16.2%	20.4%	17.2%	39.7%	15.8%
Maternity – Post Natal		47.0%	39.2%	37.5%	24.8%	20.9%	29.4%	26.5%	47.1%	19.4%
Maternity – Community		34.2%	37.2%	24.7%	21.1%	22.7%	17.2%	19.5%	18.4%	18.2%

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

Attention is now being focussed on ensuring the Trust achieves the CQUIN target of 20% response rate target in ED over Q4. The response rate increased on both sites in November; achieving a combined percentage of 21.5%.

The Trust achieved 38.4% against the inpatients targets, which is a reduction from November performance. The CQUINS requirement is to achieve 40% across inpatients in March 2015.

The focus for the Trust is ensuring we get back on target and to also to ensure the Trust uses the valuable qualitative feedback received from patients.

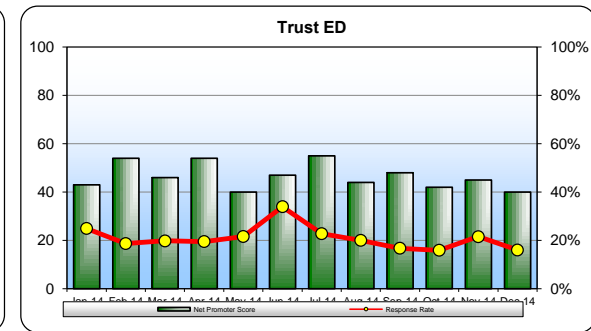
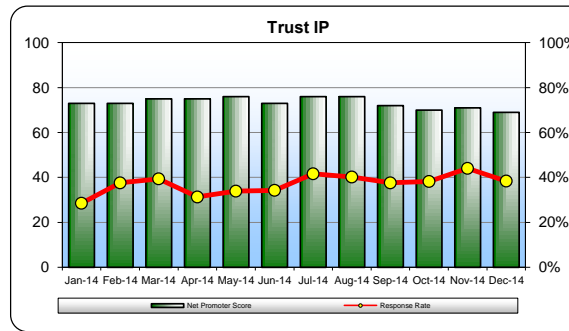
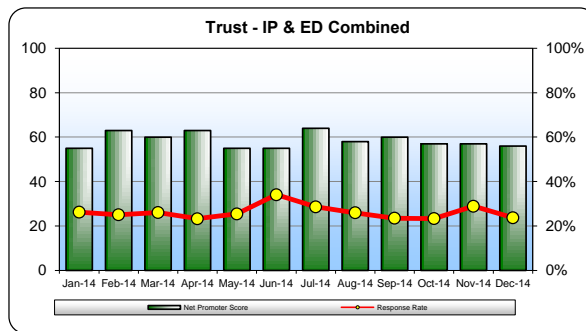
The Trust achieved 8% during Q1 and Q2 for Staff Friends and Family.

# Friends & Family: Inpatients & ED

The Friends & Family Test (FFT) has now been 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 & friends?". The Trust achieved CQUIN requirements for Q 4 and now focuses on the 2014/15 requirements for increased response rate in ED and inpatients; roll out to community hospital inpatients, all outpatients, day cases and community services. The FFT Steering Group and project workstreams continue to meet and take forward the implementation and development of FFT across the Trust. The focus for the Trust, in addition to roll out is to ensure that the qualitative feedback gained through FFT is used effectively to inform patients of what the Trust is doing to improve their experience of our Services.

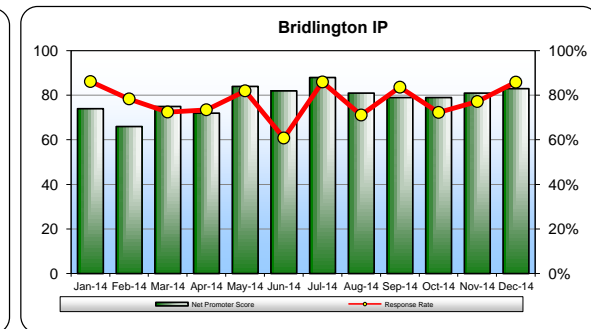
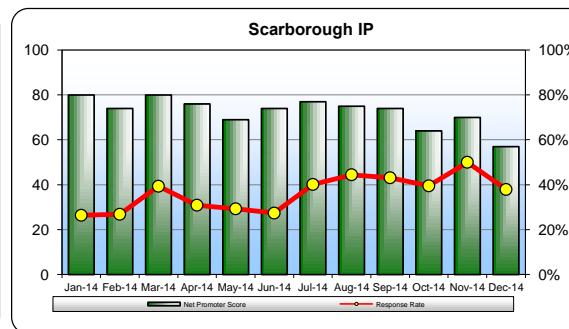
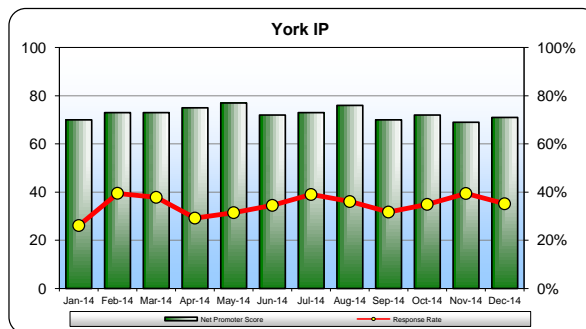
	2013-14			2014-15		
	Q2	Q3	Q4	Q1	Q2	Q3
<b>Combined IP &amp; ED Response Rate</b>	20.0%	30.4%	25.8%	27.6%	26.1%	25.2%

Trust		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
		Response Rate	26.2%	25.1%	26.1%	23.2%	25.5%	34.0%	28.6%	25.9%	23.5%	23.3%	28.9%
	Net Promoter Score	55	63	60	63	55	55	64	58	60	57	57	56



## Inpatient Performance

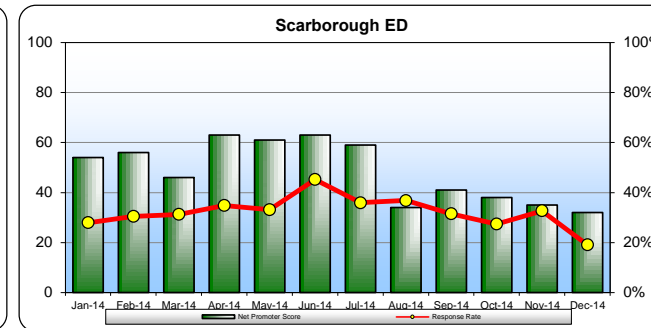
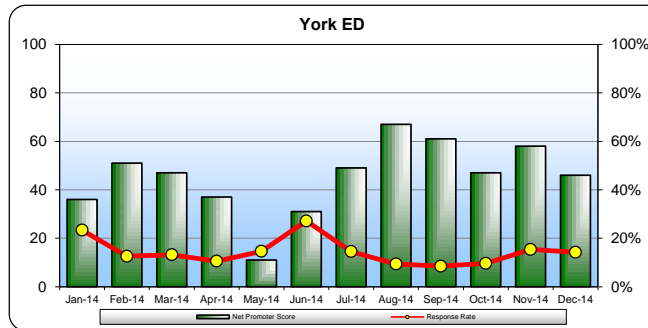
		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
		<b>York IP</b>	Response Rate	26.1%	39.5%	37.8%	29.2%	31.4%	34.5%	39.0%	36.1%	31.7%	34.9%
	Net Promoter Score	70	73	73	75	77	72	73	76	70	72	69	71
<b>Sboro IP</b>	Response Rate	26.4%	26.8%	39.4%	30.9%	29.3%	27.4%	40.1%	44.4%	43.1%	39.5%	50.0%	37.9%
	Net Promoter Score	80	74	80	76	69	74	77	75	74	64	70	57
<b>Brid IP</b>	Response Rate	86.2%	78.4%	72.5%	73.5%	82.0%	60.8%	86.0%	71.1%	83.6%	72.3%	77.2%	85.9%
	Net Promoter Score	74	66	75	72	84	82	88	81	79	79	81	83
<b>Combined</b>	Response Rate	28.5%	37.6%	39.4%	31.3%	33.9%	34.2%	41.7%	40.2%	37.6%	38.2%	44.1%	38.4%
	Net Promoter Score	73	73	75	75	76	73	76	76	72	70	71	69



# Friends & Family: Inpatients & ED

## ED Performance

		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
York ED	Response Rate	23.4%	12.6%	13.2%	10.5%	14.6%	27.1%	14.5%	9.4%	8.5%	9.6%	15.4%	14.2%
	Net Promoter Score	36	51	47	37	11	31	49	67	61	47	58	46
Sboro ED	Response Rate	27.9%	30.4%	31.3%	34.8%	33.1%	45.2%	35.9%	36.8%	31.5%	27.4%	32.7%	19.1%
	Net Promoter Score	54	56	46	63	61	63	59	34	41	38	35	32
Combined	Response Rate	24.9%	18.7%	19.8%	19.5%	21.6%	33.9%	22.8%	20.0%	16.7%	15.9%	21.5%	16.0%
	Net Promoter Score	43	54	46	54	40	47	55	44	48	42	45	40



## Responses

Inpatient		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
York IP	Eligible	2318	1985	2092	2003	2182	2153	2187	1930	2123	2313	2110	2210
	Responses	604	783	791	584	686	748	852	696	672	808	831	775
Sboro IP	Eligible	904	764	869	872	830	810	895	855	917	912	816	866
	Responses	239	205	342	269	243	222	359	380	395	360	408	328
Brid IP	Eligible	130	111	98	113	194	166	164	142	165	188	158	163
	Responses	112	87	71	83	159	101	141	101	138	136	122	140
Combined	Eligible	3352	2860	3059	2988	3206	3129	3246	2927	3205	3413	3084	3239
	Responses	955	1075	1204	936	1088	1071	1352	1177	1205	1304	1361	1243

ED		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
York ED	Eligible	3843	3697	4118	4079	4356	4283	4451	4305	4265	4418	4131	4003
	Responses	899	465	545	429	636	1162	647	404	362	426	636	570
Sboro ED	Eligible	1962	1915	2343	2388	2614	2580	2793	2712	2346	2379	2240	2195
	Responses	548	583	733	831	866	1167	1003	998	739	652	732	419
Combined	Eligible	5805	5612	6461	6467	6970	6863	7244	7017	6611	6797	6371	6198
	Responses	1447	1048	1278	1260	1502	2329	1650	1402	1101	1078	1368	989

### Wards with high % response rates

**York** Ward 39 - 64.7%  
CCU - 61.9%

**Scarborough** Oak - 82.3%  
CCU - 73.2%

**Bridlington** Kent - 94.7%

### Wards with low % response rates

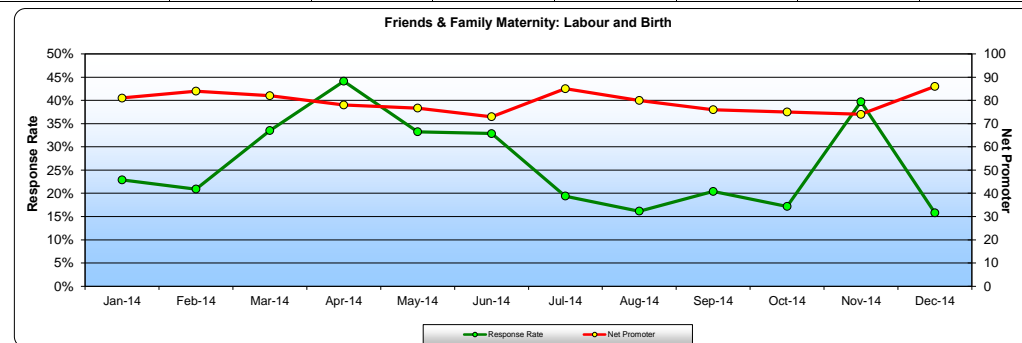
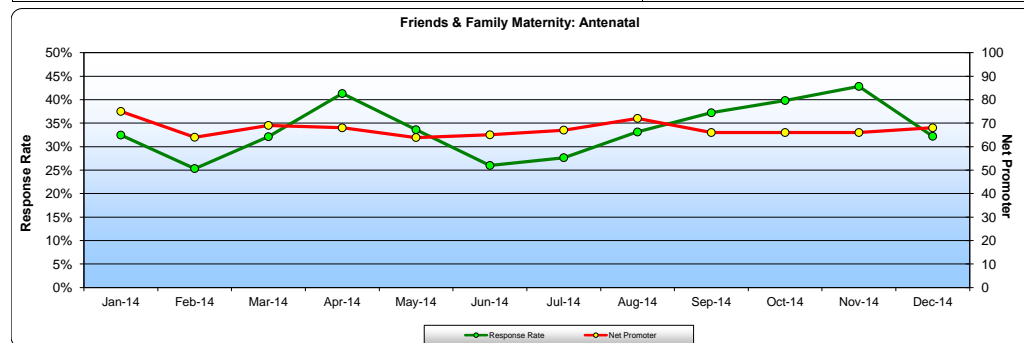
**York** SSW - 12.3%  
Ward 24 - 15.9%

**Scarborough** Stroke - 13.2%  
Maple - 14.1%

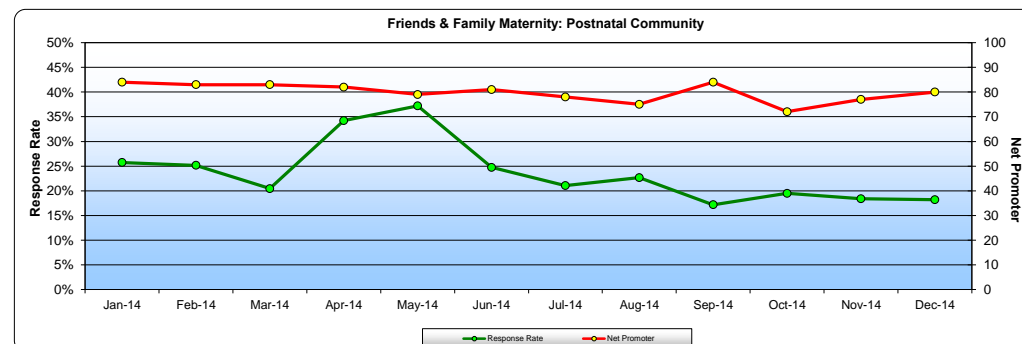
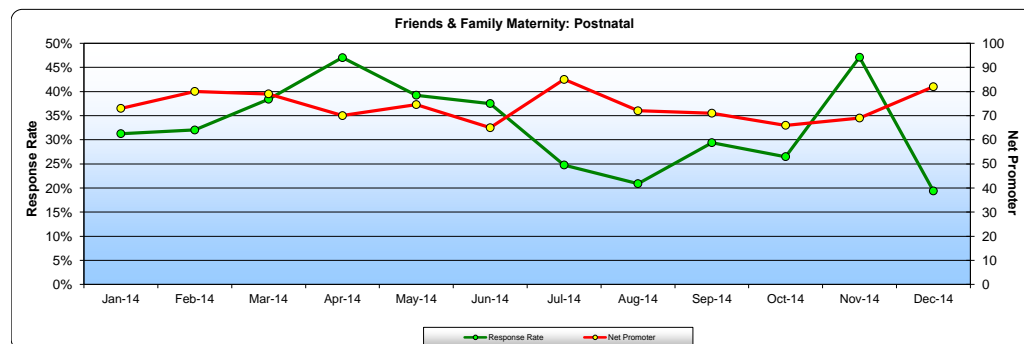


## Friends & Family: Maternity

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec
Antenatal Response Rate	None - Monitoring Only	none	33.6%	32.4%	38.3%	39.8%	42.8%	32.2%
Antenatal Net Promoter	None - Monitoring Only	none	66	68	67	66	66	68
Labour and Birth Response Rate	None - Monitoring Only	none	36.4%	18.6%	23.5%	17.2%	39.7%	15.8%
Labour and Birth Net Promoter	None - Monitoring Only	none	76	80	77	75	74	86



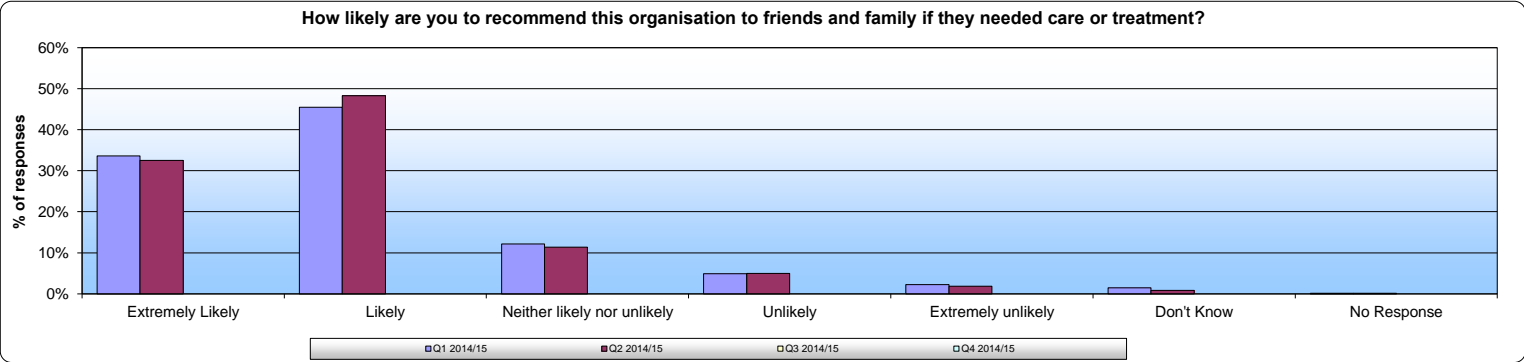
Postnatal Response Rate	None - Monitoring Only	none	41.1%	24.8%	30.6%	26.5%	47.1%	19.4%
Postnatal Net Promoter	None - Monitoring Only	none	70	76	71	66	69	82
Postnatal Community Response Rate	None - Monitoring Only	none	31.6%	20.0%	18.7%	19.5%	18.4%	18.2%
Postnatal Community Net Promoter	None - Monitoring Only	none	81	79	76	72	77	80



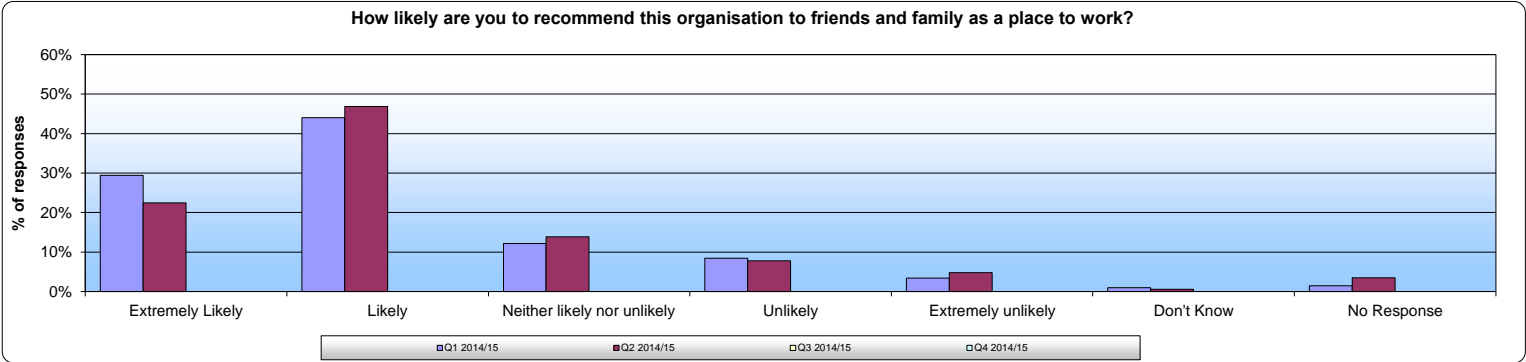
**Friends and Family: Staff**

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

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Response rate - Proportion of Trust employees who responded to the survey	None - Monitoring Only	none	8%	8%		
Number of Trust employees who responded to the survey	None - Monitoring Only	none	673	704		



Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q1 2014/15	33.6%	45.5%	12.2%	4.9%	2.2%	1.5%	0.1%
Q2 2014/15	32.5%	48.3%	11.4%	5.0%	1.8%	0.9%	0.1%
Q3 2014/15							
Q4 2014/15							



Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q1 2014/15	29.4%	44.0%	12.2%	8.5%	3.4%	1.0%	1.5%
Q2 2014/15	22.4%	46.9%	13.9%	7.8%	4.8%	0.6%	3.6%
Q3 2014/15							
Q4 2014/15							

## Measures of Harm

### **Serious Incidents (SIs) declared** (source: Datix)

There were 24 SIs reported in December:

12 hour breach 2 (York)

Delay in treatment (York)

Slips Trips Falls 8 (York), 2 (Scarborough), 1 (Community)

Pressure Ulcers 1 (York), 2 (Scarborough), 4 (Community)

Delayed Diagnosis (York)

Wrong Diagnosis (Scarborough)

System Failure Echocardiography (Scarborough)

### **Patients Falls and Found on Floor** (source: Datix)

Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. During December there were 131 reports of patients falling at York Hospital, 71 patients at Scarborough and 12 patients within the Community Services. This is an increase from the number reported in November but remains comparable with previous months. These figures may increase as more investigations are completed.

### **Number of Incidents Reported** (source: Datix)

The total number of incidents reported in the Trust during December was 1,383; 784 incidents were reported on the York site, 481 on the Scarborough site and 118 from Community Services. This is a 35% increase from November, an additional 360 reported incidents.

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

At the time of reporting there were 272 incidents awaiting sign-off by the Directorate Management Teams. Risk and Legal are working with the Directorates to facilitate the timely completion of incident investigations.

### **Pressure Ulcers** (source: Datix)

During December 10 pressure ulcers were reported to have developed on patients since admission to York Hospital and 6 pressure ulcers were reported to have developed on patients since admission to Scarborough Hospital. This is a reduction against previous months. In addition, during December there were no pressure ulcers reported as having developed on patients in our community hospitals or community care.

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

### **Degree of Harm: Serious/Severe or Death** (source: Datix)

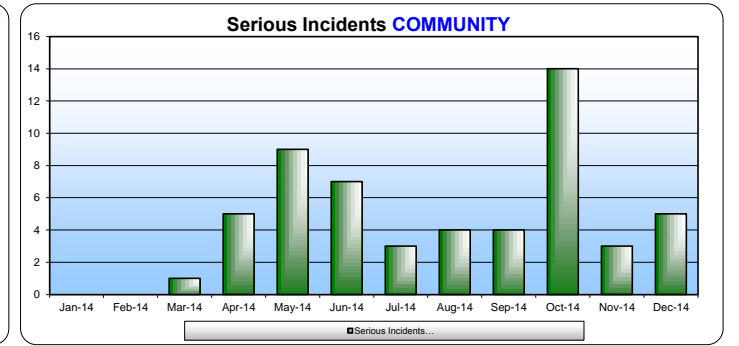
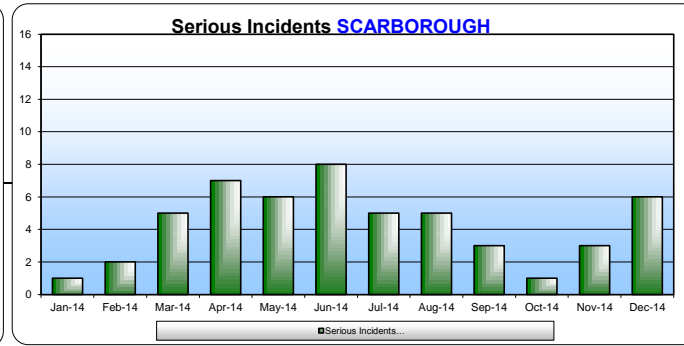
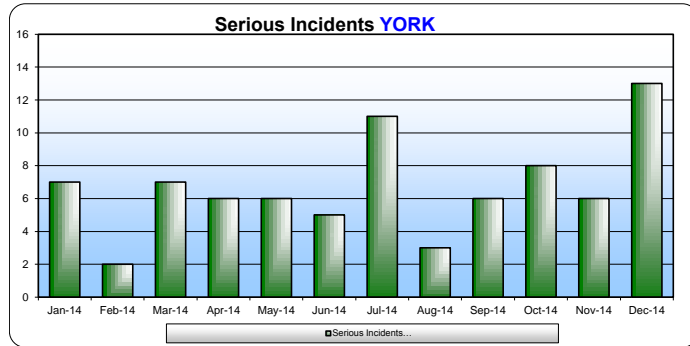
During December a total of 11 patient incidents were reported which resulted in serious or severe harm with zero resulting in death.

### **Medication Related Issues** (source: Datix)

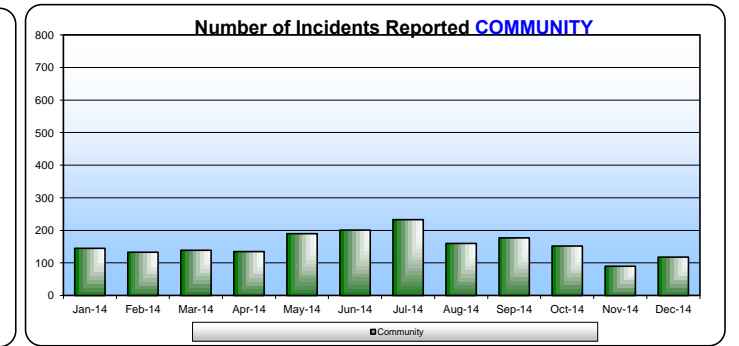
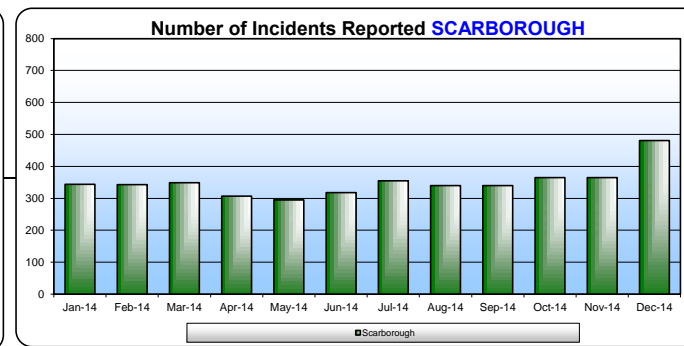
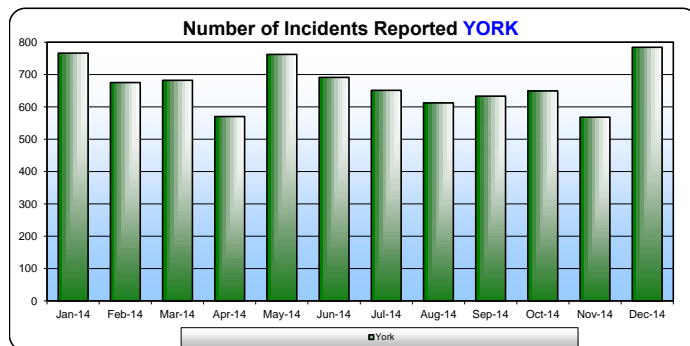
During December there was a total of 195 medication related incidents reported, although this figure may change following validation. A change of recording was made in December to improve capture of Medication Related Issues.

# Measures of Harm

Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Serious Incidents source: Risk and Legal	York	7	2	7	6	6	5	11	3	6	8	6	13
	Scarborough	1	2	5	7	6	8	5	5	3	1	3	6
	Community	0	0	1	5	9	7	3	4	4	14	3	5

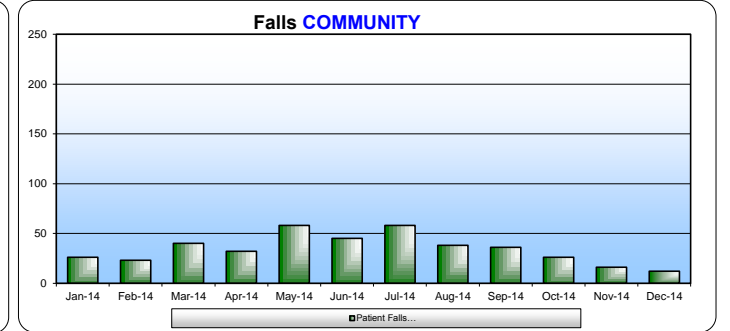
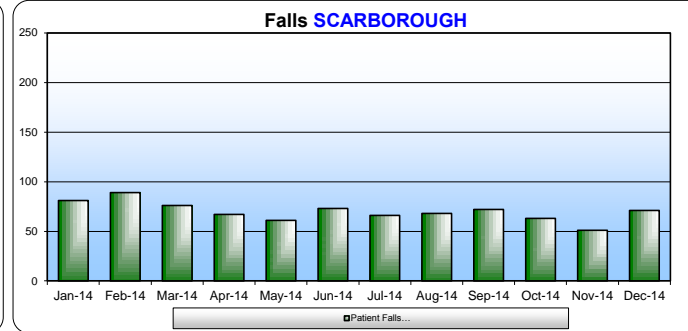
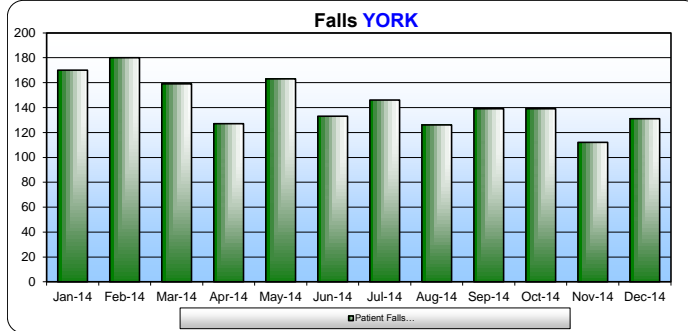


Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Number of Incidents Reported source: Risk and Legal	York	766	675	682	570	762	691	651	612	633	649	568	784
	Scarborough	344	343	349	307	295	318	355	340	340	365	365	481
	Community	145	133	139	135	190	201	233	160	177	152	90	118
Number of Incidents Awaiting sign off at Directorate level		1267	1145	1286	1240	1394	1877	-	1870	1497	1408	858	272



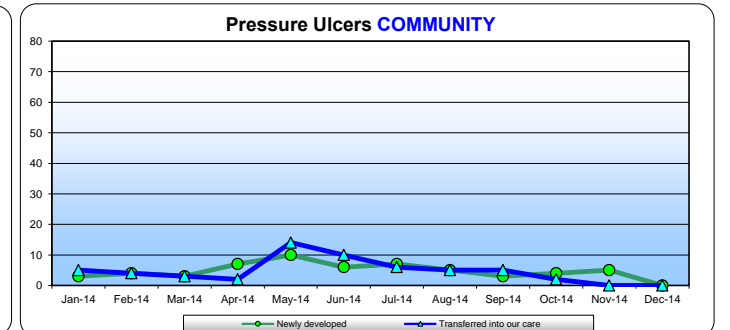
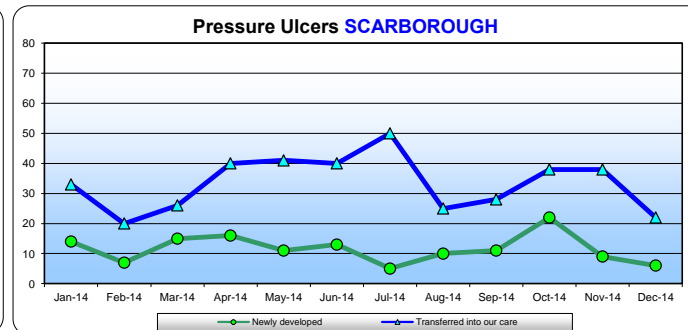
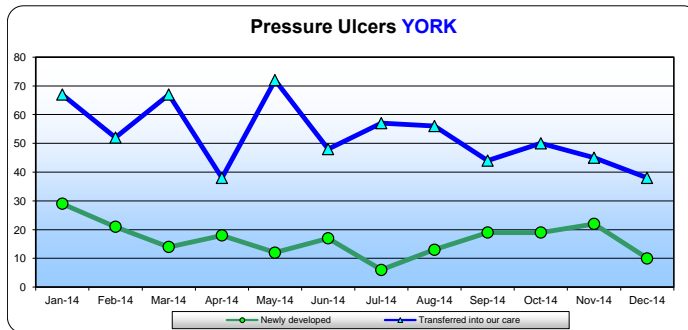
# Measures of Harm

Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Patient Falls source: DATIX	York	170	180	159	127	163	133	146	126	139	139	112	131
	Scarborough	81	89	76	67	61	73	66	68	72	63	51	71
	Community	26	23	40	32	58	45	58	38	36	26	16	12



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

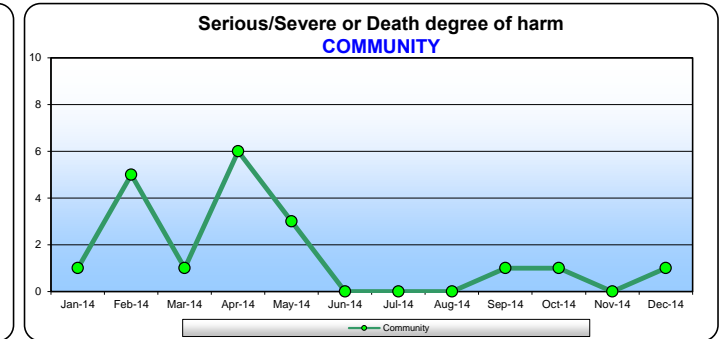
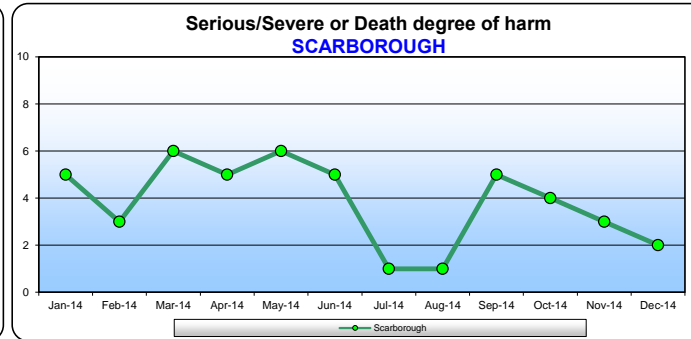
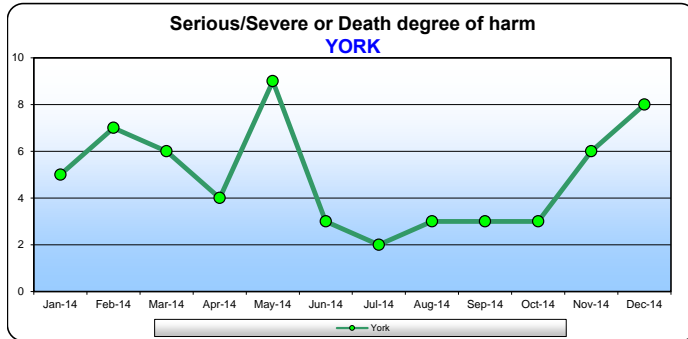
Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	
Pressure Ulcers source: DATIX	York	Newly developed	29	21	14	18	12	17	6	13	19	19	22	10
		Transferred into our care	67	52	67	38	72	48	57	56	44	50	45	38
	Scarborough	Newly developed	14	7	15	16	11	13	5	10	11	22	9	6
		Transferred into our care	33	20	26	40	41	40	50	25	28	38	38	22
	Community	Newly developed	3	4	3	7	10	6	7	5	3	4	5	0
		Transferred into our care	5	4	3	2	14	10	6	5	5	2	0	0



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

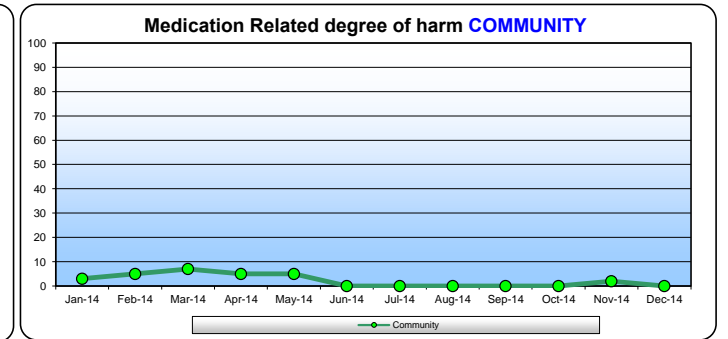
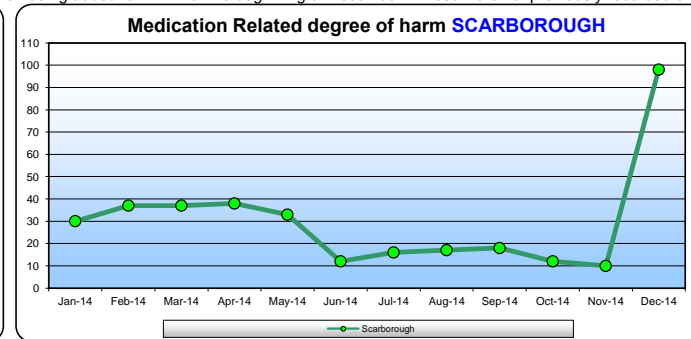
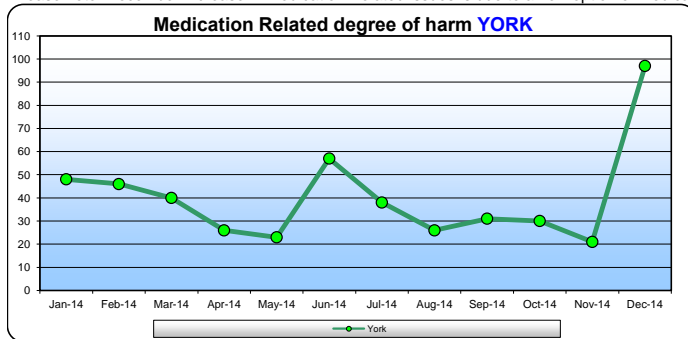
# Measures of Harm

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



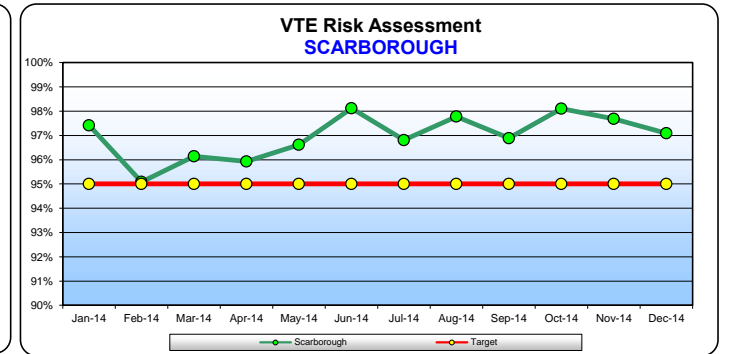
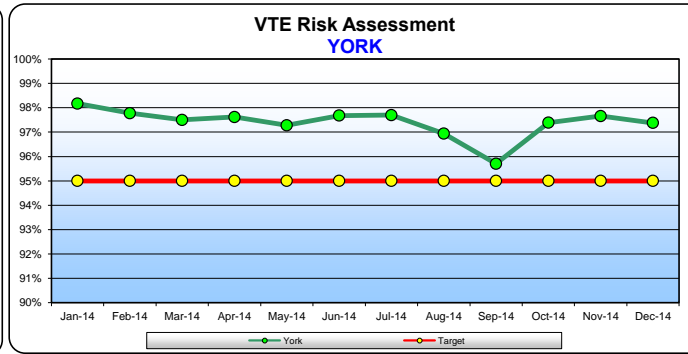
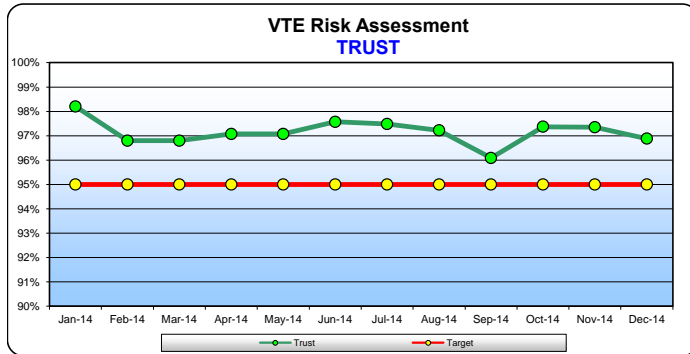
Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Degree of harm: Medication Related Issues source: Datix	York	48	46	40	26	23	57	38	26	31	30	21	97
	Scarborough	30	37	37	38	33	12	16	17	18	12	10	98
	Community	3	5	7	5	5	0	0	0	0	0	2	0

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



# Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec 14
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	£200 in respect of each excess breach above threshold	Trust	90%	97.2%	96.9%	97.1%	97.4%	97.4%	96.9%
		York	90%	97.7%	96.8%	97.4%	97.4%	97.7%	97.4%
		Scarborough	90%	96.8%	97.2%	97.6%	98.1%	97.7%	97.1%



## Drug Administration

### Insulin Errors

There were 4 insulin related errors reported at York and Communities, and 2 at Scarborough/Bridlington in October. November figures not yet available.

### Omitted Critical Medicines

The audit of critical medicines missed during December indicated 1% for Scarborough, 1.3% for York and 5.3% for Community Hospitals.

### Prescribing Errors

There were 20 prescribing related errors in November; 5 from Scarborough, 13 from York and 2 from Community.

### Preparation and Dispensing Errors

There were 11 preparation/dispensing errors in November; 3 from Scarborough, 8 from York and none from Community

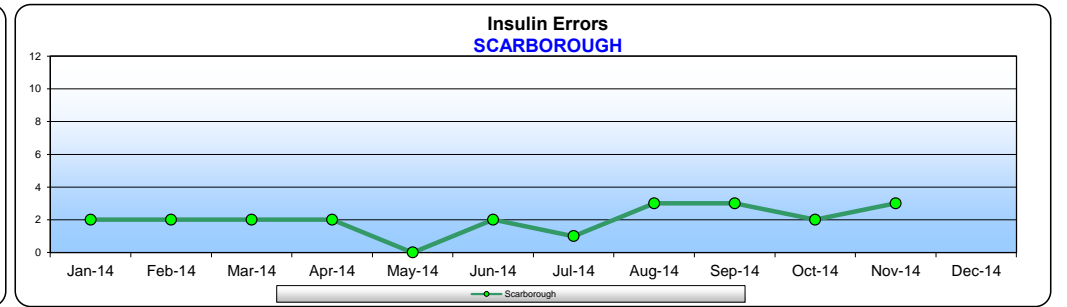
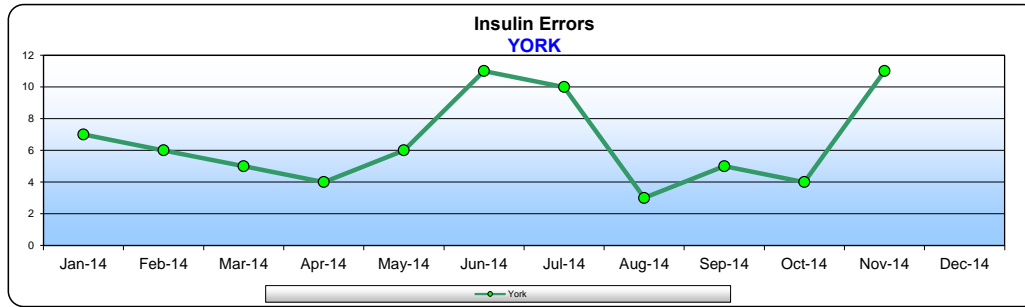
### Administrating and Supply Errors

There were 43 administrating/supplying errors in November; 32 from York, 6 from Scarborough and 5 from Community

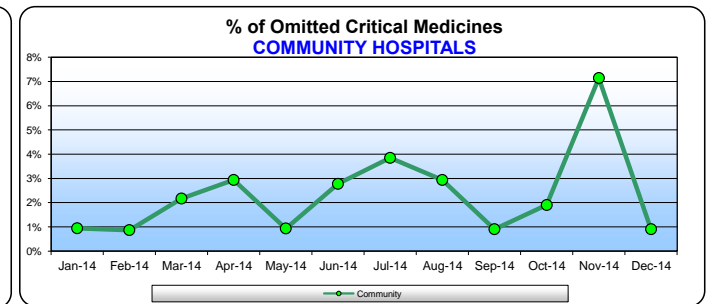
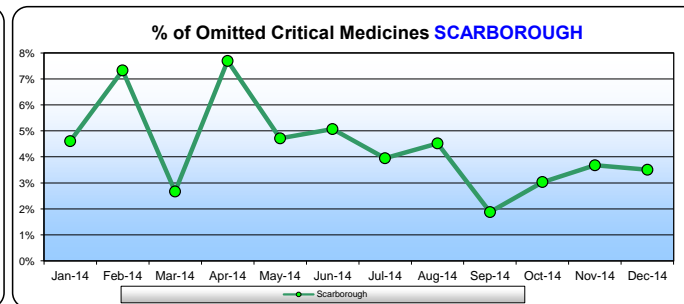
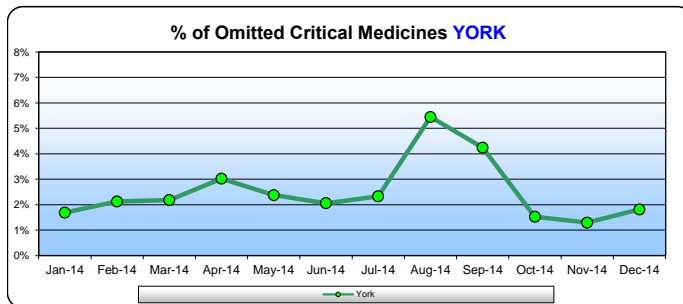


# Drug Administration

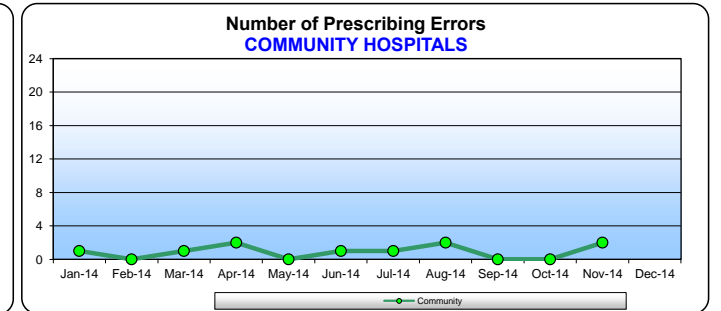
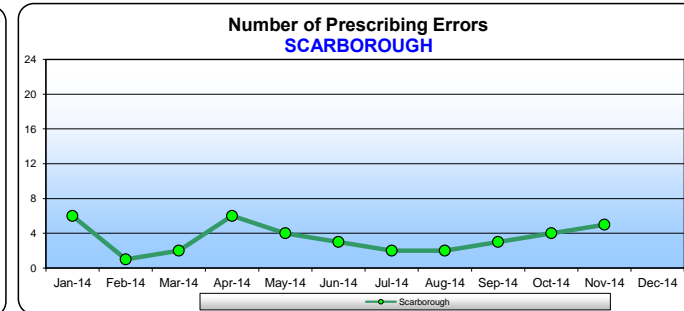
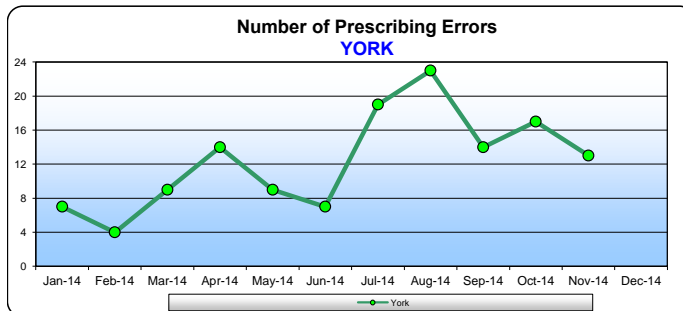
Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Insulin Errors source: Datix (one month behind)	York	7	6	5	4	6	11	10	3	5	4	11	not available
	Scarborough	2	2	2	2	0	2	1	3	3	2	3	not available



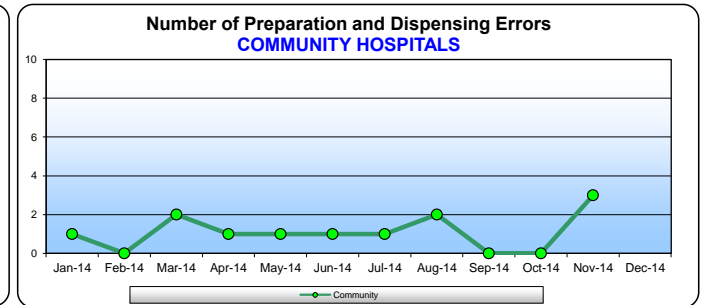
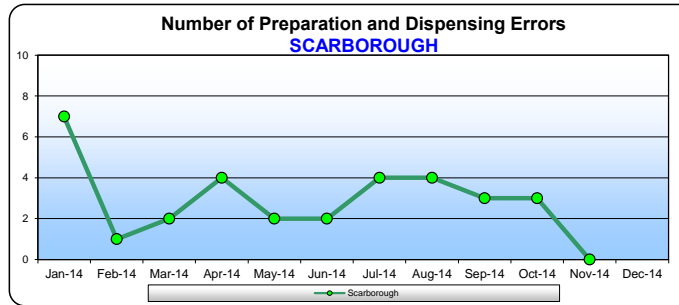
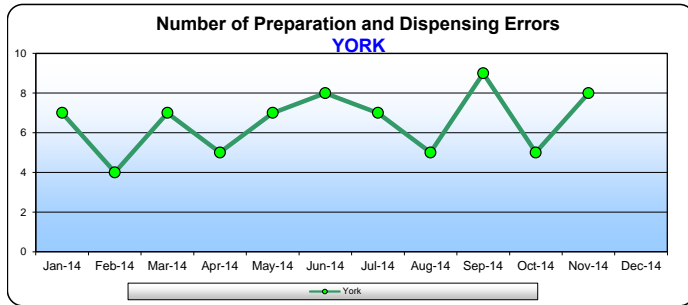
Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Number of Omitted Critical Medicines source: Datix (one month behind)	York	8	11	10	13	11	9	10	20	18	7	6	8
	Scarborough	11	17	6	17	9	11	9	9	4	7	9	9
	Community Hospitals	1	1	2	3	1	3	4	3	1	2	7	1



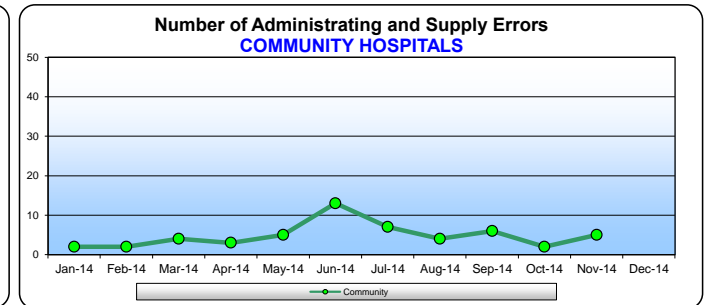
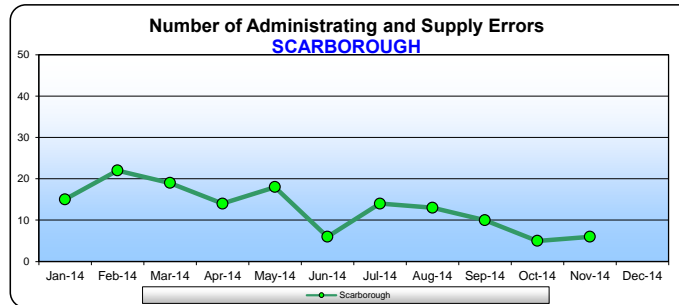
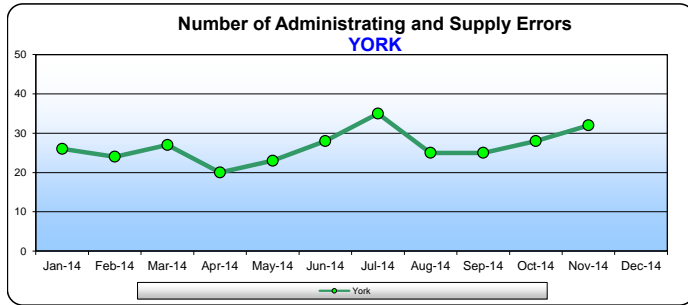
Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Number of Prescribing Errors source: Datix (one month behind)	York	7	4	9	14	9	7	19	23	14	17	13	not available
	Scarborough	6	1	2	6	4	3	2	2	3	4	5	not available
	Community Hospitals	1	0	1	2	0	1	1	2	0	0	2	not available



Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Number of Preparation and Dispensing Errors source: Datix (one month behind)	York	7	4	7	5	7	8	7	5	9	5	8	not available
	Scarborough	7	1	2	4	2	2	4	4	3	3	0	not available
	Community Hospitals	1	0	2	1	1	1	1	2	0	0	3	not available



Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
Administrating and Supply Errors source: Datix (one month behind)	York	26	24	27	20	23	28	35	25	25	28	32	not available
	Scarborough	15	22	19	14	18	6	14	13	10	5	6	not available
	Community Hospitals	2	2	4	3	5	13	7	4	6	2	5	not available



## Measures of Harm: Safety Thermometer – December 2014

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

### Harm Free Care

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

- York: 94.9%
- Scarborough: 88.1%
- Community Hospitals: 92.9%
- Community care: 94.9%

### VTE

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

- York: 0.4%
- Scarborough: 0.6%

### Harm from Catheter Associated Urinary Track Infection

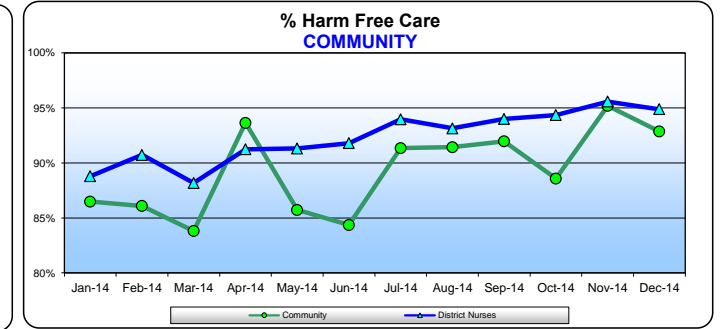
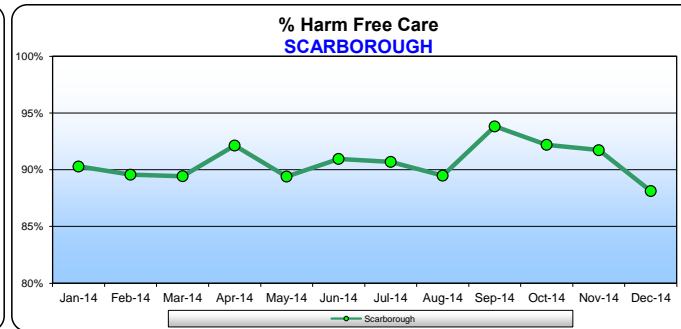
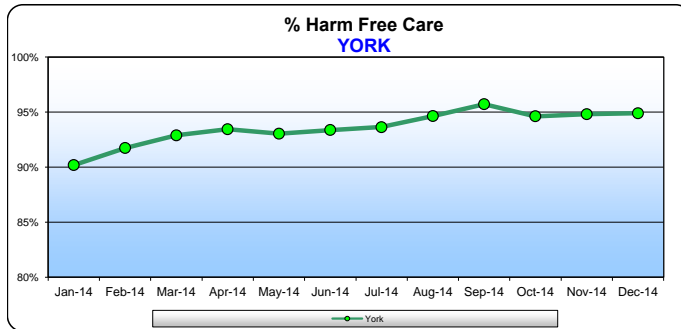
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence:

- York: 2.1%
- Scarborough: 4.0%
- Community Hospitals: 0.0%
- Community Care: 0.7%

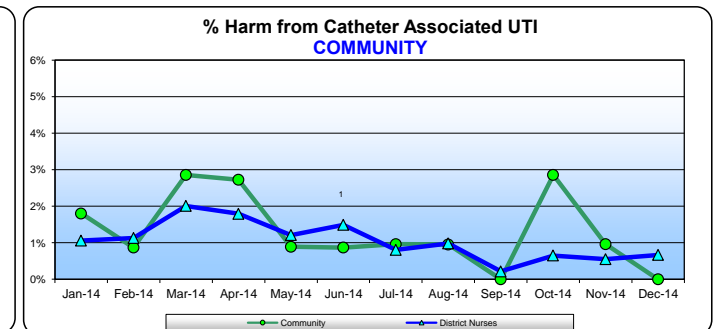
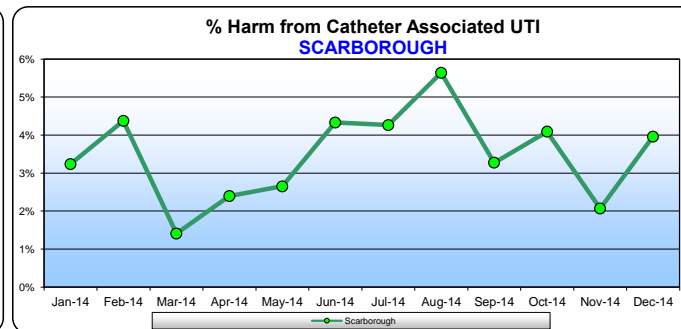
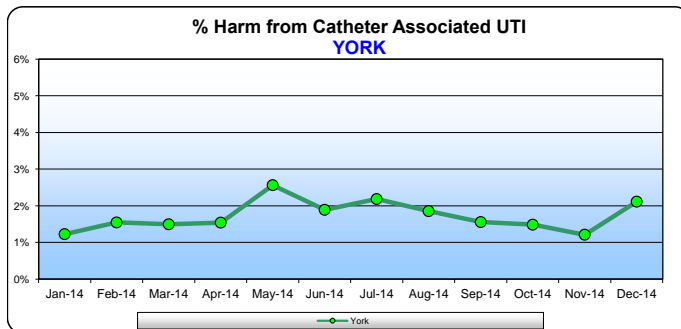
# Safety Thermometer

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

Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
% of Harm Free Care source: Safety Thermometer	York	90.2%	91.7%	92.9%	93.4%	93.0%	93.4%	93.6%	94.6%	95.7%	94.6%	94.8%	94.9%
	Scarborough	90.3%	89.6%	89.4%	92.1%	89.4%	90.9%	90.7%	89.5%	93.8%	92.2%	91.7%	88.1%
	Community Hospitals	86.5%	86.1%	83.8%	93.6%	85.7%	84.3%	91.3%	91.4%	92.0%	88.6%	95.2%	92.9%
	District Nurses	88.8%	90.7%	88.2%	91.2%	91.3%	91.8%	94.0%	93.1%	94.0%	94.3%	95.6%	94.9%



Indicator		Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	1.2%	1.5%	1.5%	1.5%	2.6%	1.9%	2.2%	1.9%	1.6%	1.5%	1.2%	2.1%
	Scarborough	3.2%	4.4%	1.4%	2.4%	2.7%	4.3%	4.3%	5.6%	3.3%	4.1%	2.1%	4.0%
	Community Hospitals	1.8%	0.9%	2.9%	2.7%	0.9%	0.9%	1.0%	1.0%	0.0%	2.9%	1.0%	0.0%
	District Nurses	1.1%	1.1%	2.0%	1.8%	1.2%	1.5%	0.8%	1.0%	0.2%	0.7%	0.6%	0.7%



## Never Events

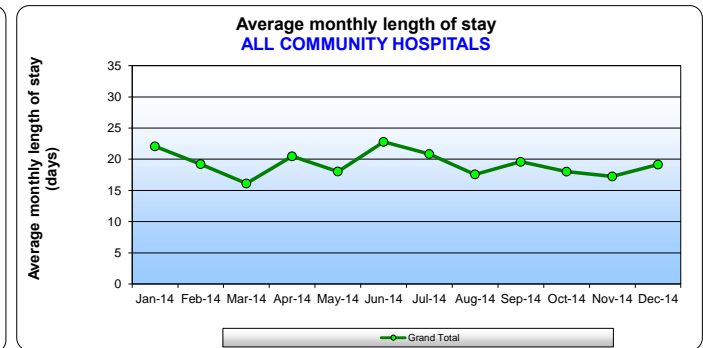
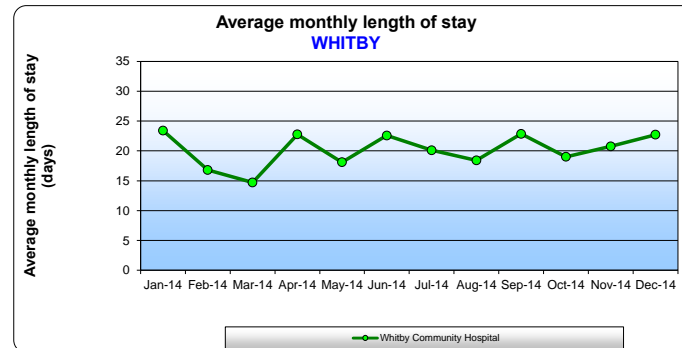
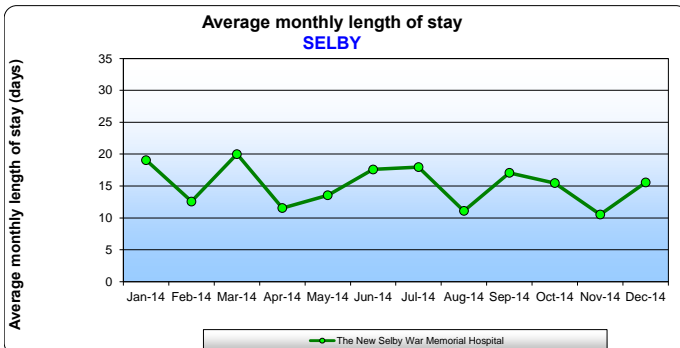
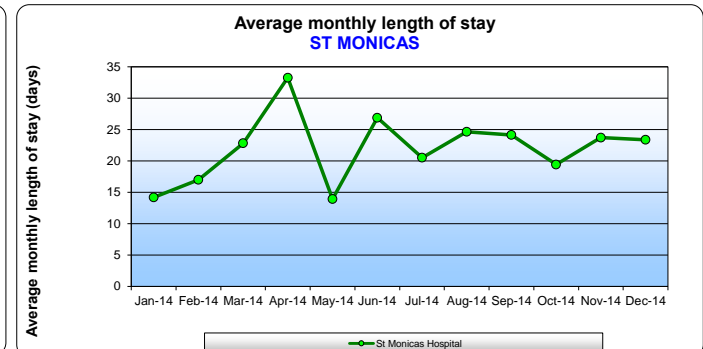
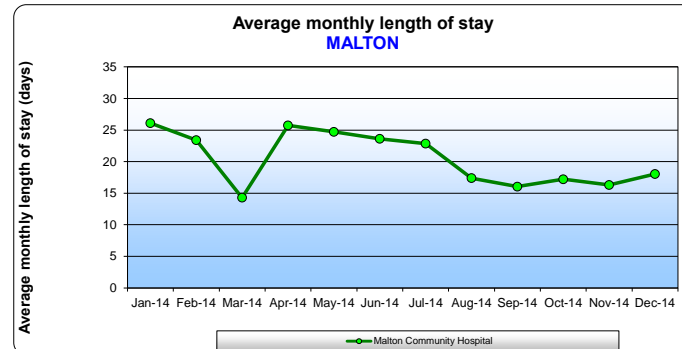
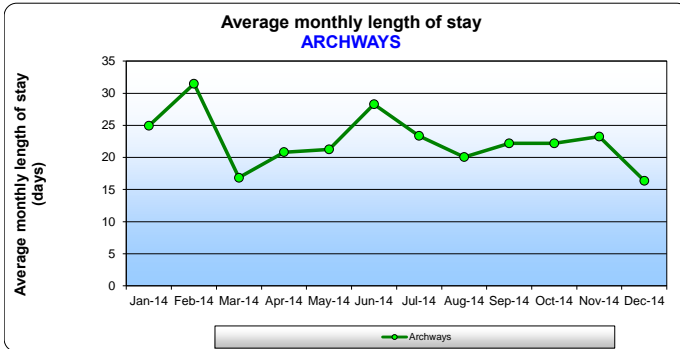
Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec
<b>SURGICAL</b>								
Wrong site surgery	As below	>0	1	0	0	0	0	0
Wrong implant/prosthesis		>0	0	0	0	0	0	0
Retained foreign object post-operation		>0	0	0	0	0	0	0
<b>MEDICATION</b>								
Wrongly prepared high-risk injectable medication	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	0	0	0
Maladministration of potassium-containing solutions		>0	0	0	0	0	0	0
Wrong route administration of chemotherapy		>0	0	0	0	0	0	0
Wrong route administration of oral/enteral treatment		>0	0	0	0	0	0	0
Intravenous administration of epidural medication		>0	0	0	0	0	0	0
Maladministration of insulin		>0	0	0	0	0	0	0
Overdose of midazolam during conscious sedation		>0	0	0	0	0	0	0
Opioid overdose of an opioid-naïve Service User		>0	0	0	0	0	0	0
Inappropriate administration of daily oral methotrexate		>0	0	0	0	0	0	0
<b>GENERAL HEALTHCARE</b>								
Falls from unrestricted windows	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	0	0	0
Entrapment in bedrails		>0	0	0	0	0	0	0
Transfusion of ABO incompatible blood components		>0	0	0	0	0	0	0
Transplantation of ABO incompatible organs as a result of error		>0	0	0	0	0	0	0
Misplaced naso- or oro-gastric tubes		>0	0	0	0	0	0	0
Wrong gas administered		>0	0	0	0	0	0	0
Failure to monitor and respond to oxygen saturation		>0	0	0	0	0	0	0
Air embolism		>0	0	0	0	0	0	0
Misidentification of Service Users		>0	0	0	0	0	0	0
Severe scalding of Service Users	>0	0	0	0	0	0	0	
<b>MATERNITY</b>								
Maternal death due to post-partum haemorrhage after elective caesarean section	As above	>0	0	0	0	0	0	0

**Patient Safety Walkrounds – December 2014**

Date	Location	Participants	Actions & Recommendations
03/12/2014	St. Monica's Hospital	Alastair Turnbull – Director Gerry Rook – Locality Manager Audrey Willis – Ward Manager Libby Raper - NED	Cancelled due to annual leave.
10/12/2014	Pathology Dept, Scarborough Hospital	Brian Golding - Director Neil Todd – CD Paul Sudworth – DM	Building fabric and improved layouts held pending site master-planning. Action - pathology/ estates and capital planning should complete a risk review to understand likely timescales involved, and any remedial works required. Incomplete request forms. Action – consider roll-out of Order Comms. Improve sample receipt times by extending pneumatic tube system. Action – agree strategy with estates. HSE level 3 containment findings. Action - monitor action plan to completion. Late receipt of Cdiff samples. Action - carry out audit to establish if there is a problem. Blocked fire escape route. Action - dispose of redundant materials. Freezer store needs renewing. Action - agree options with capital planning.

# Community Hospitals

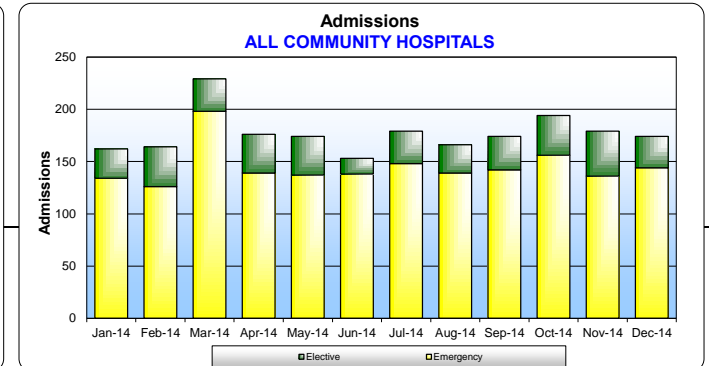
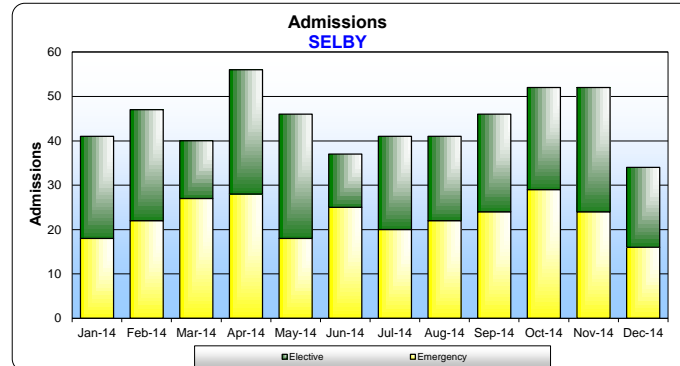
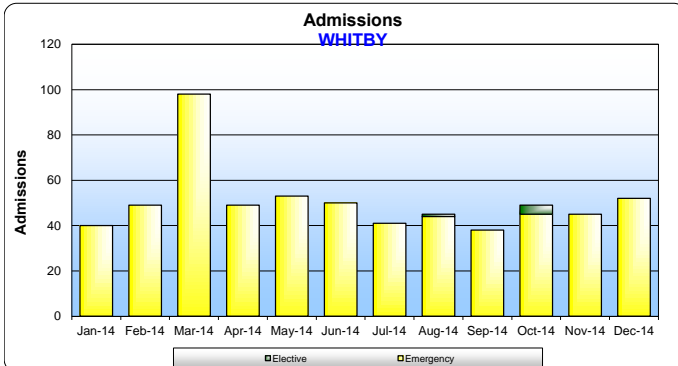
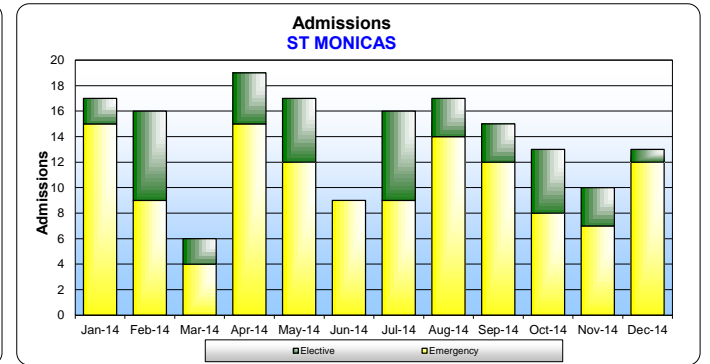
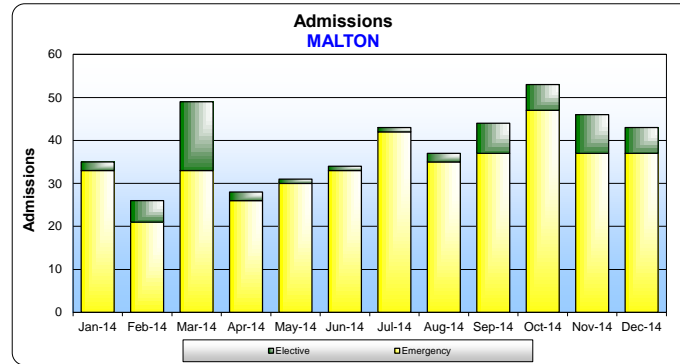
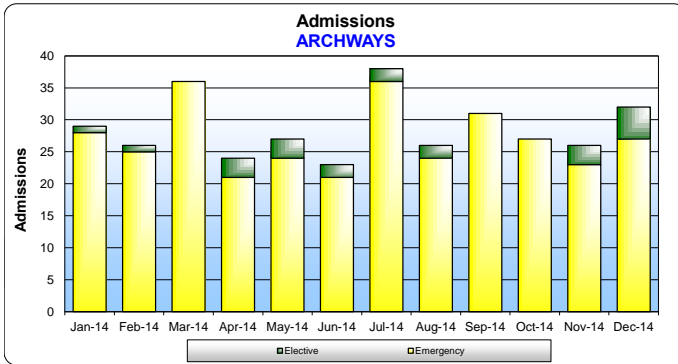
Indicator	Hospital	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec
Community Hospitals average length of stay (days)	Archways	23.4	22.1	20.6	22.2	23.2	16.4
	Malton Community Hospital	24.5	18.6	17.1	17.2	16.3	18.0
	St Monicas Hospital	24.5	23.2	22.0	19.4	23.7	23.4
	The New Selby War Memorial Hospital	13.8	15.6	13.7	15.5	10.5	15.5
	Whitby Community Hospital	21.1	20.3	20.9	19.0	20.8	22.7
	<b>Total</b>		<b>20.4</b>	<b>19.4</b>	<b>18.1</b>	<b>18.0</b>	<b>17.2</b>



# Community Hospitals

Indicator	Hospital	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec	
<b>Community Hospitals admissions</b>	Archways	Elective	8	4	8	0	3	5
		Emergency	66	91	77	27	23	27
	Malton Community Hospital	Elective	4	10	21	6	9	6
		Emergency	89	114	121	47	37	37
	St Monicas Hospital	Elective	9	13	9	5	3	1
		Emergency	36	35	27	8	7	12
	The New Selby War Memorial	Elective	68	62	69	23	28	18
		Emergency	71	66	69	29	24	16
	Whitby Community Hospital	Elective	0	1	4	4	0	0
		Emergency	152	123	142	45	45	52
	<b>Total</b>	Elective	89	90	111	38	43	30
		Emergency	414	429	436	156	136	144

Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.





# Maternity - York

Metric	Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Flag Source	January	February	March	April	May	June	July	August	September	October	November	December	Av. Monthly YtD
Bookings	1st m/w visit	CMIS from Jan CPD	≤302	302-329	≥330	prev. stats	400	317	295	276	297	253	302	254	325	314	296	246	298
Bookings <13 weeks	No. of mothers	CMIS from Jan CPD	≥90%	76%-89%	≤75%	CQUIN	88.3%	83.6%	88.1%	82.2%	82.8%	87.7%	90.1%	86.6%	85.8%	86.9%	87.8%	87.8%	86.5%
Bookings ≥13 weeks (exc transfers etc)	No. of mothers		< 10%	10%-20%	>20%	CQUIN	11.8%	16.4%	11.9%	17.8%	17.2%	12.3%	9.9%	13.4%	14.2%	13.1%	12.2%	12.2%	13.5%
Bookings ≥ 13wks seen within 2 wks	No. of mothers	Mat Rec	≥90%	76%-89%	≤75%	CQUIN								100%	100%	100%	100%		100%
Births	No. of babies	CMIS	≤295	296-309	≥310	prev. stats	295	234	285	250	292	289	308	317	308	319	244	264	284
No. of women delivered	No. of mothers	CMIS	≤296	296-310	≥311		295	234	285	243	290	289	302	311	303	316	239	261	281
Homebirth service suspended	No. of closures	Comm. Manager	0-3	4-6	7 or more		1	2	4	0	2	0	0	0	1	1			1
Homebirth service suspended	No. of women	Comm. Manager	0	1	2 or more		0	1	0	0	0	0	0	0	0	1			0
Escalation Policy implemented	No. of times	Comm. Manager	3	4-5	6 or more		3	0	2	1	2	4	4	2	1	5			2
Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	0	0	0	1	1	0	0	0	0	0	0	0
SCBU closed to admissions	In utero transfers	Transfer folder	0	1	2 or more		0	0	0	0	5	0	1	1	0	0	0	0	1
MW per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	31.0	31.0	28.5	29.0	29.0	29.0	29.8	30.5					29.7
HCA's	Ratio	Matron				staffing paper	19.43	19.43	19.43	19.43	19.43	18.83	19.43	19.03					19.3
1 to 1 care in Labour		Risk Team	≥75%	61%-74%	≤60%					79.4%	76.2%	77.9%	79.8%	83.6%	78.5%	79.0%	86.6%	83.9%	80.5%
L/W Co-ordinator supernumary %		Risk Team					51	80	65	71	51	50	45	61	48	43	56		56.4
Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth	76	76	76	76	76	76	76	76	76	76	76	76	76
Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10		10	10	10	10	10	10	10	10	10	10	10	10	10
Supervisor : Mw ratio 1 :	Ratio	Rota	12	13-15	15	SHA	12	13	14	14	14	14	14	14	14	14	14	14	14
Sponateous Vaginal Births	No. of svd	CMIS	≥65%	64%	≤63%		61.7%	61.5%	59.6%	58.0%	58.5%	65.6%	62.7%	61.4%	64.4%	58.2%	58.2%	57.5%	60.6%
Operative Vaginal Births	No. of instr. births	CMIS	≤15%	16-19%	≥20%	prev. stats	9.5%	15.8%	12.6%	22.4%	19.9%	14.6%	12.7%	13.2%	11.2%	14.9%	15.9%	18.0%	15.1%
C/S Deliveries	Em & elect	CMIS	≤24%	24.1-25.9	≥26%	prev. stats	28.8%	22.6%	27.7%	25.8%	26.0%	23.3%	27.3%	22.8%	21.1%	25.6%	24.3%	22.2%	24.8%
Eclampsia	No. of women	CMIS	0		1 or more		1	0	0	0	1	0	0	0	0	1	0	0	0
Undiagnosed Breech in Labour	No. of women	CMIS	2 or less	3-4	5 or more	prev. stats	1	0	0	0	2	1	3	0	0	1	1	1	1
ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	2	0	0	0	0	2	0	0	0	0	0	1	0
HDU on L/W	No. of days	Handover Sheet					18	17	11	10	30	30	20	20	15	25	15		19.2
Uterine Rupture from Jan 14	No of women	CPD	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	0	0
BBA	No. of women	Risk Team - Datix	1	2-3	4 or more	prev. stats	4	2	3	4	5	3	4	3	7	4	2	8	4
Meconium Aspirate	No. of babies	SCBU sister	0	1	2 or more	prev. stats	0	1	0	0	0	0	0	0	0	0	0	0	0
Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	0	0	0	0	1	0	0	1	0	1	0	0
SIs	Total	Risk Team	0	1	2 or more		0	0	0	0	1	0	0	0	0	0	0	0	0
PPH > 2L	No. of women	Risk Team - Datix	2 or less	3-4	5 or more		1	2	1	1	5	4	4	1	2	2	0	2	2
Shoulder Dystocia - True	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	RCOG	0	0	2	1	3	5	2	3	7	5	1	6	3
3rd/4th Degree Tear	% of tears (vaginal)	CMIS	≤1.5%	1.6-6.1%	≥6.2%	RCOG	4.7%	4.4%	6.8%	5.4%	5.3%	6.4%	6.3%	2.3%	3.5%	2.2%	2.2%	3.0%	4.4%
YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		94.0%	96.0%	95.0%	96.0%	94.0%	92.0%	91.0%	91.0%	91.0%	89.0%	91.0%	92.0%	92.7%
YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		78.0%	81.0%	81.0%	78.0%	83.0%	74.0%	71.0%	71.0%	46.0%	46.0%	50.0%	50.0%	67.4%
Training cancelled	No. of staff affected	Risk Team	0		1 or more		1	0	0	0	0	0	0	0	0	0	0	0	0
Informal	Total	Matron	0	1-4	5 or more		3	0	1	3	0	3	3	1	1	2			2
Formal	Total	Matron	0	1-4	5 or more		2	1	0	2	0	0	1	0	2	0	4		1
New Claims	Total	Directorate Manager	0	1	2 or more		2	1	0	1	0	0	0	0	0	0	0		0

# Maternity - Scarborough

Metric	Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Flag Source	January	February	March	April	May	June	July	August	September	October	November	December	Av. Monthly YTD
Bookings	1st m/w visit	IS - Evolution	≤200	201-249	≥250	prev. stats	249	190	201	193	183	185	187	176	192	193	139	136	185
Bookings <13 weeks	No. of mothers	IS - Evolution	≥90%	76%-89%	≤75%	CQUIN				94.3%	88.1%	94.6%	87.1%	84.7%	87.4%	87.2%	92.4%	90.4%	86.5%
Bookings <13 weeks (exc transfers etc)	No. of mothers	IS - Evolution	< 10%	10%-20%	>20%	CQUIN				5.7%	11.9%	5.4%	12.9%	15.3%	12.6%	12.8%	7.6%	9.6%	13.5%
Bookings ≥ 13wks seen within 2 wks	No. of mothers		≥90%	76%-89%	≤75%	CQUIN				3%		5%	11%						6%
Births	No. of babies	IS - Evolution	≤170	171-189	≥190	prev. stats	145	128	119	119	119	125	134	158	146	148	129	138	134
No. of women delivered	No. of mothers	IS - Evolution	≤170	171-189	≥190		143	126	118	116	119	124	132	158	146	145	127	136	133
Homebirth service suspended	No. of closures	Comm Team Leader	0-3	4-6	7 or more		0	0	0	0	0	1	0	0	0	0	0	0	0
Homebirth service suspended	No. of women	Comm Team Leader	0	1	2 or more		0	0	0	0	0	1	0	0	0	0	0	0	0
Escalation Policy implemented	No. of times	Matron	3	4-5	6 or more		0	0	0	0	0	1	0	0	0	0	1		0
Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	0	0	0	0	1	0	0	0	0	0		0
SCBU closed to elective admissions	In utero transfers	Risk Team	0	1	2 or more		3	22	8	4	4	7	26	10	4	21	10	8	11
M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	44.0	44.0	44.0	44.0	43.0	43.0	43.0	41.0	38.0	38.0	38.0		42.2
HCA's	WTE	Matron				staffing paper	18.3	18.3	18.3	18.3	17.9	17.1	17.1	16.7	15.9	15.9	15.8		17.6
1:1 care in labour		IS - Evolution	≥75%	61%-74%	≤60%		95.8%	97.6%	99.2%	88.0%	86.0%	87.0%	88.0%	88.0%	92.0%	93.0%	91.3%	91.3%	93.1%
L/W Co-ordinator Supernumary %		LW Manager					41.93%	55.3%	64.5%	64.5%	70.9%	75%	58%	50%	50%	58%	50%		0.6
Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth	40	40	40	40	40	40	40	40	40	40	40		40
Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10		3	3	3	3	3	3	3	3	3	3	3		3
Supervisor : M/w ratio 1 :	Ratio	Matron	15	16-19	20	SHA	14	14	14	14	14	14	14	14	14	14	14		14
Sponateous Vaginal Births	No. of svd	IS - Evolution	≥65%	64%	≤63%		68.3%	71.9%	72.3%	76.7%	68.9%	64.0%	76.5%	70.3%	76.0%	71.0%	72.4%	69.9%	70.8%
Operative Vaginal Births	No. of instr. births	IS - Evolution	≤15%	16-19%	≥20%	prev. stats	3.4%	4.7%	5.9%	3.4%	6.7%	6.5%	3.8%	9.5%	9.0%	5.5%	4.7%		5.6%
C/S Deliveries	Em & elect	IS - Evolution	≤24%	24.1-25.9	≥26%	prev. stats	26.9%	21.9%	21.0%	19.8%	23.5%	29.0%	18.9%	20.9%	15.2%	22.8%	22.8%	22.8%	22.7%
Eclampsia	No. of women	IS - Evolution	0		1 or more		0	0	0	0	0	0	0	0	0	0	0		0
Undiagnosed Breech in Labour	No. of women	Risk Team	2 or less	3-4	5 or more	prev. stats	0	0	0	1	1	0	0	0	0	0	0		0
ICU transfers	No. of women	IS - Evolution	0	1	2 or more	prev. stats	0	0	0	0	0	0	0	0	0	0	0		0
HDU on L/W	No. of days	Risk Team					2	3	1	3	0	0	2	2	2	2	3		2.2
P/N Hysterectomies < 7days p/n	No. of women	IS - Evolution	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0		0
BBA	No. of women	IS - Evolution	1	2-3	4 or more	prev. stats	1	1	0	0	0	0	3	2	0	2	1		1
Meconium Aspirate	No. of babies	IS - Evolution	0	1	2 or more	prev. stats	0	1	0	0	1	0	0	0	0	0	0		0
Diagnosis of HIE	No. of babies	IS - Evolution	0	1	2 or more	prev. stats	0	0	0	0	1	0	0	0	0	0	0		0
SI's	Total	Risk Team	0	1	2 or more		0	1	0	1	0	0	0	1	1	1	0		0
PPH > 2L	No. of women	IS - Evolution	1 or less	2-3	3 or more		0	1	0	2	0	0	2	0	1	3	0		1
Shoulder Dystocia - True	No. of women	IS - Evolution	1 or less	2-3	3 or more	RCOG	1	1	0	0	1	1	0	1	0	0	0		0
3rd/4th Degree Tear	% of tears (vaginal)	IS - Evolution	≤1.5%	1.6-6.1%	≥6.2%	RCOG	4.9%	4.0%	0.0%	0.4%	0.7%	1.6%	0.0%	1.3%	0.7%	2.1%	0.0%		1.4%
YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		91.0%	93.0%	93.0%	91.0%	90.0%	94.0%	93.0%	93.0%	93.0%	94.0%	84.0%		92.2%
YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		37.0%	92.0%	0.0%	0.0%	0.0%	77.0%	92.0%	92.0%	92.0%	92.0%	100.0%		78.3%
Training cancelled	No. of staff affected	Risk Team	0		≥1		0	0	0	0	0	0	0	0	8	0	0		1
Informal	Total	Matron	0	1-4	5 or more		1	3	2	0	1	0	1	2	3	1	1		1
Formal	Total	Matron	0	1-4	5 or more		1	1	0	2	0	0	1	4	0	0	0		1
New Claims	Total	Risk Team	0	1	2 or more		0	2	1	0	1	0	1	1	0	0	0		0

## Board of Director's – 28 January 2015

### Medical Director's Report

#### Action requested/recommendation

Board of Directors should be aware of:

- Consultants joining the Trust
- Progress with the EPMA programme
- Compliance with antimicrobial prescribing
- Flu vaccination figures.

#### Summary

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

#### **Strategic Aims**

**Please cross as appropriate**

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

#### Implications for equality and diversity

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

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

### Reference to CQC outcomes

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

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

## Board of Director's – 28 January 2015

### Medical Director's Report

#### 1. Introduction and background

In the report this month:

- New consultants
- EPMA update
- Antimicrobial prescribing audit
- Flu update.

#### 2. Consultants new to the Trust

Dr Deepa Narayanan, Consultant in Chemical Pathology joined the Trust in December.

#### 3. EPMA update

Work to date has concentrated on defining the requirements of the staff that will be using the EPMA system. These requirement documents will inform the technical specification development and ensure that the system delivers the anticipated benefits. Work stream leads have been identified and staff appointed to support the project.

##### Progress to date:

- Business case approved (July 2014)
- Ongoing monthly reports to SHSW fund
  - o Baseline audits undertaken as per planned benefit statements
- Key Pharmacy & Project posts recruited to
- Project Initiation Document and Scope Document developed
- Requirement documents written to inform the technical specification
  - o Electronic Prescribing Screens
  - o Medicines Administration Screens
  - o Formulary / Drug level information
  - o Antimicrobials
  - o Controlled Drugs
  - o EDN / TTOs
- Formulary management screens development completed
  - o IT / Pharmacy work to underpin Electronic prescribing screens
- Project Risk Register in place; Clinical Safety Hazard log in progress
- Programme in draft pending confirmation of pilot sites.

##### Anticipated progress in the next 3 months:

- Recruitment to supporting nurse posts
- Completion of Pharmacy requirement documents
  - o Medicines Reconciliation
  - o Pharmacy Clinical Checks
  - o Patient Group Directives
- Formulary drugs clearly identified on FDB Drug database
- Drug selection screens available for demonstration

- Further technical development and screens to follow
  - Agreement of trial ward and pilot areas
    - Improvement work with these areas as required prior to EPMA
  - Additional power points / wireless improvements (where necessary)
  - Order placed for additional laptops / trolleys
- Business Continuity plan drafted for corporate discussion.

#### 4. Antimicrobial prescribing audit

##### SUMMARY OF ANTIMICROBIAL PRESCRIBING AUDIT RESULTS July – December 2014

INDICATION on antibiotic prescription	Jul	Aug	Sep	Oct	Nov
York Hospital	83%	80%	85%	89%	89%
Scarborough Hospital	88%	71%	80%	92%	86%
Trust average	85%	77%	83%	90%	88%

DURATION / REVIEW DATE on antibiotic Rx	Jul	Aug	Sep	Oct	Nov
York Hospital	84%	79%	89%	88%	87%
Scarborough Hospital	84%	55%	79%	88%	84%
Trust average	84%	70%	85%	88%	86%

% patients >65 years co-prescribed VSL#3 *	Jul	Aug	Sep	Oct	Nov
York Hospital			51%	42%	64%
Scarborough Hospital			62%	68%	67%
Trust average			56%	53%	65%

% of patients on antibiotics	Jul	Aug	Sep	Oct	Nov
York Hospital	32%	25%	25%	24%	25%
Scarborough Hospital	29%	30%	35%	26%	30%

ELDERLY MEDICINE DIRECTORATE	Jul	Aug	Sep	Oct	Nov
Number of antibiotic prescriptions audited	52	52	52	44	53
Antibiotic prescriptions with INDICATION	87%	81%	94%	89%	81%
Antibiotic prescriptions with DURATION / REVIEW	81%	79%	100%	84%	85%
% patients >65 years co-prescribed VSL#3 *			77%	77%	78%

MEDICINE DIRECTORATE	Jul	Aug	Sep	Oct	Nov
Number of antibiotic prescriptions audited	109	105	105	100	105
Antibiotic prescriptions with INDICATION	87%	79%	85%	89%	94%
Antibiotic prescriptions with DURATION / REVIEW	88%	77%	83%	87%	89%
% patients >65 years co-prescribed VSL#3 *			55%	46%	78%

<b>ORTHOPAEDICS &amp; TRAUMA DIRECTORATE</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>
Number of antibiotic prescriptions audited	<b>20</b>	<b>23</b>	<b>10</b>	<b>14</b>	<b>20</b>
Antibiotic prescriptions with INDICATION	<b>86%</b>	<b>83%</b>	<b>80%</b>	<b>93%</b>	<b>85%</b>
Antibiotic prescriptions with DURATION / REVIEW	<b>93%</b>	<b>61%</b>	<b>80%</b>	<b>100%</b>	<b>80%</b>
% patients >65 years co-prescribed VSL#3 *			<b>43%</b>	<b>0%</b>	<b>27%</b>

<b>GENERAL SURGERY &amp; UROLOGY AND GYNAECOLOGY DIRECTORATES</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>
Number of antibiotic prescriptions audited	<b>51</b>	<b>69</b>	<b>68</b>	<b>61</b>	<b>58</b>
Antibiotic prescriptions with INDICATION	<b>84%</b>	<b>68%</b>	<b>79%</b>	<b>93%</b>	<b>88%</b>
Antibiotic prescriptions with DURATION / REVIEW	<b>80%</b>	<b>57%</b>	<b>81%</b>	<b>93%</b>	<b>83%</b>
% patients >65 years co-prescribed VSL#3 *			<b>25%</b>	<b>56%</b>	<b>25%</b>

<b>HEAD &amp; NECK DIRECTORATE</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>
Number of antibiotic prescriptions audited	<b>14</b>	<b>1</b>	<b>11</b>	<b>12</b>	<b>9</b>
Antibiotic prescriptions with INDICATION	<b>71%</b>	<b>100%</b>	<b>45%</b>	<b>83%</b>	<b>56%</b>
Antibiotic prescriptions with DURATION / REVIEW	<b>79%</b>	<b>100%</b>	<b>64%</b>	<b>67%</b>	<b>67%</b>
% patients >65 years co-prescribed VSL#3 *			<b>0%</b>	<b>0%</b>	<b>0%</b>

\* the audit did not investigate if any of the patients >65 years who were not on VSL#3 met any of the exclusion criteria

## 5. Flu Campaign

The compliance with staff flu vaccinations are illustrated in the table below:

	<b>HEADCOUNT</b>	<b>% UPTAKE</b>	<b>TOTAL</b>
419 AHP & Psychological Medicine Directorate	497	61	305
419 Acute and Emergency Med Dir Scarborough	142	33	47
419 Applied Learning and Research Directorate	184	40	74
419 COMMUNITY Directorate	727	29	212
419 Chairman & CEO Directorate	48	58	28
419 Chief Nurse Team Directorate	48	58	28
419 Child Health Directorate	242	54	130
419 Child Health Scarborough Dir	70	46	32
419 Emergency Department Dir	150	65	97
419 Estates & Facilities Directorate	1087	35	378
419 Finance Directorate	157	54	84
419 General Medicine Scarborough Dir	172	46	79
419 General Surgery & Urology Directorate	340	54	185
419 General and Acute Medicine Dir	496	47	232
419 Head & Neck Specialties Directorate	179	46	82
419 Human Resources Directorate	153	56	85
419 Laboratory Medicine Dir	264	53	140
419 Medical Governance Directorate	13	38	5
419 Medicine For Elderly Directorate	285	49	141
419 Medicine for Elderly Dir - Scarborough	184	39	71
419 Operations Management Dir Scarborough	33	39	13
419 Operations Management Directorate	42	60	25
419 Ophthalmology Directorate	122	46	56
419 Orthopaedics & Trauma Dir Scarborough	99	52	51
419 Orthopaedics & Trauma Directorate	134	50	67
419 Pharmacy Directorate	164	70	115

419 Radiology Directorate	305	64	195
419 Sexual Health Directorate	95	57	54
419 Specialist Medicine Directorate	277	51	141
419 Systems & Network Services Directorate	379	52	198
419 Theatres Anaesthetics & Critical Care	539	51	277
419 Theatres Anaesthetics & Critical Care Dir Scarborough	189	48	90
419 Womens Health Directorate	393	47	185

## 6. Recommendations

Board of Directors should be aware of:

- Consultants joining the Trust
- Progress with the EPMA programme
- Compliance with antimicrobial prescribing
- Flu vaccination figures.

<b>Author</b>	<b>Diane Palmer, Deputy Director of Patient Safety</b>
<b>Owner</b>	<b>Dr Alastair Turnbull, Medical Director</b>
<b>Date</b>	<b>January 2015</b>



**Board of Directors – 28 January 2015**

**Chief Nurse Report – Quality of Care**

Action requested/recommendation

The Board is asked to note the Chief Nurse report for January 2015.

Summary

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

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

Reference to CQC outcomes

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

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

**Board of Directors – 28 January 2015**

**Chief Nurse Report – Quality of Care**

**1. Key priorities**

**Nursing and Midwifery Strategy**

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

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

**2. Environment**

As the Committee are aware and as reported in the November Chief Nurse report, a de-clutter of the clinical environments across all the Trust sites commenced on 9<sup>th</sup> January 2015, removing all unnecessary, broken or unwanted equipment and items from the areas. The de-clutter will be completed across all sites by the end of February 2015.

As part of the de-clutter project, space has been identified on the York Hospital site to support both the wards and the therapies teams in storing therapies equipment. New cupboards will be created by junctions 5 & 8 to house equipment away from the ward environment and will be in place by the end of February 2015.

In addition, Matrons will begin a peer walkabout to commence during January to provide objective and constructive assessment of ward environments.

**3. Safer Staffing**

Quality and Safety Committee are aware that the provision of safer staffing across all areas is reviewed on a regular basis, currently due to operational pressures, this is happening on a twice daily basis.

As agreed, at December Q&S Committee, acuity and dependency audit commenced in January using the Safer Nursing Care Tool (SNCT); this is ongoing.

The facility to capture acuity and dependency is being explored and if feasible will be developed and incorporated into Safety Thermometer, which captures patient safety information once a month for every inpatient. This will provide a 'snap shot' every month and therefore 12 data points per year. This method is to be tested in November, December and January before the next full audit in February.

**3.1 Community Dependency Audit**

In line with CQC recommendations, Community Services repeated the community nursing dependency and workforce audit during the period 12<sup>th</sup> January 2015 – 25<sup>th</sup> January 2015. The analysis of this audit will be made available to both the Quality

and Safety Committee, and Trust Board in February 2015.

### 3.2 International recruitment

As approved by Corporate Directors, the Trust will be commencing an international recruitment campaign, of 40 registered nurses in Spain in March 2015. The Trust is being supported by Search recruitment agency who have a proven track record in successful campaigns in other organisations, including North Lincolnshire and Goole. On the recommendation of the agency, the interviews will take place on two separate occasions and it is anticipated that a team of senior nurses from the Trust will travel to Spain in early March for the first cohort. Further interviews will take place during April 2015, dates to be agreed.

## **4. Early Warning Trigger Tool**

Two months have passed since the introduction of the Trigger Tool and some early themes are emerging. Unsurprisingly, areas of ward concern remain vacancies, sickness and unfilled shifts. Due to these being areas requiring an organisational approach, and as part of the Safer Staffing project, the Chief Nurse Team have developed a Safer Staffing Action Plan to monitor and record actions on these themes. This action plan is attached at appendix 1.

Some wards have developed local action plans to address other metrics requiring attention within the trigger tool. 67% of wards are reporting that completions of staff appraisal is under 95% due in part to the sickness and staffing shortfalls on the wards.

87% of wards have not achieved 100% hand hygiene compliance in December. This is due to the introduction, in November 2014, of the new audit requirements following the external review and implementation of the new arrangements. It is expected that the trigger tool will report improved hand hygiene compliance over the next few months.

38% of wards have not achieved 95% compliance through the matron's environmental audits. The planned de-clutter of the clinical areas will assist with these audits and a programme of peer environmental assessments has been developed for 2015 to further support this requirement.

In excluding the now corporate themes from the ward results, there are three ward areas that remain in amber (scores between 12 – 20). These ward areas are:

<b>Ward Areas</b>	<b>Score</b>	<b>Areas for attention</b>
Ward 24, York (Escalation Ward – opened November 2014)	16	<ul style="list-style-type: none"> <li>• Ward Sister in post for more than 6 months</li> <li>• Evidence of monthly review of key quality indicators</li> <li>• Appraisal rate at 95%</li> <li>• Evidence of involvement in Trust-wide MDT meetings</li> <li>• Formal feedback obtained from patients during the month and return rate from Friends and Family Test more than 30%</li> <li>• Hand Hygiene Audit at 100%</li> <li>• Matrons Environment Audit at 95%</li> </ul>
Short Stay Ward, York	15	<ul style="list-style-type: none"> <li>• Appraisal rate at 95%</li> <li>• Formal feedback obtained from patients during the month and return rate from</li> </ul>

		<ul style="list-style-type: none"> <li>Friends and Family Test more than 30%</li> <li>Less than two formal complaints in previous month</li> <li>Hand Hygiene Audit at 100%</li> <li>Matrons Environment Audit at 95%</li> </ul>
Maple Ward, Scarborough	13	<ul style="list-style-type: none"> <li>Evidence of monthly review of key quality indicators</li> <li>Appraisal rate at 95%</li> <li>Evidence of involvement in Trust-wide MDT meetings</li> <li>Formal feedback obtained from patients during the month and return rate from Friends and Family Test more than 30%</li> <li>Hand Hygiene Audit at 100%</li> <li>Matrons Environment Audit at 95%</li> </ul>

A full report of the first three months of the Trigger Tool will be presented to the Quality and Safety Committee and, Trust Board in February 2015.

## 5. Patient Experience

Improving Patient Experience is one of the key drivers of the organisation and as priority in the Nursing & Midwifery strategy. A detailed report providing a quarterly update on patient experience will come to the Quality and Safety Committee under a separate paper. In addition a detailed update of the Friends and Family test and its implementation will also be provided.

The Chief Nurse and Head of Communications met with the Chair and Lead for Healthwatch for North Yorkshire to discuss the enter and view report for Scarborough Hospital. This will come to Quality and Safety Committee and Board in February 2015.

The Committee are aware that s one of the objectives of the Nursing and Midwifery strategy, was to develop a Patient and Public Involvement strategy; planning meetings have been arranged.

## 6. Recommendation

The Board is asked to note the Chief Nurse report for January 2015

<b>Author</b>	<b>Beverley Geary, Chief Nurse</b>
<b>Owner</b>	<b>Beverley Geary, Chief Nurse</b>
<b>Date</b>	<b>January 2015</b>

# York Teaching Hospital

NHS Foundation Trust

## Safer Staffing Action Plan

	Lead	Due Date	Completed	Comments/Status (if delayed)	Revised date	RAG (type 'green', 'amber' or 'red')
<b>1</b>	<b>Nursing Staffing</b>					
<b>1.1</b>	<b>International Recruitment</b>					
1.1.1	Interviews taking place	Emma Day	3-4/03/2015			
1.1.2	Interviews taking place	Emma Day	tbc April 2015			
1.1.3	Spanish nurses due to commence April/May 2015	Emma Day	April/May 2014			
<b>1.2</b>	<b>Recruitment Fairs/Events</b>					
1.2.1	Bluewater (London) Recruitment Campaign	Pamela Hayward-Sampson	Jan 2014	Yes		
1.2.2	Rn Careers Fair - Glasgow		9/4/2014	Yes		
1.2.3	One Stop Shop (Cross Site)		8/3/2014	Yes		
1.2.4	One Stop Shop (York)		06/09/2014	Yes		
1.2.5	Leeds Jobs Fair 11/12 November 2014	P Hayward-Sampson	11-12/11/2014	Yes		
1.2.6	Local Jobs Fair		February 2015			
1.2.7	University of York Careers Fair		16/03/2015			
<b>1.3</b>	<b>Newly Qualified Recruitment</b>					
1.3.1	Newly Qualified Recruitment		19/5/2014	Yes		
1.3.2	Introductory Coffee Morning		tbc Feb 2015			
1.3.3	Newly Qualified Campaign		tbc May/June 2015			
1.3.4	Band 5 Focus Groups with HR		Feb 2015			
<b>1.4</b>	<b>Recruitment of ACPs</b>					
1.4.1	Trainee ACP campaign		Jan 2014	Yes		
1.4.2	ACP - Elderly (Brid) Recruitment		Feb 2014	Yes		
1.4.3	ACP - Orthogeriatrics		May 2014	Yes		
1.4.4	ACP - AMU		July 2014	Yes		
1.4.5	2nd Cohort commenced		Sept 2014	Yes		
1.4.6	3rd cohort campaign		Sept 2015			
<b>1.5</b>	<b>Review of the role of Clinical Nurse Specialists</b>					
1.5.1	review roles	Bev Geary	March 2015			
1.5.2	review of community TVN roles	Wendy Barker				
1.5.3	review of continence team	Wendy Barker				
1.5.4	review of falls team (community)	Wendy Scott	2014	Yes		
1.5.5	Matrons Re-structure	Bev Geary	April 2014			
<b>1.6</b>	<b>Band 2 Upskilling (Band 3 roles)</b>					
1.6.1	Band 2's to upskill to be identified	P Hayward-Sampson/Emma Day				
1.6.2	Band 2's to backfill to be identified and appointed					
1.6.3	Band 2 backfill induction programme 26/02/2015	Cathy Skilbeck	26/02/2015			
1.6.4	New Band 3 induction programme 09/03/2015	Cathy Skilbeck	09/03/2015			

	Lead	Due Date	Completed	Comments/Status (if delayed)	Revised date	RAG (type 'green', 'amber' or 'red')
<b>1.7 HCA Generic Recruitment</b>						
1.7.1 HCA Recruitment (York)		Jan 2014	Yes			
1.7.2 HCA Recruitment (Scarborough)		Feb 2014	Yes			
1.7.3 HCA Recruitment (York)		March 2014	Yes			
1.7.4 HCA Recruitment (York)		May 2014	Yes			
1.7.5 HCA Recruitment (York)		July 2014	Yes			
1.7.6 HCA Recruitment (Scarborough)		July 2014	Yes			
1.7.7 HCA Recruitment (York)		Sept 2014	Yes	41 candidates appointable		
1.7.8 HCA Recruitment (Scarborough)		Sept 2014	Yes	31 candidates appointable		
1.7.9 Open University HCA BSE/Adult Nursing, sponsored by Trust		Sept 2014		3 applicants		
1.7.10 HCA Recruitment (York)		Oct 2014	Yes	21 candidates appointable		
1.7.11 HCA Recruitment (Scarborough)		Oct 2014	Yes	21 candidates appointable		
1.7.12 HCA Recruitment (Scarborough)		Dec 2014	Yes	23 candidates appointable		
1.7.13 HCA Recruitment (York)		Feb 2015				
1.7.14 HCA Recruitment (Scarborough)		Feb 2015				
1.7.15 HCA Recruitment (York)		May 2015				
1.7.16 HCA Recruitment (Scarborough)		May 2015				
1.7.17 HCA Recruitment (York)		July 2015				
1.7.18 HCA Recruitment (Scarborough)		July 2015				
1.7.19 HCA Recruitment (York)		Sept 2015				
1.7.20 HCA Recruitment (Scarborough)		Sept 2015				
1.7.21 HCA Recruitment (York)		Oct 2015				
1.7.22 HCA Recruitment (Scarborough)		Oct 2015				
1.7.23 Open University HCA BSE/Adult Nursing, sponsored by Trust		Sept 2015		3 applicants		
<b>1.8 Block Booking of Nursing Staff</b>						
1.8.1 Block Booking of Agency Staff		June - August 2014	Yes			
1.8.2 Agency block booking for White Cross Court		June - December 2014	Yes			
<b>1.9 RN Generic recruitment</b>						
1.9.1 RN Recruitment - by wards		During 2014	Yes	345 adverts since May 2014		
1.9.2 Generic Campaign (Scarborough)		04/10/2014	Yes			
1.9.3 Generic Campaign (Scarborough)		17/11/2014	Yes			
1.9.4 Rolling Advert on Website		Jan 2015				
1.9.5 Recruitment for twilight shifts		from April 2015				
1.9.6 Internal Transfer process for RNs	Nichola Greenwood/Recruitment	from April 2015				
<b>1.1 Recruitment of District Nurses</b>						
1.10.1 Interviews for Hull/Leeds University	Locality Managers					
1.10.2 Introduction of single point of application to Leeds Met	Bev Proctor					
1.10.3 Aging workforce profiling	Wendy Scott					
1.10.4 Introduction of non qualified DN post to community	Wendy Scott					
<b>1.11 Acuity &amp; Dependency Audits</b>						
1.11.1 Acute area acuity & dependency audits	Quality & Safety Team	January 2015/ July 2015				
1.11.2 Acute wards point prevalence audits (monthly)	Quality & Safety Team	ongoing				
1.11.3 Community dependency audits	Bev Proctor/Nichola Greenwood	12-26/01/2015				
<b>1.12. Actual v planned Staffing</b>						
1.12.1 Monthly safer staffing returns	Bev Geary	15th of each month				
1.12.2 Monthly Q & S and, board report on safer staffing	Bev Geary	15th of each month				
1.12.3 Daily staffing meetings	ADNs	daily		Twice daily in exceptional circumstances		
1.12.4						
1.12.5						

		Lead	Due Date	Completed	Comments/Status (if delayed)	Revised date	RAG <small>(type 'green', 'amber' or 'red')</small>
<b>2</b>	<b>Unfilled Shifts</b>						
2.1	NHS P contract ends 31.03.2015	Natalie McMillan	31.03.2015				
2.2	Internal bank at York commences	Natalie McMillan	01.04.2015				
2.3	Recruitment campaign to back	Nurse Bank team	Ongoing				
2.4	Daily staffing meetings	ADNs	Daily		Twice daily in exceptional circumstances		
2.5							

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## Board of Directors – 28 January 2015

### Staffing Exception Report

#### Action requested/recommendation

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

#### Strategic Aims

Please cross as appropriate

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

#### Implications for equality and diversity

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

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

#### Reference to CQC outcomes

Outcome 13

Progress of report	Quality and Safety Committee
Risk	Potential risk to quality of care if staffing levels or skill mix are inappropriate.
Resource implications	Potential resources implications where staffing falls below planned or where acuity or dependency increases due to case mix.
Owner	Beverley Geary, Chief Nurse

Author                      Nichola Greenwood, Chief Nurse Team

Date of paper              January 2015

Version number            Version 1

**Board of Directors – 28 January 2015**

**Staffing Exception Report**

**1. Introduction and background**

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

As previously reported work continues to refine the reports in order to give an accurate reflection of the staffing levels on a shift by shift basis. As a result we have continued to base the return on the average bed occupancy rates by ward at 12 midday and 12 midnight, given that the staffing establishment is set on the number of beds on each ward; taking bed occupancy rates into consideration gives a more precise reflection of the safety of the staffing levels. Further work continues to further refine and simplify the process and also to give the greatest accuracy in order that the Board are assured that all areas are staffed appropriately and safely.

A detailed breakdown is attached at appendix 1.

**2. High level data by site**

Site Code	Site Name	Day		Night	
		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
RCBAW	ARCHWAYS INTERMEDIATE CARE UNIT	87.2%	86.9%	102.9%	94.2%
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL	92.7%	79.0%	111.4%	135.9%
RCBL8	MALTON COMMUNITY HOSPITAL	109.4%	100.8%	102.6%	100.9%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	80.1%	89.2%	92.8%	112.0%
RCB07	SELBY AND DISTRICT WAR MEMORIAL HOSPITAL	88.2%	95.6%	115.9%	94.5%
RCBTV	ST HELENS REHABILITATION HOSPITAL	93.6%	96.7%	105.9%	106.7%
RCB05	ST MONICAS HOSPITAL	110.0%	82.8%	100.0%	100.0%
RCBG1	WHITBY COMMUNITY HOSPITAL	94.6%	90.3%	92.9%	90.5%
RCBP9	WHITE CROSS REHABILITATION HOSPITAL	80.0%	94.2%	155.7%	112.3%
RCB55	YORK HOSPITAL	90.0%	94.0%	104.8%	118.4%

### 3. Exceptions

#### **Bridlington**

Johnson – HCA night fill rate due additional HCA being booked to support ward.

Kent – RN and HCA day and RN night over 100% due to bed occupancy

Lloyd – RN day and night under 80% as they are being redeployed to support escalation areas and bed occupancy.

#### **Community**

White Cross Court - RN and HCA night fill rate over 100% due to temporary arrangement in place to increase from funded establishment 1+1 to 2+1. This is to facilitate accelerated improvements at WXC

#### **Scarborough**

AMU – RN and HCA day fill rate less than 80% due to sickness, maternity leave x3 band 5, 1x B2. Vacancy B5 1.5, B2 2.49, B3 1.15

Ann Wright – HCA night Fill rate of 170.2 % for healthcare assistants to provide enhanced supervision

Ash – RN and HCA day and RN night fill rate lower than 80% due to low occupancy, skill mix and staff being redeployed to other ward areas.

Beech – RN and HCA day and night fill rate lower than 80% due to sickness Mat leave B5 x2wte B2 1wte. Vacancy B5 3.65wte

CCU - HCA Night fill rate for at 126.5% due to redeployment to escalation ward

Holly - is low on RN hours during the day as for much of December they have run with 2 RNs on day shifts instead of 3, as the shifts have not been covered. Some of these shifts have been backfilled with HCA hours, hence the HCA hours being slightly over 100%. There have also been 1:1 shifts in the HCA hours.

ITU – RN day fill rate at 74.5% due to vacancies and low bed occupancy.

Oak – RN and HCA night fill date over 100% due to extra staffing being booked for enhanced supervision, and low occupancy due to suspected infection.

Stroke – (15 beds)\_RN's ran at around 72% for day shifts in December. This was partly due to moving the '4<sup>th</sup>' RN to support other wards on a number of occasions but also to an RN undertaking training following her secondment into the band 6 role.

#### **York**

Ward 14- Day HCA fill rate less than 80% due to short-term sickness. Night full rate for RN above 100% due to bed occupancy.

Ward 17 - reduced occupancy at midnight therefore high RN rate, sickness and mat leave for

## HCA's

Ward 23 - RN below 80% due to vacancies and unfilled shifts. HCA day and night fill rate reflected in requirement for enhanced supervision of patients.

Ward 24 – an increase from 20 to 30 beds due to activity pressures. Redeployment of frailty unit staff to support the ward.

Ward 26 - RN day fill rate below 80% due to vacancies and long term sickness. HCA day above 100% reflected in requirement for enhanced supervision of patients.

Ward 28 - RN day shifts below 80% due to short term sickness and vacancies. HCAs over 100% on nights due to enhanced supervision.

Ward 29 - Over 100% due to occupancy levels.

Ward 32 – HCA night fill rate over 100% due to requirement for enhanced supervision of patients.

Ward 33 – RN day rate less than 80% due to vacancies and short term sickness.

Ward 34 – HCA Night fill rate 114% reflects requirements for enhanced supervision of patients.

Ward 35 – RN day fill rate below 80% due to vacancies and short term sickness and maternity leave. HCA day and night fill rate over 100% due to requirement for enhanced supervision of patients.

Ward 36 – HCA night fill rate over 100% is due to enhanced supervision of patients and current establishment of HCA's is higher currently due to vacancies of RN's.

Ward 37 – RN fill rate 76.4% due to vacancies – and short term sickness and HCA night fill rate over 100% is due to enhanced supervision of patients.

Ward 39 - RN day fill rate 71.3% day duty due to deliberate increase in HCA in part due to RN vacancies. HCA day and night fill rate is due to enhanced supervision of patients.

ICU - RN fill rate day and night over 100% reflects bed occupancy. HCA day and night fill rate remains below 80% due to deliberate under recruitment. This does not affect patient care.

SSW – RN day shift below 80% due to a number of vacancies. Active recruitment in place. HCA night fill rate over 100% due to enhanced supervision of patients.

G1 –HCA night fill rate above 100% due to agreement for an additional HCA overnight to support the dependency and acuity of patients and bed occupancy

G2 and G3 – RN and HCA day fill rate above 100% due to vacancies, 1.8wte long term sickness. Staff recruited pending PIN numbers from NMC. RM night higher than 100% fill rate due to low bed occupancy.

### **Actions and Mitigation of risk**

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

During the current pressures matrons and ADNs are meeting twice daily to ensure safe deployment of staff.

#### **4. Winter Pressures**

The activity pressures within the hospital over the Christmas and New Year period have been well published and documented in the media. Nurse staffing has been a contributory factor.

##### **Sickness**

At the end of November 2014, the monthly absence rate for the month of November 2014 was 3.98% - a rate similar to the previous month. By site, sickness within the Nursing and Midwifery workforce was, as follows;

- York Acute Hospital – 4.03%
- Scarborough Acute Hospital – 6.07%
- Community Services – 6.37%

##### **NHSP fill rate (York) - December**

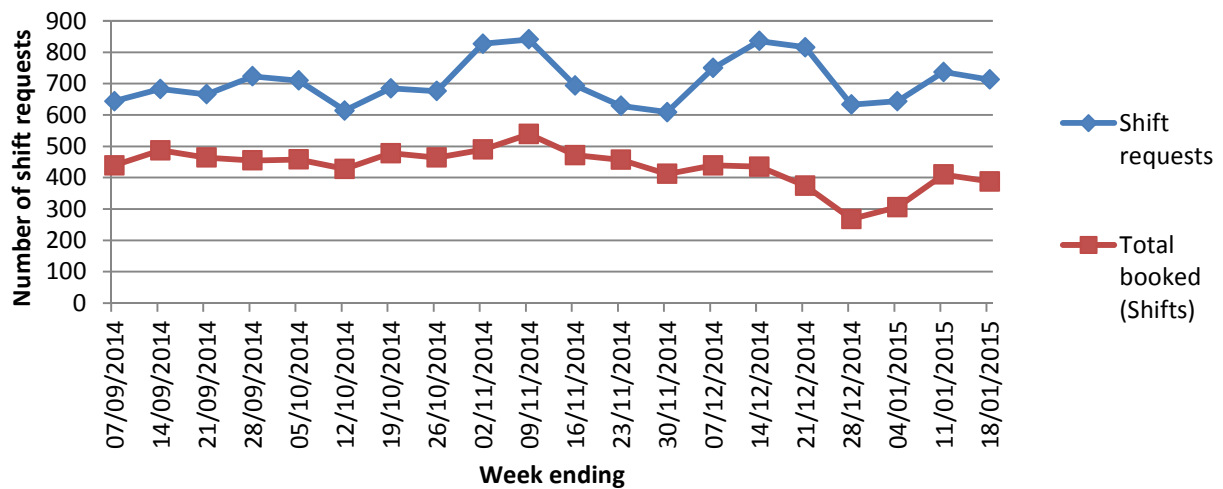
52.7% of hours requested through NHSP were filled – this was an 18% reduction in fill rate from the previous month, however the total number of hours requested increased by more than 10%. The fill rate for qualified hours was 46.7% and the fill rate for unqualified hours was 57.3%. Fill rates for both qualified and unqualified nursing are much lower than the average fill rate in the current financial year to date which are 64.7% and 70.5% respectively.

##### **Internal bank fill rate (Scarborough) - November**

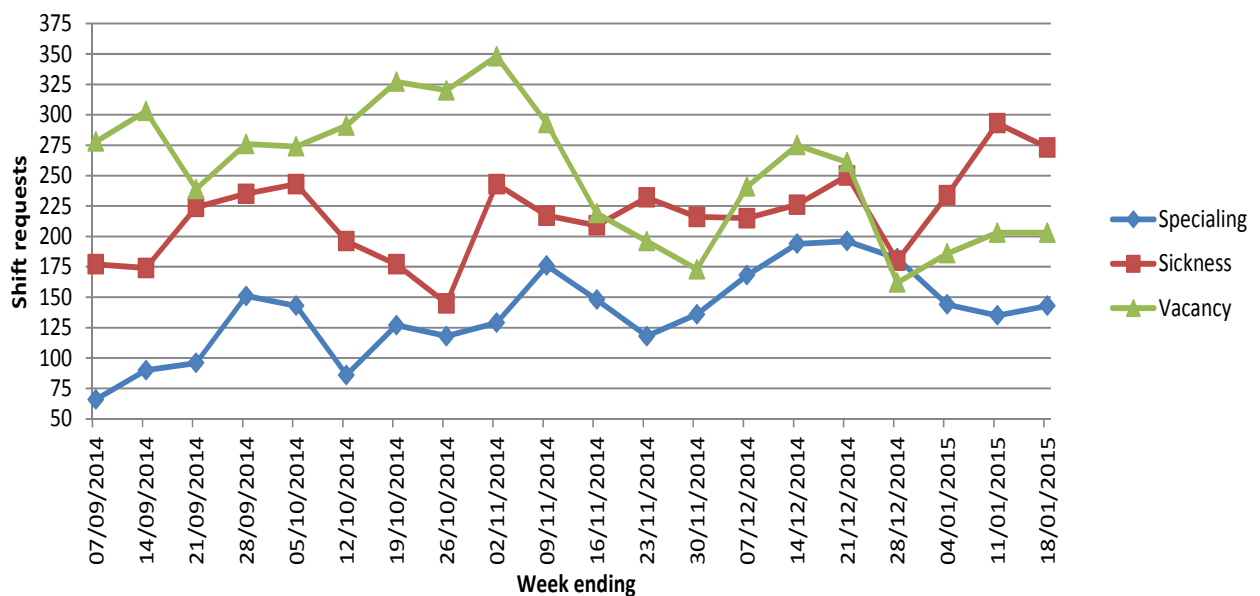
Overall fill rate of bank shifts requested through the internal bank was 85.97%. This was slightly more than a 2% reduction in fill rates compared to the previous month. The fill rate for qualified shifts was 87.07% and the fill rate for unqualified shifts was 83.96%. The percentage of shifts filled by agency reduced slightly this month for RNs and increased slightly for unregistered nursing.

Information from NHSP show that fill rates for shifts at York have been below 60% for the last 7 weeks (up to week ending 18<sup>th</sup> Jan) and have been below 50% for 3 of those 7 weeks. Demand reduced over Christmas (as we see in each year) and increased again in the first two full weeks of January but not to the highest rates seen in the middle of December. The top reason for shift requests in the last 4 weeks was sickness – this would perhaps be expected at this time of year. Average shift requests for specialing and vacancy are slightly lower in the last four weeks than in the four weeks previous. The graphs below show the most up to date usage data from NHSP.

### NHSP shifts requested/filled Sep 14 to Jan 15



### NHSP shifts reasons for booking Sep 14 to Jan 15



## 5. Vacancies by Site

The vacancies reported below, for inpatient areas, shows the position as at the end of December 2014.

	Bridlington		Community		Scarborough		York	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
<b>Actual Vacancies</b>	4	0.54	4	3	31.58	11.22	46.47	15.14
<b>Pending Start</b>	2.2	0	0	0	1	12.00	11.35	5.32
<b>Outstanding Posts</b>	1.8	0.54	4	3	30.58	-0.78*	35.32	9.82**

\*The Trust determined to over-recruit HCAs to wards at Scarborough Hospital which had a high vacancy position. These posts will overtime be subsumed into normal staffing levels as

and when vacancies arise.

\*\* For the outstanding HCA posts, these have been allocated through the HCA recruitment process and their recruitment is being progressed.

HCA recruitment, for the York sites took place on 5<sup>th</sup> December 2014 where a further 23 potential HCAs were identified. These individuals will be recruited as and when further vacancies arise or to backfill for the newly created Band 3 HCA posts from March 2015.

Active recruitment continues and detail of the international recruitment is provided in the January Chief Nurse report.

## 6. Recommendation

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

## 7. References and further reading

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

<b>Author</b>	<b>Nichola Greenwood, Chief Nurse Team</b>
<b>Owner</b>	<b>Beverley Geary, Chief Nurse</b>
<b>Date</b>	<b>January 2015</b>



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

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

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

[http://www.yorkhospitals.nhs.uk/about\\_us/reports\\_and\\_publications/safer\\_staffing\\_data/](http://www.yorkhospitals.nhs.uk/about_us/reports_and_publications/safer_staffing_data/)

Only complete sites your organisation is accountable for

Hospital Site name	Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
				Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
				Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1761.529412	1555	1058.31016	955.5	653.5197861	661.75	653.5197861	600.75	88.3%	90.3%	101.3%	91.9%
YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1893.007772	1559.25	1262.005181	889	915.5440415	1012	610.3626943	626	82.4%	70.4%	110.5%	102.6%
YORK HOSPITAL - RCB55	15	120 - ENT	101 - UROLOGY	1695.331992	1533.5	1271.498994	1154	970.875	902	323.625	352	90.5%	90.8%	92.9%	108.8%
YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2305.839416	1954.75	986.189781	784	1254.154745	1253.42	583.8306569	547.84	84.8%	79.5%	99.9%	93.8%
YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		564.8275862	1246.5	376.5517241	242.33	466.7586207	960	0	221	220.7%	64.4%	205.7%	-
YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1797.664865	1340.5	1123.540541	1333.68	696.7954545	640.67	696.7954545	857	74.6%	118.7%	91.9%	123.0%
YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1768.8	1465	1105.5	996	665.16	650.5	665.16	713.5	82.8%	90.1%	97.8%	107.3%
YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1834	1358.14	1146.25	1233.06	694.6197637	587.42	694.6197637	647.08	74.1%	107.6%	84.6%	93.2%
YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1871.198953	1647.92	1039.554974	1003.5	606.9832461	652.5	606.9832461	850.5	88.1%	96.5%	107.5%	140.1%
YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1262.608696	1308	631.3043478	763.75	482	619.5	241	303.42	103.6%	121.0%	128.5%	125.9%
YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		1972.5	1681	876.6666667	779	680.7048301	651	330.352415	327	85.2%	88.9%	98.5%	99.0%
YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY		1996.293103	1616	1330.862069	1208.5	670.383908	682	670.383908	787.25	81.0%	90.8%	101.7%	117.4%
YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	361 - NEPHROLOGY	1814.049409	1380	1360.537057	1169	674.748927	643	674.748927	695.33	76.1%	85.9%	95.3%	103.1%
YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1807.5	1449	1355.625	1129.67	679.21875	680	679.21875	776.92	80.2%	83.3%	100.1%	114.4%
YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1824	1371.5	1140	1366	686.1954887	649.75	686.1954887	799.5	75.2%	119.8%	94.7%	116.5%
YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE		1723.979592	1464.75	1077.487245	1050.5	955.1052632	860.83	636.7368421	778.17	85.0%	97.5%	90.1%	122.2%
YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1371.209302	1048	1599.744186	1492.5	708.5919629	595	708.5919629	955.25	76.4%	93.3%	84.0%	134.8%
YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1371.315789	977.67	1142.763158	1238.33	706.9473684	594	353.4736842	513.83	71.3%	108.4%	84.0%	145.4%
YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2525.234694	2249.25	2104.362245	1851	1551.908651	1412.08	1241.527721	1157.75	89.1%	88.0%	91.0%	93.3%
YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1425	1492.5	178.125	149	1098	1221	0	0	104.7%	83.6%	111.2%	-
YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY	120 - ENT	797.8590604	752.66	398.9295302	366.92	380.4274194	397	0	19.25	94.3%	92.0%	104.4%	-
YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		2915	3881.51	265	205.5	2642.75	3284.5	240.25	79	133.2%	77.5%	124.3%	32.9%
YORK HOSPITAL - RCB55	Short Stay Ward	300 - GENERAL MEDICINE		1810.373533	1310.61	1357.780149	1319.51	661.0184984	563	661.0184984	808.66	72.4%	97.2%	85.2%	122.3%
YORK HOSPITAL - RCB55	G1	502 - GYNAECOLOGY		1570.389262	1491.08	785.1946309	737.5	586	654.75	293	637.75	94.9%	93.9%	111.7%	217.7%
YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1282.778465	1227.5	641.3892327	545.5	577.2369863	671	288.6184932	498.5	95.7%	85.0%	116.2%	172.7%
YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		520	804	260	325	331.5833333	616	0	0	154.6%	125.0%	185.8%	-
ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		930	811.25	1162.5	1010.5	356.5	366.92	713	671.5	87.2%	86.9%	102.9%	94.2%
MALTON COMMUNITY HOSPITAL - RCB18	Fitzwilliam	925 - COMMUNITY CARE SERVICES		897.8571429	982.33	1571.25	1584.08	664.7142857	662	664.7142857	671	109.4%	100.8%	102.6%	100.9%
SEELY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB07	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1110.472028	979.92	1110.472028	1061.76	326.173913	378.09	652.3478261	616.42	88.2%	95.6%	115.9%	94.5%

Hospital Site name	Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		874.5	818.5	1093.125	1056.83	334.125	353.75	334.125	356.5	93.6%	96.7%	105.6%	106.7%
WHITBY COMMUNITY HOSPITAL - RCBG1	War Memorial	925 - COMMUNITY CARE SERVICES		930	837.5	1395	1259	372	341	744	660	90.1%	90.3%	91.7%	88.7%
WHITBY COMMUNITY HOSPITAL - RCBG1	Abbey	925 - COMMUNITY CARE SERVICES		670.5579399	676.5	1117.596567	1010	362.4206009	341	362.4206009	341	100.9%	90.4%	94.1%	94.1%
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		937.5	944	1312.5	1162.75	584.5833333	609	292.2916967	367.42	100.7%	88.6%	104.2%	125.7%
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		648.5243056	875.5	518.8194444	584.5	178.5380577	325.5	0	199.5	135.0%	112.7%	184.4%	-
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE		1080.9375	859.75	1060.9375	1110.49	657.4166667	640.5	328.7083333	388.5	81.0%	104.7%	97.4%	118.2%
ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		482.8612903	531.08	730.8870968	605.17	372	372	372	372	110.0%	82.8%	100.0%	100.0%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1385	1157.5	1154.166667	1101.34	672.2222222	675.5	336.1111111	572	83.6%	95.4%	100.5%	170.2%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		1040.625	764.25	832.5	566.5	622.4375	388.5	0	31.5	73.4%	68.0%	62.4%	-
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1835.600404	1488.73	1606.150353	1192.27	1095.647416	803	730.4316109	660	81.1%	74.2%	73.3%	90.4%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2185.231214	1645	1748.184971	1287.75	1548.0625	1483.5	1238.45	1298.25	75.3%	73.7%	95.8%	104.6%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2518.51372	2108.75	457.9115854	397.08	1425.80805	1199	356.4520124	451	83.7%	86.7%	84.1%	126.5%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1830	1608	1372.5	1298.42	715.9252014	678.17	715.9252014	682	87.9%	94.6%	94.7%	95.3%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		1335.291829	1274	333.8229572	411.25	505.0615385	671	252.5307692	330	95.4%	123.2%	132.9%	130.7%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		2246.54908	1581.58	1572.584356	1142.2	1305.513017	940.25	652.7565084	590.5	70.4%	72.6%	72.0%	90.5%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Haldane	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1326.743119	1109.5	1105.619266	976.25	633.1702454	651.34	316.5851227	387.42	83.6%	88.3%	102.9%	122.4%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1309.637681	1046	1091.364734	1185.25	653.2	640.5	653.2	680.5	79.9%	108.6%	98.1%	104.2%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE		2442.857143	1819.5	407.1428571	399	1660.714286	1797.5	0	0	74.5%	98.0%	108.2%	-
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE		1823.975535	1779	1595.978593	1651.67	694.7179487	997.5	694.7179487	841.5	97.5%	103.5%	143.6%	121.1%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	430 - GERIATRIC MEDICINE		1760	1284.59	880	886.67	1036.8	954	345.6	341	73.0%	100.8%	92.0%	98.7%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		889.2819615	711.5	444.6409807	369.25	682.3396414	713	0	345	80.0%	83.0%	104.5%	-
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		1035	735.5	862.5	107.5	90	105	90	10.5	71.1%	12.5%	116.7%	11.7%
WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		878.3333333	702.42	1097.916667	1034.33	321.2727273	500.08	321.2727273	360.92	80.0%	94.2%	155.7%	112.3%
YORK HOSPITAL - RCB55	24	430 - GERIATRIC MEDICINE		1123.188406	987.99	898.5507246	872.83	692.4656	597.5	346.2328	703.58	88.0%	97.1%	86.3%	203.2%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Graham	430 - GERIATRIC MEDICINE		1361.842105	876.33	907.8947368	974.17	1058.623729	688.75	705.7491525	626.25	64.3%	107.3%	65.1%	88.7%
	<b>Total</b>			<b>80352.97164</b>	<b>70162.06</b>	<b>55317.68896</b>	<b>50587.06</b>	<b>40597.68452</b>	<b>41008.52</b>	<b>24759.63597</b>	<b>28109.01</b>				

## Board of Directors – 28 January 2015

### The Friends and Family Test – update

#### Action requested/recommendation

For information/update on progress made following the implementation of the National Friends and Family Test.

It is recommended that:

- ‘you said, we did’ approach is developed across the Trust to include outpatients, community services and maternity services.
- York ED ensures that mobile numbers are routinely collected and checked.

#### Summary

This report provides a detailed update on the National Friends and Family Test introduced April 2013.

#### **Strategic Aims**

**Please cross as appropriate**

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

#### Implications for equality and diversity

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

Are there any implications for equality and diversity?

Currently the Trust offers an A5 sized card with the FFT question, follow-up question and some demographic questions on one side with a free-post address on the other side. The FFT Steering Group in January will consider and decide if the card font size should be increased to make it more

accessible for people with visual impairments to complete. This would result in the freepost option being lost.

The survey can also be completed on-line where the font size is significantly bigger and can be adapted for the responder's preferences.

The card is also available in different languages on-line.

#### Reference to CQC outcomes

16, 1, 4, 9

Progress of report	Quality and Safety Committee
Risk	Risk to CQUIN delivery in Q4 if response rate drops, however the project plan reflects actions being taken to mitigate known risks.
Resource implications	Resources implications are those associated with delivering the FFT
Owner	Beverley Geary, Chief Nurse
Author	Kay Gamble, Lead for Patient Experience
Date of paper	January 2015
Version number	Version 1

## Board of Directors – 28 January 2015

### The Friends and Family Test - update

#### 1. Introduction and background

The Friends and Family Test (FFT) is a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

It asks people if they would recommend the services they have used and offers a range of responses from extremely likely to extremely unlikely. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience.

Launched in April 2013, the FFT question has been asked in all NHS inpatient and A&E departments across England and, since October 2013, maternity services. From 1<sup>st</sup> April 2015 The FFT question will be asked across Day Cases, Community Services and Outpatient settings. The FFT has recently gone live in 8000 GP practices across England. From January 2015 it will roll out to mental health and community health services and from 1 April 2015, it will be expanded to NHS dental practices, ambulance services, patient transport services, acute hospitals outpatients and day cases.

FFT will continue to provide a broad measure of patient experience that can be used alongside other data to inform service improvement and patient choice.

#### Staff FFT

In April 2014, the Staff FFT was introduced across all acute, community, ambulance and mental health trusts. It is seen as an opportunity for staff to feedback their views on their organisation at least once per year. It is hoped that Staff FFT will help to promote a big cultural shift in the NHS, where staff have further opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon.

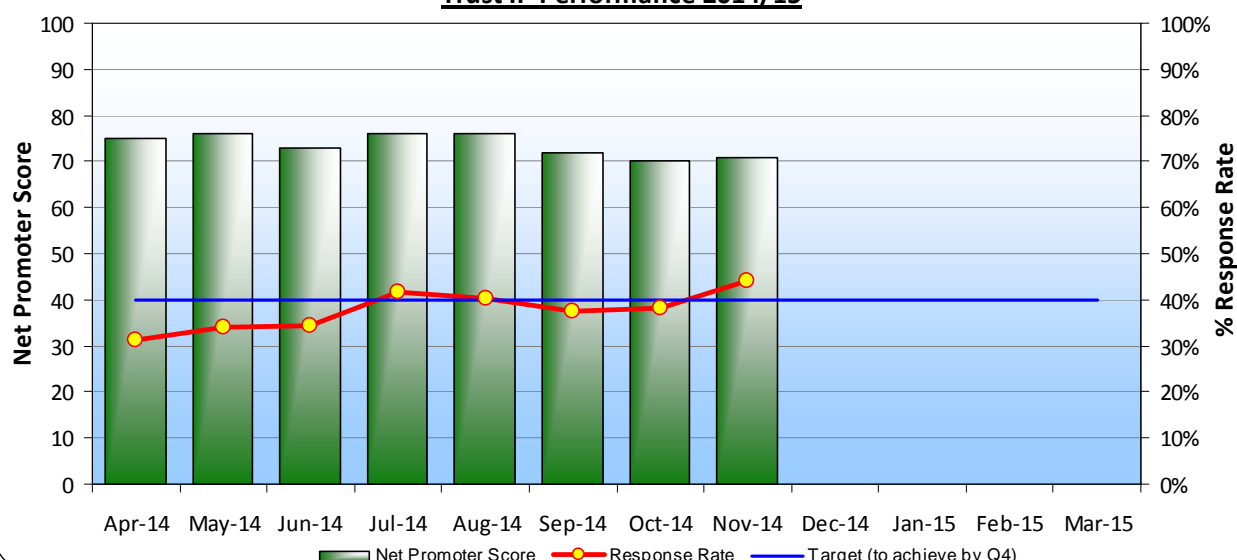
#### 2. FFT (Patient) Trust update (Acute Inpatient , Emergency Department and Maternity)

The FFT question is asked via a postcard methodology across all services, with the exception of ED. Patients can complete the card at the time of leaving any of our hospitals or alternatively access the question via an on-line survey with link provided on the card.

The Trust funded a one year FFT project manager post which commenced August 2014 to continue the rollout of FFT to Outpatients, Day Cases and Community Services and further develop FFT across all services. This post monitors the response rate and feedback and ensures that the Trust is meeting national guidance and CQUIN requirements.

The chart below shows the performance for acute Inpatient during the latest financial year. The response rate for acute inpatients is 44% the highest it has been since FFT commenced in April 2013. This equates an average of 1500 responses from acute inpatients each month. The Net Promoter Score (NPS\*) is 70.

### Trust IP Performance 2014/15



(\* The NPS – the best possible score a Trust can get is 100, where 100% of respondents are extremely likely to recommend. The worst possible score is -100, where 100% of respondents are not likely to recommend).

The NPS is calculated as:

% of respondents extremely likely to recommend  
 minus  
 % of respondents not likely to recommend

However, due to the complexities of its calculation and patients, public and staff being unclear on how the NPS is calculated NHS England has replaced the NPS, with immediate effect. The new FFT score is calculated on the number of people who would recommend and will be communicated as a %. For November 2014, 95% of acute adult inpatient respondents would recommend their ward to friends and family if they required similar care.

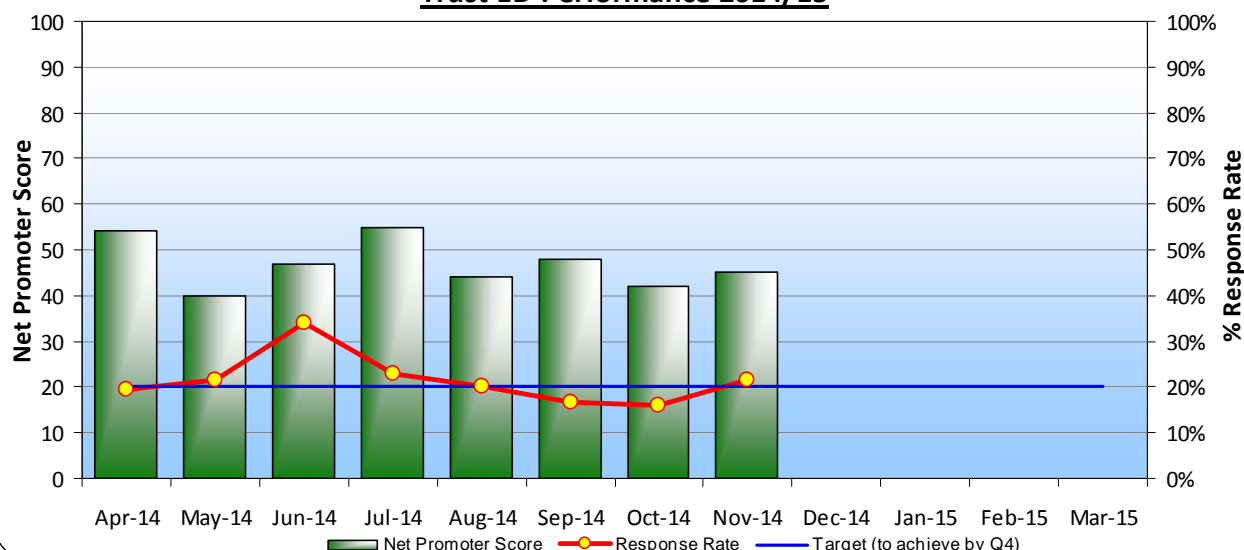
Emergency Department	% who would recommend	Acute Inpatients	% who would recommend
Scarborough	86%	Scarborough	93%
York	89%	York	95%
Combined	87%	Combined	95%

The overall % of patients who would recommend the ward/service/department to their Friends and Family (Inpatients, ED, Community, Maternity, Outpatients) is **94%**.

The chart below shows the latest performance for ED. Both York and Scarborough EDs moved from the card methodology in November 2013 as response rate was low. The use of a token system replaced the cards and increased the response rate. NHS England issued guidance during Summer 2014 requesting the removal of token systems from trusts by April 2015.

The Trust chose to pilot in York ED the use of text messaging from October 2014 with a view to Scarborough ED moving to this from 1<sup>st</sup> April 2015. The decision to move one, and not both, EDs was taken in light of Scarborough having a much higher response rate with tokens than York and the text messaging method could be refined on the York site prior to implementing in Scarborough.

### Trust ED Performance 2014/15



Whilst the combined response rate is 21.5%, there has always been significant difference in response rate between the two EDs. York ED has often struggled to achieve the required response rate each month and has been supplemented by the good response rate at Scarborough ED.

Since moving to text messaging there has been a small increase in response rate, however York ED still remains below the CQUIN requirement and is reliant upon Scarborough having a higher response rate for the Trust to achieve the targets. This is in part due to York ED not routinely asking patients for their mobile number. This is not the situation in Scarborough, where the majority of patients' mobile numbers are recorded. The FFT manager is now working with ED staff at York to ensure that mobile numbers are captured and reviewed on patient presenting to ED and liaise with Scarborough ED staff to learn from their practice of capturing the majority of numbers.

### ED Performance

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Q1	Q2
Trust	Eligible patients	6467	6970	6863	7244	7017	6611	6797	6371	20300	20872
	Responses	1260	1502	2329	1650	1402	1101	1078	1368	5091	4153
	<b>Response Rate</b>	<b>19.5%</b>	<b>21.6%</b>	<b>33.9%</b>	<b>22.8%</b>	<b>20.0%</b>	<b>16.7%</b>	<b>15.9%</b>	<b>21.5%</b>	<b>25.1%</b>	<b>19.9%</b>
	Net Promoter Score	54	40	47	55	44	48	42	45		
York	Eligible patients	4079	4356	4283	4451	4305	4265	4418	4131	34288	13021
	Responses	429	636	1162	647	404	362	426	636	4702	1413
	<b>Response Rate</b>	<b>10.5%</b>	<b>14.6%</b>	<b>27.1%</b>	<b>14.5%</b>	<b>9.4%</b>	<b>8.5%</b>	<b>9.6%</b>	<b>15.4%</b>	<b>13.7%</b>	<b>10.9%</b>
	Net Promoter Score	37	11	31	49	67	61	47	58		
Sboro	Eligible patients	2388	2614	2580	2793	2712	2346	2379	2240	20052	7851
	Responses	831	866	1167	1003	998	739	652	732	6988	2740
	<b>Response Rate</b>	<b>34.8%</b>	<b>33.1%</b>	<b>45.2%</b>	<b>35.9%</b>	<b>36.8%</b>	<b>31.5%</b>	<b>27.4%</b>	<b>32.7%</b>	<b>34.8%</b>	<b>34.9%</b>
	Net Promoter Score	63	61	63	59	34	41	38	35		

Roll out to Maternity Services commenced August 2013 ahead of the national date of October 2014. The FFT question was originally asked across four touch-points in a women's pathway; 36 week appointment, following labour, discharge from postnatal ward and discharge from community midwife to GP. Following feedback from both staff and patients, the Trust chose to combine both the labour and postnatal ward question onto one card and ask women to complete this when being discharged rather than being asked to complete following labour.

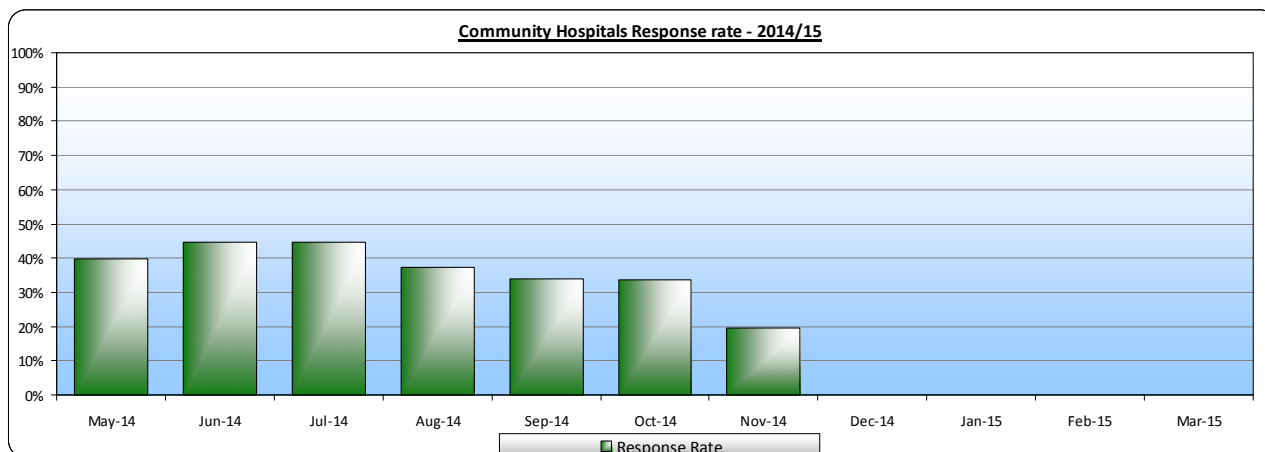
Response rates have dropped in Q2 and the Directorate are now addressing this through communicating the importance of FFT to staff across maternity services. The 'knowing how we're doing' boards which detail feedback from FFT will be in place shortly and this will further add to the emphasis of FFT. Action plans from the feedback are developed and led by the Directorate. The Maternity Services Liaison Group also considers the feedback and actions at its quarterly meeting.

Maternity Performance		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Q1 14/15	Q2 14/15
Total	Response Rate	41.4%	35.4%	29.8%	23.2%	23.2%	25.0%	25.4%	34.6%	35.4%	23.8%
	Net Promoter	74	73	70	77	74	73	69	71		
Antenatal	Response Rate	41.3%	33.6%	26.0%	27.7%	33.1%	37.2%	39.8%	42.8%	33.6%	32.4%
	Net Promoter	68	64	65	67	72	66	66	66		
Labour & Birth	Response Rate	44.1%	33.3%	32.9%	19.4%	16.2%	20.4%	17.2%	39.7%	36.4%	18.6%
	Net Promoter	78	77	73	85	80	76	75	74		
Postnatal	Response Rate	47.0%	39.2%	37.5%	24.8%	20.9%	29.4%	26.5%	47.1%	41.8%	24.8%
	Net Promoter	70	75	65	85	72	71	66	69		
Postnatal Community	Response Rate	34.2%	37.2%	24.7%	21.1%	22.7%	17.2%	19.5%	18.4%	31.6%	20.0%
	Net Promoter	82	79	81	78	75	84	72	77		

## 2.1 FFT (Patient) Trust update (Community, Day Case and Outpatients)

### Community Hospitals:

The FFT was rolled out to all Community Hospital Inpatients during May 2014 ahead of the national roll out of 1 January 2015, achieving the early implementation CQUIN target of roll-out by 31<sup>st</sup> October 2014.



November response rate is low due to a number of cards not being received by our contractor.

### Community Services:

A project work-stream has led the roll-out of FFT across community services and all community services are providing patients with the opportunity to complete a card. This includes specialist nurses, community matrons, community nursing teams, community therapies, the continence advisory service, falls practitioners, health visitors and the intermediate care team. It is more challenging to deliver FFT across community services given the nature of the services being delivered and the environment in which the staff member delivers the care is predominantly in the patient's home. The uptake of FFT in community will be closely monitored and progress monitored through the Trust's FFT Steering Group which continues to meet quarterly and is chaired by the Assistant Director of Nursing.



### **Outpatient and Day Cases:**

We believe that FFT has now been rolled out to almost all Outpatient services across all sites. We encourage Directorate Managers and Matrons to alert us to any of their services which are not yet running with FFT because we are unable to identify any more services. The Trust is gaining significant feedback from a number of areas, particularly The Directorate of Radiology which received over 2500 completed feedback cards within a month of launching in October 2014.

Day Case patients are now being asked (although figures are not reported to NHS England until April 2015) – and the Day Unit at York Hospital has had hundreds of responses in its first fortnight of implementation.

### **2.2 Staff FFT**

In April 2014, the Staff FFT was introduced across all acute, community, ambulance and mental health trusts. It is seen as an opportunity for staff to feedback their views on their organisation at least once per year. It is hoped that Staff FFT will help to promote a big cultural shift in the NHS, where staff have further opportunity and confidence to speak up, and where the views of staff are increasingly heard and are acted upon.

Staff FFT commenced during Q1 2014/15 and asks staff:

- How likely are you to recommend York Teaching Hospital NHS Foundation Trust to friends and family if they needed care or treatment?
- How likely are you to recommend York Teaching Hospital NHS Foundation Trust to friends and family as a place to work?"

The response rate has been low and changes to the way in which staff can complete the question have been implemented which now allows staff to access this on-line without having to enter their payroll number. This had been a barrier for staff who felt that their responses were not anonymous; something that was important for staff. Additionally, staff reported that it was often difficult for them access their payroll number.

Q1 response rate = 8%

80% would recommend the Trust as a place to receive care (7% would not recommend)

75% would recommend the Trust as a place to work (12% would not recommend)

Q2 response rate – 8%.

Q3 – question is asked as part of the annual staff survey

Following the implementation for Q1 & 2 as a trial across the Trust, it was agreed to adopt a targeted approach for Q4 as part of the first 12 months implementation of SFFT. Directorates were asked to volunteer to trial this approach, of which Specialist Medicine and Theatres & Anaesthetics have agreed to be involved.

The plan for this Q4 2014/15 included:

- Open the survey during the first 2 weeks in February 2015 (before half-term holidays) to seek maximum coverage. Monitor the results and if necessary have a final 'push' during the last week of February, after which the survey will then close. (Results can be monitored daily, which will help focus our efforts)
- Each directorate survey to be split by site, e.g. York, Scarborough/ Bridlington to identify

local themes. Survey to be split further by department where the possibility of achieving higher than 10 responses is realistic – where appropriate, departments to be 'grouped'.

- Promotion of the survey will involve:
  1. Management led raising awareness through directorate/ team meetings, poster campaigns in popular areas, directorate wide email circulations etc. HR to be available at key times to encourage staff to complete the survey
  2. At team meetings, staff would be canvassed to complete the survey to encourage a high response rate.
  3. Shift the focus of the responses to be on what staff would seek to improve within their directorate/ department rather than gathering reasons as to why staff would or would not recommend the Trust. Suggestion to keep these ideas 'local' to enable the directorate to do something meaningful with the information. This would help shift the promotional focus of the survey to being a service improvement tool
- Survey to be made available to staff via on-line survey and postcards. We are currently exploring the use of tablets and 'opinion meters' to identify whether the data captured through these tools could be uploaded to the Capita survey to enable one reporting method both internally and nationally for Unify. Another option is to use the Staff Benefits iPad at key times, which is WIFI enabled to enable staff to enter their results directly onto the Capita survey.
- Once the results have been circulated, HR will support the directorates to cascade the outcomes and develop working groups led by staff to take ownership for building on the suggestions made.

### 2.3 Commissioning for Quality and Innovation (CQUIN)

CQUIN targets for 2013/2014 of roll-out to Acute Inpatients, ED attenders and Maternity Services were achieved along with the required response rate of 20% for Inpatients and 15% for ED. There was no response rate set for Maternity Services.

#### **2014/2015 CQUIN:**

Early implementation across Outpatients, Day Cases and Community Services by 31 October 2014 (achieved)

Full implementation of patient FFT in community by 30 Jan 2015 (achieved)

Response rates of 20% for ED and 30% for inpatients throughout Q4 (ending 30 April 15) – on track to achieve

Additional CQUIN for a 40% response rate for inpatients in March 2015. On track to achieve.

At YTHFT FFT has been rolled out to the majority of services, departments and wards across all sites in-line with CQUIN requirements. The Trust met its 2013/2014 CQUIN and is on course to meet the 2014/2015 CQUIN in Q4.

The Trust awaits details of the 2015/2016 CQUIN and whether it will relate to FFT or other measures of Patient Experience.

### **3. FFT Qualitative Feedback**

The Trust receives on average 2500 patient comments per month with the majority of feedback being extremely positive. This feedback is sent each month to the Directorates, Wards and Services for feedback to staff working in those areas. It is important that staff are given the opportunity to see the feedback and wards are encouraged to ensure that they have feedback mechanisms in place to share this.

A number of comments each month describe where patients feel that improvements can be made and this also forms part of feedback to the areas.

Wards and departments are encouraged to open the comment card boxes each month and view the comments prior to the cards being sent off to the contractor for inputting. Where cards describe a patient's experience as less than what we would expect from our wards and services, the Patient Experience Team ensure that the team is made aware of this immediately prior to the card being posted to the contractor.

A number of FFT comments have alerted the Trust to areas of concern which when used with feedback from other mechanisms have allowed the Trust to expedite those concerns and take action.

The 'Knowing How We're Doing' boards have been developed and feedback from FFT is now incorporated on the wards and will be updated on a rolling basis. The Board now includes a section on 'You Said, We Did' from FFT feedback.

This is an important part of FFT moving forward as past CQUINs have focussed on response rate and roll out. However, the Trust values the importance of qualitative feedback and ensuring that patients, the public and staff understand what patients are telling us about their experience and what we are doing with their feedback.

#### **4. Conclusion**

The Friends and Family Test involved a significant amount of work over the past 18 months to ensure roll out across the Trust in line with CQUIN targets. Whilst acute inpatients have continued to maintain an encouraging response rate with excellent feedback from patients, ED has had difficulties in embedding this into their working practice. Scarborough ED has found the token system to work well, however this is being replaced in April 2015 with a text messaging service. We do not envisage that this will not reduce the response rate as the department routinely checks and collects patient's mobile number on arrival. It is also expected that more qualitative feedback will come from text messaging than currently comes from the token system.

York ED has found FFT extremely difficult to embed into their working practice and this is something that can be addressed by ensuring that a process for checking and collecting patient's mobile numbers on arrival is embedded, as in Scarborough ED.

The Trust is now responding to the qualitative feedback we receive each month from the comments through 'you said, we did' on the 'knowing how we're doing' boards on all acute wards and working with directorates to ensure that FFT forms part of feedback to staff each week and links with the Staff FFT.

The Trust is on target to achieve the 2014/2015 FFT CQUIN and the recruitment to a one year FFT Project Manager post during August 2014 has ensured that not only will the CQUIN be achieved but FFT has developed beyond being simply about response rate but equally around what the qualitative feedback is telling the Trust.

<b>5. Recommendation</b>	
<p>For information/update on progress made following the implementation of the National Friends and Family Test.</p> <p>It is recommended that:</p> <ul style="list-style-type: none"> <li>• ‘you said, we did’ approach is developed across the Trust to include outpatients, community services and maternity services.</li> <li>• York ED ensures that mobile numbers are routinely collected and checked</li> </ul>	
<b>6. References and further reading</b>	
<p>Please contact The Patient Experience Team for further information or the Trust Website and Intranet.</p> <p>Alternatively, further information can be accessed through:  <a href="http://www.england.nhs.uk/ourwork/pe/fft">www.england.nhs.uk/ourwork/pe/fft</a></p>	
<b>Author</b>	<b>Kay Gamble, Lead for Patient Experience</b>
<b>Owner</b>	<b>Beverley Geary, Chief Nurse</b>
<b>Date</b>	<b>January 2015</b>

**Board of Directors – 28 January 2015**

**Patient Experience Quarterly Report (Q3 2015/2015)**

Action requested/recommendation

The Board are asked to support the recommendations in this paper.

Summary

This report provides a detailed update from the Patient Experience Team for Q3 2014/2015 (October 2014 – December 2014).

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

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

Reference to CQC 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                      Quality & Safety Committee

Risk    No additional risks indicated

Resource implications	None identified
Owner	Beverley Geary, Chief Nurse
Author	Kay Gamble, Lead for Patient Experience
Date of paper	January 2015
Version number	Version 1

<b>Board of Directors – 28 January 2015</b>															
<b>Patient Experience Quarterly Report – Quarter 2 2014/2015</b>															
<b>1. Introduction and background</b>															
<p>The purpose of this report is to provide an update to the Board of Directors on patients' experience of York Teaching Hospital NHS Foundation Trust</p> <p>The Patient Experience Quarterly Report presents a broad overview and provides information on all aspects of patients' experience of our services.</p> <p>The report provides information from different sources, including:</p> <ul style="list-style-type: none"> <li>- Complaints</li> <li>- PALS activity</li> <li>- NHS Choices Feedback</li> <li>- Friends and Family Test</li> <li>- National Patient Surveys</li> </ul>															
<b>2. Overview</b>															
<p>The table below details the number of complaints received; split by York Hospital and Scarborough Hospital. Complaints received from Community Services are included in the figure for York Hospital.</p> <table border="1" data-bbox="151 1187 1404 1411"> <thead> <tr> <th></th> <th>York</th> <th>Scarborough</th> <th>total</th> </tr> </thead> <tbody> <tr> <td>New complaints Q3 (October to December 2014)</td> <td>79</td> <td>55</td> <td>134</td> </tr> <tr> <td>Q3 Last year</td> <td>75</td> <td>49</td> <td>124</td> </tr> </tbody> </table>					York	Scarborough	total	New complaints Q3 (October to December 2014)	79	55	134	Q3 Last year	75	49	124
	York	Scarborough	total												
New complaints Q3 (October to December 2014)	79	55	134												
Q3 Last year	75	49	124												
<p>The Trust responds to the majority of complaints within 30 days, this meets the NHS Complaints regulations. 18 responses due in Quarter 3 were not responded to within the agreed time frame.</p> <p>General Surgery &amp; Urology, Acute &amp; General Medicine and Emergency Medicine are the areas that received the highest number of complaints in Quarter 3.</p> <p>Complaint Officers are meeting regularly with the management teams in Acute &amp; General Medicine, Elderly Medicine, Orthopaedics and Emergency Medicine to review current complaints, identify any problems and offer support and advice. This will be extended to other directorates during 2015.</p>															
<b>3. Top themes raised through complaints in Quarter 3</b>															
<p>A new information system (Datix Web) is currently being explored which will, in future, provide the Board with a greater understanding and breakdown of these themes.</p> <p>The top 3 categories of complaints this quarter are:</p>															

Aspects of clinical care and treatment  
 Attitude of staff  
 Admissions, discharge or transfer arrangements

### Complaints by Directorate in Quarter 3

Directorate	
Child Health	3
Clinical Support Services	4
Elderly Medicine	15
Emergency Medicine	17
Facilities	2
Acute & General Medicine	18
Specialist Medicine	5
General Surgery & Urology	18
Head and Neck & Ophthalmology	7
Obstetrics & Gynaecology	13
Orthopaedics and Trauma	11
Anaesthetics, Theatres & Critical care	7
Community Services	5
Sexual Health	1
Radiology	3
Corporate	2
Pharmacy	1
Physiotherapy	2

Where poor experience is reported, actions are then taken to ensure improvements are made.

#### 4. Examples of learning and action plans

Y14/15-180 – Relative unhappy with discharge of elderly father. Action included the commencement of a transfer checklist from all elderly wards to the discharge lounge to include transport details and rationale.

S14/15-132 – Complaint highlighted that there was no protocol in place in ED for Patients presenting with Addison's Disease – this is now in place.

#### 5. Complaints referred to the Health Service Ombudsman (HSO)

The PHSO annual report for 2013/2014 shows that 78 of our complainants (13%) referred their cases to the HSO. The HSO investigated 13 of them and fully or partially upheld 4 of them (9 not upheld).

An update on the 2014/2015 cases is below:



Ref	Directorate	Complaint details provided by the complainant to HSO	Outcome
HSO Y14/15-01	Elderly Med W24, W32	<p>Inadequate care and treatment Sept12-May13. Compromised dignity, led to deterioration and death.</p> <p>Nutrition, catheter/incontinence management, communication, staff attitude, general environment, documentation, ward transfer arrangements, discharge planning and handover, staff understanding of dementia.</p> <p>Also complains about handling of complaint.</p> <p>Seeks apology, changes at the Trust and financial compensation.</p>	<p>26/11/14 HSO requested copies of x-rays and scans sent 1/12/14.</p> <p>Letter from HSO rec'd 8/12/14 confirming they are investigating this case.</p>
HSO Y14/15-02	Lab Medicine re Mortuary	<p>Failure to follow policy before the release of the body. Had to travel in dangerous conditions to collect a body. Wants reassurance that the Trust will release bodies without relevant paperwork.</p>	<p>Not upheld but HSO advised of 2 learning points which Trust has accepted.</p>
HSO Y14/15-03	Acute and General Medicine W32	<p>Complaint re poor care and treatment. Specific concerns about patient being incorrectly discharged. Believes death occurred as a result.</p> <p>Would like acknowledgment of failings as resolution.</p>	<p>Awaiting HSO</p>
HSO Y14/15-04	Obs & Gynae	<p>Concerns following childbirth in very difficult circumstances. Discharged with symptoms of infection. Physical and mental health affected. Prevented bonding with child due to severity of illness.</p> <p>Would like apology and acknowledgment of failings.</p>	<p>Draft report received 8/1/15, Trust to provide comments by 16/1/15. Partially upheld but no action required as Trust already recognised a delay in explaining and informing patient of treatment plan and had apologised for it.</p>
HSO Y14/15-05	Head and Neck Bridlington Hospital	<p>Lack of arrangements for monitoring blood clotting levels following minor surgery (Bridlington Hospital). Health was put at risk, very distressed for 3 days. Seeking assurances that future care will be managed appropriately if she requires further surgery.</p>	<p>Awaiting HSO</p>

## 6. Positive feedback

A total of 1334 letters, cards and emails were recorded by the Patient Experience Team in the most recently reported quarter, however, not all directorates submitted their figures. The Friends and Family Test provides additional feedback each month, with the majority of the 1750 monthly comments, being positive.

Themes from compliments mirror those issues raised in complaints, i.e. clinical care and treatment, communication and staff attitude. These are the issues that are important to patients.

## 7. Patient Advice & Liaison Service (PALS)

The Trust handled 1648 PALS contacts in Quarter 3. Of these 457 were handled on the Scarborough site and 1191 were handled on the York site. PALS action plans in this period include:

- Patient commented that audiology appointment letters lacked clarity, which was acknowledged by the service. Following a discussion with the patient (who was happy with their overall experience), appointment letters are being reviewed. Hopefully this improvement will also reduce the number of enquiries from patients to the service.
- Following patient feedback, the endoscopy department are reviewing aspects of the service which involves checking the patient's comfort score before they leave the department. If the patient raises any concerns they will now be able to discuss them at that time with the endoscopist.
- 7 year old child and parent attended Children's Development Centre (CDC) and were advised to attend outpatient blood taking, after a long wait they were advised that there is an age restriction of 8 years, and the blood sample should have been taken in the CDC. Clinicians and nursing staff in CDC reminded of the age restrictions to prevent this happening again.

## 8. Patient & Public Involvement (PPI)

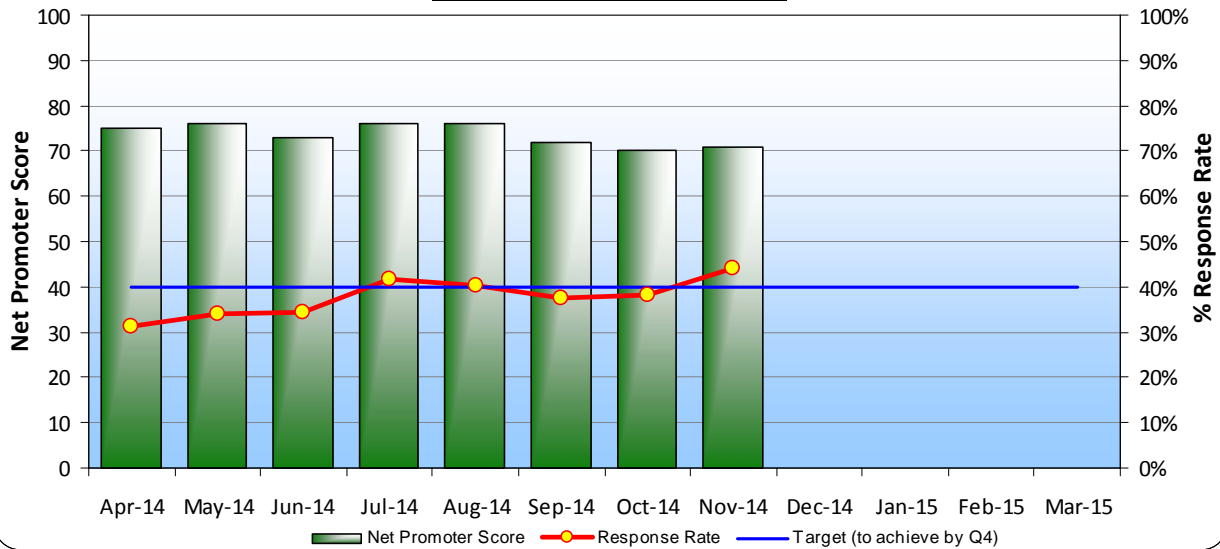
### The Friends and Family Test

A separate Board of Directors update report on The Friends and Family Test from its implementation will form part of the Board of Directors papers in January 2015. The PET quarterly report should be read in conjunction with the FFT paper. A overview is provided below:

The Friends and Family Test (FFT) is a single question asked of patients in all acute and community inpatient wards, those attending the Emergency Department (ED), women accessing antenatal, labour and postnatal community services. The Trust continues to roll out to Outpatients on all sites and community services in-line with national guidelines and CQUIN requirements.

The response rate for acute Inpatients in November was 44%, the highest it has been since FFT commenced in April 2013. The response rate required to meet Q4 CQUIN is 30% in Q4 with an additional target of 40% for March 2015. The Trust is on target to meet the CQUIN for 2014/2014.

### Trust IP Performance 2014/15

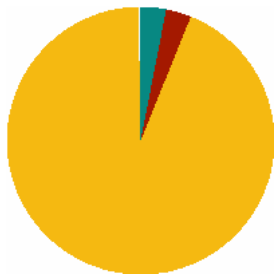


### National Patient Surveys Emergency Department Patient Experience survey 2013

#### Have we improved since the 2012 survey?

A total of 32 questions were used in both the 2012 and 2014 surveys.

Compared to the 2012 survey, your Trust is:



- Significantly BETTER on 1 question
- Significantly WORSE on 1 question
- The scores show no significant difference on 30 questions

The area that the Trust is significantly **better** was:

Lower scores are better

**Leaving:** not fully told when to resume normal activities

2012	2014
68%	54%

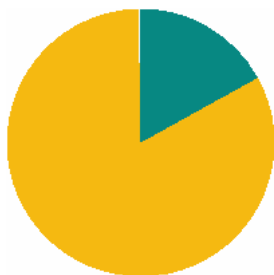
The area that the Trust is significantly **worse** was:

**Waiting:** overall, visit to emergency department more than 4 hours

2012	2014
16%	30%

#### How do we compare to other trusts?

The survey showed that your Trust is:



- Significantly BETTER than average on 6 questions
- Significantly WORSE than average on 0 questions
- The scores were average on 29 questions

The areas where the Trust was significantly better than the 'Picker average' are:

Lower scores are better

	Trust	Average
Care: staff contradict each other	13%	17%
Care: wanted to be more involved in decisions	30%	37%
Patient not clearly told why they needed these tests	21%	27%
Hospital: emergency department not very or not at all clean	2%	5%
Hospital: felt bothered or threatened by other patients	4%	7%
Leaving: not fully told about danger signals to look for	46%	56%

## Healthwatch

### Access to Services Report

The Trust continues to build strong working relationships with Healthwatch (York). Following on from their report on Access to Services for Deaf People, the Fairness Forum is leading on the recommendations from the report through the Access to Services sub group. A number of recommendations were made which the Trust has accepted. A joint meeting with Healthwatch (York), YTHFT and members of the deaf community to take forward the recommendations was held at the Trust during December 2014 to agree an action plan and how the Trust with our key partners would take forward the recommendations.

### Enter and View

Healthwatch (York) carried out their first Enter and View visit at the Trust during October 2014. The visit took place at York Hospital. This involved Healthwatch (York) representatives spending a day talking with patients in the discharge lounge and a number of wards, regarding their discharge from the ward. This leads on from their work-plan for the year. Healthwatch asked patients if they would be willing to receive a phone call, approximately 2 weeks following the Enter and View, to follow-up on their experience of being discharged. The Trust has not yet received the findings from the Enter and View visit but this is expected during January 2015 and will be discussed at the Patient Experience Steering Group and the Q4 Patient Experience Quarterly Report. Healthwatch (York) wrote to thank the Trust for their support before and during the day.

Healthwatch (North Yorkshire) carried out an Enter and View visit during November 2014. The visit took place at Scarborough Hospital. As with the Enter and View at York Hospital, a number of Healthwatch representatives spent a day at the Trust. Healthwatch (NY) focus was 'to identify examples of good working practice and to make observations as care was being provided to patients, and their interactions with staff and the surrounding's. Additionally Healthwatch (NY) wanted to gather the views of patients, relatives and carers in relation to their experience of the service being provided and was carried out across a number of inpatient wards and the Emergency Department. The visit was to contribute to their wider programme of work around Hospital Discharge and post Hospital support arrangements.

The Trust has received the Draft Enter and View Report and has been asked to respond within 20 working days of receiving the report on any factual inaccuracies. The report will be received by the Board in February.

### Elderly Medicine – extended visiting trial

As reported in the last paper, The Elderly Directorate at York has been trialling extended visiting times with the aim of increasing partnership working between relatives and carers following a number of comments, concerns and complaints around relatives not being able to talk to staff during the old visiting times. The extended visiting times during the trial are 2.30pm to 7.30pm. Visiting times across the trust are currently 2.00pm to

3.30pm and 6.30pm to 8pm. Scarborough hospital has open visiting hours. An independent evaluation of the trial had been carried out by the Patient Experience Team which involved volunteers spending time on the wards talking to patients and relatives (35 interviews were carried out) about their experience and thought on the extended visiting. A separate survey was carried out with staff to additionally seek their views following the trial; 55 staff responses were received across all staff groups working on the elderly wards.

### **Key Findings:**

The majority of patients and visitor respondents felt that having visiting times from 2.30pm to 7.30pm was a good thing for both patients and relatives, but were unsure whether it was a good thing for staff. The main reasons cited were that visitors were able to visit their relative around their own working day and that some people worked shifts; being able to spend more time with their relative and not having to leave the hospital in the afternoon and then come back in an evening which was particularly difficult if you are an elderly visitor and also if you live outside of York.

The majority of staff who responded felt that extended visiting times was not a good thing for patients or for staff but did feel that it was good for visitors. Staff who didn't think it was a good thing for themselves or patients was the impact on the patient's ability to rest and their ability as a member of staff to provide the nursing care they wanted to without compromising the privacy and dignity of their patient. Positives cited were that visitors now staggered their visiting and there is no longer an influx of visitors all together; patients look forward to visitors coming; having friends and family being able to visit more is a good thing for the patient's well-being.

Sixty seven per cent of staff would prefer to have fixed 1.5 hour visiting twice per day.

A main reason for piloting the extended visiting times was to make it easier for relatives to talk to staff about any queries or concerns they may have about their relative. Forty three percent of respondents reported that it had definitely or to some extent made it easier to do this and 43% saying that they hadn't noticed either way with just 13% reporting that it hadn't made it easier.

The draft report from the findings from the trial was discussed at the Patient Experience Steering Group (PESG) at its November meeting. The PESG felt that more views should be sought from patients alone to get a patient's perspective on what they wanted to see. It was felt that this was important to ensure that the patient's views weren't blurred by what the relative preferences were.

It was agreed that more patient views would be sought to better inform the evaluation and for a decision to be made as to whether extended visiting would be continued or whether all the elderly wards would revert to 2 x 1.5 hour visiting times.

### **Patient Experience Review Paper Recommendations (June 2014):**

#### **Integrated Patient Experience Service:**

As reported in the last Quarterly Report, one of the recommendations from The Patient Experience Review paper (June 2014) included integrating the Patient Experience Team. One of the major barriers has been not having access to the same IT functions and access to the same information on both the Scarborough and York site. This has resulted in the registering and management of complaints and PALS information being carried out on separate sites and on separate IT systems. The Governance team have been seeking solutions to providing an integrated IT system which would enable one system to be accessed trust wide and further provide information from a range of

sources including PALS, Complaints, AIRS, and SIs. Datix web is an option which would enable Risk and Legal and Patient Experience information to be recorded and linked on one system. This is the system that is proposed the Trust moves to and which would allow Patient Experience to be reported through, further enabling the team to be fully integrated. We are currently awaiting timescales for migrating to this system.

Whilst awaiting the implementation of Datix Web, the Patient Experience Team is moving forward with project plans to integrate the PALS service to a single service, with one number, allowing patients and the public to access one service regardless of where they are calling from. PALS will provide this service from both York and Scarborough sites with all four members of the PALS team responding to queries relating to any of our services as an integrated service.

A process mapping session was delivered by the Service Improvement Team with all members of the Patient Experience Team and a number of staff involved in responding to complaints, Matron, Lead Nurse and Deputy Directorate Managers. The aim of the session was to map the complaints process, from receiving a concern/complaint through PALS or other sources (letters/emails) to the point when the investigation report is complete. This would allow us to identify if there are points in the process where we could identify opportunities to simplify/improve the process for it to work better for all involved in this process. Findings from the process mapping session will be reported in January 2015, with the Patient Experience Team leading the change process.

### **Patient Experience Team**

A revised structure for the Patient Experience Team is currently been developed and will be presented to the Board of Directors at its January 2015 meeting for comment and implementation during Q1 2014/2015. The new structure will ensure that the team is able to take forward the recommendations from the Patient Experience Review Paper (June 2014) which include learning from complaints, integrating the service and developing a patient experience strategy which will set out the priorities for the next three years.

### **Patient Experience Quarterly Report**

In-line with moving to an integrated IT system, it is planned to review the Patient Experience Quarterly Report to ensure that it provides the Trust with the information and assurances that it requires. A task and finish group has been set-up to undertake the review with representation from our Non Executive and Chief Nurse Team. The first meeting is scheduled for 15<sup>th</sup> January 2015.

### **Chief Executive Weekly Complaint Review meetings**

The weekly complaint review meetings continue to take place where complaints received from the previous week are reviewed by the Chief Executive/Deputy Chief Executive, Chief Nurse and Lead for Patient Experience.

### **Monthly Complex Complaint Review meetings**

It is recognised that a number of complaints received by the Trust are complex and require additional time and contribution from staff in order that they are responded to within the agreed timeframe and the complainant's satisfaction. Some complaints considered complex are due to the number of issues, areas involved and sometimes due to the number of agencies involved such as GP, Ambulance, Hospital and Social Care. However, while these may be considered complex due to the aforementioned interactions, they are not always complex in nature and can be dealt without too much difficulty. However the Trust is receiving increased numbers of complaints where the complaint itself is not complex but the person making the complaint is and this can result

in them taking a disproportionate amount of time and energy from the staff involved. The Chief Nurse and staff from the Patient Experience Team now meet monthly to review complex cases to ensure that concerns are escalated appropriately and the Chief Nurse team can become involved where necessary.

### **Patient Experience Strategy**

The Trust is now planning the developing of a Patient Experience Strategy which will set out the Trust's vision for Patient Experience for 2015-2018. The Patient Experience Strategy group will have its first meeting on 6<sup>th</sup> February 2015. Progress from this group will be reported through the Patient Experience Steering Group and the Chief Nurse Report.

### **Patient Experience Steering Group (PESG)**

The PESG continues to meet on a quarterly basis chaired by the Chief Nurse with representatives from across the Trust including Matrons, Directorate Managers, Patient Experience, Governors, a NED and has representation from Healthwatch. A key focus is to consider complaints referred to the Health Services Ombudsman, FFT feedback, National patient surveys, complaints and PALS feedback.

'Your Experience Matters' (formally the 'How to Complain Leaflet') has been reviewed, with the emphasis moving, from how to complain, to how the Trust values and seeks feedback from patients, relatives and carers. The PESG has considered and fed back on the draft leaflet and Healthwatch (York's) readers panel is now reviewing the leaflet to ensure that patients and members of the public understand the content and offer suggestions if needed.

### **'Knowing how we are doing' Boards**

The 'Knowing How We Are Doing' boards have been developed and feedback from FFT and other sources is now incorporated on the wards and will be updated on a rolling basis. The Board now includes a section on 'You Said, We Did' from feedback which will demonstrate what the ward is doing as a result of feedback received.

## **9. Conclusion**

The Trust receives a significant amount of feedback from complaints, PALS, Friends and Family Test, patient surveys and letters/cards of compliment. Feedback is shared with Trust staff to provide feedback about what matters to our patients and how we can improve services and care from the feedback. The roll-out across the wards of the '*Knowing how we are doing*' boards will further enhance this feedback mechanism.

Late responses remain a concern in complaint handling, particularly as they may add to the poor impression of our services often held by complainants. Concerns about communication and attitude continue to be common themes in complaints and with the move, in the near future, to a new IT system, the themes from patient experience will provide more meaningful information than is currently possible.

Work on supporting and implementing the Family and Friends test continues, along with excellent patient engagement on a variety of projects across the Trust.

Progress is moving forward with the recommendations from the Patient Experience Review with an integrated PALS service being a considerable improvement both for staff involved in its delivery but also our patients who will use one number regardless of where they live or which service they have accessed.

<b>10. Recommendation</b>	
The Board are asked to support the recommendations in this paper.	
<b>Author</b>	<b>Kay Gamble, Lead for Patient Experience</b>
<b>Owner</b>	<b>Beverley Geary, Chief Nurse</b>
<b>Date</b>	<b>January 2015</b>



**Board of Directors – 28 January 2015**

**Director of Infection Prevention and Control (DIPC)**

Action requested/recommendation

The Board of Directors is asked to consider this report.

Summary

The report summarises Trust compliance and performance against key infection prevention standards and indicators.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

Outcome 3 applies.

Progress of report      Quality and Safety Committee.

Risk      Risk to patient safety where compliance falls below standard.

Resource implications	Potential when outbreaks and periods of increased incidence of infection occur.
Owner	Alastair Turnbull, Medical Director
Author	Vicki Parkin, Deputy Director of Infection and Prevention Control
Date of paper	January 2015
Version number	Version 1

**Director Infection Prevention and Control QUARTERLY INFECTION PREVENTION REPORT  
FOR TRUST BOARD. Q3 2014-2015**

Parameter		Incidence 2013/14	Q1	Q2	Oct	Nov	Dec	YTD	Notes
MRSA Bacteraemia attributable to Trust	Community	0	0	0	0	0	0	0	
	Elderly	1	0	0	0	0	0	0	
	Head + Neck	0	0	0	0	0	0	0	
	Medicine	1	0	0	0	0	0	0	
	Obstetrics + Gynaecology	0	0	0	0	0	0	0	
	Ophthalmology	0	0	0	0	0	0	0	
	Paediatrics	0	0	0	0	0	0	0	
	Specialist Medicine	0	0	0	0	0	0	0	
	Surgery + Urology	0	0	0	0	0	0	0	
	Trauma + Orthopaedics	0	0	0	0	0	0	0	
<b>Trust</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
MSSA Bacteraemia attributable to Trust  Annual threshold 2014 to 2015 = 30 cases	Community	0	0	0	1	0	0	1	IV Device specialist role established in IPT form 1st Sept on York site. Resource identified on SGH site to commence Feb 2015. ANTT training initiatives being developed.
	Elderly	6	2	2	0	0	1	5	
	Head + Neck	0	0	0	0	0	0	0	
	Medicine	14	8	6	3	4	2	23	
	Obstetrics + Gynaecology	0	0	0	0	0	0	0	
	Ophthalmology	0	0	0	0	0	0	0	
	Paediatrics	1	1	0	1	0	1	3	
	Specialist Medicine	3	1	0	0	1	0	2	
	Surgery + Urology	9	1	1	1	0	3	6	
	Trauma + Orthopaedics	2	1	0	0	0	1	2	
<b>Trust</b>	<b>35</b>	<b>14</b>	<b>9</b>	<b>6</b>	<b>5</b>	<b>8</b>	<b>42</b>		
MSSA per 100000 bed days attributable to Trust	York		23.1	11.8	22.2	11.2	21.7	17.5	
	Scarborough + Bridlington		7.0	10.3	10.0	28.9	36.6	8.6	
	Community hospitals		0.0	0.0	22.2	0.0	0.0	0.0	
	<b>Trust</b>		<b>14.8</b>	<b>9.7</b>	<b>18.4</b>	<b>15.6</b>	<b>23.7</b>	<b>12.7</b>	
E coli Bacteraemia attributable to Trust  No threshold set	Community	4	5	0	0	0	2	7	
	Elderly	31	6	4	2	4	1	17	
	Head + Neck	1	0	0	0	0	0	0	
	Medicine	25	5	2	1	3	2	13	
	Obstetrics + Gynaecology	1	1	0	0	0	0	1	
	Ophthalmology	0	0	0	0	0	0	0	
	Paediatrics	1	0	0	0	0	0	0	
	Specialist Medicine	13	5	1	0	0	1	7	
	Surgery + Urology	29	8	13	4	4	4	33	
	Trauma + Orthopaedics	3	0	0	0	0	0	0	
<b>Trust</b>	<b>108</b>	<b>30</b>	<b>20</b>	<b>7</b>	<b>11</b>	<b>10</b>	<b>78</b>		
Elective MRSA admission screening (report produced by SNS Team)	York sites	100%	86%	89%	92%	87%	90%		
	Scarborough sites	100%	80%	79%	86%	86%	76%		
	<b>Trust</b>	<b>100%</b>	<b>83%</b>	<b>86%</b>	<b>91%</b>	<b>88%</b>	<b>87%</b>		
Emergency MRSA admission screening (report produced by SNS Team)	York sites	100%	69%	72%	74%	73%	61%		Flag required on CPD to alert staff that a screen is required. IT have been approached
	Scarborough sites	100%	76%	72%	69%	67%	64%		
	<b>Trust</b>	<b>100%</b>	<b>72%</b>	<b>72%</b>	<b>72%</b>	<b>71%</b>	<b>62%</b>		
Clostridium difficile Infection (CDI) attributable to Trust  Annual threshold 2014 to 2015 = 59 cases	Community	8	0	2	1	0	0	3	
	Elderly	26	5	5	1	2	6	19	
	Head + Neck	0	0	0	0	0	0	0	
	Medicine	20	4	1	0	1	3	9	
	Obstetrics + Gynaecology	0	0	0	0	0	0	0	
	Ophthalmology	0	0	0	0	0	0	0	
	Paediatrics	0	0	0	0	0	0	0	
	Specialist Medicine	4	2	0	0	0	0	2	
	Surgery + Urology	9	1	1	0	1	1	4	
	Trauma + Orthopaedics	0	0	1	0	0	0	1	
<b>Trust</b>	<b>59</b>	<b>12</b>	<b>10</b>	<b>2</b>	<b>4</b>	<b>10</b>	<b>38</b>	CDI under threshold. Dec	

Parameter		Incidence 2013/14	Q1	Q2	Oct	Nov	Dec	YTD	Notes
CDI per 100000 bed days attributable to Trust	York		13.5	3.9	0.0	5.6	21.7	8.7	
	Scarborough + Bridlington		17.5	20.5	10.0	28.9	45.7	19.0	
	Community hospitals		0.0	13.6	22.2	0.0	0.0	6.9	
	Trust		12.7	10.8	6.2	12.4	29.6	11.6	
CDI Saving Lives care bundle compliance	York	95%	94%	80%	80%	91%	83%		
	Scarborough + Bridlington	95%	86%	82%	78%	81%	85%		
	Trust	95%	88%	81%	79%	86%	84%		
Outstanding CDI post infection review NB: Refers to month of result.	Community		0	1	0	0	0		
	Elderly		0	1	0	1	6		
	Head + Neck		0	0	0	0	0		
	Medicine		0	0	0	1	0		
	Obstetrics + Gynaecology		0	0	0	0	0		
	Ophthalmology		0	0	0	0	0		
	Paediatrics		0	0	0	0	0		
	Specialist Medicine		0	0	0	0	0		
	Surgery + Urology		0	1	0	0	1		
	Trauma + Orthopaedics		0	1	0	0	0		
Trust		0	4	0	2	7	6		
Deaths where Clostridium difficile is reported on certificate Part 2 unless specified otherwise	Community		0	0	0	0	0	0	
	Elderly		1	3	0	0	0	4	Quarter 1 = 1b
	Head + Neck		0	0	0	0	0	0	
	Medicine		0	1	0	0	0	1	Quarter 2 = 1b
	Obstetrics + Gynaecology		0	0	0	0	0	0	
	Ophthalmology		0	0	0	0	0	0	
	Paediatrics		0	0	0	0	0	0	
	Specialist Medicine		0	0	0	0	0	0	
	Surgery + Urology		0	0	1	0	0	1	
	Trauma + Orthopaedics		0	0	0	0	0	0	
Trust		1	4	1	0	0	6		
Readmissions within 30 days where CDI is diagnosed on and thought to be reason for admission - NB: refers to discharging directorate	Community		0	0	0	0	0	0	
	Elderly		1	0	0	0	1	2	
	Head + Neck		0	0	0	0	0	0	
	Medicine		0	0	0	0	0	0	
	Obstetrics + Gynaecology		0	0	0	0	0	0	
	Ophthalmology		0	0	0	0	0	0	
	Paediatrics		0	0	0	0	0	0	
	Specialist Medicine		0	0	0	0	0	0	
	Surgery + Urology		0	1	1	1	0	3	
	Trauma + Orthopaedics		0	0	0	0	0	0	
Trust		1	1	1	1	1	4		
Antimicrobial pathway compliance with indication (information from Antimicrobial Stewardship Team)	Elderly		90%	89%	89%	81%	95%		
	Head + Neck		54%	72%	83%	56%	91%		
	Medicine		85%	84%	89%	94%	92%		
	Surgery + Urology		81%	77%	93%	88%	73%		
	Trauma + Orthopaedics		75%	83%	93%	85%	82%		
	Trust		82%	80%	90%	88%	86%		
Antimicrobial pathway compliance with duration or review date (information from Antimicrobial Stewardship Team)	Elderly		91%	87%	84%	85%	93%		
	Head + Neck		65%	81%	67%	67%	100%		
	Medicine		86%	83%	87%	89%	88%		
	Surgery + Urology		83%	73%	93%	83%	85%		
	Trauma + Orthopaedics		83%	78%	100%	80%	76%		
	Trust		84%	78%	88%	86%	87%		
Percentage patients >65 years co-prescribed VSL#3 (information from Antimicrobial Stewardship Team)	Elderly		x	77%	77%	78%	90%		
	Head + Neck		x	0%	0%	0%	25%		
	Medicine		x	55%	46%	78%	67%		
	Surgery + Urology		x	25%	56%	25%	63%		
	Trauma + Orthopaedics		x	43%	0%	27%	50%		
	Trust		x	56%	53%	65%	70%		

Parameter		Incidence 2013/14	Q1	Q2	Oct	Nov	Dec	YTD	Notes
Ventilator acquired pneumonia in ICU (information provided by ICU)	York ICU		0	1	0	0	0	1	
	Scarborough ICU		0	0	0	0	0	0	
	Trust		0	0	0	0	0	0	
CVC associated infections in ICU (information provided)	York ICU		0	0	0	0	1	1	
	Scarborough ICU		0	0	0	1	0	1	
	Trust		0	0	0	1	1	2	
Trust attributed CAUTI (Safety Thermometer data)	York		1	3	0	0	3	7	
	Scarborough + Bridlington		2	3	1	0	0	6	
	Community hospitals		4	3	2	0	0	9	
	Trust		7	9	3	0	3	22	
Hand Hygiene compliance	Anaes, Theatre and Crit care					84%	87%	86%	
	Community					88%	92%	90%	
	Elderly					67%	81%	74%	
	Emergency					70%	No audits	70%	
	Head + Neck					90%	80%	85%	
	Medicine					81%	94%	88%	
	Obstetrics + Gynaecology					80%	90%	85%	
	Ophthalmology					99%	100%	100%	
	Paediatrics					83%	93%	88%	
	Radiology					100%	100%	100%	
	Sexual Health					100%	100%	100%	
	Specialist Medicine					98%	96%	97%	
	Surgery + Urology					55%	47%	51%	
	Therapies (AHPs)					88%	90%	89%	
Trauma + Orthopaedics					94%	100%	97%		
Trust total					87%	91%	89%		
Environment audit results	Anaes, Theatre and Crit care		93%	95%	93%	91%	96%	94%	
	Community		99%	99%	98%	98%	99%	99%	
	Elderly		94%	94%	92%	92%	92%	93%	
	Emergency		94%	93%	95%	95%	96%	95%	
	Head + Neck		85%	79%	No audits	100%	No audits	88%	
	Medicine		96%	95%	93%	93%	94%	94%	
	Obstetrics + Gynaecology		96%	98%	98%	96%	99%	97%	
	Ophthalmology		No audits	79%	88%	73%	53%	73%	
	Paediatrics		96%	98%	98%	99%	97%	98%	
	Radiology		96%	97%	98%	97%	96%	97%	
	Sexual Health		100%	99%	98%	97%	98%	98%	
	Specialist Medicine		93%	91%	91%	82%	No audits	89%	
	Surgery + Urology		90%	93%	94%	95%	95%	93%	
	Therapies (AHPs)		99%	98%	99%	98%	97%	98%	
Trauma + Orthopaedics		93%	92%	88%	90%	No audits	91%		
Trust total		96%	96%	96%	94%	95%	95%		
Infection Prevention training completion (data provided by Corporate, Learning and Development Team)	Anaes, Theatre and Crit care		3	24	21	18	20	86	
	Community			34	16	19	19	88	
	Elderly		12	41	13	17	7	90	
	Emergency			14	5	3	3	25	
	Head + Neck		2	9	9	7	3	30	
	Medicine		10	29	33	13	10	95	
	Obstetrics + Gynaecology		15	29	24	16	5	89	
	Ophthalmology			7	5	7	6	25	
	Paediatrics			12	3	10	14	39	
	Radiology			5	14	16	13	48	
	Sexual Health			6	0	0	2	8	
	Specialist Medicine		1	11	12	10	4	38	
	Surgery + Urology		8	16	13	17	5	59	
	Therapies (AHPs)		2	9	27	10	41	89	
Trauma + Orthopaedics		1	5	10	9	5	30		
Trust total		54	251	205	172	157	839		

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Finance and Performance Committee – 20 January 2015 – Neurosciences Room

**Attendance:** Mike Keaney Chairman                      Mike Sweet                      Mandy McGale by phone  
 Andrew Bertram    Lucy Turner  
 Steve Kitching    Mandy McGale  
 Mark Hindmarsh    Sue Rushbrook  
 Anna Pridmore    Jenny Hey

**Apologies:** Liz Booth, Graham Lamb

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1	<b>Last Meeting Notes Minutes Dated 18 November 2014</b>	The agenda covered the following	The notes were approved as a true record of the meeting		
2	<b>Matters arising</b>	AFW and CRR items  AFW EF1 DoF1,2, 4,7  CRR CE1 DoF 1-4	Mr Sweet asked SR if she could provide a copy of the presentation recently given to the Hospital Board. SR confirmed she would circulate the presentation.  <b>Acute Assessment Unit</b> - Mr Sweet asked for an update on the Acute Assessment Unit (AMU) work. SR advised that in York, specialist junior doctors are attending the Emergency Department (ED) to clerk patients and the Consultants are attending for post take. This practice has been in place since the 29 <sup>th</sup> December 2014 when the Trust started to experience some real difficulties.  The Strategy discussions include the amalgamation of ED and short stay. The main concern that has been identified is around the nurse establishment and	The Committee gained assurance from the information given and the progress being made. It was conscious that there were still some challenges ahead that needed to be addressed.	AB and SR to update the Board

Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p>significant work has been undertaken as a result of the challenges.</p> <p>MH added that AMU and short stay trial did take place in December 2014; a second trial is planned for next week.</p> <p>AB added that the longer term vision discussed at the time out concluded that Brian Golding should commission some building design work and evaluate the options. AB added that he had met with a company recently who were seeking to bring some significant finance to the NHS. He explained the discussion held with the company were about progressing the long term vision as described at the time out meeting.</p> <p>MK asked if there was a Master plan in place. SR advised that there is a list of the marginal changes although they are mainly for the York site. She added that the challenges have allowed management to focus on the processes.</p> <p>It was <b>agreed</b> that the F&amp;P Committee would receive a comprehensive action plan. The Committee asked for it to be presented to the Board of Directors at the January meeting.</p> <p><b>4 hour turnaround plan</b> – MK asked what had happened to the plan that had been developed by Liz Booth. SR advised that it had now moved on and become part of a much larger piece of work, implemented over the last three weeks.</p> <p>SR apologised that she had not been able to keep the commitment she had made around the performance report. She was putting a plan in place</p>		



	Agenda Item	AFW	Comments	Assurance	Attention to Board
			that would ensure she was able to deliver her commitment next month.		
3	<b>Short Term Acute Strategy</b>		<p><b>Fresh Start</b> - Mrs Mandy McGale, Director of Operations at Scarborough updated the Committee on the progress of the Fresh Start initiative. She advised that the programme began on 29 December 2014 and although early days, it is beginning to demonstrate some benefits. MM outlined that every bed is reviewed every 2 hours and 12 discharge liaison workers have been recruited to support the discharges from wards. All 12 discharge liaison workers will undergo a 2-week induction programme from the 3<sup>rd</sup> March. At present all 12 staff have received a short induction programme that allows them to take up their role.</p> <p>MM added that the site is struggling with elective demand and there have been difficulties managing ED. She added that the department has achieved over 95% over 3 days in the last week and the ambulance turnround times have also improved. She added that performance occasionally is below 80%, but normally it is above the 80% mark.</p> <p>There is a concern around the patient transport service in that towards the end of the day, the service is passing patients back to the Trust to manage the transport needs, even if the patient has already been booked on to the service. This is resulting in the Trust using private ambulance services, which is an unacceptable position. She added that some discussions are being held with the CCGs. MM added that at present the highest number of discharges in one day has been 16, work continues.</p> <p>AB asked if the discussions include both Scarborough</p>	The Committee was assured about the progress around Fresh Start project and the work being undertaken. The Committee pressed the point that a full action plan was required by the Committee and that it should be presented to the February meeting.	Update from SR and AB

Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p data-bbox="589 142 1355 357">&amp; Ryedale CCG and East Riding CCG. MM commented that she believed so, but would confirm that was the case. AB explained that there is a significant bill outstanding which has not been paid. There are on-going discussions with the CCG around payment.</p> <p data-bbox="589 400 1355 724">MM also explained to the Committee that formal consultation had begun with the Directorate Managers (DM) about on call changes and the introduction of shift work at weekends. She added that this needed to be in place to manage the command and control system 7 days a week. She explained that the consultation will run for 90 days and said that she would like it to be concluded earlier, but felt this would not be achieved.</p> <p data-bbox="589 767 1355 1054">AB added that this is a big change and having presence on site 7 days a week from DMs will be an excellent development. SR added that some DMs have been on site at the weekends in the last few weeks and they had started to recognise the benefits of working later in the day. DMs have now also been given access to information at home and are starting to use it.</p> <p data-bbox="589 1098 1355 1281">MK impressed again how important it was that these changes were captured into one document. He charged the Executive Directors with providing the Committee with a comprehensive list of the actions for the next meeting.</p> <p data-bbox="589 1324 1355 1460">MM reported to the Committee that 2 wards were closed with diarrhoea and vomiting – those wards being Coronary Care and Stroke. She added that agreement had been reached that where patients</p>		

Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p>needed to be admitted to those specialities admissions would take place. There is also a possible case of Norovirus, but that has not been confirmed as yet. MM reported that there had been an outbreak Shrigeila which it is believed was transmitted via staff.</p> <p>MM also explained that some staff are struggling with the focus being on discharge of patients, as it has not always been the culture and so she is undertaking work with staff side to help develop the focus.</p> <p>In terms of beds, MM advised that there are still 9 additional beds open in Scarborough, but the additional beds at Malton have been closed.</p> <p>MK challenged MM on the project KPIs and asked if there were any tangible benefits, such as more discharge and more use of discharge lounge that could be evidenced.</p> <p>MM explained that it was difficult at this stage to quantify the benefits, particularly as elective delivery was high which makes it difficult to show improvements in ED.</p> <p>In summary she commented that it is very early days – but there is much more responsiveness in the system eg. Transfer of patients out of the hospital.</p> <p>Everyone is continuing to work hard to make the project a success. Some of the delays that have existed historically have been addressed by having social workers on site and working with the discharge liaison team. The social workers have been on site since 19 January 2015.</p>		

Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p>It was confirmed by SR that all the actions from Fresh Start are part of the list of actions that will be provided to the Committee and Board.</p> <p>MM went on to talk about Pharmacy and advised that they were now working in a different way, although they had not got their revised structure in place at present.</p> <p>SR commented about the reduction in ED attendance in Scarborough and that admissions were lower, and this has helped sites. The level acuity remains high and there have been an increased number of deaths. The increased acuity is having an effect on the length of stay.</p> <p>MM added that additionally there are difficulties around recruitment with some gaps in staffing and process. MM explained that a tangible impact of these shortages is the approach being adopted to protect the co-ordinator on AMU and putting in place some contingency plan. The point being that AMU cannot operate effectively without a co-ordinator in place.</p> <p>MM summarised by saying that she expects to deliver the KPI for the project.</p> <p>SR added that she did not see the project delivering 18 weeks or the cancer targets. MM agreed and confirmed that it had never been suggested that the project would deliver those aspects. It would however deliver the KPIs that the project is measured against.</p> <p>MK thanks MM for her update. SR asked MM to provide a list of actions that could be discussed at the</p>		

Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p>Board meeting. MM confirmed she would provide the list.</p> <p>MM left the meeting.</p> <p><b>Emergency Department</b> – SR explained that there is now a better discharge process in place, 6 days a week, but getting that 7 day a week is more difficult, because of the challenges around putting in place agreed packages of care over the weekend. SR added that the learning is being taken from Fresh Start and from the beginning of January there have been meetings twice a day to improve discharges.</p> <p>Example of these changes include two consultants - John Coyle and Nigel Durham working with ED and AMU –to undertake post take and getting the clerking completed by Junior doctors. Also using their discretion to send patients to downstream wards bypassing AMU where appropriate, particularly where a patient has a lower NEWS score.</p> <p>SR added that it had now been identified that the bottle neck is in AMU and actions are being taken to unblock it. She added that at present there are examples of wards that have a number of outliers. Some work is now being moved to the day unit as an alternative and some elective patients have had their procedures cancelled</p> <p>SR added, as has already been reported, the work the Liz Booth started has been subsumed into the bigger work programme. Bed managers are also now relying on CPD information rather than walking round the wards. The significant changes that have been put in place are recognised by all nurses and</p>	<p>The Committee recognised the challenge faced by the Trust and the work being undertaken, but continued to be concerned about the rate of recovery and the impact across the organisation.</p> <p>The committee were assured by the comments made by the Directors and their assurance that the Committee will receive a copy of the comprehensive action plan.</p>	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			<p>consultants and they are working with the Trust to support them.</p> <p>The final point SR raised was that an increase Infection prevention control issues is being seen, in part, because of the high number of transfers that are occurring.</p>		
4	<b>Operational Report</b>		<p>LT highlighted the key messages in the Performance Report.</p> <p><b>18-weeks</b> – LT advised that a local agreement with the CCG had allowed the Trust to fail the admitted target in January. She highlighted that there was a concern that the backlog is beginning to increase again. The data for December is not currently available, but the Trust is holding weekly meetings with the CCG.</p> <p>MK asked for assurance around how the additional funding was used and if it was still available. LT advised that the funding had formally stopped in November 2014, but the Trust had been able to use some in December that was released by the CCG.</p> <p>MK challenged the Directors to describe how the organisation will get back on track. LT explained that there have been a number of patients cancelled and the DMs are sending patients out to the private sector when appropriate. Additional lists have been put on in York and Scarborough, but in Scarborough some have been cancelled. Contact has been made with private providers in Hull, but there is not much additional capacity because Hull Trust has used a lot of it.</p> <p>AB added that this is a national problem and at present there has been no national response to it.</p>	<p>The Committee continue to be concerned about the delivery of quarter 4, and although assured by the actions being taken by management will continue to challenge the Directors to demonstrate they are managing the challenges</p>	<p>SR to update the Board</p>

Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p>Cancellations and out sourcing the work does affect the Trust's financial position. He added that he had this month adjusted is forecast for the year end from an £800k deficit to £2m deficit.</p> <p>MK asked if there was confidence that the Trust would receive the RTT money. AB confirmed there was confidence that the Trust would receive the money.</p> <p><b>Cancer</b> - LT advised that some cancer patients had been cancelled and all but one patient had been rescheduled. She explained that there continued to be a challenge around delivering the 62 day target and extensive validation was being undertaken. The expectation is that the Trust has not achieved quarter 3 and quarter 4 does remain a concern at this stage.</p> <p>The Committee recognised that cancellation of any patient, but particularly a cancer patient is traumatic to the patient and the staff. This does mean that there are occasions when the decision to cancel can be made very late in the day and if the patient has been receiving other treatment that has been stopped in preparation for their operation, this adds to the stress for that patient.</p> <p>In terms of 14 day fast track, the Trust has not achieved quarter 3, it is expected that there will be compliance by February, but that does leave very little time to be able to achieve quarter 4.</p> <p><b>6 week diagnostics</b> –LT reported that the Trust had failed the target in December on both sites, this was due to the Trust operating only one CT scanner. This was not expected as plans had been put in place as</p>		

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		<p>had been previously reported to the F&amp;P Committee. The plans were not robust enough and as a result were not delivered. The expectation is that Radiology will be back in compliance by the first week in February.</p> <p><b>Monitor Commitments</b> –The Committee were concerned about how the Trust would address the commitments given to Monitor in October 2014. SR explained that discussions were being held with Patrick Crowley (Chief Executive) to identify what what is preventing the Trust from achieving the commitments. She added that she would expect PC and AB when they have the Monitor call this quarter to be highlighting where the challenges are. It was agreed that even though the Trust was only 20 days into quarter 4, concern was being raised about achievements in the quarter.</p> <p>The Committee recognised that the publicity by Mike Proctor (Deputy Chief Executive) around the challenges the Trust had, has resulted in a smaller number of people coming through the system. The extreme increase in admission and level of acuity was seen on 5<sup>th</sup> Jan.</p> <p>Jenny Hey (Director of Operations) added that the Committee must remember that there have been 4 day week for a couple of weeks over Christmas because of how Christmas fell in 2014, and the new year fell and this too added to the impact.</p> <p><b>CQUIN</b> – LT explained that the only concern around the CQUIN was stroke and early supported discharge. She explained that the results were disappointing and related to workforce issues. She</p>		



Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p>added that there is also a concern around the massive over achievement in quarter 2, which is being reviewed.</p> <p>MK asked about the Friends and Family test in ED along with the deteriorating patient at Scarborough. SR explained that deteriorating patients is one of the symptoms of workforce issues. MK asked how many vacancies existed that the Trust was carrying. SR advised that the level of locums has got better, and is part of the KPIs that come from Fresh Start.</p> <p>She added that in December for first time York broke the threshold for the number of transfers and there has been an increase infection.</p> <p>AB advised that contract negotiations with the CCGs are taking place. Scarborough/Ryedale CCG would like to impose specific delivery targets on the Scarborough site around ED, 18 week, cancer. The challenge the Trust has is that it is not judged on a site by site basis, so it is important to understand why they want to impose those additional KPIs. The negotiations continue. SR added that from a data perspective it would be difficult to report on 18 week and cancer by site break down. It is not how the data is collected or stored.</p>		
5 <b>Efficiency Report</b>		<p>SK updated the Board on the achievements. He advised in terms of current delivery, the overall delivery is £18.4m in December 2014 which equates to 77% of the £24m annual target. This is an improved position from November 2014, although running behind the position in December 2013.</p> <p>In year there is a planning gap of £0.9m in December</p>	<p>The Committee were disappointed by the results and recognised the significant challenge that exists. The Committee were assured by the actions being taken, but remain concerned that the target will not be achieved and the gap will</p>	<p>AB to update the Board</p>

Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p>2014, however if the high risk plans are removed the gap grows to £2.3m. This is considerably behind December 2013 position.</p> <p>The four year planning gap is now £17.1m, which means there has been an improvement of £1.8m from November 2014.</p> <p>Of the current delivery of £18.4m, £7.3m is recurrent and £11.1m is non-recurrent. This current to non-recurrent ratio has continued to deteriorate. In December 2013 the position was £9.7m delivered recurrently.</p> <p>There are key risks in six directorate areas. It should however be noted that there have been significant changes in those areas including new DM and finance managers and considerable operational pressures.</p> <p>Historically the final quarter has been the strongest for delivery. Financial review meetings are in place and a full review of non-recurrent savings is being undertaken. CET support is being given in a targeted manner; work continues on the efficiency matrix, progress will be presented to the February F&amp;P Committee. Work is being progressed with the Corporate Improvement Team to ensure all opportunities are identified.</p> <p>MK highlighted his concern that some of these exercises will pull too much forward from next year, in terms of savings plans.</p> <p>AB advised that Monitor had been in consultation around the tariff and part of the responses to that consultation had revealed that organisations can only safely deliver about 2% CIP. All the evidence and information suggests that Monitor will still include a CIP target of 4%, the final numbers are expected to</p>	<p>affect the target for 2015/16</p>	

Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p>be published in the near future. He added that Monitor received over 7000 objections to the rules being proposed; admittedly 6000 were related to mental health. The balance were objections raised by Foundation Trusts along with a class action from NHS providers.</p> <p>JH asked if the Trust was affected by the specialist commissioning tariff. AB confirmed it was particularly around bariatric work, which it intended would be developed, as well as cardiology and devices.</p> <p>AB updated the Committee on the external help proposal that had been discussed as part of the Board time out. He advised that he had been part of a small group of Executive Directors that had visited a couple of Trusts in the North East to attend a presentation by PWC on a model they are using with Trusts. He added that it was a very interesting model although no proposal was available to be put forward to the Board at this stage. Work continues to review and identify what other organisations are doing. A proposal will come to the Board of Directors in due course.</p>		
6 <b>Finance Report</b>		<p>Mr Bertram advised that the position had deteriorated from last month to £1.2m deficit in December 2014 against a planned position of £2.6m surplus.</p> <p>He reminded the Committee of the discussions that have been held around the non-elective marginal rate CCG saving and advised that this has been reflected in the income assumptions.</p> <p>He reminded the Committee of the discussions about the ambulance turnaround penalties and confirmed that re-investment of those penalties was also reflected in the income position. He added that further discussions are being held about re-investment from</p>	<p>The Committee were concerned about the report and the deterioration in the month end position. The Committee noted the work that had been undertaken and were assured by the comments made, but recognised the challenge to the year end position.</p>	<p>AB to update</p>

Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p>quarter 2 and 3. The anticipated success of those negotiations is included in the reported position. The position returns a provisional COSR rating of 4 which is in line with the Trust's planned position. The reported deficit is within the tolerances used by Monitor. He advised the Committee that it is possible the Trust will finish the year with a COSR rating of 3. There are three specific actions being taken to address that risk:</p> <p>1 continuing to peruse the balance on the ambulance turn round penalties to support existing schemes.</p> <p>2 ED fines of £808k are being discussed. There is recognition externally, of the levels of performance in the ED department and the fact that the department has coped with excessive demand. He added that additional capacity had been opened to support the system and it would be difficult for the CCG to continue to fine the Trust on the basis of level of work being undertaken to by the Trust to support the demand.</p> <p>AB added that he had attended a system wide meeting and he was struck by the recognition by the various stakeholders on the level of work being done and the exceptional way the organisation had managed to deal with the recent challenges.</p> <p>3 There has been slippage on resilience funding received by the CCG. The Trust was expected to receive about £1m; additionally the unplanned monies that are designed to support extra escalation capacity have not as yet been put in place.</p> <p>Additionally the marginal rate issues continue to be discussed with the CCG.</p> <p>MS commented that there is still a significant overspend on pay in December it was £4.1m. AB</p>		

Agenda Item	AFW	Comments	Assurance	Attention to Board
		<p>confirmed that this was around bank and agency staff. Extra beds and capacity was put in place which has affected the position further. The significant number of patients and our challenge around staffing wards has exacerbated the overspend. He added that there is the underlying position of a shortage of staff. There is an open advert inviting any nurse to join the Trust.</p> <p>MS asked what the progress had been made around looking at other providers of agency staff. AB advised that discussions are continuing and a new model is being evaluated.</p> <p>AB advised that as from February the finance report would be part of the performance booklet and would include some further analysis.</p>		
<b>Tender update</b>		<p>MH updated the Committee on the progress with the current tenders. He advised that the recently awarded tender to Northern Doctors by Scarborough &amp; Ryedale CCG for out of hours service is progressing. The Trust had agreed with Northern Doctors that they would work with them on delivering the contract. He advised that it would mean some rearranging of the current services provided in the centre of Scarborough and the implications of those changes are being worked through. He added that there are also discussions being held with the CCG and Northern Doctors clarifying the services that will be provided within the tender.</p> <p>In terms of Malton minor injuries unit, that is more straight forward the service is provided 9am-7pm 7 days a week. At present the Trust is working with Northern Doctors to agree the contract and associated SLA for both sites. The start date of the contract is 1 April 2015.</p>	<p>The Committee noted the comments and the progress made. There was concern about the time left before the contract is operational and the amount of work that needs to be completed in that time.</p>	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			MS asked if the tender process has been started with the Vale of York. MH confirmed he was referring to the GP out of hours service and confirmed that Northern Doctors had also won that tender and would now create a new organisation called Yorkshire Doctors. This contract also commences on 1 April 2015.		
7	<b>Terms of Reference</b>		The Committee discussed the terms of reference and agreed that SR would be added to the membership. It was also agreed that a further discussion about the membership would be held when Juliet Walter, Chief Operating Office was in post.		MK to highlight to the Board
8	<b>Next meeting</b>		The next meeting is arranged for 17 <sup>th</sup> February 2015		



## Monthly Performance Report

December 2014

### Access Targets: 18 Weeks

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	<b>Specialty fail:</b> £400 fine per patient below performance tolerance <b>Quarterly:</b> 1 Monitor point TBC	<b>90%</b>	90.9%	81.6%	82.0%	86.7%	76.4%	83.8%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	<b>Specialty fail:</b> £100 fine per patient below performance tolerance <b>Quarterly:</b> 1 Monitor point TBC	<b>95%</b>	96.8%	95.9%	95.5%	95.0%	95.7%	96.0%
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	<b>Specialty fail:</b> £100 fine per patient below performance tolerance <b>Quarterly:</b> 1 Monitor point TBC	<b>92%</b>	93.3%	93.4%	93.0%	93.2%	93.1%	93.0%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	£5,000 per Patient with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	<b>0</b>	1	0	0	0	0	0

### Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Sep	Oct	Nov
14 Day Fast Track	<b>Quarterly:</b> £200 fine per patient below performance tolerance 0.5 Monitor point TBC	<b>93%</b>	86.1%	85.9%	not available	82.2%	87.0%	85.0%
14 Day Breast Symptomatic	<b>Quarterly:</b> £200 fine per patient below performance tolerance 0.5 Monitor point TBC	<b>93%</b>	45.6%	78.6%	not available	90.2%	93.8%	84.7%
31 Day 1st Treatment	<b>Quarterly:</b> £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	<b>96%</b>	98.6%	97.9%	not available	98.2%	98.1%	99.5%
31 Day Subsequent Treatment (surgery)	<b>Quarterly:</b> £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	<b>94%</b>	96.4%	94.9%	not available	96.9%	90.6%	96.9%
31 Day Subsequent Treatment (anti cancer drug)	<b>Quarterly:</b> £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	<b>98%</b>	100.0%	99.1%	not available	100.0%	100.0%	100.0%
62 day 1st Treatment	<b>Quarterly:</b> £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	<b>85%</b>	87.8%	87.6%	not available	86.9%	86.4%	85.4%
62 day Screening	<b>Quarterly:</b> £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	<b>90%</b>	96.6%	93.8%	not available	91.3%	93.8%	91.4%
62 Day Consultant Upgrade	General Condition 9	<b>85%</b>	50.0%	-	not available	-	-	-



## Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	£200 fine per patient below performance tolerance (maximum 8% breaches) <b>Quarterly:</b> 1 Monitor point TBC	<b>95%</b>	93.9%	92.6%	89.1%	90.6%	90.2%	86.5%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	£200 per patient waiting over 30 minutes in the relevant month	<b>&gt; 30min</b>	481	489	514	177	129	208
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	£1,000 per patient waiting over 60 minutes in the relevant month	<b>&gt; 60min</b>	207	255	371	103	67	201
Ambulance Handovers over 30 and 60 Minutes by CCG	<b>Ambulance Handovers over 30 and 60 Minutes by CCG</b>	<b>Breach Category</b>	<b>Q1 Actual</b>	<b>Q2 Actual</b>	<b>Q3 Actual</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
	NHS VALE OF YORK CCG	30mins - 1hr	176	70	154	40	34	80
		1hr 2 hours	94	19	109	18	14	77
		2 hours +	7	13	54	12	1	41
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	141	202	176	66	55	55
		1hr 2 hours	52	88	77	25	25	27
		2 hours +	4	12	25	11	2	12
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	96	122	127	49	27	51
		1hr 2 hours	26	73	54	17	16	21
		2 hours +	0	9	13	7	1	5
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	27	34	17	8	4	5
		1hr 2 hours	5	12	13	5	5	3
		2 hours +	0	2	1	1	0	0
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	5	1	2	1	1	0
		1hr 2 hours	0	1	1	0	0	1
2 hours +		0	0	0	0	0	0	
OTHER	30mins - 1hr	36	60	38	13	8	17	
	1hr 2 hours	19	25	16	5	3	8	
	2 hours +	0	1	8	2	0	6	
Trolley waits in A&E not longer than 12 hours	£1,000 per incidence in the relevant month	<b>&gt; 12 hrs</b>	0	2	0	0	0	2
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	<b>95%</b>	97.4%	96.9	To follow	96.4%	To follow	To follow

## Mortality

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

## Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec
Minimise rates of Clostridium difficile	<i>Schedule 4 part G</i> <b>Quarterly:</b> 1 Monitor point tbc	<b>59</b>	12	10	16	2	4	10
Number of Clostridium difficile due to "lapse in care"	TBC	<b>TBC</b>	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	<b>Quarterly:</b> General Condition 9	<b>108</b>	30	20	28	7	11	10
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	<b>Quarterly:</b> General Condition 9	<b>35</b>	14	9	19	6	5	8
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	<b>0</b>	0	0	0	0	0	0
Notification of MRSA Bacteraemia to be notified to commissioner within 2 working days	General Condition 9	<b>100%</b>	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) of MRSA bacteraemia/SI report to be provided to the commissioner within 14 working days of the case being identified in line with national data capture system	General Condition 9	<b>100%</b>	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) completed	TBC	<b>TBC</b>	n/a	n/a	n/a	n/a	n/a	n/a
Elective admissions are screened for MRSA prior to admission	<b>Quarterly:</b> General Condition 9	<b>95% by Q4 TBC</b>	87.9%	88.7%	88.5%	90.7%	87.7%	87.1%
Emergency admissions are screened for MRSA within 24 hours of admission	<b>Quarterly:</b> General Condition 9	<b>95% by Q4 TBC</b>	71.2%	72.7%	70.1%	72.0%	68.9%	69.2%

## Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	£200 fine per patient below performance tolerance	99%	97.6%	98.3%	98.5%	98.5%	99.0%	97.9%
Sleeping Accommodation Breach	£250 per day per Service User affected	0	0	0	2	2	0	0
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hosp	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	0	1	0	0	0	0	3
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	0	0	0	0	0	0	0
Cancelled operations: within 48 Hours of the TCI due to lack of beds	General Condition 9	65 per month	63	75	242	43	55	144
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	£200 in respect of each excess breach above threshold	95%	97.2%	96.9%	97.1%	97.4%	97.4%	96.9%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	99%	99.7%	99.6%	To follow	99.7%	To follow	To follow
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%	5.9%	6.5%	5.1%	4.0%	5.5%	6.0%
All ELECTIVE patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system within 24 hours of admission	General Condition 9	Q1 - 89% Q2 - 90% Q3 - 92% Q4 - 95%	85.9%	86.4%	86.3%	86.4%	87.0%	85.4%
Delayed Transfer of Care to be maintained at a minimum level	TBC	TBC	1548	1988	1612	437	566	609
Trust waiting time for Rapid Access Chest Pain Clinic	None	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	90%	Annual statement of assurance					
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	200 per month	348	518	563	215	176	172
Reduction in number of hospital cancelled first and follow up outpatient appointments for non-clinical reasons where there is a delay in the patient treatment	General Condition 9	Baseline 784; end Q2 745; end Q4 722	2236	2287	2381	850	758	773
% Compliance with WHO safer surgery checklist	No financial penalty	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	371	352	2 month coding lag	118	2 month coding lag	2 month coding lag
Readmissions within 30 days – Non-elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	1247	1192	2 month coding lag	441	2 month coding lag	2 month coding lag
Reduction in the number of inappropriate transfers between wards and other settings during night hours (Reduction in avoidable site transfers within the Trust after 10pm)	General Condition 9	Q2 onwards 80 p.m. (TBC)	256	269	353	103	102	148

## Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec
Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	General Condition 9	<b>80% by site</b>	87.9%	84.0%	83.4%	85.3%	81.4%	83.5%
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	<b>90%</b>	93.7%	98.6%	98.3%	99.0%	97.3%	98.5%
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	<b>95%</b>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Proportion of stroke patients who spend >90% of their time on a stroke unit	Non delivery of 90% at Q4 £5,000 In line with GC9 where the provider fails to meet the quarterly trajectory an action plan will be delivered. Maximum sanction of £5k in line with respective finance baselines (TBC)	<b>80%</b>	86.9%	91.0%	one month behind	90.1%	79.7%	one month behind
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours of seeing a health professional	Non delivery of Q4 £5,000 In line with GC9 where the provider fails to meet the quarterly trajectory an action plan will be delivered. Maximum sanction of £2k in line with respective finance baselines (TBC)	<b>70% (TBC)</b>	86.7%	86.0%	one month behind	85.0%	80.0%	one month behind
Proportion of patients presenting with stroke with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation	General Condition 9	<b>65%</b>	95.0%	100.0%	one month behind	100.0%	100.0%	one month behind
Percentage of stroke patients and carers with joint care plans on discharge from hospital to have a copy of their care plan (except RIP or who refuse health/social care assessment/intervention)	General Condition 9	<b>70%</b>	n/a	n/a	n/a	n/a	n/a	n/a
Patients who require an urgent scan on hospital arrival, are scanned within 1 hr of hospital arrival (TBC)	No financial penalty	<b>50%</b>	82.6%	70.8%	one month behind	83.3%	75.0%	one month behind
Proportion of stroke patients scanned within 24 hours of hospital arrival	No financial penalty	<b>90% (TBC)</b>	91.6%	96.5%	one month behind	95.0%	88.5%	one month behind
Immediate Discharge Letters (IDLs) handed to patients on Discharge	General Condition 9	<b>98%</b>	Annual letter of assurance to be provided to CMB					
Quality of Ward IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology)	Failure to deliver quarterly trajectories at Trust aggregate level for each quarter will result in the application of a £10K sanction relating to each underperforming quarter. Maximum sanction of £40k per fiscal year. The penalty will be applied by the commissioners in line with respective finance baselines (TBC)	<b>Q1 - 90% Q2 - 91% Q3 - 93% Q4 - 95%</b>	Quarterly audit					
Quality of ED IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology)	Failure to deliver the quarterly target will result in the application of a £6k penalty per quarter. Maximum sanction of £24k in line with respective finance baselines (TBC)	<b>Q1 - 90% Q2 - 91% Q3 - 93% Q4 - 94%</b>	Quarterly audit					
All Red Drugs to be prescribed by provider effective from 01/04/14	£50 penalty for any request to primary care for prescription of Red Drugs (TBC)	<b>100% list to be agreed</b>	CCG to audit for breaches					
All Amber Drugs to be prescribed by provider effective from 01/04/14	No financial penalty	<b>100% list to be agreed</b>	CCG to audit for breaches					
NEWS within 1 hour of prescribed time	None - Monitoring Only	<b>None</b>	86.6%	86.9%	86.3%	87.1%	86.5%	85.3%

## Never Events

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

## District Nursing Activity Summary

Indicator	Source	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Oct	Nov	Dec
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	n/a	1817	2031	2100	726	658	716
	Community nurse/service	n/a	867	1131	975	360	275	340
	Acute services	n/a	691	829	753	265	211	277
	Self / Carer/family	n/a	481	513	340	143	85	112
	Other	n/a	231	278	244	90	66	88
	Grand Total	n/a	4153	4737	4412	1584	1295	1533
Community Adult Nursing Contacts	First	n/a	2612	2612	2479	805	807	867
	Follow up	n/a	32184	32184	31445	10929	9359	11157
	Total	n/a	34796	34796	33924	11734	10166	12024
	First to Follow Up Ratio	n/a	12.3	12.9	12.7	13.6	11.6	12.9
Community Hospitals average length of stay (days)	Archways	n/a	23.4	22.1	20.6	22.2	23.2	16.4
	Malton Community Hospital	n/a	24.5	18.6	17.1	17.2	16.3	18.0
	St Monicas Hospital	n/a	24.5	23.2	22.0	19.4	23.7	23.4
	The New Selby War Memorial Hospital	n/a	13.8	15.6	13.7	15.5	10.5	15.5
	Whitby Community Hospital	n/a	21.1	20.3	20.9	19.0	20.8	22.7
	Total	n/a	20.4	19.4	18.1	18.0	17.2	19.1
Community Hospitals admissions. Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	8	4	8	0	3	5
		Emergency	66	91	77	27	23	27
	Malton Community Hospital	Elective	4	10	21	6	9	6
		Emergency	89	114	121	47	37	37
	St Monicas Hospital	Elective	9	13	9	5	3	1
		Emergency	36	35	27	8	7	12
	The New Selby War Memorial	Elective	68	62	69	23	28	18
		Emergency	71	66	69	29	24	16
	Whitby Community Hospital	Elective	0	1	4	4	0	0
		Emergency	152	123	142	45	45	52
	Total	Elective	89	90	111	38	43	30
		Emergency	414	429	436	156	136	144

<b>Complaints and PALS</b>	<b>Apr-14</b>	<b>May-14</b>	<b>Jun-14</b>	<b>Jul-14</b>	<b>Aug-14</b>	<b>Sep-14</b>	<b>Oct-14</b>	<b>Nov-14</b>	<b>Dec-14</b>	<b>Jan-15</b>	<b>Feb-15</b>	<b>Mar-15</b>
New complaints this month	51	38	58	57	46	47	43	60	31			
Complaints at same month last year	52	48	49	59	42	56	52	45	27			
Number of complaints upheld (cumulative)*	75% of Q1 complaints generated actions for improvement			not known yet	not known yet	not known yet	not known yet	not known yet	not known yet			
Number of complaints partly upheld (cumulative)**												
Number of Ombudsman complaint reviews	0	2	0	3	0	0	0	0	0			
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	0	0	0	0			
Number of Ombudsman complaint reviews partly upheld	0	1	1	2	0	0	0	0	0			
Late responses this month (at the time of writing)***	4	7	4	9	4	1	8	5	5			
Top 3 complaint issues												
Aspects of clinical treatment	39	27	34	39	37	35	31	44	18			
Admission/discharge/transfer arrangements	5	2		3	2		5	4	0			
Appointment delay/cancellation - outpatient	3				1				4			
Staff attitude		4	6	10	6	5		5	5			
Communications			5	3	0	4			0			
Other							2		0			
New PALS queries this month	495	474	528	531	488	570	653	552	443			
PALS queries at same time last year	488	521	462	563	498	445	536	419	385			
Top 3 PALS issues												
Information & advice	107	118	168	140	158	192	42	150	136			
Staff attitude	61	0	0	0	15	0	0	0	17			
Aspects of clinical treatment	53	87	99	104	93	86	89	105	66			
Appointment delay/cancellation - outpatient	0	66	59	67	56	65	24	63	41			
<i>*note: upheld complaints are reported quarterly to allow for investigation timescales</i>												
<i>**note: we do not record partly - if a complaint generates 1 or more actions for improvement then it is recorded as upheld</i>												
<i>***note: if extensions are made in agreement with the complaint, responses are not considered late</i>												
<b>Serious Incidents</b>												
Number of SI's reported	19	21	20	19	13	13	35	12	24			
% SI's notified within 2 working days of SI being identified*	89%	76%	70%	94%	100%	100%	100%	100%	100%			
% SI's closed on STEIS within 6 months of SI being reported	50%	0%	0%	0%	0%	0%	0%	8%	0%			
Number of Negligence Claims	11	14	16	15	21	8	16	8	8			
<i>* this is currently under discussion via the 'exceptions log'</i>												

<b>Pressure Ulcers**</b>												
Number of Category 2	43	40	37	22	29	28	31	32				
Number of Category 3	12	9	10	5	5	8	7	6				
Number of Category 4	1	0	0	0	0	0	1	1				
Total number developed/deteriorated while in our care (care of the organisation) - acute	35	27	24	15	24	28	39	32				
Total number developed/deteriorated while in our care (care of the organisation) - community	32	29	27	19	18	20	22	37				
<b>Falls***</b>												
Number of falls with moderate harm	10	8	7	3	3	3	6	1				
Number of falls with severe harm	8	6	4	1	2	2	3	2				
Number of falls resulting in death	0	0	0	0	0	0	0	0				
<b>Safeguarding</b>												
% of staff compliant with training (children)			45%	45%	47%	51%	54%	53%	55%			
% of staff compliant with training (adult)			39%	40%	43%	40%	42%	43%	45%			
% of staff working with children who have review CRB checks												
<b>Prevent Strategy</b>												
Attendance at the HealthWRAP training session	3 in total	3 in total	3 in total	3 in total	3 in total	3 in total	3 in total	3 in total				
Number of concerns raised via the incident reporting system	nil	nil	nil	nil	nil	nil	nil	nil				

Note\* November pressure ulcer data being validated

Note\*\* November falls data being validated

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## Board of Directors – 28 January 2014

### Finance Report

#### Action requested/recommendation

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

#### Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 31 December 2014.

At the end of December the Trust is reporting an Income and Expenditure (I&E) deficit of £1.3m against a planned surplus of £2.6m for the period. The Income & Expenditure position places the Trust behind its Operational plan.

#### **Strategic Aims**

**Please cross as appropriate**

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

#### Implications for equality and diversity

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

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

#### Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Finance and Performance Committee.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	January 2015
Version number	Version 1

**Briefing Note for the Board of Directors Meeting 28 January 2015**

**Subject: December 2014 (Quarter 3) Financial Position**

**From: Andrew Bertram, Finance Director**

**Summary Reported Position for December 2014**

At the close of quarter 3 the Trust remains in a deficit financial position. Our plan for the month of December predicted a modest in-month improvement in our position but this has not happened. Our reported deficit to date has deteriorated from £0.7m at November to £1.2m at December. Against our planned year-to-date surplus of £2.6m we are currently operating £3.8m short.

Agreement has been reached in relation to the use of non-elective marginal rate CCG savings and this has been reflected in our income assumptions.

Agreement has also been reached for quarter 1 ambulance turnaround penalty re-investments and this is also reflected in the reported income position. Discussions continue around further quarter re-investments in relation to ambulance turnaround penalties and assumptions around the success of these negotiations are included in the reported position.

This position returns a provisional COSR rating of 4, which is in line with our planned position. Whilst we are reporting a deficit it is within the tolerances used by Monitor.

CIP performance is £2.0m (year-to-date) behind the required savings level. This is consistent with the trend from previous and shows continued progress but is emerging as a risk in terms of outright year end delivery. This issue is dealt with in detail in the efficiency report.

**Income Analysis**

The Board should be aware there is some degree of risk with the reported income position. This is due to a higher than normal level of uncoded activity (particularly non-elective activity) being available at the time of the formal pricing calculations. This will be corrected in the following month's report.

The income and expenditure report clearly shows a further falling behind plan in relation to elective activity, whilst non-elective activity continues to significantly exceed plan (even at the 30% payment rate). The Board are fully aware of the current operational pressures within the system compromising elective activity.

Contract penalties have increased further this month, following an established trajectory. Details are provided in the finance report and performance report.

In addition to the continuation of negotiations concerning the re-investment of ambulance turnaround penalties the Board should be aware of two further developing strategies in

relation to seeking recompense for the exceptional non-elective activity pressures and associated impact on costs of managing patient flow.

Firstly, in relation to the initial tranche of winter resilience funds the Trust is £0.2m behind plan in terms of deployment against agreed schemes. These funds are being held by VoY CCG. We are preparing a case for the release of this slippage to the Trust to help meet the exceptional costs of agency and locum staff to support the additional to plan escalation capacity we have sought to open in managing current unplanned demand. This income is not assumed in the current reported position. I believe this to be a strong case.

Secondly, the Board will be aware of the ED 4-hour target failure penalties totalling £0.8m to date. This full penalty is currently in the reported position. A case is being prepared to seek the reinvestment of this penalty given the current, and universally acknowledged, system-wide issues manifesting in 4-hour performance failure. The case builds upon social care difficulties and unprecedented (and unplanned) emergency demand coupled with a significant increase in acuity of admitted patients. The system is widely acknowledging of the impact this is having on acute hospitals and recognises the need for additional capacity coupled with high agency and locum costs. It is arguably unfair to apply penalties totalling £0.8m in this instance. This income is not assumed in the current reported position. I believe this also to be a strong case.

### **Expenditure Analysis**

Pay budgets and provisions are £4.1m overspent for December, following a trend established earlier in the year and reflective of the additional unplanned capacity the Trust has had to provide. Of note is that pay expenditure for December is identical to that for November, with both months running at £0.5m above the average spend level established earlier in the year.

Concerted attempts to recruit substantively must continue as an annual forecast agency expenditure bill of around £9m represents a significant premium on costs.

Drug expenditure has deteriorated and is now showing a £0.7m overspend but this is, in the main, directly related to high out of tariff drug costs for which direct recharges are made to commissioners. The level is running ahead of plan though and will be of concern to the Trust's commissioners. There are no other material pressures to report in terms of other operational budgets.

The report shows that the CIP programme is impacting adversely on the position by £2.0m. The detail of the CIP position is dealt with in the efficiency report.

### **Contracting Matters**

Since the last formal finance report to the Board the contract with S&R CCG (and associates) has been formally signed.

### **Other Issues**

At this stage in the financial year there are no other Trust finance issues I would wish to bring to the attention of the Board. Cash levels are satisfactory and capital programme spending is as expected.

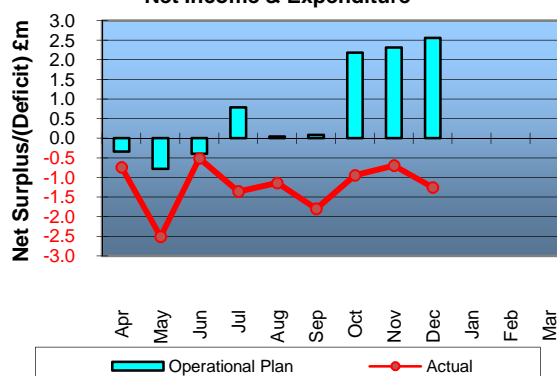
# YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

## Financial Report for the Period 1 April 2014 to 31st December 2014

### High Level Overview

- \* A net I&E deficit for the period of £1.3m means the Trust is £3.8m behind plan.
- \* CIPs achieved at the end of December total £18.4m. The CIP position is running £2.0m behind plan.
- \* All contracts are now signed. The estimated overall actual activity value is forecast to be behind contract by £0.9m.
- \* The cash balances totalled £21.7m, which is below plan.
- \* Capital spend totalled £17.4m, and is behind plan.
- \* The Continuity of Service Risk Rating is 4.

### Net Income & Expenditure

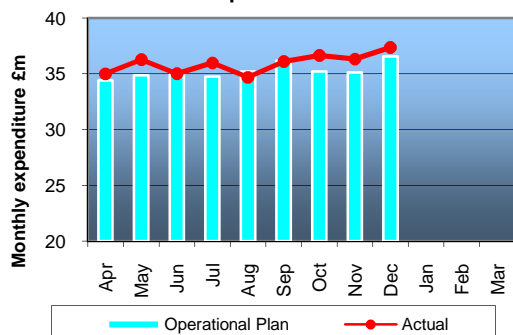


### Key Period Operational Variances

	Plan £m	Act. £m	Var. £m
Clin. Inc. (excl. VET)	287.2	287.9	0.7
Clin. Inc. (VET)	9.1	8.0	-1.1
Other Income	37.4	40.1	2.7
Pay	-219.1	-223.1	-4.1
Drugs	-31.5	-32.2	-0.7
Consumables	-33.7	-33.7	0.0
Other Expenditure	-46.9	-48.4	-1.4
	<b>2.6</b>	<b>-1.3</b>	<b>-3.8</b>

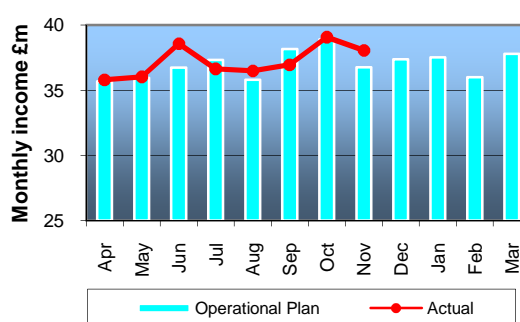
(VET = Vitreous Eye Treatments)

### Expenditure



- At the end of December there is an adverse variance against operational expenditure budgets of £6.1m. This comprises:-
- Operational pay being £4.0m overspent, predominantly due to a premium paid for agency staff covering vacant posts
  - Drugs £0.7m overspent
  - Clinical supplies are in balance.
  - Other costs are £0.8m underspent
  - Restructuring costs are £0.2m overspent
  - CIPs are £2.0m behind plan

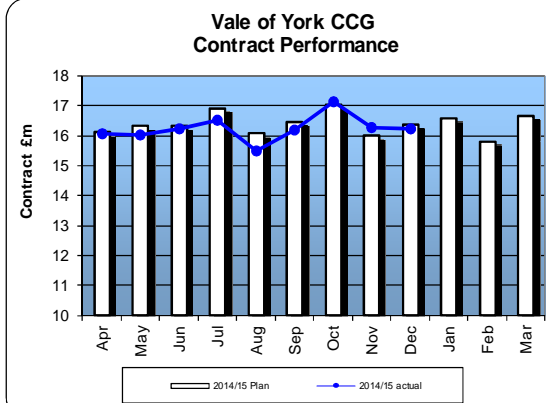
### Income



- At the end of December income is ahead of plan by £2.4m. This comprises:
- Elective and day case income are behind plan by £2.4m.
  - Non elective is ahead of plan by £4.4m.
  - Out patient income is behind plan by £1.3m
  - A&E income is ahead of plan by 0.4m
  - Other clinical income is behind plan by £1.4.
  - Other income is £2.7m ahead of plan
  - Potential contract penalties and fines are estimated at £1.3m, included within the lines above.

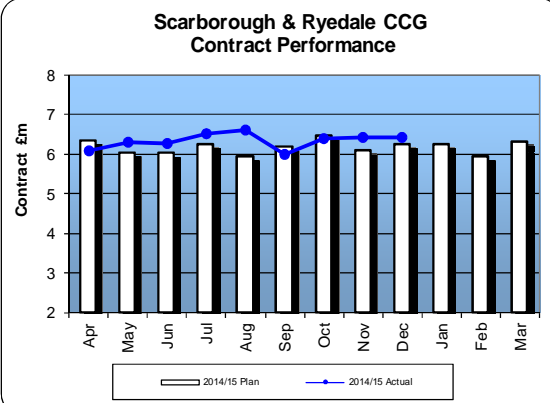
# YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

## Financial Report for the Period 1 April 2014 to 31st December 2014



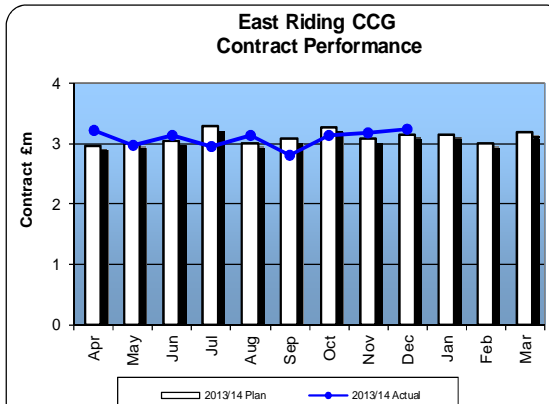
The contract value is £195.6m.

The contract is now signed and the estimated actual value to date is forecast to be under contract by £1.6m. This position includes estimates for November and December.



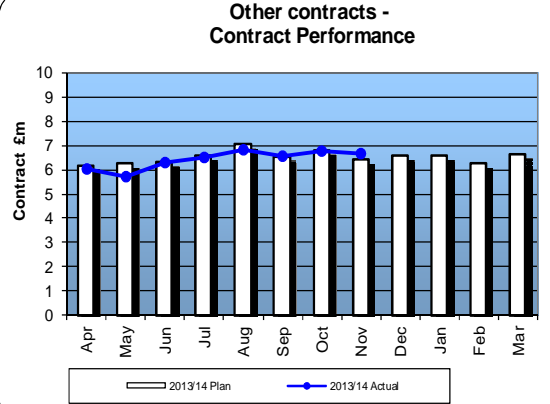
The contract value is £73.7m.

The contract is now signed and the estimated actual value to date is forecast to be ahead of contract by £1.6m. This position includes estimates for November and December.



The contract value is £36.9m.

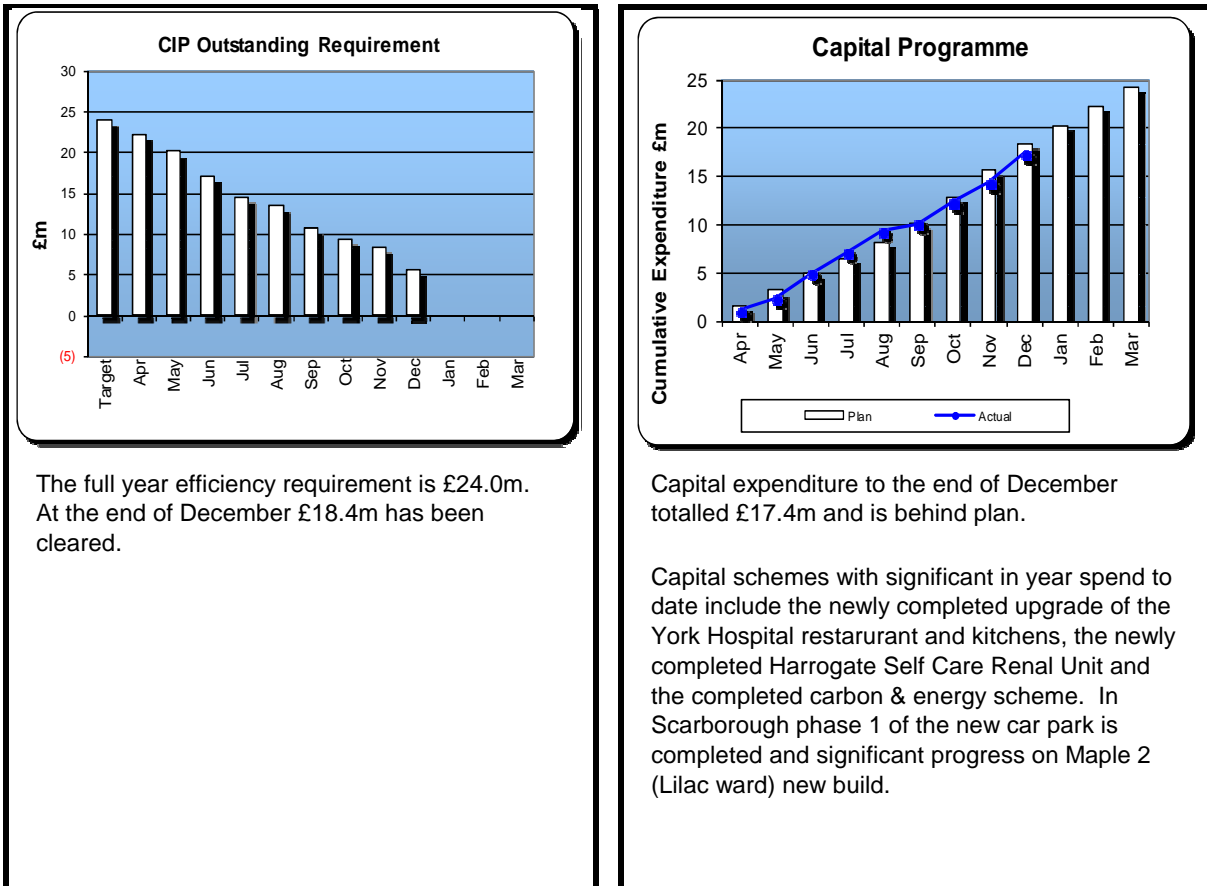
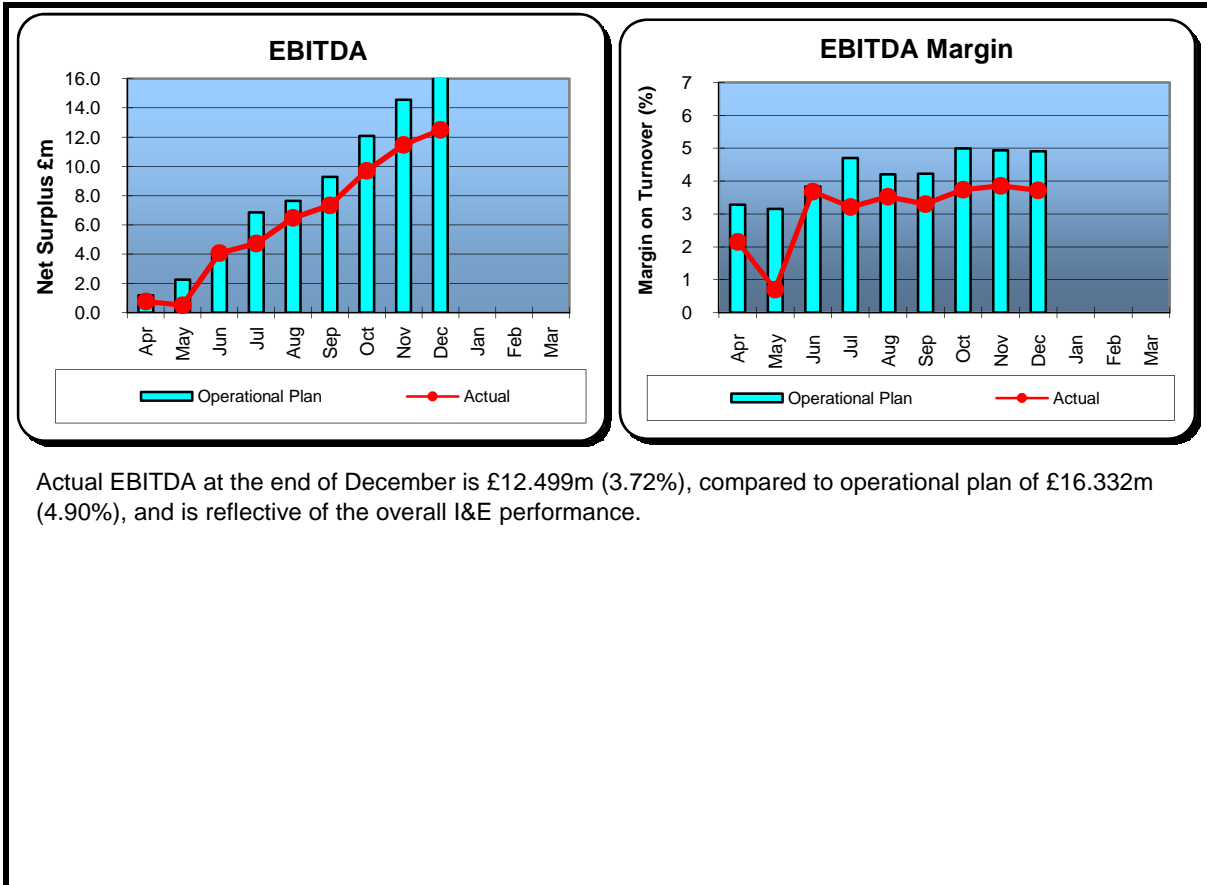
The contract is now signed, and the estimated actual value to date is forecast to be broadly on balance to the contract. This position includes estimates for November and December.



The contract value is £77.7m.

These include the smaller CCGs, NHS England, and Local Authority contracts. All contracts are signed. Overall, the actual position is estimated to be behind contract by £0.9m. The position includes estimates for November and December. A high volume of uncoded data may affect the allocation of income against individual contracts, and particularly the undertrade on the prescribed specialist services of £0.5m.

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**  
**Financial Report for the Period 1 April 2014 to 31st December 2014**



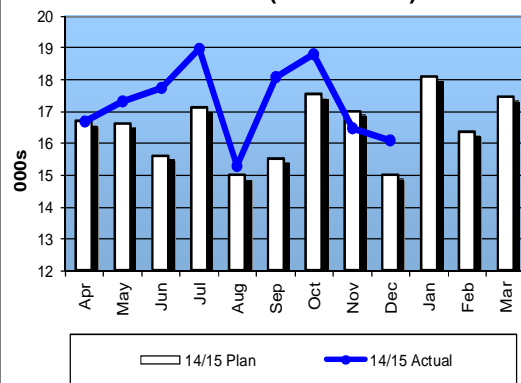
**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**  
**Financial Report for the Period 1 April 2014 to 31st December 2014**

**Continuity of Service Risk Rating (CoSSR):**

Debt Service Cover rating	3
Liquidity rating	4
<b>Overall CoSSR</b>	<b>4</b>

The debt cover rating is reflective of the reported I&E position.

**Referrals (All Sources)**



Annual plan 198,057 referrals (based on full year equivalent of 2013/14 outturn)

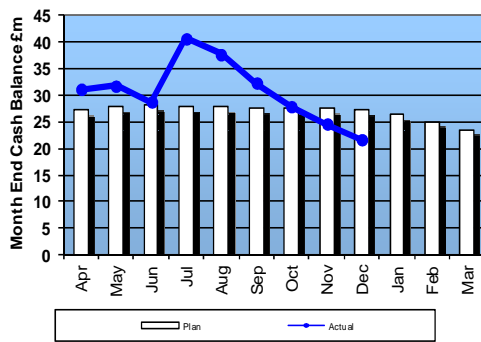
Variance at end of December: +9,268 referrals (+6.3%)

GP referrals +3,909 (+4.53%)

Cons to Cons referrals -560 (-2.66%)

Other referrals +5,919 (+15.21%)

**Cash Position**

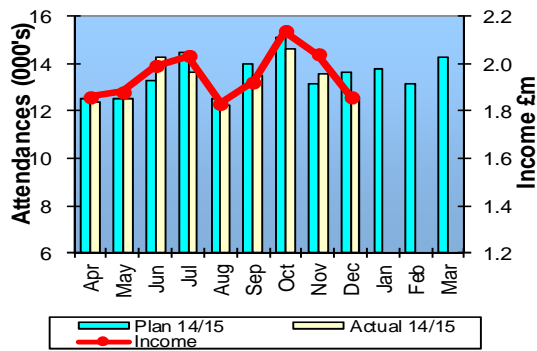


The cash balances at the end of December totalled £21.7m. This is below the plan.



**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**  
**Financial Report for the Period 1 April 2014 to 31st December 2014**

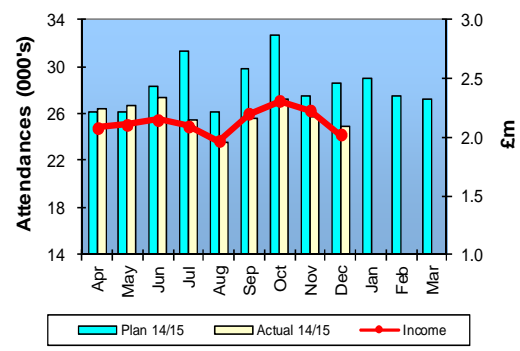
**Outpatient First Attendances**



Annual Plan (Attendances) 162,401  
 Variance at end of December: -2009 attendances (-1.2%).

Main variances: Obstetrics and Midwifery Zero Tariff +1033 (15%), Clinical Neurophysiology -363 (-24%), Paediatrics +543 (11%), Rheumatology -363 (-11%), Geriatric Medicine -413 (-9%), Medicine Specialties -1,578 (-6%), Dermatology -504 (-7%), Trauma and Orthopaedics -352 (-2%)

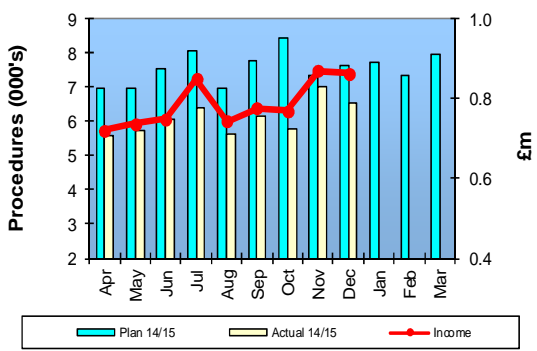
**Outpatient Follow Up Attendances**



Annual Plan (Attendances) 340,039  
 Variance at end of December: -20,991 attendances (-6%).

Main variances: General Surgery +1,287 (6%), Gynaecology -2,783 (-29%), Obstetrics and Midwifery Zero Tariff -15,490 (-29%), Ophthalmology -2,017 (-4%), Geriatric Medicine -1,633 (-28%), Medicine Specialties -3,518 (-7%), Palliative Medicine +1,482 (58%), Rheumatology +1,402 (13%)

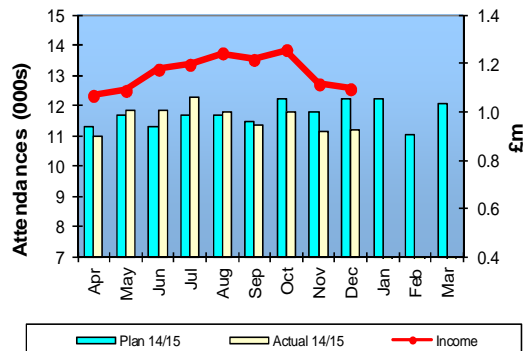
**Outpatient Procedures**



Annual Plan (Procedures) 90,710  
 Variance at end of December: -12,816 procedures (-14%).

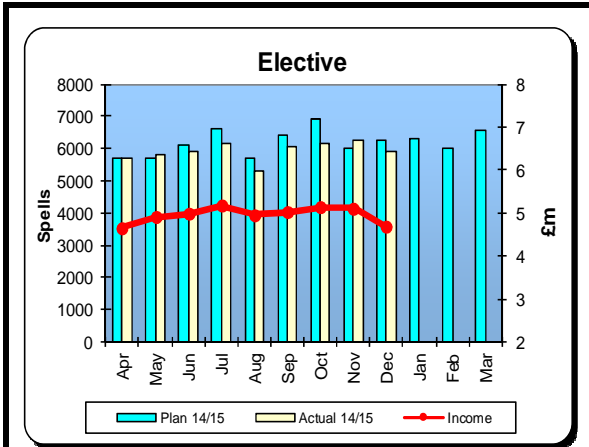
Main variances: Dermatology -1,659 (-9%), Ophthalmology -7,504 (-35%), Trauma and Orthopaedics -1,526 (-42%), Restorative Dentistry -702 (-43%), and ENT -1,614 (-16%).

**Emergency**



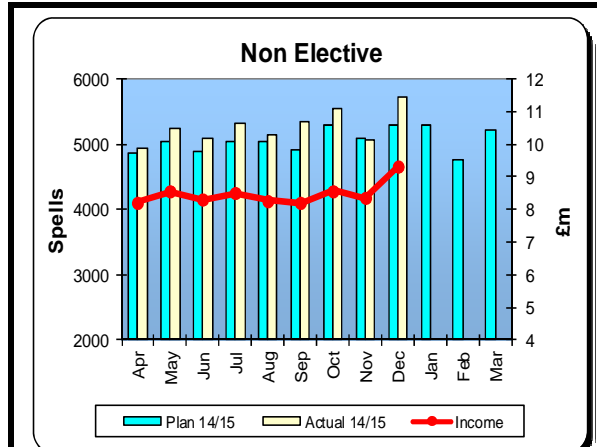
Annual Plan (Attendances) 140,832  
 Variance at end of December: -1,070 attendances (-0.8%).

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**  
**Financial Report for the Period 1 April 2014 to 31st December 2014**



Annual Plan (Spells) 74,445  
 Variance at end of December: -2,324 spells  
 (-3%): inpatient -161; daycase -2,163

Main day case variances: General Medicine +408 (23%), Haematology -450 (-10%), Medical Oncology -713 (-9%), Urology -680 (-7%), Anaesthetics -485 (-16%), Ophthalmology -319 (-5%)



Annual Plan (Spells) 60,765  
 Variance at end of December: +1,877 spells  
 (+3%).

Main variances: Gastroenterology +723 (19%), General Surgery +294 (5%), Endocrinology +533 (19%), Obstetrics and Midwifery +804 (8%), General Medicine -758 (-49%), Geriatric Medicine +381 (4%).

**Contract Penalties**

Penalties	Penalty £000	Comments
<u>52 week breaches</u>	0	£5k penalty per breach per month. Agreement reached to recind penalties following review of actual cases.
<u>18 week breaches:</u>		Figures include estimates in early months.
- Admitted (90% target, weighting 37.5%)	89	GenSur £3k; T&O £30k; ENT £16k; Urology £2k, Ophthalmology £10k.
- Non-admitted (95% target, weighting 12.5%)	37	Cardiology £2.0k; resp. medicine £11.7k; Rheumatology £7.9k, Gastroenterology £5.2.
- Incomplete pathways (92% target, weighting 50%)	64	T&O £8k; Gastro £ 5k; ENT £11k, Urology £8.4, Ophthalmology £13k
<u>Cancer waits</u>	223	Cancer 2 week waits/ Breast symptom two week waits.
<u>NHS Numbers</u>	0	
<u>A&amp;E 4 hr performance</u>	808	Failure to admit, transfer or discharge patients within 4 hours of arrival. Target 95%. Fine is £200 per breach.
<u>Trolley wait &amp; Mixed sex accomodation</u>	4	
<u>Ambulance handover</u>	0	Ambulance handover exceeding 30 (£200 each) and 60 minutes (£1,000 each). Value assumed at £1,055k Attempts being made to recover from CCG's.
<u>Diagnostics</u>	120	6 weeks target 99%. relates to tests including radiology, NPU, cardiology tests and endoscopies.
	<b>1,345</b>	

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**  
**SUMMARY INCOME & EXPENDITURE POSITION**  
**FOR THE PERIOD 1st APRIL 2014 to 31st DECEMBER 2014**

	ANNUAL PLAN	PLAN FOR PERIOD	ACTUAL FOR PERIOD	PERIOD VARIANCE
	£000	£000	£000	£000
<b>INCOME</b>				
<b>NHS Clinical Income</b>				
Elective Income				
Tariff income	27,092	20,277	18,271	-2,006
Non-tariff income	164	121	117	-4
Planned same day (Day cases)				
Tariff income	35,044	26,140	25,837	-303
Non-tariff income	674	509	409	-100
Non-Elective Income				
Tariff income	94,305	70,631	74,915	4,284
Non-tariff income	1,736	1,275	1,403	128
Outpatients				
Tariff income	58,563	43,733	41,329	-2,404
Non-tariff income	2,532	1,880	2,959	1,079
A&E				
Tariff income	14,059	10,530	10,823	293
Non-tariff income	-648	-486	-363	123
Community				
Tariff income	1,112	831	838	7
Non-tariff income	34,177	25,626	25,603	-23
Other				
Tariff income	0	0	0	0
Non-tariff income	128,198	95,220	93,786	-1,434
	<b>397,008</b>	<b>296,287</b>	<b>295,927</b>	<b>-360</b>
				0
	<b>397,008</b>	<b>296,287</b>	<b>295,927</b>	<b>-360</b>
<b>Non-NHS Clinical Income</b>				
Private Patient Income	976	732	842	110
Other Non-protected Clinical Income	1,722	1,292	1,352	61
	<b>2,698</b>	<b>2,023</b>	<b>2,194</b>	<b>171</b>
<b>Other Income</b>				
Education & Training	14,434	10,826	11,259	433
Research & Development	2,005	1,504	2,828	1,324
Donations & Grants received of PPE & Intangible Assets	0	0	0	0
Donations & Grants received of cash to buy PPE & Intangible Assets	600	450	450	0
Other Income	17,651	13,358	14,094	736
Transition support	12,218	9,164	9,164	-0
	<b>46,909</b>	<b>35,301</b>	<b>37,794</b>	<b>2,493</b>
	<b>446,615</b>	<b>333,611</b>	<b>335,915</b>	<b>2,304</b>
<b>EXPENDITURE</b>				
Pay costs	-295,330	-219,079	-223,137	-4,058
Drug costs	-42,033	-31,475	-32,159	-684
Clinical Supplies & Services	-45,099	-33,672	-33,651	21
Other costs (excluding Depreciation)	-47,938	-35,029	-34,241	788
Restructuring Costs	0	0	-228	-228
CIP	5,587	1,976	0	-1,976
	<b>-424,813</b>	<b>-317,279</b>	<b>-323,416</b>	<b>-6,137</b>
<b>EBITDA (see note)</b>				
	<b>21,802</b>	<b>16,332</b>	<b>12,499</b>	<b>-3,833</b>
Profit/ Loss on Asset Disposals	0	0	0	0
Fixed Asset Impairments	-300	0	0	0
Depreciation	-10,854	-8,141	-8,141	0
Interest Receivable/ Payable	100	75	128	53
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	-415	-311	-263	48
Interest Expense on Commercial borrowings	0	0	0	0
Interest Expense on Finance leases (non-PFI)	0	0	-10	-10
Other Finance costs	0	0	-64	-64
PDC Dividend	-7,204	-5,403	-5,403	0
Taxation Payable	0	0	0	0
	<b>3,129</b>	<b>2,552</b>	<b>-1,254</b>	<b>-3,806</b>
<b>NET SURPLUS/ DEFICIT</b>				

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**Board of Directors – 28 January 2015**

**Efficiency Programme Update – December 2014**

Action requested/recommendation

The Board is asked to note the December 2014 position with its 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. The 2014/15 target is £24m and full year delivery in December 14 is £18.4m, leaving a gap to be delivered of (£5.6m). There is a planning gap of (£0.9m) following a review of all in year plans. If High risk plans are removed this increases to (£2.3m).

The Monitor variance is (£2.0m) behind plan.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Finance & Performance Committee and Efficiency Group.
Risk	The Efficiency Programme presents a significant financial risk to the organisation.
Resource implications	The aim of this work stream is to ensure the most effective use of the Trust resources.
Owner	Andrew Bertram, Director of Finance
Author	Steve Kitching, Head of Resource Management
Date of paper	January 2015
Version number	Version 1

## Briefing note for the Board of Directors Meeting 28 January 2015

Subject: December 2014 - Efficiency Position

From: Steven Kitching, Head of Resource Management

### Summary reported position for December 2014

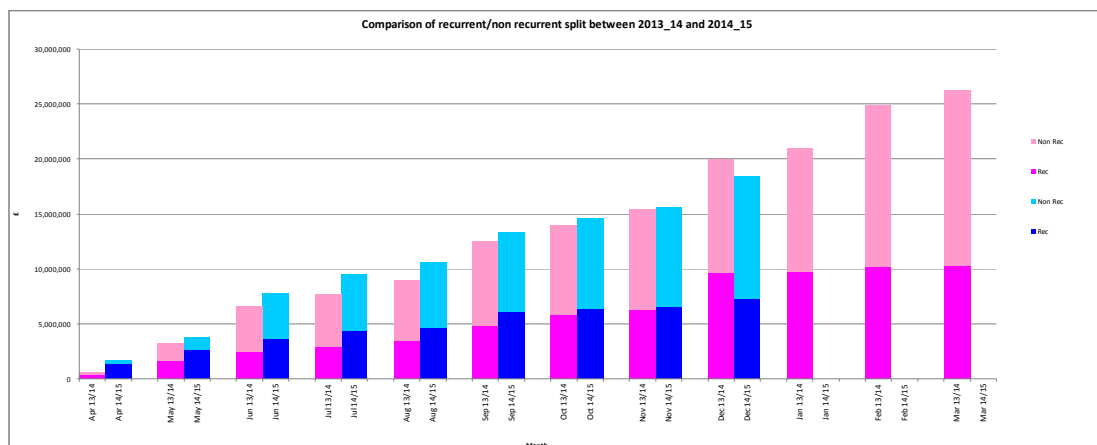
#### **Current position – highlights and risks**

**Delivery** - Overall delivery is £18.4m in December 2014 which is 77% of the £24m annual target. This has improved from the last reported position in November 2014 by £2.8m. This is now running behind the December 2013 delivered position of £19.9m (85%) of target.

**In year planning** – The in year planning gap is (£0.9m) in December 2014, however if high risk plans are removed the planning gap increases to (£2.3m). This position is considerably behind the December 2013 position which was a £0.8m surplus excluding high risk plans.

**Four year planning** – The four year planning gap is now (£17.1m) this month, which has improved by £1.8m from November 2014.

**Recurrent vs. Non recurrent** – Of the current £18.4m delivery £7.3m (40%) is recurrent, which has improved by £0.8m from the November 2014 position of £6.5m. This position is behind the December 13 position which was £9.7m (48%) delivered recurrently. The work continues to identify recurrent schemes. **See chart below.**



**Quality Impact Assessments (QIA)** – The quality Impact Assessments are currently being carried out with support from Dr Ian Jackson. 23 areas have now self assessed and are rated as green, which leaves 5 clinical areas and 4 corporate areas to finalise self assessment, see table 1 below. The majority of clinical areas remaining are areas where there have been gaps in the Directorate management team.

**Table 1 – QIA’s outstanding**

Directorate	Risk
General Medicine – Scarborough	Red
ED Scarborough	Red
GS&U	Red
Medicine for the Elderly – Scarborough	Red
Medicine for the Elderly - York	Red
Ops Management – Scarborough	Red
Medical Governance	Red
Corporate Nursing	Red
Ops Management – York	Red

**Key risks** – Although the planning gap has improved marginally within the month, the gap remains a concern, given we are now reporting progress at month 9.

The decline in recurrent achievement is also a significant concern.

The significant changes to the Directorate and Finance Manager structures have and continue to offer a **short term risk** to the programme, and the consequences of this are evident in the month 9 position; 6 areas (just short of 20% of the total, failed to deliver anything in December 2014). It is noted the majority of DM/FM posts are now filled.

We currently have 7 directorates, 5 clinical and 2 corporate, who have delivered less than a third of their target at month 9, see table 2 below.

**Table 2 – Month 9 % delivery**

Directorate	% Delivery
Ops Management – Scarborough	14
ED Scarborough	16
General Medicine – Scarborough	19
Women’s Health	29
Ops Management – York	29
Medicine for the Elderly – Scarborough	30
ED York	31

**Proposed actions to address the key risks -**

- Financial review meetings, chaired by the Director of Finance, are being held with every Directorate Finance Manager over the next 6 weeks starting on the 26<sup>th</sup> January 2015; planning and delivery of CIP will be a key agenda item.
- A full review of non recurrent delivery is underway.
- CET support is being re-targeted at areas where the opportunity is deemed greatest for in year delivery.
- We are now starting to use the Efficiency Matrix information in the CIP review meetings; this should start to impact on the 15/16 & 17/18 planning positions. The 2015/16 planning position has improved this month by £1.7m.
- The Matrix will also allow the team to focus efforts on areas of opportunity although the bulk of opportunities identified will fall over the next 2 financial



years. An update of progress will be presented to the Committee in February 2015.

- A work plan is currently being developed alongside the Corporate Improvement Team to ensure all opportunities are identified, again this will offer short/medium term opportunities.

**Board of Directors – 28 January 2015**

**Efficiency Programme Update – December 2014**

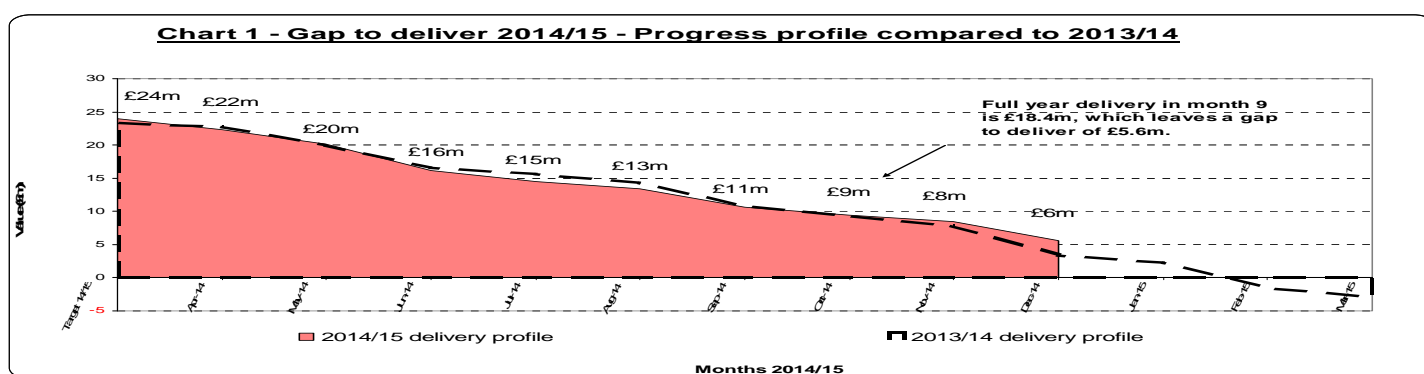
**1.0 Executive Summary**

This report provides a detailed overview of the Trust's Efficiency Programme.

See table 1 and chart 1 below.

<b>Table 1 – Executive Summary – December 2014</b>	<b>Total</b>
	<b>£'m</b>
<b>TARGET</b>	
In year target	<b>24.0</b>
<b>DELIVERY</b>	
In year delivery	<b>18.4</b>
In year delivery shortfall	<b>(5.6)</b>
Part year delivery shortfall - Monitor variance	<b>(2.0)</b>
<b>PLANNING</b>	
In year planning surplus/(gap)	<b>(0.9)</b>
<b>FINANCIAL RISK SCORE</b>	
Overall Trust financial risk score	<b>(2 Red/Amber)</b>

**Position – current year vs. 2013/14**



<b>Governance</b>	<b>Risk to delivery</b>
<p><b>Current month</b> Of the 32 Directorates and Corporate HQ functions 23 are now green. Work is on-going to assess the remaining directorates.</p>	<p><b>Current month</b> The current planning gap is (£0.9m), which is similar to last month. If we exclude high risk plans the gap is (£2.3m). Full year delivery in December 2014 is £18.4m which has improved by £2.8m from November 2014. The Monitor variance is (£2.0m) adverse an improvement from last month.</p>
<p><b>Last Month</b> Of the 32 Directorates and Corporate HQ functions 21 are now green. Work is on-going to assess the remaining directorates</p>	<p><b>Last month</b> The current planning gap is (£1.0m), which has not changed from the previous month. If we exclude high risk plans the gap is (£2.5m). Full year delivery in November 2014 is £15.6m which has improved by £1m from October 2014. The Monitor variance is (£3.2m) adverse.</p>

## 2.0 Introduction and background

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme for December 2014. This includes;

- 2.1 Progress against the Monitor Plan
- 2.2 Analysis of full year delivery
- 2.3 Further plans and in year risk
- 2.4 Four year planning.
- 2.5 Financial risk rating
- 2.6 Governance risk assessment.

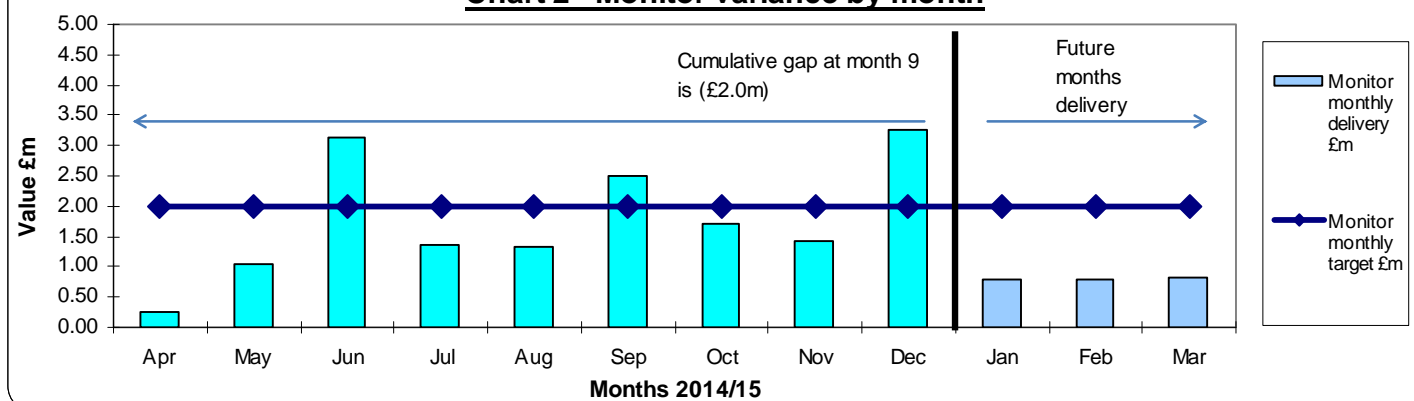
Directorate level detail is provided in the attached appendices 1&2.

### 2.1 Trust plan to Monitor

The combined position is (£2.0m) behind the Trust plan to Monitor as at December 2014; see Tables 2 & 3 and chart 2 below.

Table 2	November YTD 2014	December 2014	Total YTD
	£m	£m	£m
Trust plan	16.0	2.0	18.0
Achieved	12.7	3.2	16.0
<b>Variance</b>	<b>(3.2)</b>	<b>1.2</b>	<b>(2.0)</b>

**Chart 2 - Monitor variance by month**



**Table 3 – Monitor variance by month and cumulative variance**

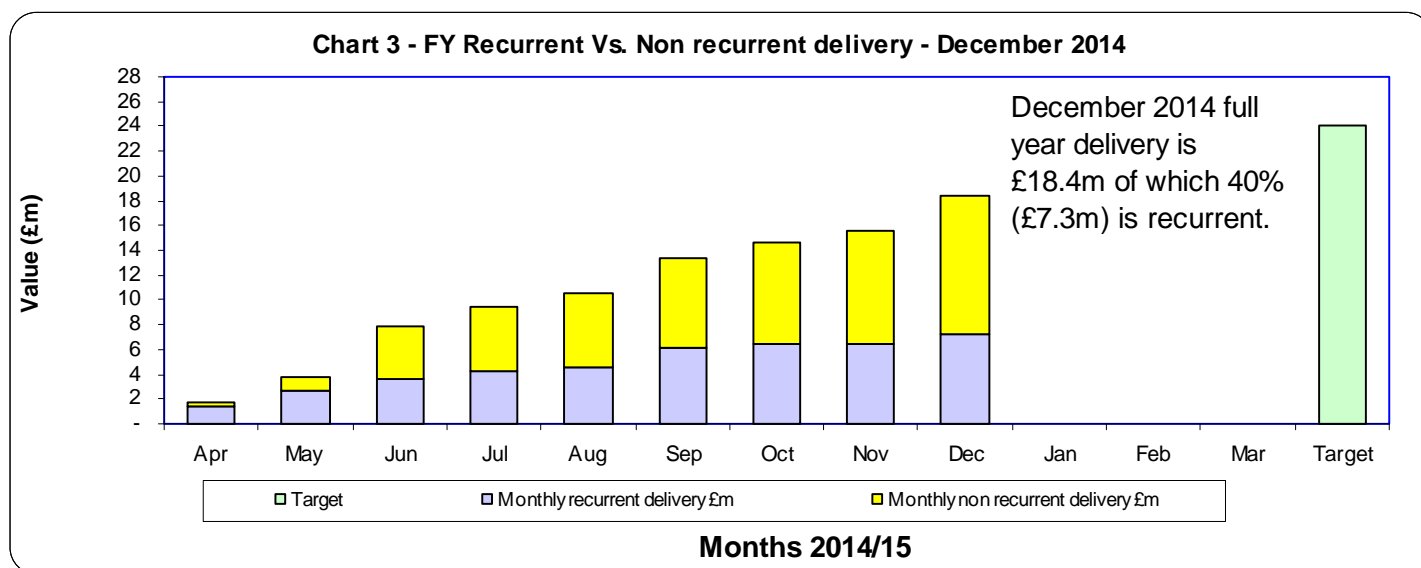
Months	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 14/15
Monthly delivery £m	0.3	1.0	3.1	1.4	1.3	2.5	1.7	1.4	3.2	0.8	0.8	0.8	17.6
Monthly target £m	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	2.0	24.0
Variance £m	-1.8	-1.0	1.1	-0.6	-0.7	0.5	-0.3	-0.6	1.2	-1.2	-1.2	-1.2	-5.6
Cumulative variance	-1.8	-2.7	-1.6	-2.2	-2.9	-2.4	-2.7	-3.2	-2.0	-3.2	-4.4	-5.6	

### 2.2 Full year position summary

As at December 2014, £18.4m has been achieved in full year terms against the plan of £24.0m (see Table 4 below).

<b>Table 4</b>	<b>November 2014</b>	<b>December 2014</b>	<b>Change</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Expenditure plan – 14/15	24.0	24.0	0
<b>Target – 2014/15</b>	<b>24.0</b>	<b>24.0</b>	<b>0</b>
Achieved – recurrently	6.5	7.3	0.8
Achieved - non-recurrently	9.0	11.1	2.1
<b>Total achieved</b>	<b>15.6</b>	<b>18.4</b>	<b>2.8</b>
<b>Shortfall</b>	<b>8.4</b>	<b>5.6</b>	<b>(2.8)</b>
Further plans	7.5	4.7	(2.8)
<b>(Gap)/Surplus in plans</b>	<b>(1.0)</b>	<b>(0.9)</b>	<b>0.1</b>

The December 2014 position is made up of £7.3m (40%) of recurrent and £11.1m (60%) non-recurrent schemes. This compares with £9.7m (48%) recurrent and £10.3m (52%) non-recurrent at December 2013 - see chart 3 below.



### 2.3 Further planning and assessed risk to delivery

Further plans have been formulated amounting to £4.7m, which gives a shortfall in the planning position of (£0.9m). Plans are summarised in Table 5 below.

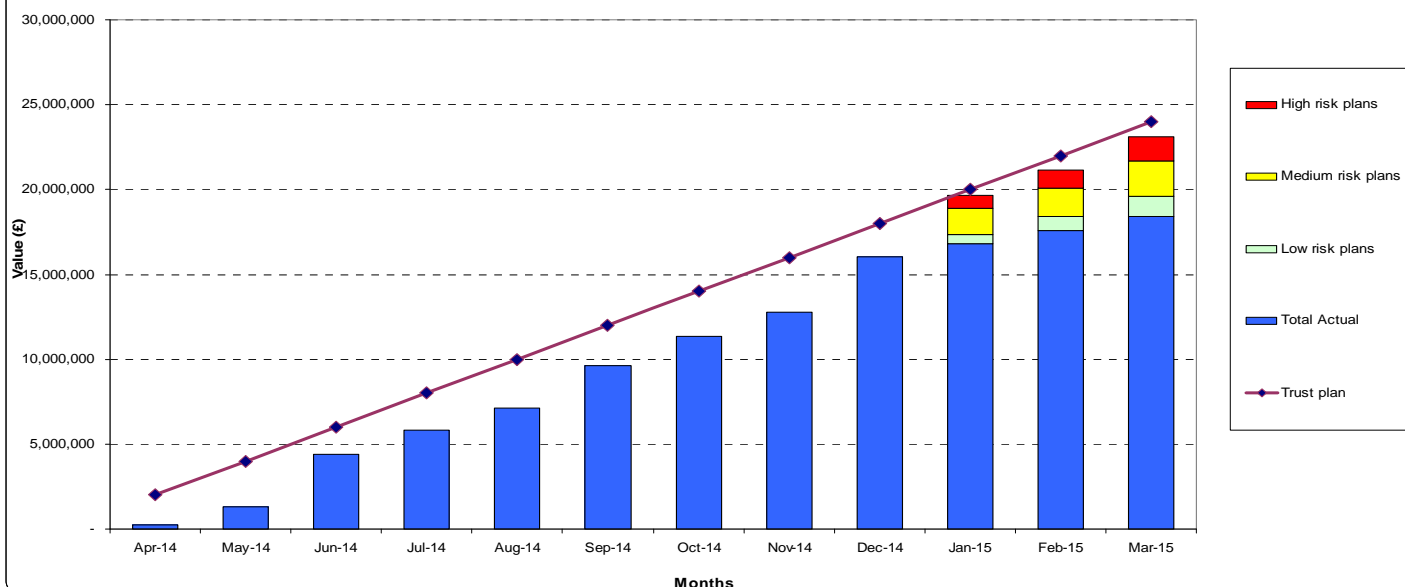
**Table 5 – Further plans 2014/15**

<b>Risk</b>	<b>Gap Full Year</b>	<b>Plans - Recurrent</b>	<b>Plans - Non Recurrent</b>	<b>Plans Total</b>	<b>Gap in plans</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
Low		0.4	0.7	1.2	
Medium		1.7	0.4	2.1	
High		1.4	0.0	1.4	
<b>Total</b>	<b>5.6</b>	<b>3.5</b>	<b>1.2</b>	<b>4.7</b>	<b>(0.9)</b>

Directorate plans are each assigned a risk rating.

The overall December 2014 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.

**Chart 4 - December 2014 - Actual delivery and further plans to achieve by risk**



Significant work is continually carried out to re-assess, remove or re-profile plans to ensure an up to date position. There is an in year planning gap of (£0.9m), this is in line with last month and remains a high risk position. If high risk plans are removed the planning gap increases to (£2.3m) Work is ongoing to improve this.

#### 2.4 Four year planning

Directorates are required to develop four year plans and Table 6 below summarises this position. There is currently a shortfall of (£17.1m) over 4 years on the base target; this has improved by £1.8m in the month.

Work is on going to further improve the planning position however; the shortfall in plans offers a very high risk to delivery.

**Table 6 - 4 Year efficiency plan summary – December 2014**

Year	2014/15	2015/16	2016/17	2017/18	Total
	£m	£m	£m	£m	£m
Base target	24.0	16.8	16.8	16.8	74.4
Plans	23.1	17.4	11.2	5.6	57.3
<b>Variance</b>	<b>(0.9)</b>	<b>0.7</b>	<b>(5.7)</b>	<b>(11.2)</b>	<b>(17.1)</b>

#### 2.5 Finance risk rating

In year delivery is now behind the same point last year with £18.4m (77%) delivered in December 2014 against £19.9m (85%) in December 2013.

The Directorate risk scoring schedule 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.

**The overall trust risk rating is 2 which is a red/amber risk.**

#### 2.6 Governance risk rating

Currently 23 Directorates have re-assessed there schemes using the new Quality and Safety report. Work is on-going within the other directorates to ensure up to date governance assessments are carried out.

### 3.0 Conclusion

In December 2014 £18.4m worth of full year schemes have been delivered against the Trust plan of £24.0m, leaving a delivery gap of (£5.6m); this compares with £19.9m delivery in December 2013. The part year Monitor profile is (£2.0m) behind plan in month 9.

We currently have a planning gap in year of (£0.9m), which remains high risk. If high risk plans are removed the planning gap increases to (£2.3m)

The 4 year planning position highlights a shortfall in base plans of (£17.1), remains high risk. Work continues to improve the overall planning position.

Work is ongoing to reassess all schemes using the governance risk assessment matrix.

### 4.0 Recommendation

The Board is asked to note the December 2014 position with its future potential risks to delivery. Significant and sustained action is required to close these gaps.

<b>Author</b>	<b>Steve Kitching, Deputy Head of Corporate Efficiency</b>
<b>Owner</b>	<b>Andrew Bertram, Director of Finance</b>
<b>Date</b>	<b>January 2015</b>



RISK SCORES - DECEMBER 2014 - APPENDIX 2

DIRECTORATE			Yr 1 Plan v Target		Yr 1 Delivery v Target		Y1 Recurrent Delivery v target		4 Yr Plan v Target		Risk Score	
	Yr1 Target (£000)	4Yr Target (£000)	%	Score	%	Score	%	Score	%	Score	Total Score	Monitor Rating
RADIOLOGY	1,901	3,800	43%	1	35%	1	2%	1	45%	1	4	1
GEN MED SCARBOROUGH	965	2,441	65%	1	19%	1	4%	1	65%	3	6	1
WOMENS HEALTH	2,342	4,464	46%	1	29%	1	19%	1	62%	3	6	1
SPECIALIST MEDICINE	1,984	5,891	49%	1	40%	1	14%	1	64%	3	6	1
OPHTHALMOLOGY	875	2,667	75%	2	58%	1	58%	2	37%	1	6	1
CHILD HEALTH	1,247	2,999	86%	2	53%	1	19%	1	74%	3	7	1
TACC YORK	2,264	5,349	62%	2	61%	2	46%	2	35%	1	7	1
ED SCARBOROUGH	298	897	39%	1	16%	1	13%	1	104%	5	8	2
COMMUNITY	1,648	4,390	41%	1	36%	1	34%	1	97%	5	8	2
ED YORK	501	1,426	77%	2	31%	1	13%	1	94%	5	9	2
GS&U	1,938	5,471	91%	3	66%	2	34%	1	71%	3	9	2
HEAD AND NECK	480	1,863	89%	2	69%	2	44%	2	67%	3	9	2
GEN MED YORK	1,672	5,114	94%	3	50%	1	13%	1	92%	5	10	2
T&O YORK	789	2,331	83%	2	76%	3	17%	1	78%	4	10	2
MEDICINE FOR THE ELDERLY SCARBOROUGH	806	1,653	107%	5	30%	1	25%	1	93%	5	12	3
SEXUAL HEALTH	491	1,129	84%	2	73%	3	42%	2	83%	5	12	3
TACC SCARBOROUGH	806	2,178	109%	5	86%	4	37%	1	71%	3	13	3
MEDICINE FOR THE ELDERLY	174	1,717	128%	5	72%	3	23%	1	104%	5	14	3
THERAPIES	1,367	3,772	95%	4	76%	4	27%	1	82%	5	14	3
LAB MED	1,672	4,022	100%	5	89%	4	65%	3	78%	4	16	4
T&O SCARBOROUGH	324	1,298	140%	5	138%	5	57%	2	76%	4	16	4
PHARMACY	-188	611	101%	5	101%	5	101%	5	171%	5	20	5
<b>CORPORATE</b>												
OPS MANAGEMENT SCARBOROUGH	329	638	61%	1	14%	1	2%	1	45%	1	4	1
MEDICAL GOVERNANCE	77	180	73%	2	56%	1	17%	1	31%	1	5	1
OPS MANAGEMENT YORK	239	419	62%	1	29%	1	0%	1	70%	3	6	1
ESTATES AND FACILITIES	2,878	7,804	65%	1	47%	1	27%	1	85%	5	8	2
CORPORATE NURSING	334	496	79%	2	79%	3	16%	1	55%	2	8	2
SNS	1,137	2,557	103%	5	54%	1	18%	1	63%	3	10	2
AL&R	185	420	98%	4	98%	5	0%	1	67%	3	13	3
HR	446	1,169	105%	5	91%	5	14%	1	72%	3	14	3
CHIEF EXEC	75	448	440%	5	424%	5	242%	5	73%	3	18	4
FINANCE	251	1,116	184%	5	184%	5	113%	5	100%	5	20	5
<b>TRUST SCORE</b>	<b>30,308</b>	<b>80,731</b>	<b>90%</b>	<b>3</b>	<b>77%</b>	<b>3</b>	<b>30%</b>	<b>1</b>	<b>77%</b>	<b>4</b>	<b>11</b>	<b>2</b>



**G4**

York Teaching Hospital **NHS**  
NHS Foundation Trust

# **FINANCE & PERFORMANCE COMMITTEE: Summary of Governance**

**Version 8  
January 2015**

# York Teaching Hospital NHS Foundation Trust

## FINANCE & PERFORMANCE COMMITTEE: Summary of Governance

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# FINANCE & PERFORMANCE COMMITTEE

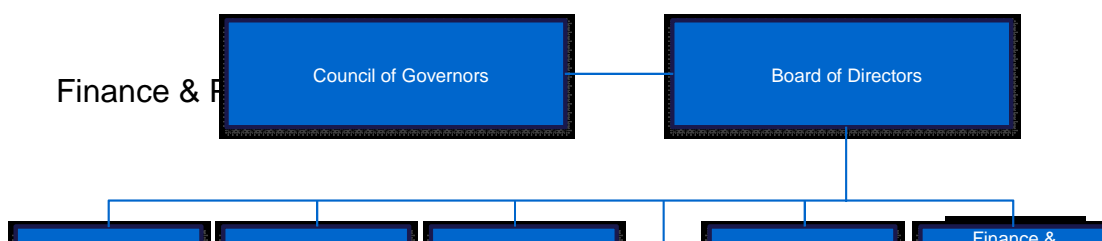
## Terms of Reference

<b>1</b>	<b>Status</b>
1.1	The Finance and Performance Committee is a committee of Board of Directors.
<b>2</b>	<b>Purpose of the Committee</b>
2.1	The Finance and Performance Committee ensures the Board of Directors receives assurance about the Trusts performance on finance and performance.
<b>3</b>	<b>Authority</b>
3.1	The Board of Directors has provided delegated authority to the Finance and Performance Committee to seek assurance around the financial and operational performance across the Trust.
<b>4</b>	<b>Legal requirements of the committee</b>
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any legal requirements the Trust is expected to fulfil relating to finance and operational performance.
<b>5</b>	<b>Roles and functions</b>
5.1	To consider the monthly Patient Safety, Quality and Performance Report with specific regard to operational and performance matters, the finance report and the efficiency report at each meeting along with any other papers and reports that may be requested by or presented to the Committee
5.2	To receive assurance about the actions being taken to ensure the Trust has appropriate systems in place to deliver and maintain compliance with the required performance standards and achievement of the financial plan
5.3	To receive assurance on the efficiency plans being implemented.
5.4	To review capital expenditure on a quarterly basis.
5.5	To receive, for assurance, the draft quarterly self-certification for Monitor and assurance that the Trust is not in breach of the licence
5.6	To receive Monitor’s confirmation of governance and financial rating for the quarter
5.7	To receive updated information on Service Line Reporting and receive assurance on its implementation in the Trust
5.8	When appropriate to receive business cases, for review, and provide assurance to the Board of Directors on them and to receive for assurance information about specific projects across the Trust

5.9	To be assured about the risks and mitigations around finance and operational performance.
5.10	To escalate any areas of concern identified to the Board of Directors for further discussion and resolution
5.11	The Finance & Performance Committee will submit notes to the Board of Directors following each of the Finance & Performance Committee's meetings (at least 10 times per year). The Committee can call additional meetings as required.
5.12	Issues will on occasions be discussed in private by the Board of Directors on the advice of the Finance and Performance Committee.
<b>6</b>	<b>Membership</b>
6.1	<p>The membership of the Finance and Performance Committee will comprise:-</p> <ul style="list-style-type: none"> <li>• 2 NEDs [– Mike Keaney (Chairman) Michael Sweet</li> </ul> <p>Any Director is able to attend at any time on an occasional basis subject to notifying the Chair in advance.</p> <p>Should a NED member not be available for a meeting an alternative NED will be requested to attend the meeting.</p> <p>The following Directors and officers will be in attendance:</p> <ul style="list-style-type: none"> <li>•</li> <li>• Director of Finance (Andrew Bertram)</li> <li>• Chief Operating Office (Juliet Walters)</li> <li>• Director of Systems and Network (Sue Rushbrook)</li> <li>• Deputy Director of Finance (Graham Lamb)</li> <li>• Foundation Trust Secretary (Anna Pridmore)</li> <li>• Head of Resources Management (Steve Kitching)</li> <li>• Deputy Director of Performance (Lucy Turner)</li> <li>• Other officers as maybe required.</li> </ul> <p>If those in attendance are unable to attend, an appropriate deputy should attend the meeting. The appropriate deputy must be fully briefed.</p>
<b>7</b>	<b>Quoracy</b>
7.1	The Committee will be quorate with the 2 NED members attending. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest.
<b>8</b>	<b>Meeting arrangements</b>
8.1	The Finance & Performance Committee will meet prior to the Board of Directors meeting (minimum of 11 times per year) and all supporting papers will be circulated at

	least 2 working days in advance of the meeting. Copies of all agendas and supplementary papers will be retained by the Foundation Trust Secretary in accordance with the Trust's requirements for the retention of documents. In the interim the Foundation Trust Secretary will supply the Secretariat service to the meeting.
8.2	The agenda will be circulated in advance of the papers. The standing items will be provided to the Committee not less than 2 days before the meeting. Any additional papers that should be discussed at the Committee should be notified to the Chairman and Secretariat of the Committee not less than 4 days in advance of the meeting and circulated a minimum [2] days prior to the meeting.
8.3	The Chair of the Finance & Performance Committee has the right to convene additional meetings.
8.4	Where members / attendees of the Finance & Performance Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy.
<b>9</b>	<b>Review and monitoring</b>
9.1	The Finance & Performance Committee will maintain a register of attendance at the meeting. Attendance of less than 80% will be brought to the attention of the Chair of the Committee to consider the appropriate action to be taken. The attendance record will be reported as part of the annual report. An annual report will be presented to the Board of Directors.
9.2	The terms of reference will be reviewed every two years, following an interim review of the Committee to be held in December 2012.
<b>Author</b>	<b>Anna Pridmore, Foundation Trust Secretary</b>
<b>Owner</b>	<b>Mike Keaney Non-executive Director (Chair)</b>
<b>Date of Issue</b>	
<b>Version #</b>	<b>8</b>
<b>Approved by</b>	<b>Board of Directors</b>
<b>Review date</b>	

## Governance Structure



## Standing Agenda

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



**Finance and Performance Committee  
Work Programme 2014 -16**

<p><b>20<sup>th</sup> January 2015</b></p> <p><b><u>Standing items</u></b>          Finance Report including the Efficiency Report          Operating Performance Report          CQUIN          Short Term Acute Strategy Update</p> <p><b><u>Adhoc items</u></b>          Business cases          Service Line Reporting          Efficiency programme update</p>	<p><b>17<sup>th</sup> February 2014</b></p> <p><b><u>Standing items</u></b>          Finance Report including the Efficiency Report          Operating Performance Report          CQUIN          Acute Strategy Report</p> <p><b><u>Adhoc items</u></b>          Business cases</p>
<p><b>17<sup>th</sup> March 2015</b></p> <p><b><u>Standing items</u></b>          Finance Report including the Efficiency Report          Operating Performance Report          CQUIN          Acute Strategy Update (SL)</p> <p><b><u>Adhoc items</u></b>          Business cases          Service Line Reporting          Tender register</p>	<p><b>21<sup>st</sup> April 2015</b></p> <p><b><u>Standing items</u></b>          Finance Report including the Efficiency Report          Operating Performance Report          CQUIN          Acute Strategy Report</p> <p><b><u>Adhoc items</u></b>          Business cases          SLR          Capital planning information          Monitor quarterly self certification</p>
<p><b>19<sup>th</sup> May 2014 meeting</b></p>	<p><b>June 2014 meeting</b></p>



<p><b><u>Standing items</u></b>  Finance Report including the Efficiency Report  Operating Performance Report  CQUIN  Short Term Acute Strategy Update</p> <p><b><u>Adhoc items</u></b>  Business cases  Tender register</p>	<p><b><u>Standing items</u></b>  Finance Report including the Efficiency Report  Operating Performance Report  CQUIN  Short Term Acute Strategy Report</p> <p><b><u>Adhoc items</u></b>  Business cases  Service Line reporting + Reference Costs 2013/14  Capital Planning information</p>
<p><b>22<sup>nd</sup> July meeting</b></p> <p><b><u>Standing items</u></b>  Finance Report including the Efficiency Report  Operating Performance Report  CQUIN  Short Term Acute Strategy Update</p> <p><b><u>Adhoc items</u></b>  Capital Planning update (deferred from June)  Business cases  Monitor quarterly self certification</p>	<p><b>16<sup>th</sup> September meeting</b></p> <p><b><u>Standing items</u></b>  Finance Report including the Efficiency Report  Operating Performance Report  CQUIN  Short Term Acute Strategy Report</p> <p><b><u>Adhoc items</u></b>  Reference Costs report  Business cases  Tender register</p>
<p><b>October 2014</b></p> <p><b>Standing items</b>  <b>Finance Report including the Efficiency Report</b>  <b>Operating Performance Report</b>  <b>CQUIN</b>  <b>Short Term Acute Strategy Update</b></p>	<p><b>November 2014</b></p> <p><b>Standing items</b>  <b>Finance Report including the Efficiency Report</b>  <b>Operating Performance Report</b>  <b>CQUIN</b>  <b>Short Term Acute Strategy update</b></p>

<b>Adhoc items</b> <b>Business cases</b> <b>Progress against Monitor recommendations from CIP review</b> <b>Service Line reporting</b> <b>Monitor quarterly self certification</b>	<b>Adhoc items</b> <b>Business cases</b> <b>Tender register</b> <b>Review poorly performing Directorates as part of the CIP review</b>
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**Board of Directors – 28 January 2015**

**Human Resources Strategy Quarterly Performance Report – 1 October 2014 – 31 December 2014**

Action requested/recommendation

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

Summary

The appendix accompanying this document provides updated information for the period October - December 2014, relating to key Human Resources indicators including; sickness, recruitment & retention and workforce expenditure.

The main body of the paper focuses on the age profile of the workforce. The intelligence and analysis presented in this report is intended to inform discussion about actions required and potential solutions to address the potential consequences of the current age profile of the NHS workforce both locally and nationally.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

This paper presents details of the age profile of the workforce and actions that may need to be taken in response to this. The content of the paper should be viewed in light of potential age discrimination considerations linked to the suggested actions.

Reference to CQC outcomes

- Outcome 12 – Requirements relating to workers
- Outcome 13 – Staffing
- Outcome 14 – Supporting workers

Progress of report          Executive Board

Risk	No risk
Resource implications	No resource implications
Owner	Sue Holden, Director Corporate Development and Human Resources
Author	Siân Longhorne, Senior HR Lead – Workforce Utilisation
Date of paper	January 2015
Version number	Version 1

**Board of Directors – 28 January 2015**

**Human Resources Strategy Quarterly Performance Report – 1 October 2014 – 31 December 2014**

**1. Introduction and background**

Appendix A presents information relating to a range of key Human Resources indicators including sickness and temporary workforce expenditure.

Of particular note from this information is the significant increase in spend on temporary staffing. Total spend on bank and agency staffing in the three months October to December 2014 was more than £5 million which equated to almost 7% of the total paybill. Expenditure on agency staffing in this quarter was more than double what it was in the same quarter of 2013.

Also of note is the continued deterioration in appraisal activity which has reduced from an annual rate of 76% in December 2013 to 67% in the year to December 2014. This rate is well below the Trust target of 95%.

The main body of this report focuses on the age profile of the workforce and the need to plan to address the consequences of an ageing workforce and also to address the challenge of attracting a younger workforce.

Addressing the issues relating to the age profile of the workforce is a priority both nationally and locally for the NHS and the issues should be considered in the context of other factors including;

- an increase in the state pension age and an expectation that individuals will need to work for longer;
- recruitment difficulties, particularly for medical staff but also a shortage of qualified nursing staff
- changes to the numbers of education and training places being commissioned
- changes to the way healthcare is delivered as a result of the ageing population and the consequence that healthcare needs are increasingly related to long term, multiple or complex conditions

Working groups are meeting nationally and locally to seek to develop solutions to address issues relating to the age profile of the workforce. The Trust has a representative on the national Working Longer Group and there is representation from a number of different areas on the local group including operational managers and staff side.

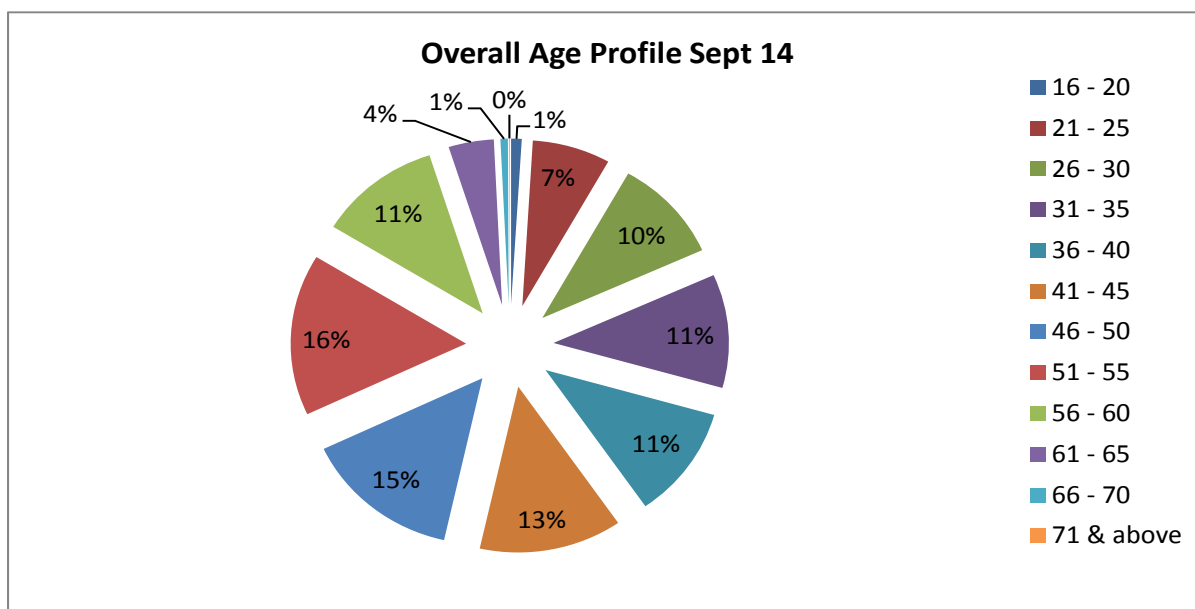
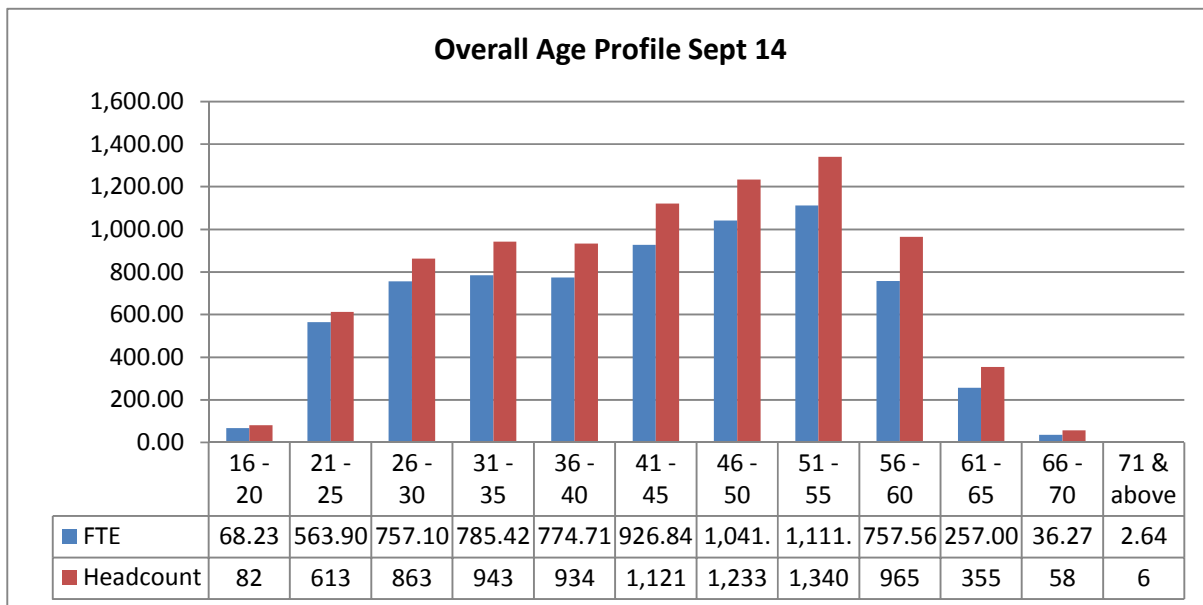
**2.1 Current age profile**

**Overall age profile**

A detailed analysis of the age profile of our staff by staff group and role was undertaken at the end of last year to help inform discussion at the local Ageing Workforce task and finish group. Some of the details from this analysis are presented below.

The following shows the current age profile of staff in post at the organisation. This is for all staff groups and for substantive staff at the Trust, i.e. it excludes bank staff. The overall average age of

our staff is 43.6 years. Overall, around a third of staff are aged 51+.

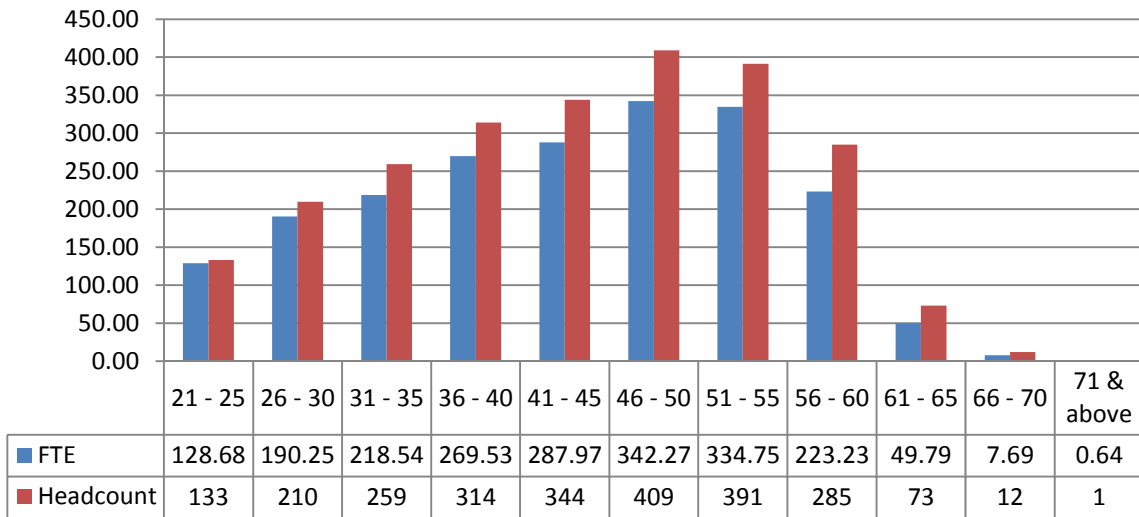


The analysis highlighted a number of areas where the age profile of the current staff in post may present some concerns as a result of turnover due to retirements in the short to medium term.

**Nursing age profiles**

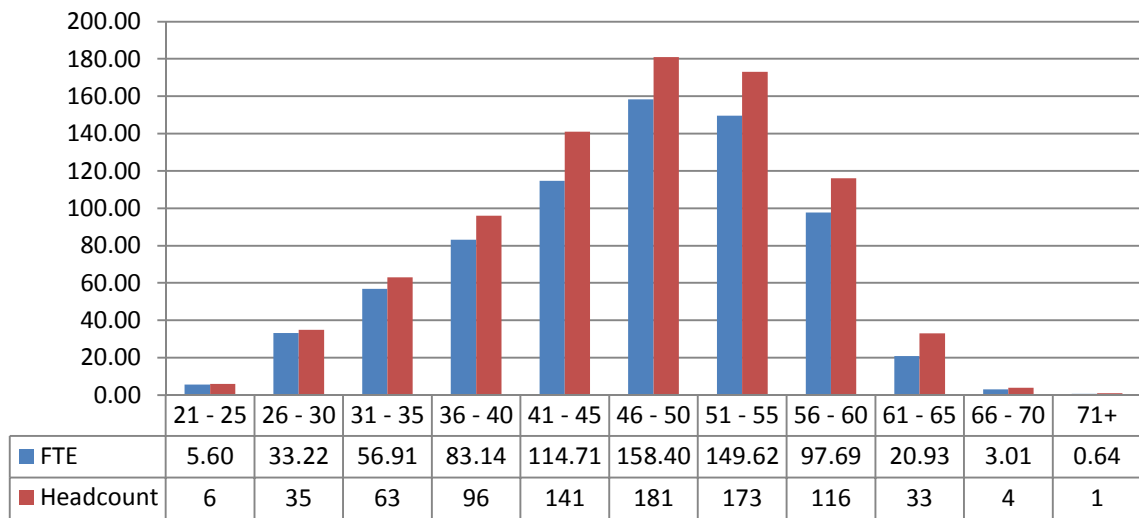
The average age across all registered nursing staff is slightly higher than that of the total workforce (44.3) years and almost a third of staff are aged 51+.

**Nursing & Midwifery Age Profile Sept 14**

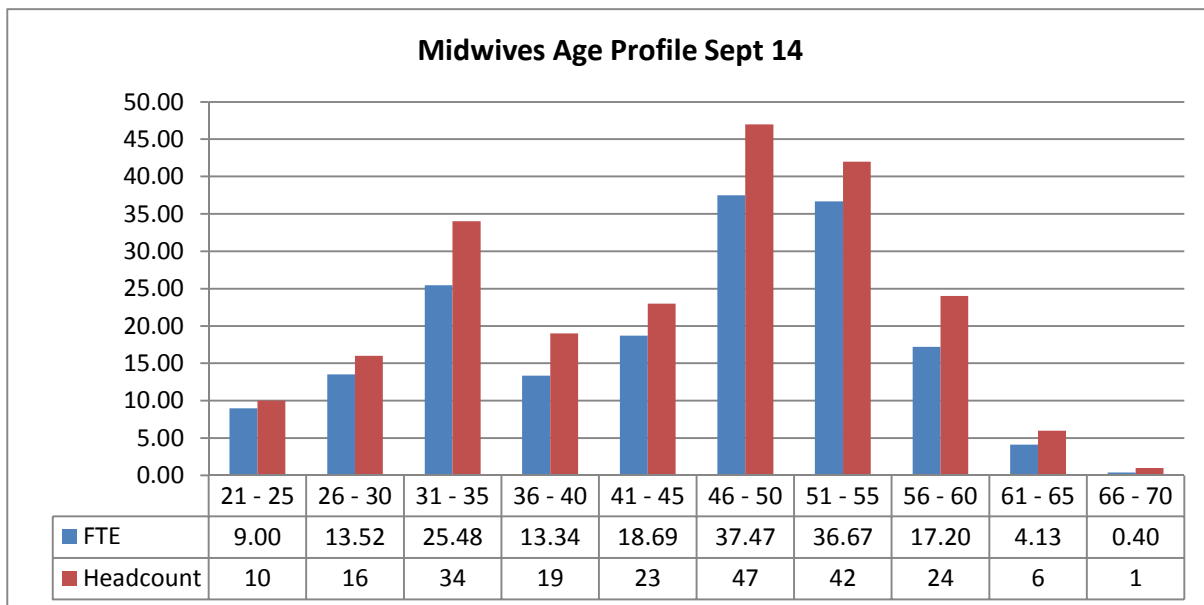


When looking in more detail at the profile of registered nursing staff, one of the areas of concern is our senior nursing workforce (band 6+) which includes Ward Sisters and Deputies, Specialist Nurses and Matrons. The profile of this group is more skewed to the right with almost 40% of staff in this group aged 51+ including almost a fifth who are aged 56+. It is also worth noting that this group of staff, as registered nurses, have special class status and are therefore eligible to retire from the age of 55.

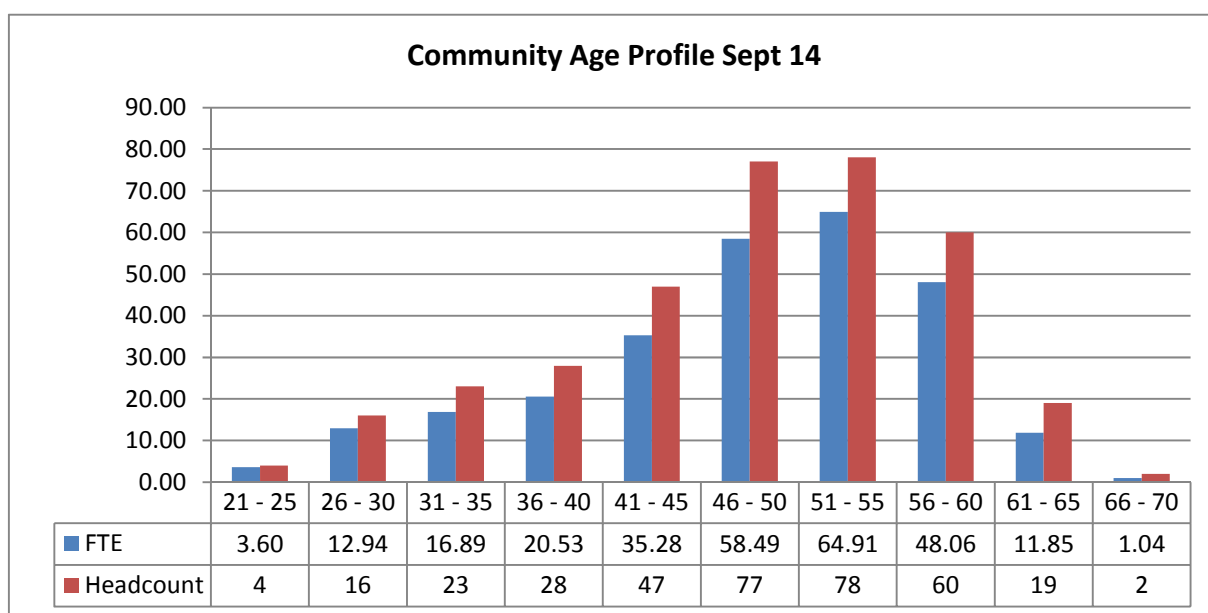
**Band 6+ Nursing Age Profile Sept 14**



The age profile of midwifery staff is also more skewed to the right with 40% aged between 46-55. There are comparably small numbers of staff aged between 36-45 and the profile of this group of staff may present some concerns over the next 5-10 years.



Also of particular concern with regards to nursing workforce is the profile of registered nursing staff based within Community Services. The average age of registered nursing staff in working in this setting is 48.6 years and 45% are aged 51+.

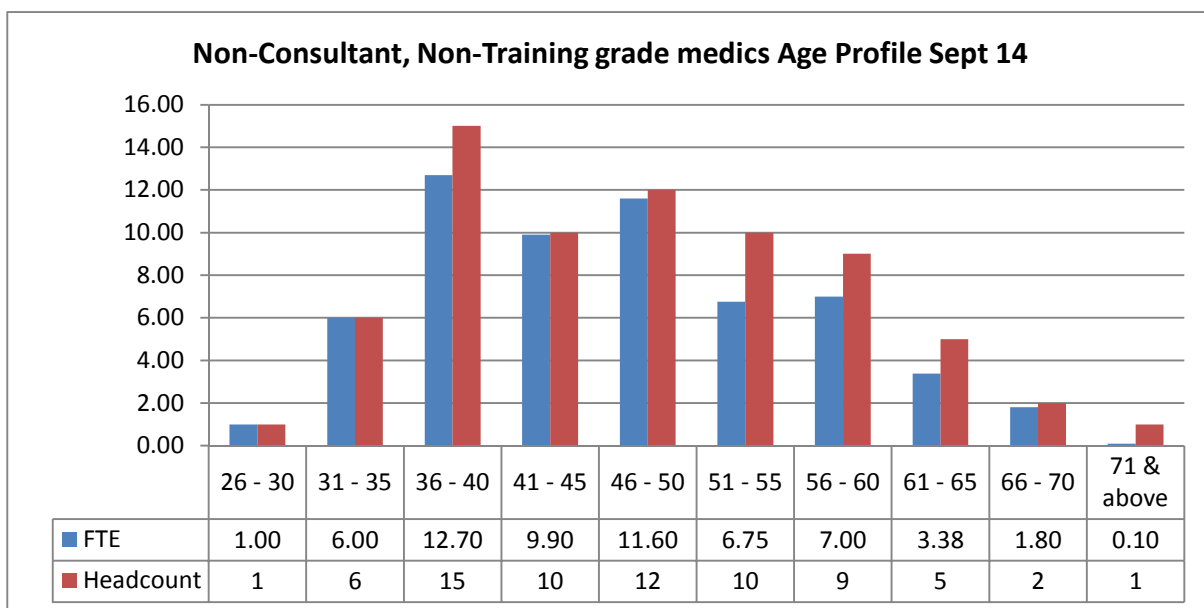
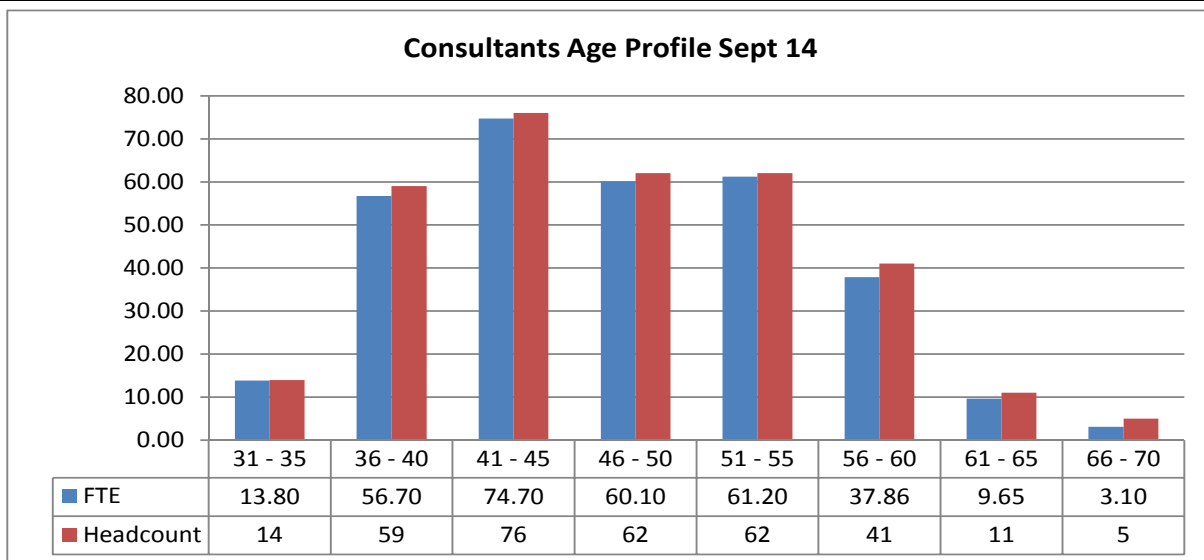


The potential challenges arising from retirements within these groups is exacerbated by the difficulties currently facing all NHS organisations in the shortage of supply in registered nursing.

## Medical & Dental

The average age all medical and dental staff, excluding those on rotational training contracts is 48 years. At the time this analysis was undertaken, 119 of the 330 Consultants in post were aged 51+ meaning that potentially more than a third (36%) could reasonably be expected to start considering retirement or flexible retirement over the next 5-10 years. Similarly, 38% of non-Consultant, non-training grade medics are aged 51+.



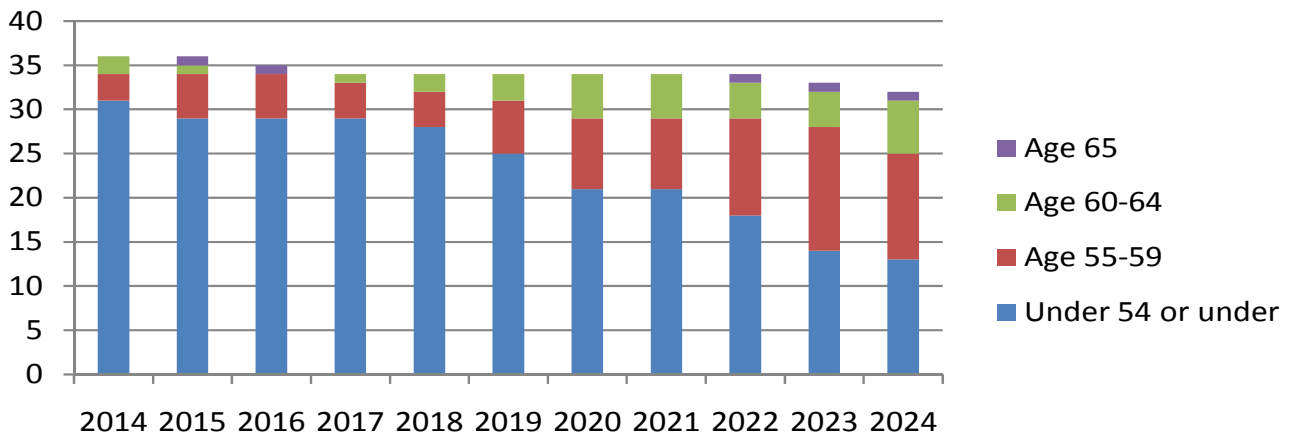


Although since the removal of the default retirement age it is difficult to predict retirements, analysis undertaken in 2014 identified that the average retirement age for Consultants was 60. Detailed analysis was undertaken in two areas with relatively large Consultant numbers to model predicted retirements, these are shown below as examples. As there is flexibility in the age at which these staff may chose to retire or the option to return to work flexibly after retirement, the analysis can only be used to identify potential retirements.

Recently there has been an increase in the numbers of Consultants seeking to retire before the age of 60 and return to work flexibly. It is understood that the reason for this is likely to be related to the implications of changes to tax and pension regulations.

The following graph shows how the age profile of the General Surgery & Urology Consultant workforce will change over the next 10 years based on the current staff in post. Individuals have only been included in the analysis up to the point of reaching the age of 65.

### GS&U Medical Consultants Predicted Retirements 2014-2024

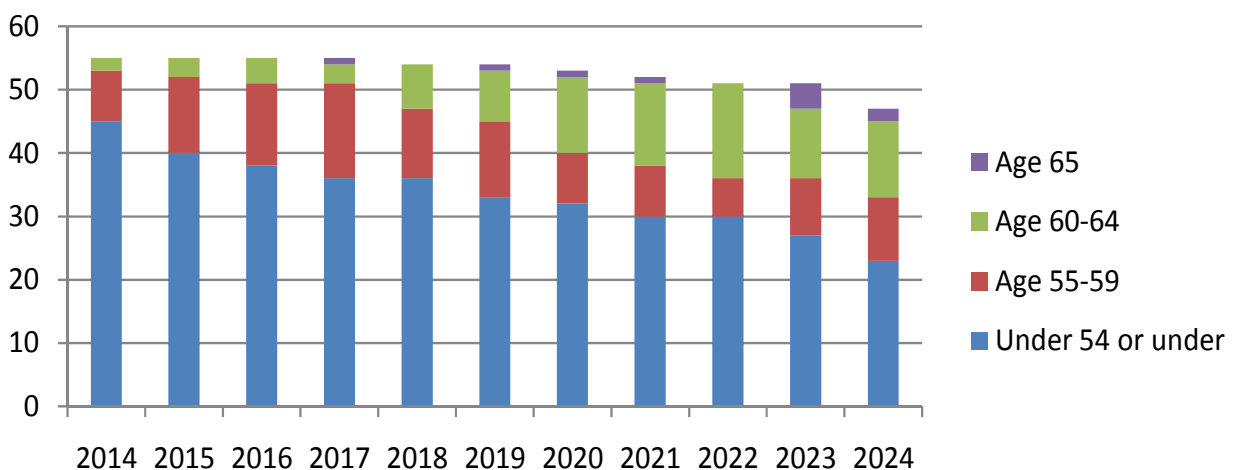


In each year, the numbers included in the red, green & purple stacks are those where we might reasonably expect that there is the potential for the individual postholder to retire.

Based on this analysis of current staff in post and known trends about the age at which Consultants choose to retire, we might reasonably expect that up to 23 (64%) of the current 36 Consultants could retire over the next 10 years (this is all those who would reach the age of 55 between now and 2024) presenting a number of opportunities to consider alternative replacement options.

The following graph shows how the age profile of the Theatres, Anaesthetics & Critical Care Consultant workforce will change over the next 10 years based on the current staff in post.

### Anaesthetics Medical Consultants Predicted Retirements 2014-2024

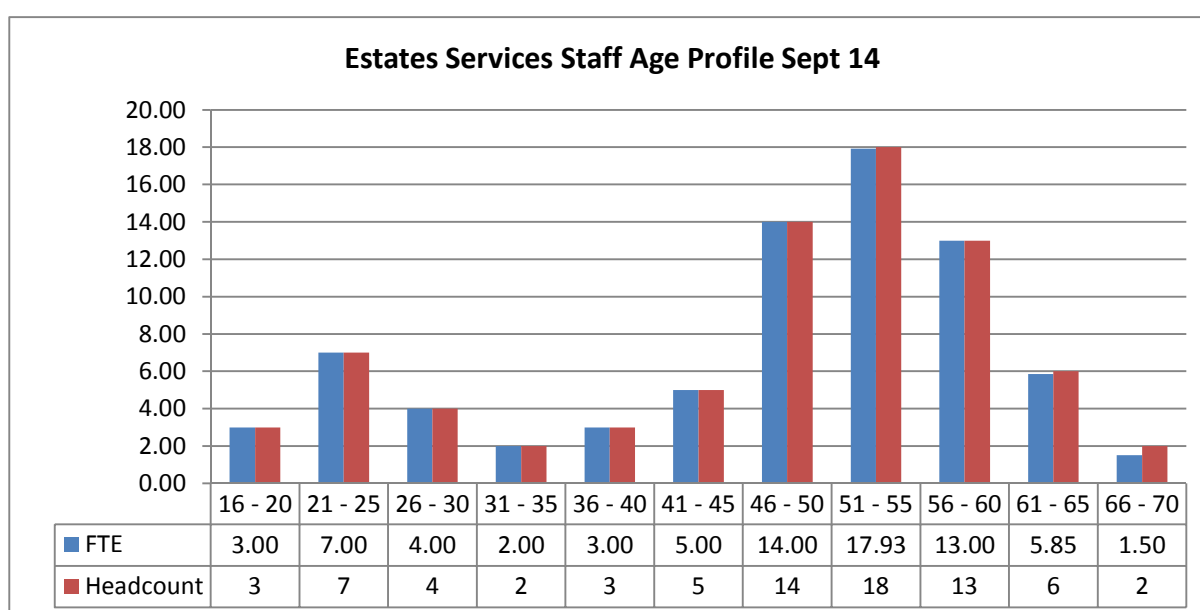


Based on this analysis of current staff in post, we might reasonably expect that up to 33 (59%) of the current 56 Consultants could retire over the next 10 years (this is all those who would reach the age of 55 between now and 2024).

## Estates Services

Estates Services includes those staff working as Engineers, Mechanics and Maintenance Craftspeople, amongst others. The age profile of this group does present some immediate concerns in terms of likely volume of retirements in the short term, with more than 50% of the workforce aged 51+ and very small numbers in the youngest age bands. Only a quarter of this workforce are aged 40 or below.

The physically demanding nature of some of these roles and the older worker's ability to continue to manage that is also of some concern. A number of research studies do indicate age related changes in functional capability. Research undertaken by Leaviss et al (2008) presents data that indicates the physical work capacity of a 65 year old is around half that of an average 25 year old worker. However, McNair and Flynn (2008) suggested that work performance in most jobs does not decline with age before the late 60s, particularly when the individuals are healthy, motivated and kept up to date.



The department is well aware of the challenges presented by the profile of their current workforce and have already taken some action with the development of apprenticeships in these teams. This is evident in the proportionally larger percentage of staff aged 25 and under in this group (in comparison to other staff groups). However, these numbers are not likely to be sufficient to meet the full demands of future staffing requirements and it would be recommended that consideration is given to more targeted, proactive recruitment and that the criteria for these roles is reviewed to expand the potential supply of staff.

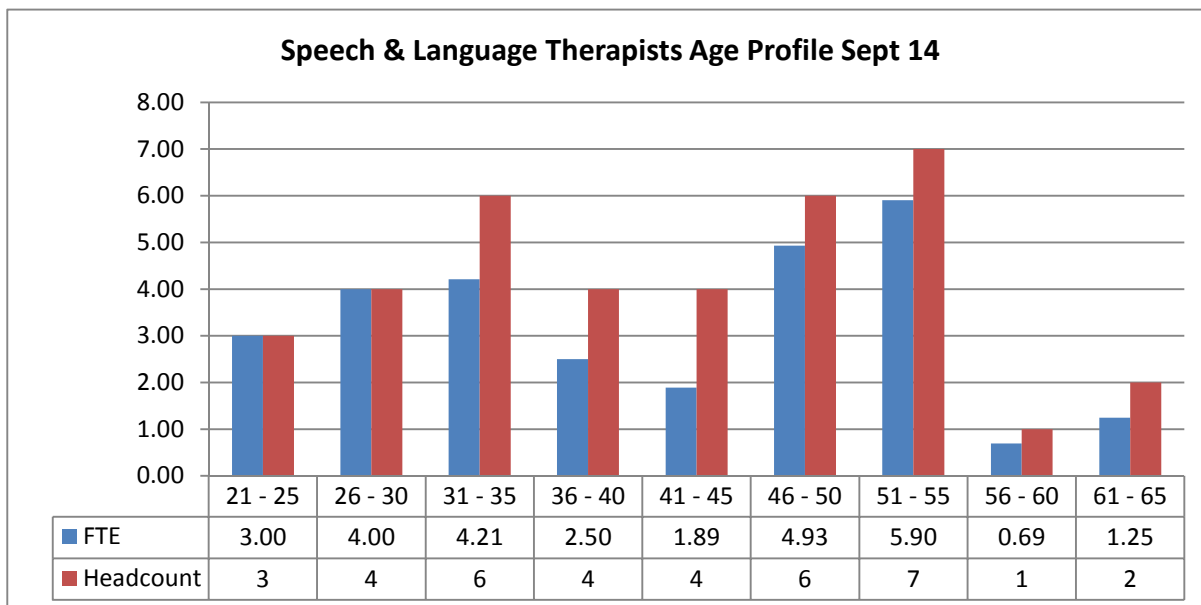
Retention of these staff should also be a key consideration and whilst there may be an expectation of loyalty from those individuals who have been supported by their organisation to achieve their qualifications, consideration of external influencing factors, such as rates of pay in the private sector should be borne in mind.

Given the risks associated with the profile of this particular group of staff and that any actions could take some time to deliver, it is recommended that this is recognised on the corporate risk register.

## Allied Health Professionals

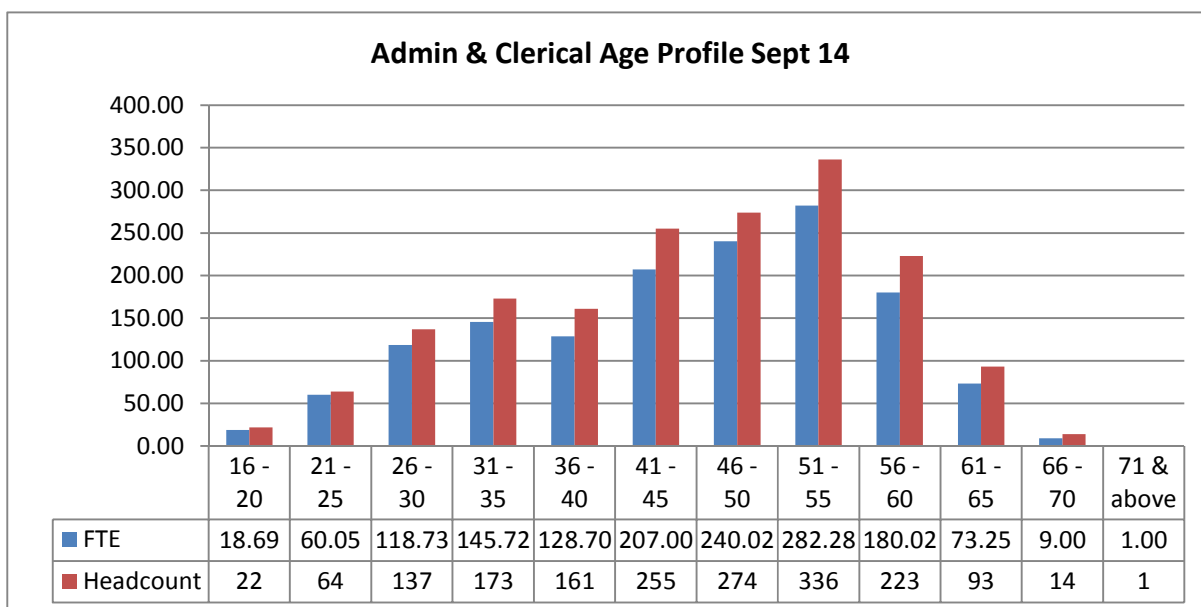
Whilst in general the age profile of the AHP staff group is younger than the overall profile of the total workforce (average age is 40.2 years and more than half aged 40 or under), of note in this group is

the profile of Speech and Language Therapists. This is a relatively small group of staff of which 27% are aged 51+.



### Admin and Clerical

This staff group is made up of staff across a range of bands and include Receptionists, Clerical Officers, Medical Secretaries and Operational Managers. The average age is 45.7 years and almost 40% of staff are aged 51+. 40% of all admin and clerical staff are aged 51+.



Interestingly, the age profile of band 6+ admin and clerical staff is slightly younger than for those in bands 1-5. Just less than a third of those in band 6 and above are aged 51+ whilst 40% of those in bands 1-5 are aged 51+.

Whilst junior admin and clerical roles are not generally difficult to recruit to, there are significant numbers of staff who may choose to retire or consider flexible retirement options over the next 5-10 years and proactive planning by directorates should be supported to minimise the risks that this may present.

For more senior roles, whilst the fact that those in band 6+ roles have a slightly younger profile

might appear to be less of a risk this needs to be considered in the context that there has been a level of turnover in this group and recruitment to operational management roles has proved difficult recently for this organisation.

The current profile of other staff groups (Additional Clinical Support, Healthcare Scientists, Professional and Technical staff and the majority of Allied Health Professionals) does not, from the analysis present immediate concerns.

## 2.2 External influencing factors

### State pension age

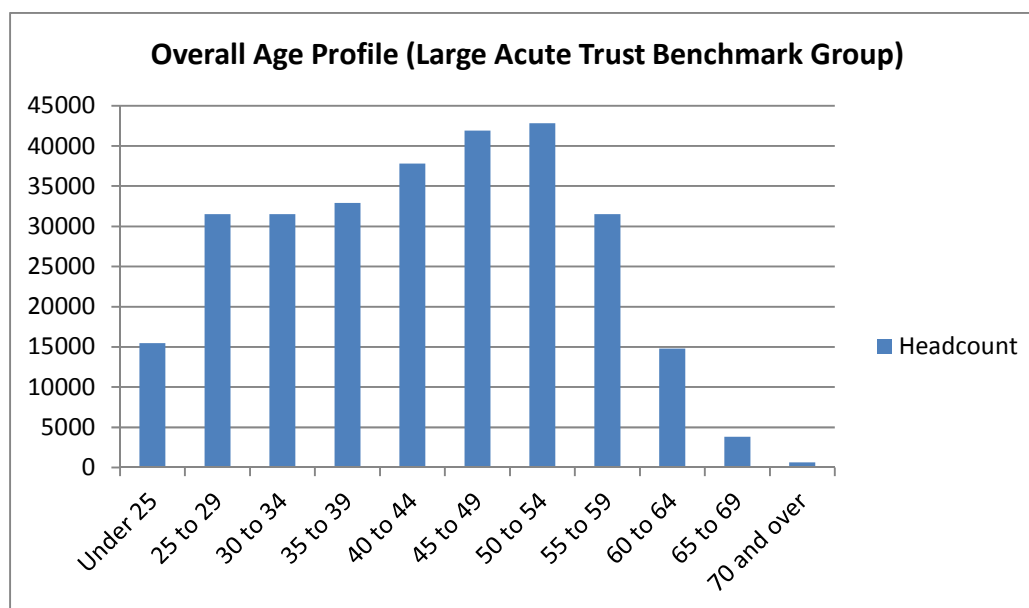
Currently the state pension age for men is 65 and increases for women in the state pension age are being phased in to reach 65 by November 2018. From December 2018, the state pension age for both men and women will start to increase to reach 66 by October 2020 and 67 by 2028. Under current law there are also plans to increase the state pension age to 68 by 2046 although the timetable for this increase may change after review in 2017.

The increase in state pension age is likely to impact the choices made by staff in relation to the date they can retire. There may in turn be an impact on individual's motivation at work and motivation to work.

The other impact of this increase is a shift to the right of the age profile of the organisation.

### Benchmarking

The following graph has been extracted from the NHS Information Centre benchmarking tool – iView. This shows the overall age profile of a benchmark group including other similar NHS trusts.



Similar to this organisation's profile, around a third of staff are aged 50+. Broadly speaking, the profiles within the benchmark organisations for the different staff groups are also similar to the profiles at this organisation.

This would indicate that at those points where the organisation is experiencing high turnover as a result of retirements, other similar organisations will be experiencing the same. This is likely to result in further recruitment difficulties, particularly for registered roles for which the pool of suitable candidates is already depleted.

### 3. Actions & solutions

As mentioned above, working groups have been established at national and local level to address issues related to the ageing workforce.

The national Working Longer Group (WLG) is a partnership group between trade unions, NHS employers and health department representatives and includes representation from this organisation. The group was established to review the implications of the NHS workforce working to a later, raised retirement age, with particular reference to staff in frontline and physically demanding roles.

The local Ageing Workforce Task and Finish group is attended by representatives from HR, occupational health, staff side, operational managers (from acute and community settings), pensions, organisational development, IT and the senior nursing team. The remit of the group is to agree actions in the following areas;

- Interventions needed at an early stage and age to ensure our workforce as it ages is fit and healthy for work (& retirement)
- Interventions needed for the older worker to enable them to stay in work
- Workforce Planning – to ensure we have a workforce in place to deliver future health services

The Trust currently offers a 'Planning for Retirement' course designed for staff who are considering retirement within the next 10 years and guides attendees through the financial complexities of retirement.

It is recognised that managers need to be provided with appropriate tools, support and information to empower them to have conversations with their staff about plans for their retirement. This will enable managers to more effectively plan their service and to proactively succession plan. This is particularly important with difficult to recruit to roles where there needs to be a structured approach to knowledge transfer, for example where an individual may have been in a unique post for a number of years and is highly skilled and/or experienced. Supporting managers in having those conversations with staff in a timely way helps to minimise the operational risks.

With specific regard to the nursing workforce, the previous Performance Report which focussed on nursing workforce challenges included some actions which had already been taken or were being considered including; development of new support roles at bands 3 and 4, proactive succession planning and targeted support to explore alternatives when senior posts become vacant and innovative recruitment approaches including international recruitment. These actions are necessary to address a number of challenges for this workforce including issues arising from the ageing workforce and the need to attract a more diverse workforce.

In terms of the medical workforce, work is underway to develop new service only contracts for Consultants. Such contracts may be used to support flexible return to work post retirement which is in line with service requirements, rather than purely agreed on the basis of individual preference.

All of the above is primarily concerned with addressing the issues of an older or ageing workforce. In addition it is important that consideration is given to attracting a younger, more diverse workforce to further minimise risks associated with having a workforce fit for purpose in the future.

Work is already underway to consider the development of summer contracts for young people aged 16+ and particularly young people who have been through the care system. A business case is being developed to potentially offer approximately 60 summer contracts. This will help to raise the Trust's profile in the community as an employer of choice.

Other solutions which may be developed could include;

- Local advertising of job opportunities, not just on NHS jobs, to make these opportunities more accessible to young people;
- Use of social media – the Trust’s staff engagement framework recognises the need for more innovative use of social media to attract a diverse workforce;
- Improving links with local schools as another means of raising the Trust profile as an employer of choice;
- Open days for recruitment, not just for HCAs but for other roles across the organisation
- Proactive action by Occupational Health with the younger workforce to ensure that they are fitter for longer as expectations change around the length of time individuals will be in work, this might include for example, targeted health promotion or five yearly health checks for all staff.

**4. Conclusion**

It is recognised both nationally and locally that there is an ageing population and an ageing NHS workforce.

At a local level there are specific groups of staff (senior nursing and community nursing staff, midwives, medical consultants in some specialties, estates staff and speech and language therapists) whose current age profile presents some short to medium term concerns. For some of these groups, these concerns are further compounded by other challenges linked to recruitment difficulties.

There is a need to continue to work in partnership internally and to engage with work being undertaken nationally to effectively manage the implications of staff working to a later age but also to take action to attract and retain those individuals who will be the workforce of the future.

**5. Recommendations**

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

<b>Author</b>	<b>Siân Longhorne, Senior HR Lead – Workforce Utilisation</b>
<b>Owner</b>	<b>Sue Holden, Director of Corporate Development and Human Resources</b>
<b>Date</b>	<b>January 2015</b>

York Teaching Hospital NHS Foundation Trust  
Human Resources Strategy Performance Report  
Key Indicators Trust Summary  
Covering Period October - December 2014

APPENDIX A

Key Indicator	This quarter (Oct - Dec 14)			Previous quarter (Jul - Sep 14)			Last year (Oct - Dec 13)			Regional Average	Up/down/no significant change	Status R/A/G	
	Quarter average	Annual	LTS*	Quarter average	Annual	LTS*	Quarter average	Annual	LTS*				
<b>Sickness</b> DATA FOR DEC 14 NOT YET AVAILABLE - THIS QUARTER DATA IS FOR 3 MONTHS TO NOV 14	3.78%	3.61%	158	3.40%	3.56%	115	3.76%	3.59%	124	Most recently published data covers the quarter Jan-Mar 14. The average absence for acute trusts in the Yorkshire & Humber region for this period was 4.39% and this trust was ranked second of acute trusts.	No significant change		
<b>Comments:</b> Absence rates in both the acute and community settings have reduced slightly since the start of 2014 and the overall Trust absence rate continues to compare favourably to the rate in other similar organisations.													
<b>Active Vacancies (FTE) Defined as vacancies approved by VC group</b>	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	Down		
	142.80	1.94%		203.05	2.79%		139.31	1.93%					
<b>Vacancies within budgeted establishment (Finance data)</b>	Budgeted establishment	Actual paid	Variance	Budgeted establishment	Actual paid	Variance	Budgeted establishment	Actual paid	Variance	The NHS Information Centre no longer publishes these figures. A local data set has begun to be coordinate a regional quarterly data collection of workforce metrics which includes vacancies. However, there is not consistency in terms of how trusts calculate this metric and arguably is not valid as a benchmark.	Down		
	7744.58	7220.14	-6.77%	7684.23	7087.3	-7.77%	7593.81	7090.68	-6.63%				
<b>Comments:</b> 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).													
<b>Maternity Leave</b>	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	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	Benchmarking data is available for a small number of trusts participating in the regional quarterly data collection mentioned above. The average rate of maternity leave as at March 14 was 2.31%.	Up	
	195.56	2.71%	196.42	2.78%	167.03	2.36%							
<b>Comments:</b> Although maternity leave rates have historically been consistent, there are areas which regularly have much higher than average rates. Any operational challenges created by higher than average maternity leave in particular areas continue to be managed through the vacancy control process.													
<b>Turnover (FTE)</b>	10.73%			10.57%			10.14%			12.5% (Yorkshire & the Humber regional average)	Up		
<b>Comments:</b> Turnover has increased over the course of the last 12 months. The Trust's turnover rate is still below the regional average but it will be important to continue to monitor this to understand areas where increases in turnover may result in operational pressures.													
<b>Appraisal activity</b>	67.00%			71.00%			76.00%			National average for acute trusts in 2013 staff survey was 84%	Down		
<b>Comments:</b> The appraisal activity rate continues to deteriorate and the current rate is well below the Trust target of 95%.													
<b>Temporary workforce spend</b>	Spend		Spend		Spend		Spend		Spend		No benchmarking figures currently available	Up	
	NHSP Spend	£551,262.00	£610,076.00	£504,077.00									
	Bank	£474,744.00	£480,630.00	£462,057.00									
	Agency inc. external medical locums	£3,797,841.00	£2,766,856.00	£1,625,718.00									
	Overtime Spend	£366,240.00	£320,437.00	£311,351.00									
<b>Total temporary workforce spend</b>	<b>Total spend</b>	<b>% of paybill</b>	<b>Total spend</b>	<b>% of paybill</b>	<b>Total spend</b>	<b>% of paybill</b>	<b>Total spend</b>	<b>% of paybill</b>	<b>Total spend</b>	<b>% of paybill</b>			
	£5,190,087	6.89%	£4,177,999	5.63%	£2,903,203	4.01%							
<b>Comments:</b> Temporary staffing costs continue to increase, in particular agency expenditure in the most recent quarter was more than 37% higher than in the previous quarter and more than double the spend in the same quarter of the previous year.													
<b>Time taken to conclude disciplinary cases</b>	0-30 days	7								No benchmarking figures available			
	31-90 days	5											
	91-180 days	4											
	181+days	3		Not available		Not available							
	Number of current cases:	12 (as of 9th January)											
<b>Comments:</b> Of the three cases which took more than 181 days to resolve, two were delayed on the advice of Occupational Health due to the health of the individuals. The other case was due to the complexity and further allegations arising requiring an additional investigation.													
<b>Compromise agreements</b>	There has been one COT3 settlement during this period as a result of an ET claim.												

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



## Board of Directors – 28 January 2015

### Sustainable Development Report

#### Action requested/recommendation

It is recommended that the Board of Directors:

- Continues to recognise the importance of Sustainability to the success of the organisation.
- Set targets for the Sustainable Development Group of achieving 50% for each of the Good Corporate Citizenship domains during 2015/16.
- Adopt the draft Sustainable Development Management Plan.

#### Summary

In 2012 the Board agreed to adopt the Good Corporate Citizen Self Assessment tool for the enlarged organisation, (as recommended by the NHS Sustainable Development Unit (SDU)), as a means of gauging progress in the workstreams associated with this agenda. The tool itself was overhauled in 2013 and so previous versions are no longer comparable.

The assessment tool prompts responses to a range of questions, from which an overall rating is developed. Within nine domains the organisation ranks itself from 'getting started', 'getting there' or 'excellent'.

There are 6 questions for each of the domains:

- Corporate Approach
- Travel
- Procurement
- Facilities Management
- Workforce
- Community Engagement
- Buildings
- Adaptation
- Models of Care

The Sustainable Development Group has assigned workstream leads to each of the domains, and they in turn have in consultation with others where necessary, completed the assessment.

The Sustainable Development Group now covers the enlarged organisation, has established workstream leads and completed the Good Corporate Citizenship Assessment, which provides a baseline against which progress

can be monitored.

The York Carbon Energy Fund project has been commissioned, and is delivering the Trust's CO<sup>2</sup> reduction targets. A similar project is proposed for Scarborough and Bridlington.

A draft Sustainable Development Management Plan has been prepared, to consolidate objectives, targets, workplans and progress.

### **Strategic Aims**

**Please cross as appropriate**

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

### Implications for equality and diversity

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

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

### Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Sustainable Development Group
Risk	Risk implication detailed in the report
Resource implications	Resources implication detailed in the report
Owner	Brian Golding, Director of Estates & Facilities
Author	Brian Golding, Director of Estates & Facilities

Date of paper            January 2015

Version number            Version 1

## Board of Directors – 28 January 2015

### Sustainable Development Report

#### 1. Introduction and background

**“Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs”.**

*(Brundtland report 1992 for first United Nations Conference on Environment and Development)*

Sustainable development underpins and runs through the Trust’s values.

In 2009 the Board of Directors agreed to establish a Sustainable Development Group, and in 2012 the Board agreed to widen that group to include the enlarged organisation, and to assess our position against the Good Corporate Citizen Assessment tool.

This report provides the Board with an update on progress since 2012, suggests targets to focus resources during 2015/16 and proposes the adoption of a Sustainable Development Management Plan, in line with NHS guidance.

#### 2. Good Corporate Citizenship Assessment

In 2012 the Board agreed to adopt the Good Corporate Citizen Self Assessment tool for the enlarged organisation, (as recommended by the NHS Sustainable Development Unit (SDU)), as a means of gauging progress in the workstreams associated with this agenda. The tool itself was overhauled in 2013 and so previous versions are no longer comparable.

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There are 6 questions for each of the domains:

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- Models of Care

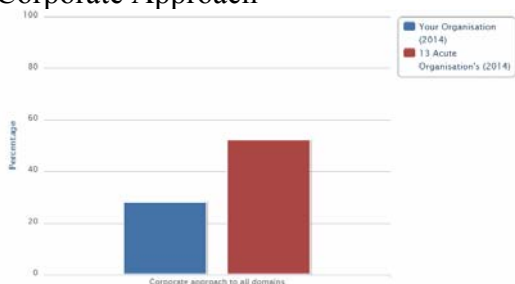
The Sustainable Development Group has assigned workstream leads to each of the domains, and they in turn have in consultation with others where necessary, completed the assessment.

Once completed, the assessments can be uploaded into a national database, held by the NHS SDU, which then allows the Trust access to others’ data in order to benchmark.

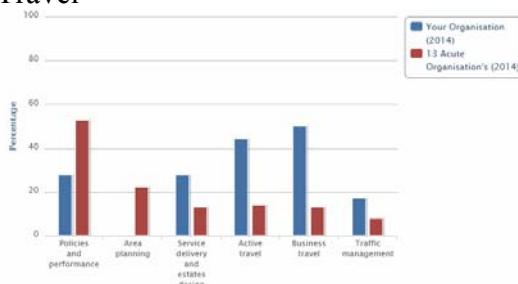
The Trust uploaded its assessment in September last year. At that point 40 other NHS organisations had already uploaded their own data. Of the 40 organisations, 13 were acute Trusts. A comparison of the Trust's assessment against the average of the 13 other acute Trusts is provided below.

Good Corporate Assessment Citizen –  
Acute Organisations Overall Comparisons

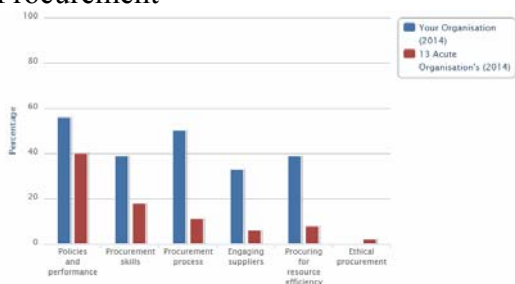
Corporate Approach



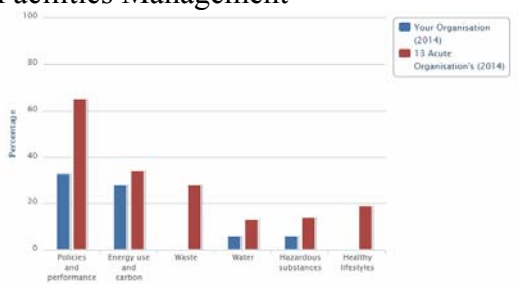
Travel



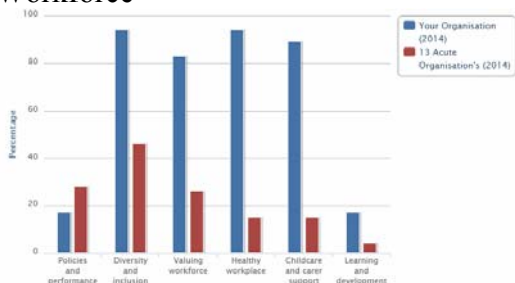
Procurement



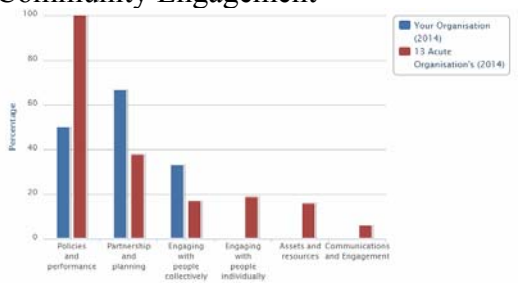
Facilities Management



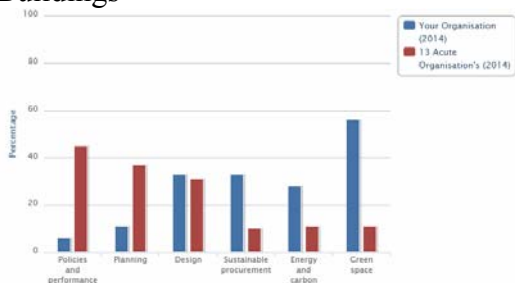
Workforce



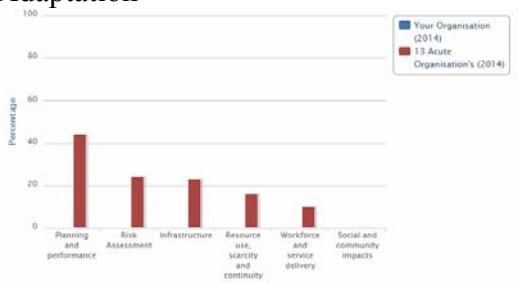
Community Engagement



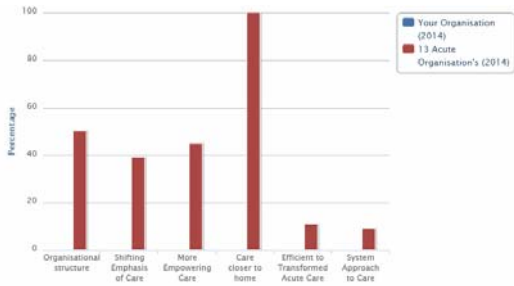
Buildings



Adaptation



## Models of Care



The assessments provide the Sustainable Development Group with the opportunity to identify where to target resources, and to identify targets for improvement.

At this stage the group has not yet assessed Adaptation or Models of Care, which will require wider consultation. These will be priorities for the Sustainable Development Group over the coming year.

This initial assessment and publication of results forms a baseline position for the Trust.

As might be expected progress is better in some domains than others, Workforce, for example, scores well.

The NHS SDU suggests that Trusts should aim for a 50% score across all domains during 2015 and so it is proposed that we set a target of achieving 50% for each workstream by this time next year, and asking the Sustainable Development Group to prepare action plans and monitor progress.

## Areas of activity 2012-2014

### Carbon Energy Fund Projects

#### York

In 2012 the Board of Directors approved a Business Case for the award of a 15 year contract to 'Vital Energi' for a guaranteed reduction in electricity utilisation and a commensurate revenue saving. Since that approval the contractor has carried out the capital works which included:

- Modifications to engineering control systems,
- Total replacement of lighting installation,
- Installation of a combined heat and power (CHP) system.

That project is now live and exceeding the guaranteed savings, resulting in a step reduction in the CO<sup>2</sup> emissions associated with York Hospital's energy usage.

There is a brief appraisal of the project below, which shows that in 3 out of the 4 KPIs (*Generated electricity, CHP availability, Steam savings and Hot water useage*), the project is exceeding the targets. In the case of hot water usage, the shortfall is understood, and an action plan is in place

to remedy this.

The York project has won 2 awards 'Best Project Team' at last year's Carbon Energy Fund awards, and 'Integrated Energy award' from the CHP Association. The contract is considered to be a model of best practice.

### Scarborough and Bridlington

A similar Business Case has been developed for Scarborough and Bridlington, and the Board will be asked to consider this case at its January 2015 meeting.

### NHS Shared Business Services Carbon and Energy Fund (NHS SBS CEF) – Carbon and Energy Reduction Project, York Hospital

In April 2013, the Trust Board approved a Business Case proposal to undertake a Carbon and Energy Reduction Project at York Hospital.

The principal aims of the Project were stated to be:

- To deliver carbon emission targets established by the NHS Carbon Reduction Strategy,
- To deliver savings established by the Trust Board Cost Improvement Plan,
- To mitigate the potential risk of future electricity network integrity.
- 

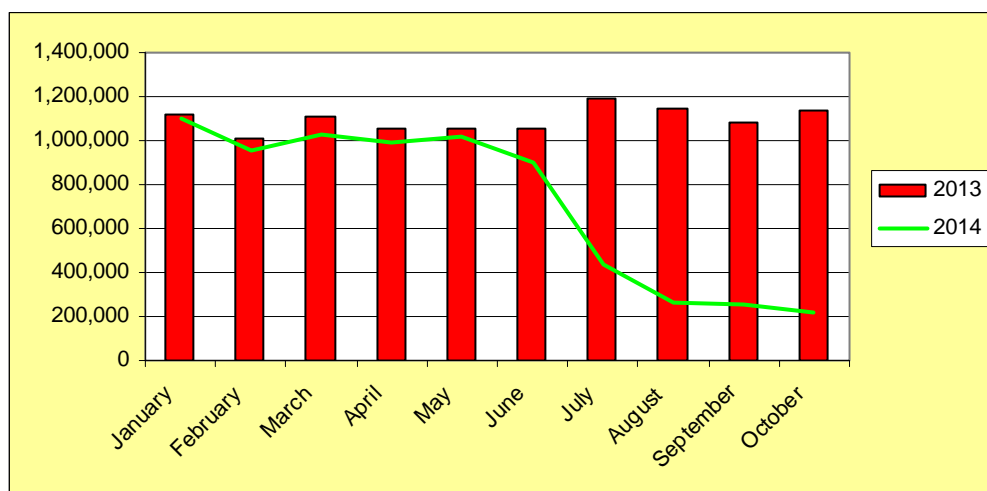
The project contract negotiated, guaranteed the following targeted savings:

- Net annual savings (allowing for Finance and £361k operational costs),
- Annual carbon emission reduction 2,996 tonnes.

The project commenced on site in September 2013 and was completed on time and on budget. The project remains firmly on track to deliver all forecast benefits, as demonstrated below:

### Monthly Comparison of Electricity Purchased from Supplier

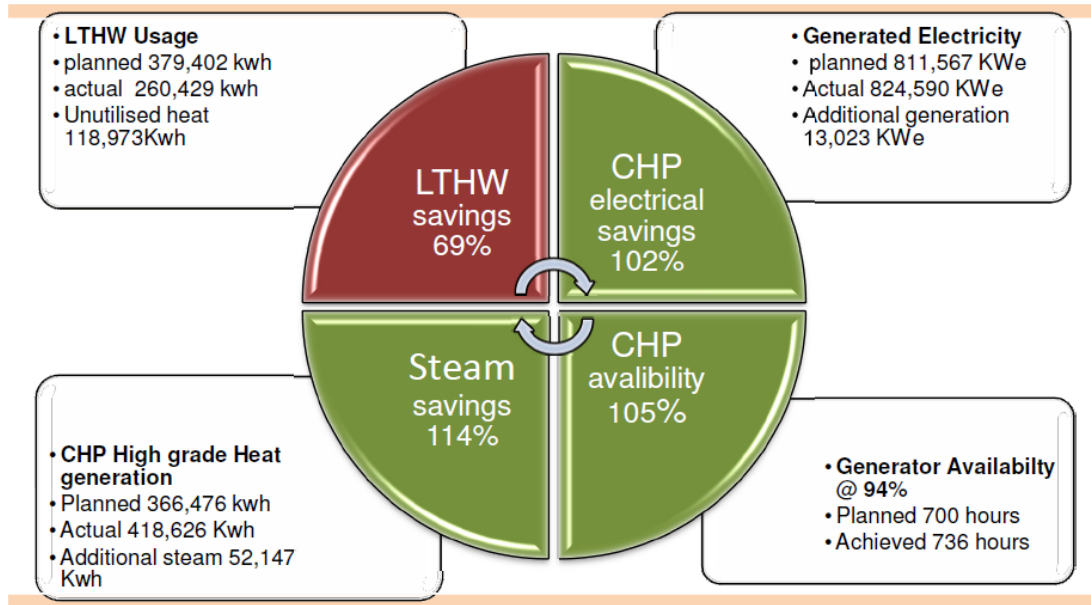
The core of the project relies on generating a significant proportion of our electricity needs on site at York and efficiently utilising recovered heat from the generation process.



The chart above compares purchased electricity, January to October 2013. A comparison of

January to June demonstrates the electricity reduction from replacing obsolete lighting. The chart clearly demonstrates the beneficial impact of the CHP over the commissioning period June to September to a level expected going forward.

### CHP Performance Dashboard – October 2014.



October 2014 represents the first CHP operation month after formal contract Practical Completion.

CHP Availability, CHP Electricity Generation and High Grade Heat Recovery (Steam) all exceed planned targets. Recovered Low Grade Heat (LTHW) operated below planned target. Issues understood and addressed, no detrimental impact on guaranteed savings.

### Carbon Emission Reduction

York Hospital Carbon Emission April – October 2013 6,546 tonnes CO<sub>2</sub>e  
 York Hospital Carbon Emission April – October 2014 5,418 tonnes CO<sub>2</sub>e

### Combined Heat and Power Association – National Award for York Hospital.



The penultimate award of the evening was another new category: the Integrated Energy Award. The judges selected two winners who demonstrate very different aspects of the concept of integrated energy; **E.ON** for Bath Western Riverside and **Vital Energi** for their work with York Teaching Hospital. E.ON's Bath Western Riverside project will connect 2000 homes, shops, schools and other buildings to a new district heating network, using different fuel sources and



an example of doing things in the right order, and adding CHP to the mix at the right time; building-level integrated energy in action.

## Other Developments

**Business Case Process** - In line with best practice guidance, Business Cases now contain a section that asks authors to assess the sustainable development impact of their recommended option. This will allow the Board to understand and take into account issues wider than financial consequence - this is likely to become more important as pressure is exerted from the centre to demonstrate the sustainability of the organisation.

**Membership of Crown Commercial Services NHS Board property sub group** - The Trust is working with Crown Commercial Services to benchmark a range of services relating to property and estate management, to ensure that we get best value and that we are able to influence suppliers in how they themselves behave – it is estimated that up to 80% of the carbon footprint associated with the NHS is generated by its procurement operations, and so this is a significant issue.

**Membership of NHS Sustainability Leaders group** - The Trust is working with the Sustainable Development Leaders Group. The group allows members to share areas of best practice, raise queries or facilitate discussions between organisations.

**Travel and Transport Group** - The Trust has for many years hosted a Travel and Transport group, comprising staff, patient representatives, governors, local authority and other local public sector organisations. The group considers a wide range of issues many of which are directly linked to the sustainable development agenda: promotion of cycling, walking and public transport, reducing unnecessary journeys, consideration of alternative technologies etc.

In 2012 membership of the group was widened to encompass Scarborough and Bridlington.

In 2014, the Trust were winners of the York Press Business Award for best Sustainable Travel initiative in recognition of the work carried out by the group.

## Sustainable Development Management Plan

The NHS SDU recommends that Trusts consolidate their sustainability objectives, targets, workplans and progress in a single document known as a 'Sustainable Development Management Plan' (SDMP). In response, NHS commissioners are increasingly seeking evidence that providers have, or are working towards a SDMP, particularly in Tenders for provider services.

A draft SDMP is attached at **Appendix 1**. If adopted, the plan will be issued to the Sustainable Development group to populate with target dates, and progress will be reported to the Board of Directors annually.

## 3. Conclusion

The Sustainable Development Group now covers the enlarged organisation, has established workstream leads and completed the Good Corporate Citizenship Assessment, which provides a baseline against which progress can be monitored.

The York Carbon Energy Fund project has been commissioned, and is delivering the Trust's CO<sup>2</sup>

reduction targets. A similar project is proposed for Scarborough and Bridlington.

A draft Sustainable Development Management Plan has been prepared, to consolidate objectives, targets, workplans and progress.

#### **4. Recommendation**

**It is recommended that the Board of Directors:**

- Continues to recognise the importance of Sustainability to the success of the organisation.
- Set targets for the Sustainable Development Group of achieving 50% for each of the Good Corporate Citizenship domains during 2015/16.
- Adopt the draft Sustainable Development Management Plan.

#### **5. References and further reading**

NHS Sustainable Development Unit - [www.sduhealth.org.uk](http://www.sduhealth.org.uk)

<b>Author</b>	<b>Brian Golding, Director of Estates &amp; Facilities</b>
<b>Owner</b>	<b>Brian Golding, Director of Estates &amp; Facilities</b>
<b>Date</b>	<b>January 2015</b>

**Draft**

## **Sustainable Development Management Plan**

**2015 – 2020**



## Contents

1. Foreword
2. Introduction to Sustainable Development
3. Our Sustainable Development commitment
4. Our commitment to the NHS Carbon Reduction Strategy
5. Our commitment to Adaptation to Climate Change
6. Action Plans
7. Good Corporate Citizen Assessment 2014
8. NHS Carbon Reduction Strategy reports



## **Chairman/ Chief Executive**

We very much welcome this Sustainable Development Management Plan, and encourage you to read it and let us have feedback as a means of making all of the services provided by the Trust more sustainable and environmentally friendly, making the organisation a great place to work or visit.

Our Trust Values are underpinned by this agenda, in particular in the development of stronger citizenship through our work with partners and the broader community and the improvement of our facilities and protection of the environment.

With 10 in-patient sites and a staff of 8,500 we recognise that our actions can have a significant effect on both the environment and the communities that we serve. If we are able to raise awareness amongst all of our staff and patients, and this is shared with their families and friends, then we truly will be able to make a difference.

We are committed to demonstrating leadership in sustainability, so that our services are fit for today's needs without compromising the ability of those that follow us to meet theirs. This plan sets out ambitious targets, and we look forward to reporting on our achievements over the coming years.

**Patrick Crowley – Chief Executive**  
**Alan Rose – Chairman**

**January 2015**

## Introduction to Sustainable Development

Use of the adjective sustainable and the noun sustainability are now quoted on a daily basis to support numerous arguments and causes without ever really defining the context of their use.

But sustainability is not a new concept.

In 1983, the United Nations expressed their concerns around the accelerating deterioration of the human environment and natural resources and the consequences of deterioration for economic and social development.

Under resolution 42/187, the United Nations General Assembly set up their World Commission on Environment and Development chaired by the former Norwegian Prime Minister Dr Gro Harlem Brundtland, now referred to as the Brundtland Report.

The Brundtland Report was the catalyst for the first United Nations Conference on Environment and Development held in Rio de Janeiro in 1992.

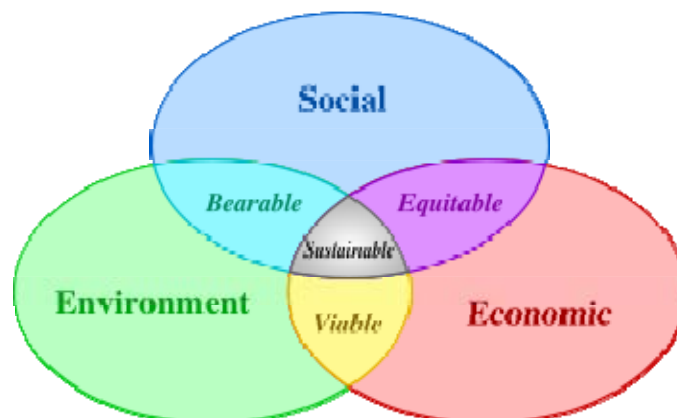
Our generally accepted definition of sustainable development originates from the Brundtland Report.

Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs.

*Inset right:  
Dr Gro Harlem Brundtland.  
Chair – United Nations World  
Commission on Environment  
and Development*



The Brundtland Report established three recurring themes for sustainable development namely, environmental, economic and social factors.



## Sustainability for the NHS and York Teaching Hospital NHS Foundation Trust

Sustainability is the principle of strategically ensuring the long term resilience of the health system by establishing a quality and efficient service that is capable of using resources today that does not prejudice our ability to deliver health care tomorrow.

How do we create a sustainable system?

Through adopting a sustainable development approach for the healthcare that delivers on the triple bottom line - Simultaneous financial, social and environmental return on investment - Saving Money - Improving Health - Mitigating Climate Change.

The principles of sustainable development:

<p style="text-align: center;"><b>Living within Environmental Limits.</b></p> <p>Respecting the limits of the planet's resources and biodiversity – to improve our environment and ensure that the natural resources needed for life are unimpaired and remain so for future generations.</p>	<p style="text-align: center;"><b>Ensuring a Strong, Healthy and Just Society.</b></p> <p>Meeting the diverse needs of all people in existing and future communities, promoting personal wellbeing, social cohesion and inclusion and creating equal opportunity for all.</p>	<p style="text-align: center;"><b>Achieving a Sustainable Economy.</b></p> <p>Building a strong, stable and sustainable economy which provides prosperity and opportunities for all, and in which the environmental and social costs fall on those who impose them (polluter pays) and efficient resource use is incentivised.</p>
<p style="text-align: center;"><b>Promoting Good Governance.</b></p> <p>Actively promoting effective participative systems of governance in all levels of society – engaging people's creativity, energy and diversity.</p>		<p style="text-align: center;"><b>Using Sound Science Responsibility.</b></p> <p>Ensuring policy is developed and implemented on the basis of strong scientific evidence, whilst taking into account scientific uncertainty (through the precautionary principle) as well as public attitudes and values.</p>

What are the Benefits to the NHS of adopting a sustainable approach?

- A major part of sustainability is creating more efficient systems, minimising process waste and so delivering financial savings.
- Delivering a sustainable health system provides a positive vision for engaging with staff, external organisations and the public.
- A sustainable approach provides a common agenda for partnership working with all sectors in the region.
- Leading on this agenda sends a strong message to the people of the region that we believe in health promotion, social cohesion, justice and integrated person-centric cohesion.

- Unhealthy activities are often carbon intensive. Typically initiatives around health promotion, better diet, more exercise, reducing inequalities will reduce carbon. The agenda will drive carbon reduction and carbon reduction will help deliver the agenda.

NHS Sustainable Development Opinion:

- Sustainability and environmental management needs to become a cross functional consideration and be integrated with the Trust's strategy and decision making criteria.
- Technical solutions are only powerful if everyone understands them and can change their behaviour to maximise benefit.
- Building strong networks and exchanging knowledge and innovation is critical.
- Simply making buildings more energy efficient is not enough in the strategic long term.

How does sustainable development contribute to our Trust's adopted Values:

How we provide safe, effective healthcare for all who need it and work to provide it:	
<b>Improve Quality &amp; Safety - WE WILL:</b>	
Ensure you feel cared for.	
Encourage and act on feedback.	√
Develop the quality and skills of our workforce.	√
Keep you safe.	
Ensure the right people in the right places to meet care needs.	
Learn from our mistakes.	
Respect individual difference.	
<b>Improve our Effectiveness, Capacity &amp; Capability - WE WILL:</b>	
Employ good staff, keep them and look after them.	√
Educate our workforce to meet changing needs.	√
Demonstrate value for money at all levels.	√
Deliver & surpass targets.	√
Achieve efficient use of resources, our staff, our money, our assets.	√
Ensure no unnecessary waits or delays.	
<b>Develop stronger citizenship through our work with partners and the broader community – WE WILL:</b>	
Enhance our reputation through our action, behaviours and performance to earn the respect of our community.	√
Reach out to the local community through providing opportunity.	√
Support local businesses, voluntary organisations and communities.	√
Identify opportunities to engage with the community and add value.	√
Seek and develop partnerships inside and outside the local health economies	√
<b>Improve our facilities and protect the environment – WE WILL:</b>	
Continually improve our buildings and facilities to meet changing need.	√
Keep everything clean, neat and tidy.	
Make you feel welcome.	
Respect your privacy and dignity.	
Help you find your way around.	
Positively manage our impact on the environment.	√



## **Our Sustainable Development Commitment**

In March 2009, York Teaching Hospital NHS Foundation Trust Board of Directors committed to the continuous improvement in minimising the impact of its activities on the environment and to becoming a good corporate citizen.

Our Trust Sustainable Development commitments are as follows:

- Comply with all relevant legislation.
- Undertake the NHS Good Corporate Citizenship Assessment and develop action plans to improve performance.
- Achieve the carbon emissions reduction targets established by the NHS Carbon Reduction Strategy of 10% by 2015, 26% by 2020 and 80% by 2050 from a 2007 baseline and, where possible, exceed these targets.
- Establish baselines for all relevant activities and set measurable objectives and targets using national measurement systems when and where available.
- Establish carbon/sustainability weighting to all investment/procurement options.
- Include climate change and the concomitant risk in the corporate risk register.
- Reduce/minimise environmental impact whilst maintaining continuous improvement.
- Integrate the principles of sustainability into all areas of Trust business.

Our Identified Supporting Actions are as follows:

- Ensuring the commitment made by the Board of Directors' is translated into clear direction and responsibility and that sustainable development is mainstreamed in the organisation's objectives, corporate strategy and annual report.
- Providing regular reports to Executive Board and Board of Directors and conducting reviews of policy.
- Developing and implementing reduction plans to address the major components of NHS carbon emissions including direct energy consumption, procurement, transport (including business, commuting and patient travel) and waste.
- Using structured environmental auditing to review progress towards objectives.
- Implementing life cycle costings.
- Pursuing and active communication initiative to engage all staff, patients, visitors and others who visit/use our facilities.
- Providing training for all employees and contractors, especially in terms of sustainability, climate change and health and carbon literacy.
- Working closely with its partners, especially NHS organisations and local authorities, in developing whole community solutions to carbon emissions. The Trust will also work closely with regional and national agencies to develop leading practice in the field.

## **Our Commitment to the Good Corporate Citizenship Assessment Model**

Our Sustainable Development Management Plan embraces and develops York Teaching Hospital NHS Foundation Trust Board of Directors commitment to adopting the Good Corporate Citizenship Assessment Model to be supported with progressive action plans to 2020 as a core objective.

Good Corporate Citizenship Assessment Workstreams:

### **Corporate Approach**

#### **Travel**

- Policies and Performance
- Area Planning
- Service Delivery and Estate Design
- Active Travel
- Business Travel
- Traffic Management

#### **Procurement**

- Policies and Performance
- Procurement Skills
- Procurement Process
- Engaging Suppliers
- Procuring for Resource Efficiency
- Ethical Procurement

#### **Facilities Management**

- Policies and Performance
- Energy Use & Carbon
- Waste
- Water
- Hazardous Substances
- Healthy Lifestyles

#### **Workforce**

- Policies and Performance
- Diversity and Inclusion
- Valuing Workforce
- Healthy Workplace
- Childcare and Carer Support
- Learning and Development

#### **Community Engagement**

- Policies and Performance
- Local Partnership and Planning
- Community Participation
- Engaging with People Individually

- Assets and Resources
- Communication

### **Buildings**

- Policies and Performance
- Planning
- Design
- Sustainable Procurement
- Energy and Carbon
- Green Space

### **Adaptation**

- Planning and Performance
- Risk Assessment
- Infrastructure
- Resource Use, Scarcity and Continuity
- Workforce and Service Delivery
- Social and Community Impacts

### **Models of Care**

- Policies and Performance
- Shifting Emphasis of Care
- More Empowering Care
- Care Closer to Home
- Efficient to Transformed Acute Care
- Care Closer to Home

## **Our Commitment to the NHS Carbon Reduction Strategy**

Our Sustainable Development Management Plan embraces and develops York Teaching Hospital NHS Foundation Trust Board of Directors commitment to adopting the NHS Carbon Reduction Strategy to be supported by progressive action plans to 2020 as a core objective.

- 1. Energy and Carbon Management Core Objectives:**
  - Our Trust shall develop and implement a robust Energy Management System to meet the recommendations of BS EN 16001:2009 Energy Management Systems – Requirements with guidance for use. The Energy Management Systems shall be subject to annual internal audit scrutiny.
  - Regular Board level reviews of performance in energy efficiency and carbon reduction shall be reported annually to staff, the public and other stakeholders.
  - Carbon measurements shall replace energy measurements as the target for reduction throughout our Trust
  - Our Trust shall develop and implement strategic plans to provide resilient and renewable energy sources to ensure a guaranteed energy supply, whilst managing an overall carbon footprint.
  - Capital developments within our Trust shall be assessed on a whole life cost basis. Low carbon options, typically renewable energy, passive cooling, ultra efficient lighting, sustainable transport and natural environment shall be considered for all capital developments.
  - Our Trust staff shall be empowered to take responsibility for carbon reduction and energy consumption.
  
- 2. Procurement and Food Core Objectives:**
  - Our Trust shall manage its operation and procurement efficiently, minimising wastage and carbon from the outset.
  - Our Trust shall work in partnership with suppliers to improve sustainable and low carbon production.
  - Local procurement, whole lifecycle costs and the environmental impact of financial decisions shall be considered by our Trust preparations taken to embrace carbon as a currency.
  - Our Trust shall undertake a review of the carbon footprint associated with the procurement of pharmaceuticals and implement actions to produce significant reductions.
  - The promotion of sustainable food and nutrition throughout our Trust shall be the norm.
  
- 3. Low Carbon Travel, Transport and Access Core Objectives**
  - Our Trust shall have a Board approved travel plan
  - Our Trust shall review the introduction of a flat rate for business mileage regardless of engine size, extend the review to travel options (car, train, bus, cycle and foot) and make recommendations to the Board.

- Our Trust shall establish consistent monitoring arrangements so that reductions in emissions from road vehicles used for Trust business can be measured and reported.
- Mechanisms to routinely and systematically review the need for staff, patients and visitors to travel shall be established by our Trust.
- Our Trust shall work towards the delivery of Healthcare closer to patients' homes.

**4. Water Core Objectives:**

- Our Trust shall integrate the efficient use of water into building developments at design stage.
- Water costs and consumption shall be measured, monitored and reported annually by our Trust to staff, patients and the public.
- Water leaks throughout our Trust infrastructure shall be identified and fixed as a service level priority.
- Water efficiency technology shall be adopted as a standard throughout our Trust.
- Routine purchasing of bottled water within our Trust shall be avoided.

**5. Waste Core Objectives:**

- Regular Board level reviews of waste disposal, re-use and recycling shall be reported annually to staff, the public and other stakeholders.
- Our Trust shall undertake a balanced risk assessment of all waste and its associated carbon emissions/costs, including those related to "single issue equipment" use and associated disposal policies in contrast to sterilisation and re-use.
- Our Trust shall ensure that we have the necessary skills to manage waste legally, efficiently and cost effectively.
- Our Trust shall monitor the quantity and cost of all waste streams (waste from clinical areas, hazardous waste, domestic waste to landfill) and set trajectories to monitor, manage and reduce them over time.
- Our Trust shall monitor, manage and increase re-use/recycling.

**6. Designing the Built Environment Core Objectives:**

- All new buildings and major refurbishments within our Trust shall be designed to withstand significant climate change and weather extremes.
- All new healthcare buildings shall aim to achieve a target of being low carbon.
- All decisions about the design and build of healthcare buildings within our Trust shall be explicit about how they deliver a broader approach to sustainability including transport, delivery of services and community engagement.
- Our Trust recognises that buildings need to move quickly to have a lower carbon impact, not only in their construction but

also in their lifetime use and decommissioning. Our trust buildings shall be designed to promote sustainable behaviours in staff, patients and visitors and they shall be adaptable so as to support change towards low carbon patient pathways.

- 7. Organisational and Workforce Development Core Objectives:**
  - Our future leadership development shall embrace competencies that are required to deliver carbon reduction.
  - Our Trust shall work in partnership with Higher Education Institutions to ensure that sustainability and carbon reduction concepts are included in under graduate curricula.
  - Our Trust shall include sustainability and carbon governance as a responsibility on all job descriptions for Chief Executive and Director posts and on all descriptions for staff positions.
  - Our Trust shall ensure that our staff have information about and opportunities to use low carbon travel options.
  - Audio, video and web conferencing technology shall be made available within our Trust and staff shall be trained in these technologies to support a cultural shift from routine care and other high carbon travel. Our Trust shall encourage more home working.
  
- 8. Role of Partnership and Networks Core Objectives:**
  - Our Trust shall use its influence within local frameworks and support carbon reduction.
  - Our Trust shall actively pursue climate change action within our Local Strategic Partnerships.
  - Our Trust shall support the NHS and Department of Health regional sustainable development frameworks to ensure wide representation across organisations and frameworks.
  - Regular Board level reviews of our role within local partnerships and networks shall be reported annually to staff, the public and other stakeholders.
  - Our Trust shall take the lead on sustainable development and carbon reduction and shall aspire to be an exemplar to other sectors and to other health systems.
  
- 9. Governance Core Objectives:**
  - Our Trust shall sign up to the NHS Good Corporate Citizenship Assessment Model and produce a Board approved Sustainable Development Management Plan which shall establish clear, measurable milestones.
  - Our Trust shall establish targets and trajectories to meet the provisions of the Climate Change Act. In the first instance to be 10% of 2007 levels by 2015, as a minimum.
  - Carbon reduction and sustainable development are corporate responsibilities and shall be an inherent part of our Trust's performance and governance mechanisms.

- Our Trust shall make sustainability and environmental impact an integral element of quality standards.

**10. Finance Core Objectives:**

- Our Trust shall develop carbon literacy and embed carbon reduction in our financial mechanisms.
- Our Trust shall identify and take advantage of schemes that support investment in energy efficiency initiatives.
- Our Trust shall be involved in local strategic partnership arrangements and regional economic forums in order to play a part in developing a sustainable and resilient health economy.

## **Our Commitment to Adaptation to Climate Change**

Our Sustainable Development Management Plan embraces and develops York Teaching Hospital NHS Foundation Trust Board of Directors commitment to developing and adopting an Adaptation Plan.

The Adaptation Plan seeks to prepare the Trust to respond to the demands presented by both the current and the projected impacts of climate change and adverse weather events.

The Adaptation Plan will need to address the health and care needs of the community.

Climate change could negatively impact the physical and mental health well being of the UK population. Our health and care systems need to be prepared for different volumes and patterns of demand.

Climate change could impact on the operational delivery of the health and care systems. The system infrastructure (typically buildings, communications, emergency service vehicles, models of care) and supply chain (typically fuel, energy, food, care supplies) need to be prepared for and resilient to weather events and other crises.

The UK Climate Change Risk Assessment projects an increase in the frequency and intensity of weather related hazards.

Adapting to climate change encourages better use of resources, can save money and can deliver wider health benefits.



## Appendix 1 – Good Corporate Citizenship Assessment Action Plan

Good Corporate Citizenship Assessment Model			
Core Objective	Action	Action Timescale	Action Status
Nominate Good Corporate Citizenship Assessment Model Workstream leads.			
Adopt Sustainable Development Unit Good Corporate Citizenship Assessment Model targets.			
Routinely report Good Corporate Citizenship Assessment Model progress on the Sustainable Development Unit web site.			
Report annually to staff, the public and other stakeholders			

## Appendix 2 – NHS Carbon Reduction Strategy Action Plans

1. Energy and Carbon Management			
Core Objective	Action	Action Timescale	Action Status
Develop and implement a robust Energy Management System. The Energy Management Systems shall be subject to annual review			
Undertake regular Board level reviews of performance in energy efficiency and carbon reduction. To be reported annually to staff, the public and other stakeholders.			
Carbon measurements to replace energy measurements as the target for reduction throughout our Trust			
Develop and implement strategic plans to provide resilient and renewable energy sources. Ensure a guaranteed energy supply, whilst managing an overall carbon footprint.			
Capital developments to be assessed on a whole life cost basis for all capital developments.			
Empower staff to take responsibility for carbon reduction and energy consumption.			

2. Procurement and Food			
Core Objective	Action	Action Timescale	Action Status
Manage operation and procurement efficiently, minimising wastage and carbon from the outset.			
Our Trust shall work in partnership with suppliers to improve sustainable and low carbon production.			
Local procurement, whole lifecycle costs and the environmental impact of financial decisions shall be considered by our Trust preparations taken to embrace carbon as a currency.			
Undertake a review of the carbon footprint associated with the procurement of pharmaceuticals and implement actions to produce significant reductions.			
Promote sustainable food and nutrition.			

3. Low Carbon Travel, Transport and Access			
Core Objective	Action	Action Timescale	Action Status
Develop a Board approved travel plan			
Introduce a flat rate for business mileage regardless of engine size, extend the review to travel options (car, train, bus, cycle and foot) and make recommendations to the Board.			
Establish consistent monitoring arrangements and reduce emissions from road vehicles used for Trust business.			
Establish mechanisms to routinely and systematically review the need for staff, patients and visitors to travel.			
Work towards the delivery of Healthcare closer to patients' homes.			

4. Water			
Core Objective	Action	Action Timescale	Action Status
Integrate the efficient use of water into building developments at design stage			
Measure and monitor water costs and consumption. Report annually to staff, patients and the public			
Identify water leaks throughout our Trust infrastructure and fix as a service level priority.			
Adopt water efficiency technology as a standard.			
Avoid the routine purchasing of bottled water.			

5. Waste			
Core Objective	Action	Action Timescale	Action Status
Review levels of waste disposal, re-use and recycling and report annually to staff, the public and other stakeholders.			
Undertake a balanced risk assessment of all waste and its associated carbon emissions/costs, including those related to "single issue equipment" use.			
Ensure that we have the necessary skills to manage waste legally, efficiently and cost effectively.			
Monitor the quantity and cost of all waste streams (waste from clinical areas, hazardous waste, domestic waste to landfill) and set trajectories to monitor, manage and reduce them over time.			
Monitor, manage and increase re-use/recycling.			

6. Designing the Built Environment			
Core Objective	Action	Action Timescale	Action Status
Design all new buildings and major refurbishments within our Trust to withstand significant climate change and weather extremes.			
Aim to all new to achieve low carbon targets for all new buildings.			
All decisions about the design and build of healthcare buildings within our Trust to be explicit about how they deliver a broader approach to sustainability including transport, delivery of services and community engagement.			
Recognises that buildings need to move quickly to have a lower carbon impact, not only in their construction but also in their lifetime use and decommissioning. Buildings shall be designed to promote sustainable behaviours in staff, patients and visitors and they shall be adaptable so as to support change towards low carbon patient pathways.			

7. Organisational and Workforce Development			
Core Objective	Action	Action Timescale	Action Status
Future leadership development shall embrace competencies that are required to deliver carbon reduction.			
Work in partnership with Higher Education Institutions to ensure that sustainability and carbon reduction concepts are included in under graduate curricula.			
Sustainability and carbon governance responsibility to be included on all job descriptions for Chief Executive and Director posts and on all descriptions for staff positions.			
Ensure that our staff have information about and opportunities to use low carbon travel options.			
Audio, video and web conferencing technology to be made available and staff shall be trained in these technologies to support a cultural shift from routine care and other high carbon travel. Encourage more home working.			



8. Role of Partnership and Networks			
Core Objective	Action	Action Timescale	Action Status
Exert influence within local frameworks and support carbon reduction.			
Actively pursue climate change action within our Local Strategic Partnerships			
Support the NHS and Department of Health regional sustainable development frameworks to ensure wide representation across organisations and frameworks.			
Review our role within local partnerships and networks and report annually to staff, the public and other stakeholders.			
Lead on sustainable development and carbon reduction and aspire to be an exemplar to other sectors and to other health systems.			

9. Governance			
Core Objective	Action	Action Timescale	Action Status
Sign up to the NHS Good Corporate Citizenship Assessment Model and produce a Board approved Sustainable Development Management Plan which shall establish clear, measurable milestones			
Establish targets and trajectories to meet the provisions of the Climate Change Act. In the first instance to be 10% of 2007 levels by 2015, as a minimum.			
Carbon reduction and sustainable development to be corporate responsibilities and an inherent part of performance and governance mechanisms.			
Make sustainability and environmental impact an integral element of quality standards.			

10. Finance			
Core Objective	Action	Action Timescale	Action Status
Develop carbon literacy and embed carbon reduction in our financial mechanisms			
Identify and take advantage of schemes that support investment in energy efficiency initiatives.			
Be involved in local strategic partnership arrangements and regional economic forums in order to play a part in developing a sustainable and resilient health economy.			

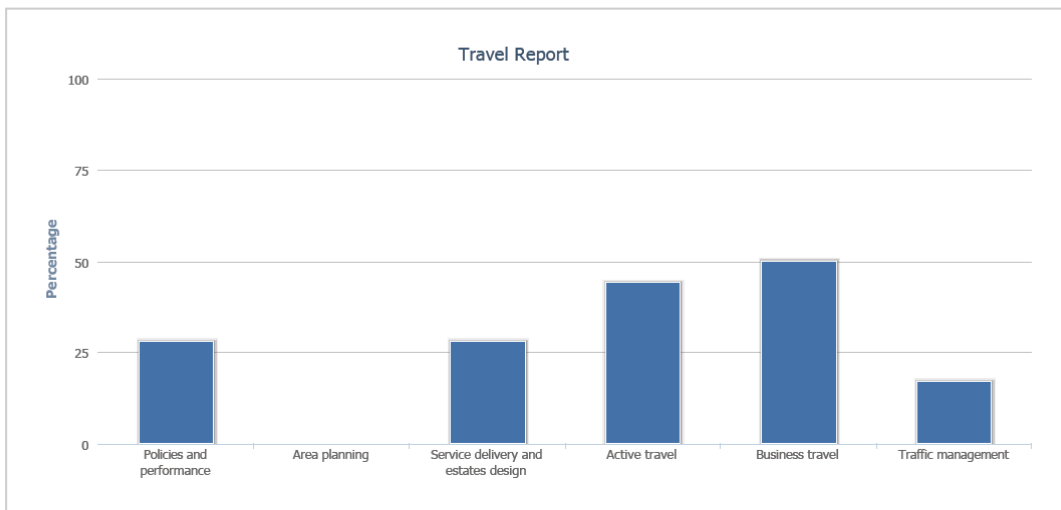
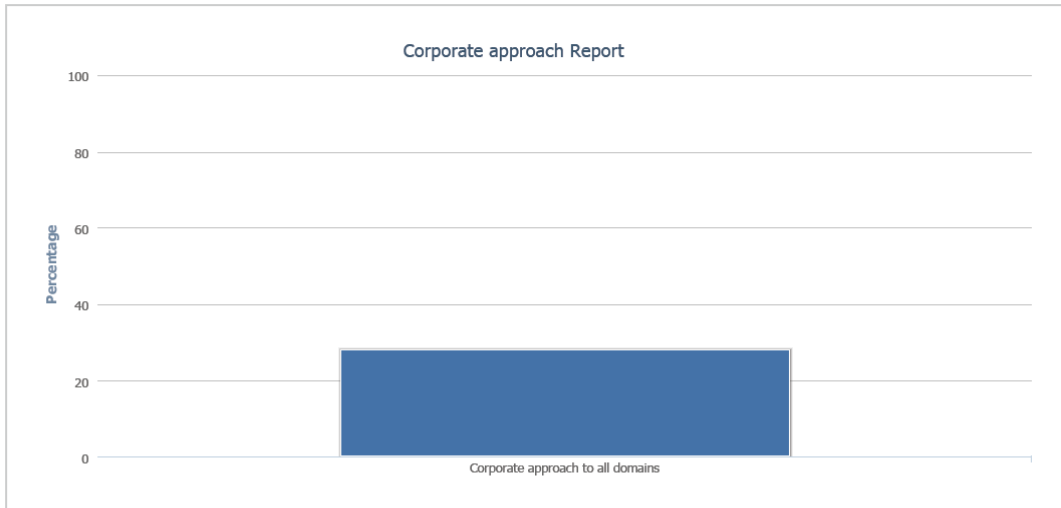
### Appendix 3 – Adaptation Action Plans

Adaptation Plan			
Core Objective	Action	Action Timescale	Action Status
Include Adaptation within Emergency Preparedness Plans and Business Continuity Plans.			
Develop partnerships with Local Authorities and other stakeholders.			
Incorporate mechanisms for review and update within the Adaptation Plan			
Align with local community plans.			
Include climate change risk in the organisational risk register.			

## Appendix 4 – Good Corporate Citizenship Assessment Reporting

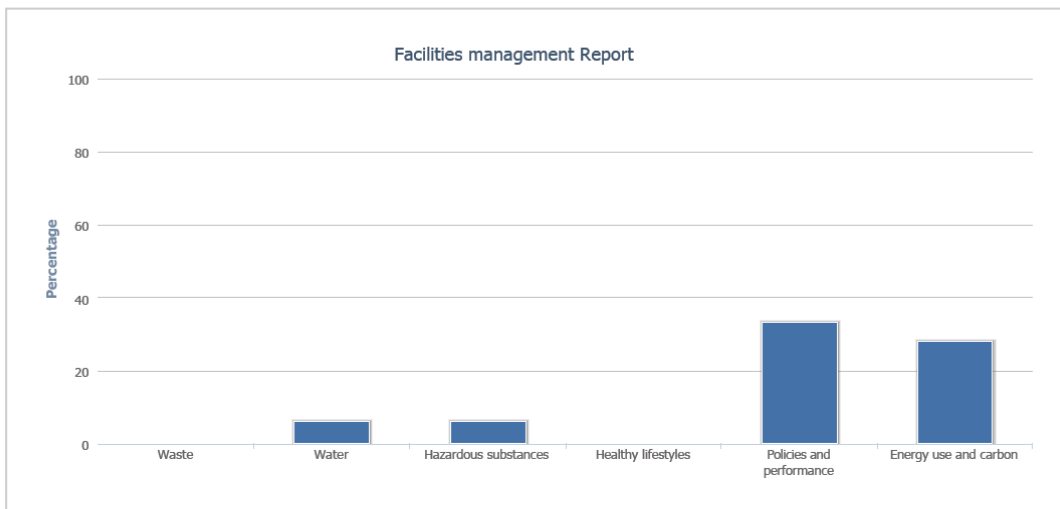
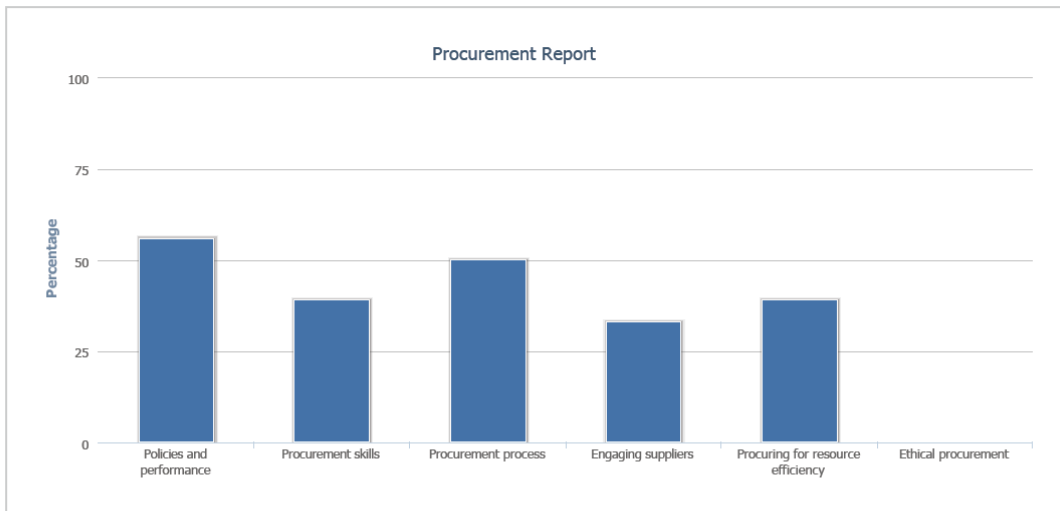


### Making you a good Good Corporate Citizen



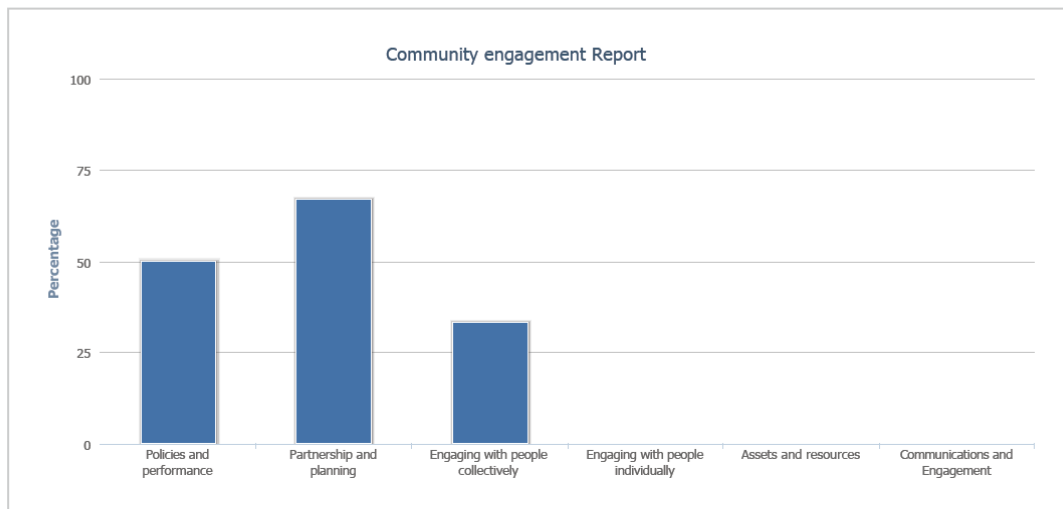
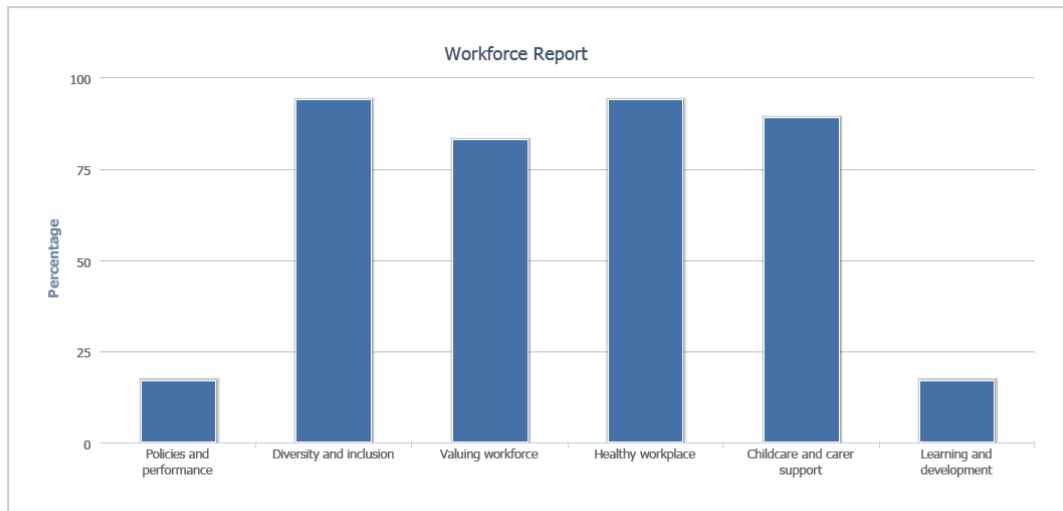


## Making you a good Good Corporate Citizen



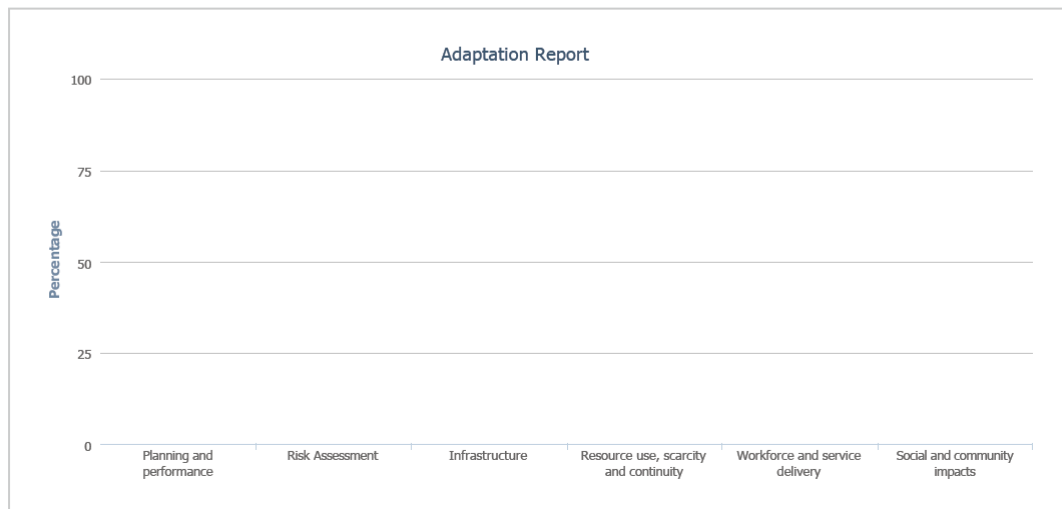
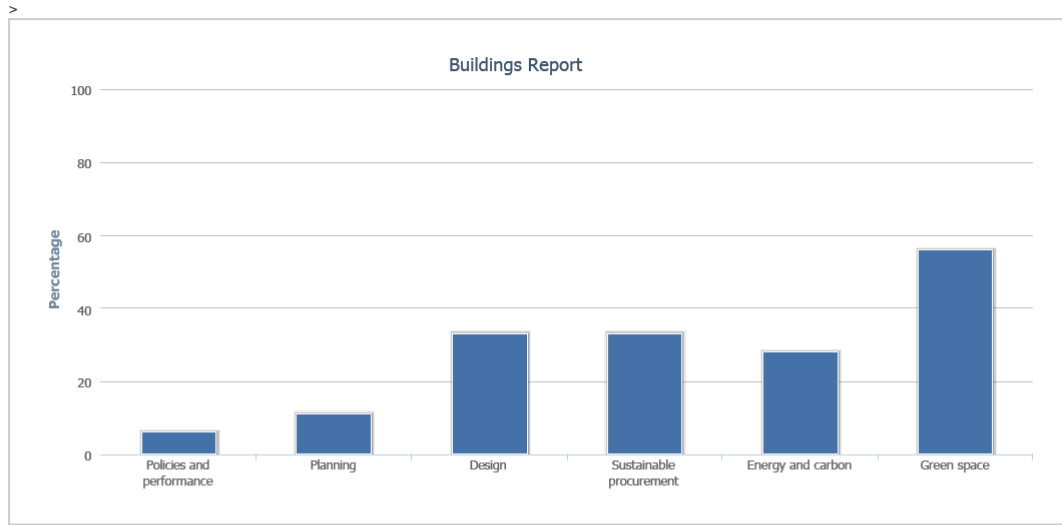


## Making you a good Good Corporate Citizen





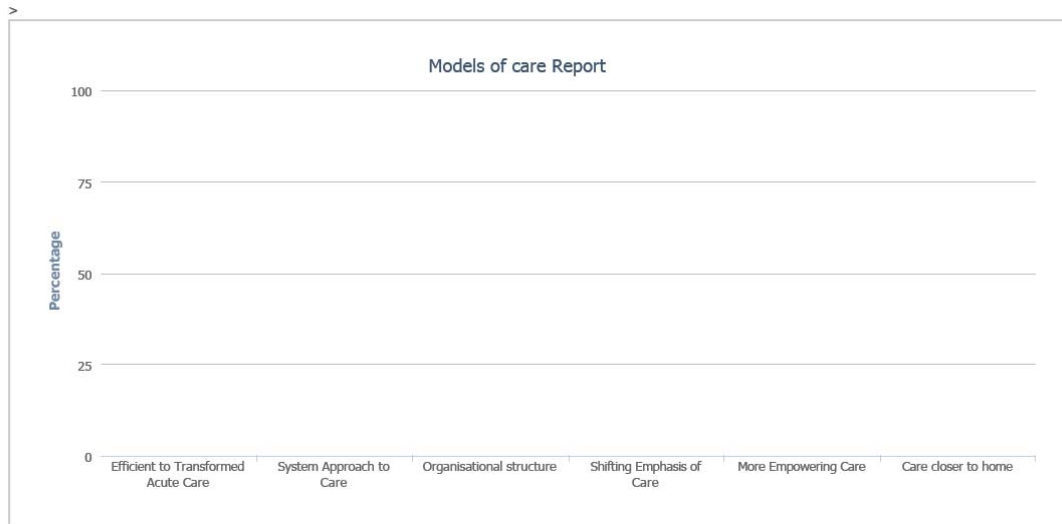
## Making you a good Good Corporate Citizen







## Making you a good Good Corporate Citizen



# Appendix 5 - NHS Carbon Reduction Strategy Reporting

**Sustainable Development Unit**

Cells which allow you to select between different model types are denoted:

**Overall Progress**

CO <sub>2</sub> Emissions (tCO <sub>2</sub> e)	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Total</b>	13,474	15,050	13,870	13,560	17,196	26,176	27,000
HM Treasury	6,316	5,643	5,909	5,809	6,549	10,043	9,720
Scope 1	5,881	6,200	6,496	6,396	6,717	10,233	10,297
Scope 2	3,277	3,207	3,485	3,561	4,090	6,100	6,983

**Scope 1 - Direct**

CO <sub>2</sub> Emissions (tCO <sub>2</sub> e)	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Total</b>	6,316	5,643	5,909	5,809	6,549	10,043	9,720
Owned buildings	6,200	5,609	5,903	5,807	6,497	10,040	9,678
Owned vehicles	30	37	6	21	32	3	47
Leased Assets (Upstream)	0	0	0	0	0	0	0
Anaesthetic Gases	0	0	0	0	0	0	0

**Scope 2 - Indirect**

CO <sub>2</sub> Emissions (tCO <sub>2</sub> e)	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Total</b>	5,881	6,200	6,496	6,396	6,717	10,233	10,297
Electricity	5,881	6,200	6,496	6,396	6,717	10,233	10,297
Imported Heat/Steam	0	0	0	0	0	0	0

**Scope 3 - Indirect**

Please select which profile you would like to use for procurement: **SDU**

CO <sub>2</sub> Emissions (tCO <sub>2</sub> e)	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Total</b>	1,277	1,207	1,465	1,561	4,090	6,100	6,983
Procurement (SDU)	0	0	0	0	0	0	0
Travel	1,161	1,084	1,201	1,348	1,624	2,307	2,329
Water	136	117	136	193	176	290	286
Water Treatment	83	84	75	75	87	120	147
Energy Well to Tank and Transmission	1,902	1,996	2,076	2,021	2,281	3,503	4,132

**Scope 3 Breakdown**

CO <sub>2</sub> Emissions (tCO <sub>2</sub> e)	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Total</b>	1,581	1,084	1,201	1,348	1,624	2,307	2,329
Business Travel estimate	1,581	1,084	1,201	1,348	1,624	2,307	2,329
Business Travel	1,581	1,084	1,201	1,348	1,624	2,307	2,329
Other Travel	0	0	0	0	0	0	0

**Scope 3 - Water & Sanitation**

CO <sub>2</sub> Emissions (tCO <sub>2</sub> e)	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Total</b>	136	117	136	193	176	290	286
Water	51	51	40	40	53	75	89
Water Treatment	83	84	75	75	87	120	147

**Scope 3 - Waste**

CO <sub>2</sub> Emissions (tCO <sub>2</sub> e)	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Total</b>	134	127	138	192	175	290	286
Waste Recycling	1	1	1	1	4	6	6
Preparing for re-use	0	0	0	0	0	1	0
Composted	0	0	0	0	0	0	0
WEEE	0	0	0	0	1	1	1
High Temperature Disposal Waste with Energy Recovery	0	0	0	0	3	4	3
High Temperature Disposal Waste	131	111	111	133	0	0	0
Non Burn Treatment Disposal Waste	0	0	0	0	7	12	13
Landfill disposal waste	115	115	126	179	160	266	259

**Capital Spend**

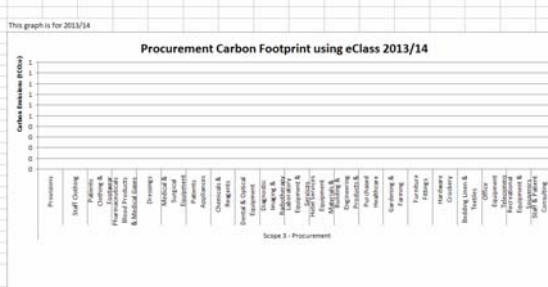
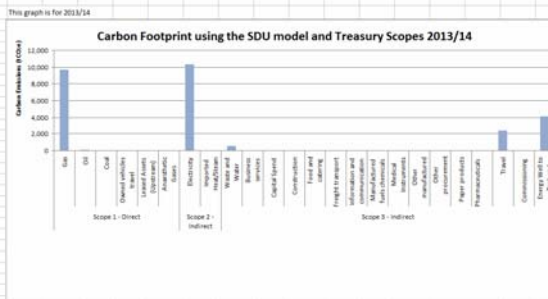
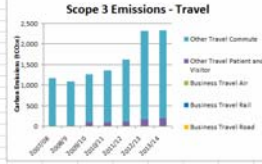
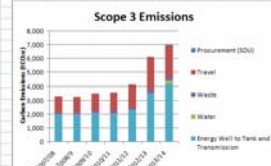
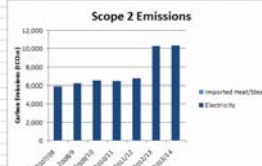
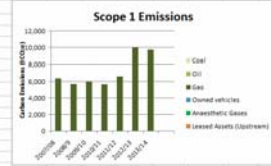
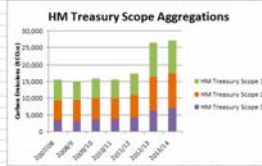
CO <sub>2</sub> Emissions (tCO <sub>2</sub> e)	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Total</b>	0	0	0	0	0	0	0

**SDU Whole organisation carbon profile**

CO <sub>2</sub> Emissions (tCO <sub>2</sub> e) Profile	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Total</b>	13,410	15,184	13,991	13,680	17,496	26,369	27,000
Gas	6,266	5,606	5,903	5,807	6,497	10,040	9,678
Coal	30	37	6	21	32	3	47
Owned vehicles	0	0	0	0	0	0	0
Leased Assets (Upstream)	0	0	0	0	0	0	0
Anaesthetic Gases	0	0	0	0	0	0	0
Electricity	5,881	6,200	6,496	6,396	6,717	10,233	10,297
Imported Heat/Steam	0	0	0	0	0	0	0
Business services	270	262	209	312	319	483	520
Capital Spend	0	0	0	0	0	0	0
Waste and Water	0	0	0	0	0	0	0
Construction	0	0	0	0	0	0	0
Food and catering	0	0	0	0	0	0	0
Freight transport	0	0	0	0	0	0	0
Information and communication	0	0	0	0	0	0	0
Manufactured Fuels/chemicals and Medical Instruments/equipment	0	0	0	0	0	0	0
Other procurement	0	0	0	0	0	0	0
Paper products	0	0	0	0	0	0	0
Pharmaceuticals	1,161	1,084	1,201	1,348	1,624	2,307	2,329
Travel	1,161	1,084	1,201	1,348	1,624	2,307	2,329
Commissioning	0	0	0	0	0	0	0
Energy Well to Tank and Transmission	1,902	1,996	2,076	2,021	2,281	3,503	4,132

**E-Class Procurement Profile**

CO <sub>2</sub> Emissions (tCO <sub>2</sub> e) Profile	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
<b>Total</b>	0	0	0	0	0	0	0
Revisions	0	0	0	0	0	0	0
Staff Clothing	0	0	0	0	0	0	0
Patients Clothing & Footwear	0	0	0	0	0	0	0
Pharmaceuticals/Blood Products & Dressings	0	0	0	0	0	0	0
Medical & Surgical Equipment	0	0	0	0	0	0	0
Patients Appliances	0	0	0	0	0	0	0
Chemicals & Reagents	0	0	0	0	0	0	0
Dental & Optical Equipment	0	0	0	0	0	0	0
Diagnostic Imaging & Radiotherapy	0	0	0	0	0	0	0
Laboratory Equipment & Services	0	0	0	0	0	0	0
Hotel Services/Equipment/Material	0	0	0	0	0	0	0
Building & Engineering Products & Purchased Healthcare	0	0	0	0	0	0	0
Sidering & Farming	0	0	0	0	0	0	0
Furniture Fitings	0	0	0	0	0	0	0
Hardware Crockery	0	0	0	0	0	0	0
Building Linen & Textiles	0	0	0	0	0	0	0
Office Equipment/Telecomms Com	0	0	0	0	0	0	0
Recreational Equipment & Services	0	0	0	0	0	0	0
Staff & Patient Consulting Services & Expenses	0	0	0	0	0	0	0



**Benchmarking Against Organisation Information using the SDU profile**

Carbon footprint (tCO2e)

	2007/08	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14
Total	15,474	15,050	15,870	15,565	17,356	26,376	27,003
Energy	14,179	13,839	14,481	14,025	15,557	23,779	24,153
Travel	1,161	1,084	1,251	1,348	1,624	2,307	2,329
Procurement	134	127	138	192	175	290	520
Capital Projects	0	0	0	0	0	0	0

Benchmarking by Gross Internal Area (tCO<sub>2</sub>e/m<sup>2</sup>)

	2007/08	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14
Total	0.17	0.20	0.21	0.18	0.16	0.16	0.16
Energy	0.16	0.18	0.19	0.16	0.14	0.15	0.15
Travel	0.01	0.01	0.02	0.02	0.01	0.01	0.01
Procurement	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Capital Projects	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Benchmarking by Number of Staff (tCO<sub>2</sub>e/WTE)

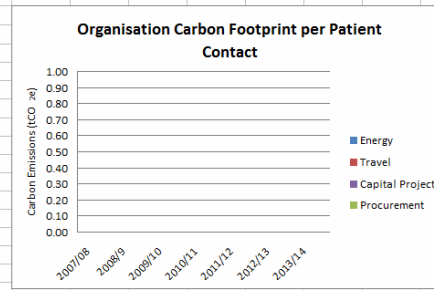
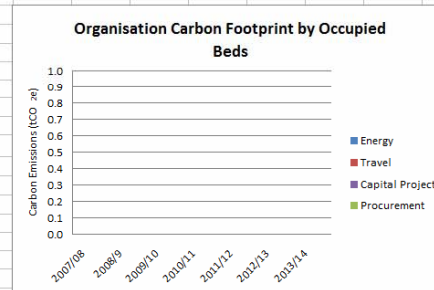
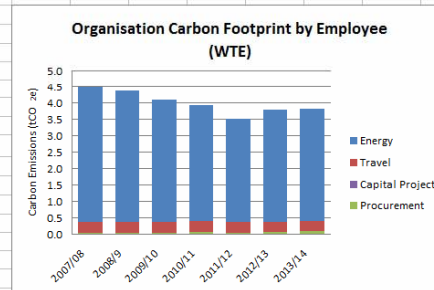
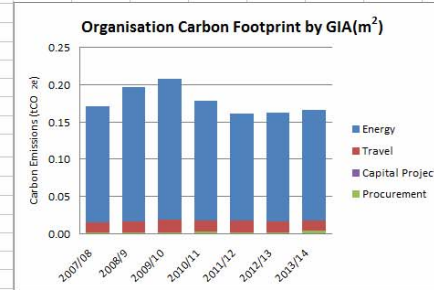
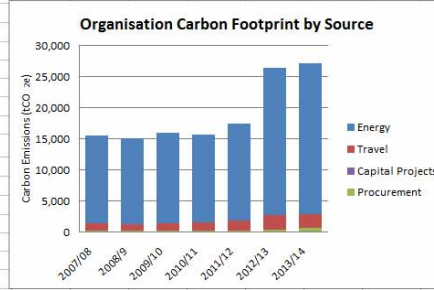
	2007/08	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14
Total	4.5	4.4	4.1	3.9	3.5	3.8	3.8
Energy	4.1	4.0	3.7	3.5	3.1	3.4	3.4
Travel	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Procurement	0.0	0.0	0.0	0.0	0.0	0.0	0.1
Capital Projects	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Benchmarking by Number of occupied beds (tCO<sub>2</sub>e/bed)

	2007/08	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Energy	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Travel	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Procurement	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Projects	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Benchmarking by Total Patient Contacts (tCO<sub>2</sub>e/patient contact)

	2007/08	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14
Total	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Energy	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Procurement	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Capital Projects	0.00	0.00	0.00	0.00	0.00	0.00	0.00



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## Board of Directors – 28 January 2015

### Health and Safety Policy

#### Action requested/recommendation

The Board is asked to approve the Health & Safety Policy for implementation.

#### Summary

The York Teaching Hospital NHS Foundation Trust (“the Trust”) recognises its duty to ensure ‘so far as is reasonably practicable’, the safety of patients, employees and others arising from Trust work activity. The Trust is committed to achieving and maintaining high standards of Health, Safety and Welfare by recognising the importance of clearly defined management responsibility and arrangements.

The Trust is committed to continuous improvement for Health and Safety by the implementation and maintenance of an effective Health and Safety policy, procedure, systems and processes.

This policy has been reviewed in line with its review date. There are no other changes to the policy at this time.

#### **Strategic Aims**

**Please cross as appropriate**

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

#### Implications for equality and diversity

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

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of, or the protected groups

identified, by the Equality Act.

Reference to CQC outcomes

CQC Outcomes 10 and 11.

Progress of report      H&S/NCRG, September 2014

Risk                      No risks.

Resource implications    No resource implications.

Owner                    Brian Golding, Director of Estates & Facilities

Author                    Brian Golding, Director of Estates & Facilities

Date of paper              January 2015

Version number          Version 1

<b>Board of Directors – 28 January 2015</b>	
<b>Health and Safety Policy</b>	
<b>1. Introduction and background</b>	
<p>The Health &amp; Safety policy has been reviewed in line with its review date. There are no changes to the policy.</p> <p>The York Teaching Hospital NHS Foundation Trust (“the Trust”) recognises its duty to ensure ‘so far as is reasonably practicable’, the safety of patients, employees and others arising from Trust work activity. The Trust is committed to achieving and maintaining high standards of Health, Safety and Welfare by recognising the importance of clearly defined management responsibility and arrangements.</p> <p>The Trust is committed to continuous improvement for Health and Safety by the implementation and maintenance of an effective Health and Safety policy, procedure, systems and processes.</p>	
<b>2. Recommendation</b>	
The Board is asked to approve the Health & Safety Policy for implementation.	
<b>Author</b>	<b>Brian Golding, Director of Estates &amp; Facilities</b>
<b>Owner</b>	<b>Brian Golding, Director of Estates &amp; Facilities</b>
<b>Date</b>	<b>January 2015</b>

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**Board of Directors – 28 January 2014**

**Transfer of the HRW CCG Community Contract and Resources to a New Provider**

Action requested/recommendation

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

Summary

This report provides an up date for the Board on the procurement process employed by Hambleton, Richmondshire and Whitby CCG in seeking to secure an alternative provider of service for its community services (currently provided by the Trust), and identifies key workstreams necessary in transferring the service to the new provider.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

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

## Board of Directors Meeting – 28 January 2015

### Transfer of the HRW CCG Community Contract and Resources to a New Provider

#### 1. Introduction

During the latter part of 2013/14, the Hambleton, Richmondshire, and Whitby CCG (HRW) and the Trust held discussions regarding the alignment of the Trust's future business strategy with the CCG's key priorities and aspirations for its Community services. The Trust has provided community services to HRW primarily centred on Whitby hospital since its transfer under TCS from North Yorkshire & York PCT, and the value of the contract in 2014/15 is £6.4m.

The outcome of those discussions was that it was mutually agreed that HRW's aspirations and priorities for its community services would be better served by another provider. Following those discussions, and in accordance with clause 17.1 of the General Conditions of the NHS Standard Contract for services, HRW served notice of its intention to decommission the community services element of the contract for clinical services that it has with the Trust. The effective date of the notice was to be 31<sup>st</sup> March 2015, and this was acknowledged by the Trust.

Following this initial notice by HRW the Trust received further communication on two matters:

- A request by HRW to withdraw its notice on the Community Paediatrics element of the contract. The Trust agreed to this request, and will continue to provide this service.
- A request by HRW to extend the effective date of the notice until 30<sup>th</sup> June 2015, in order to accommodate the likely end date of procurement process they were running. The Trust again agreed to this request, but in doing so gained agreement that no efficiency requirement would be levied by HRW for this extended period.

This paper provides an up date for the Board on the procurement process to date by HRW in seeking to secure an alternative provider of service, and identifies key workstreams necessary for the transfer of service.

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

#### 2. Procurement Process Update

HRW announced two shortlisted bidders on 19<sup>th</sup> December 2014, and have now entered into detailed dialogue with the bidders to discuss their service specifications, service models, etc. The final tender submissions will be assessed and HRW are expecting to announce the preferred bidder in March.

HRW have confirmed that they are still expecting the contract to transfer on 1<sup>st</sup> July 2015, and from the date the preferred bidder is announced to the transfer date a period of due diligence and mobilisation will take place.

### 3. Key Workstreams

The transfer of the contract and Whitby hospital is now the subject to a series of meetings between HRW and Trust representatives to facilitate the transition process. At the initial meeting a number of key workstreams were identified:

- TUPE of Trust staff to the new provider – an initial list has already been shared with HRW, however this included all staff based at Whitby hospital and the HRW area. In reality the vast majority of the staff on the TUPE list will transfer, however there are staff working at Whitby hospital who may be more aligned with acute services provided at the hospital who would not be subject to TUPE. It was agreed that the list would need to be reviewed.
- GP contracts – limited information exists relating to these posts. Some of the GPs are on the Trust's payroll whereas for others payment is made directly to the practice. It was agreed to review the TUPE list and include all GPs who would be eligible for TUPE.
- Other contracts – it was agreed that there is a requirement to identify all sub-contracts with 3<sup>rd</sup> party providers and suppliers for the provision of goods and services into Whitby hospital; and where 3<sup>rd</sup> parties rented space at the hospital, which would be expected to novate to the new provider.
- Transfer of Assets – whereas the Board is aware that Whitby Hospital will transfer to NHS property services on 31 March 2015 (this was approved in the financial and operational plans submitted to Monitor at the start of 2014/15), a request was made by HRW for the Trust to identify all other furniture, fixtures and fittings, equipment, etc., that would transfer to the new provider.
- Negotiation of space with the new provider – the Trust currently occupies space at Whitby hospital for the delivery of aspects of the acute contract. It would be necessary for the Trust to negotiate the continued occupation of that space with the new provider on transfer of the community contract.
- Charitable funds – there are Charitable funds totalling £49k linked to Whitby hospital. HRW has requested that these be transferred to the new provider, and the Trust is currently looking at how this may be achieved.

### 4. Recommendation

The Board of Directors is asked to note this report and confirm agreement to progressing the various work streams necessary to facilitate the transfer of the contract.

<b>Author</b>	<b>Graham Lamb, Deputy Finance Director</b>
<b>Owner</b>	<b>Andrew Bertram, Director of Finance</b>
<b>Date</b>	<b>January 2015</b>

**Board of Directors – 28 February 2015**

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

Implications for equality and diversity

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

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

Reference to CQC 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	January 2015
Version number	Version 1

## Board of Directors – 28 January 2015

### Chairman's Items

#### 1. Strategy and Context

We find ourselves in the last quarter of the planning year with extremely challenging circumstances – as is clearly evident in our latest finance and performance reports. There is no imminent improvement likely, so we face the prospect of being a little off our aspirations at year-end. This is shared by the majority of our fellow provider Trusts, to a greater or lesser extent, but this should offer us little comfort in terms of the regulatory and stakeholder scrutiny we will attract. The outlook for the year ahead is also likely to be challenging, notably on the financial side of the “scorecard”. Most Trusts are struggling to offset the incessant squeeze in real tariff revenues by sufficient cost savings – leaving margin and cash positions increasingly weak.

At this month's meeting, we will need to focus on the assurance that, firstly, we are protecting the safety of our patients in the operating circumstances prevailing; secondly, are the right actions being taken and investments being made to one-by-one resolve or mitigate those factors that we can influence, to bring performance back “on track”?

I feel we should praise the considerable efforts our staff have taken, and are continuing to take, to keep patients safe and their striving to ensure the quality and professionalism of the services being delivered, under considerable stresses and strains.

It has been good to see the positive reports in the local and national media, and elsewhere, which consistently endorse this. We should also reflect positively, I believe, on the communications efforts the Trust has made in this recent period of pressure and consider what lessons we are learning about how we portray the difficulties to our stakeholders and public. Our Governors have been particularly complimentary concerning this issue.

The CQC visit is only a few weeks away and we should take pride in those specific days in March being “business as usual”, as we demonstrate as far a possible that we are a good provider of services: safe, effective, caring, responsive and well-led.

The recent Healthwatch “Enter & View” at Scarborough Hospital did somewhat reflect this, although there was quite a lot of critical feedback about environmental issues and consistency of procedures – which need attending to.

#### 2. Governance & Governors

In mid-February we will have our first “Board-to-Board” meeting with the Scarborough & Ryedale CCG. This will give us the opportunity to share our thoughts on key issues in that area of the Trust's activities. Our Non-executive team is meeting opposite numbers from the Vale of York CCG after the February Board meeting. Conducting these meetings illustrates the increasing importance of cross-system collaboration and the need to try to develop aligned visions of the future shape of how services are provided to our communities.

The internal “Governance Review” is continuing; we look forward to the draft recommendations, which will include some changes to the committee structures, membership and reporting arrangements.

Since our last meeting in public, we can formally report the appointment of Sue Symington as the new Chair of our Trust (w.e.f 1/4/15). Sue is currently the Vice-Chair of Harrogate & District Foundation Trust and well-versed in regional and Foundation Trust issues. She was also recently awarded “Chartered Secretary of the Year” by the Institute of Directors and I am delighted that the Governors have made this appointment. We will welcome Sue informally to our Board meeting in March, as part of her transition to the role. I will be moving to Chair the Colchester Hospital University Foundation Trust w.e.f. 1/4/15.

### 3. Recommendation

The Board of Directors is asked to note the report.

<b>Author</b>	<b>Alan Rose, Chairman</b>
<b>Owner</b>	<b>Alan Rose, Chairman</b>
<b>Date</b>	<b>January 2015</b>



## Board of Directors – 28 January 2015

### Chief Executive Report

#### Action requested/recommendation

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

#### Summary

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

#### **Strategic Aims**

**Please cross as appropriate**

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

#### Implications for equality and diversity

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

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

#### Reference to CQC outcomes

There are no references to CQC outcomes

Progress of report      Report developed for the Board of Directors.

Risk      No specific risks have been identified in this document.

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

## Board of Directors – 28 January 2015

### Chief Executive Report

As you will know January has been an extremely challenging month due to the unprecedented demand for acute care not just on our services but across the hospital system both regionally and nationally. For us this resulted in the decision to declare a major incident on the Scarborough site on the 5<sup>th</sup> January that I believe has proved to be both a brave and correct decision and truly reflected our difficulty with maintaining a genuine ED service for much of that day (and the following 24 hours) that clearly presented a risk to the community. This difficulty was compounded by a lack of capacity in neighbouring hospitals that would previously have been used in extremis as an alternative to admission to Scarborough. This was a decision endorsed by Scarborough CCG and even by Jeremy Hunt on national radio!

The press descended on the hospital at an equally unprecedented level and I, like many others, could only be impressed with how Mike Proctor, Lucy Brown and the communications team managed this in such a professional manner that contributed significantly to how positively the events surrounding the hospital were received and portrayed.

Of course I would want to thank all staff, across the whole organisation in York, Scarborough, Bridlington and our community services who combined to ensure that any patient who needed our help received it. This point was made at a recent regional summit that was convened by our host CCGs to consider how the whole system can be reengineered to meet the changing demand and there was a pause in proceedings to genuinely celebrate the role our staff and our hospitals had played over the Christmas and New Year period, and continue to play.

It is also remarkable to note that Scarborough as a hospital managed the demands placed on it independently, without diverting patients elsewhere other than into our own community hospitals, and this is a testament not just to the hard work of our front line staff but also to the visible leadership shown at all levels during this period. I believe this “independence” is a first, certainly for some years, and despite the challenges we faced a matter for reflection and some satisfaction. The response from Scarborough CCG and NYCC is also something to celebrate and can only stand the community in good stead over the coming months as we all work hard to better integrate our services.

Clearly, the downside of the current situation is a compounding of some of the performance issues we have been wrestling with such as the ED and RTT standards which we will report to you elsewhere in the meeting but in the context that we have been working I am confident that we have managed the balance of risks in the moment as well as we could have hoped. Hindsight is a great thing and we will take time out to reflect on our experiences in due course to ensure we learn from this and importantly recognize where we might have done things differently with a degree of foresight.

**Monitor** Over the Christmas period Monitor released their quarterly letter confirming our Governance Rating (GR) and the Continuity of Services Rating for Quarter 2. I am pleased to report that the Continuity of Services Rating was confirmed as **4** and the Governance Rating was confirmed as **Green**. This followed the conclusion of their formal investigation into our performance during the autumn.

**CQC Inspection** The preparation for the CQC inspection is now gathering pace and significantly we carried out a mock inspection of services earlier this month. Teams across, Scarborough and York participated, with assessments also having taken place in the community. Team members consisted of Directors, Non Executive Directors, medical consultants, nursing, pharmacy and diagnostic and allied health professional staff. The executive team is digesting the findings as we prepare for a follow up and more intensive mock inspection in February but I thought it would be helpful to set out the key findings for your information below. The Directors involved reported a general positive feel in all areas but of course we are putting much of our attention on those areas we feel we can improve.

#### Most significant positive findings

- Patients praised staff, felt safe and cared for, but recognised the pressure that staff were under
- Cleanliness was generally good
- Excellent delivery of care was observed
- Prescribing was generally good and clear with evidence of patients medication reconciliation.

#### What do we need to address?

The key issues overall included the following:

- Perceptions around insufficient staffing were raised
- Hand hygiene practice was poor in some areas
- Staff felt that learning from incidents, complaints etc was not feedback
- Staff did not always understand why changes were being made
- Staff not able to articulate organisational values
- Documentation was variable, with excellent practice in some areas and room for improvement in others
- DNAR...completion was variable, from excellent to poor
- Staff could not articulate staff values

Specific issue relating to the York site:

- Patients raised some issues around noise at night
- Checks of controlled drugs were not always being completed on a weekly basis
- Staff reported that once equipment was reported as broken it takes a long time for repair
- Storage issues at theatre and ward level

Specific issues relating to the Scarborough site:

- Scarborough staff raised issues around access to computers and agency staff were unable to access CPD
- Cleaning regime on equipment was out of date at Scarborough

#### **Next Steps**

At the de-brief sessions teams were asked to begin work on addressing the issues identified in their areas where this was a local issue and the corporate team will be considering broader issues in more detail over the coming days. This work will inform the priorities for the next Mock inspection on Monday 9<sup>th</sup> February where participation will be by peer review.

<b>Author</b>	<b>Patrick Crowley, Chief Executive</b>
<b>Owner</b>	<b>Patrick Crowley Chief Executive</b>
<b>Date</b>	<b>January 2015</b>

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## Board of Directors – 28 January 2015

### Monitor Quarter 3 return

#### Action requested/recommendation

The Board is asked to approve the submission to Monitor to be made at the end of the month.

#### Summary

At the end of each quarter Monitor requires the Trust to submit a quarterly return on the performance and financial position of the Trust. This submission must be considered and approved by the Board.

#### **Strategic Aims**

**Please cross as appropriate**

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

#### Implications for equality and diversity

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

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

#### Reference to CQC outcomes

There is no specific reference.

Progress of report	Report is prepared for the Board of Directors.
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Patrick Crowley, Chief Executive
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	January 2015
Version number	Version 1



Target or Indicator (per Risk Assessment Framework)	Threshold or target YTD	Scoring under Risk Assessment	Risk declared at Annual Plan	Performance		Performance		Performance	Achieved/Not Met	Any comments or explanations
				Performance	Achieved/Not Met	Performance	Achieved/Not Met			
Referral to treatment time, 18 weeks in aggregate, admitted patients	90%	1.0	No	90.9%	Achieved	81.6%	Not met	82.0%	Achieved	
Referral to treatment time, 18 weeks in aggregate, non-admitted patients	95%	1.0	No	96.8%	Achieved	95.9%	Achieved	95.5%	Achieved	
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	1.0	No	93.3%	Achieved	93.4%	Achieved	93.0%	Achieved	
A&E Clinical Quality- Total Time in A&E under 4 hours	95%	1.0	No	93.9%	Not met	92.6%	Not met	89.1%	Not met	
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	85%	1.0	No	88.0%	Achieved	87.6%	Achieved	84.5%	Not met	These figures are not validated
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	90%	1.0	No	96.4%	Achieved	93.8%	Achieved	95.6%	Achieved	These figures are not validated
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation				87.4%		0.0%		0.0%		
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation				96.6%		0.0%		0.0%		
Cancer 31 day wait for second or subsequent treatment - surgery	94%	1.0	No	96.4%	Achieved	94.9%	Achieved	94.0%	Achieved	These figures are not validated
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	1.0	No	100.0%	Achieved	99.1%	Achieved	100.0%	Achieved	These figures are not validated
Cancer 31 day wait for second or subsequent treatment - radiotherapy	94%	1.0	No	94.0%	Achieved	0.0%	Not relevant	0.0%	Not relevant	
Cancer 31 day wait from diagnosis to first treatment	96%	1.0	No		Achieved		Achieved	98.2%	Achieved	These figures are not validated
Cancer 2 week (all cancers)	93%	1.0	No	86.1%	Not met	85.9%	Not met	85.5%	Not met	These figures are not validated
Cancer 2 week (breast symptoms)	93%	1.0	No	45.6%	Not met	78.6%	Not met	90.5%	Not met	These figures are not validated
Care Programme Approach (CPA) follow up within 7 days of discharge	95%	1.0	No	0.0%	Not relevant	0.0%	Not relevant	0.0%	Not relevant	
Care Programme Approach (CPA) formal review within 12 months	95%	1.0	No	0.0%	Not relevant	0.0%	Not relevant	0.0%	Not relevant	
Admissions had access to crisis resolution / home treatment teams	95%	1.0	No	0.0%	Not relevant	0.0%	Not relevant	0.0%	Not relevant	
Meeting commitment to serve new psychosis cases by early intervention teams	95%	1.0	No	0.0%	Not relevant	0.0%	Not relevant	0.0%	Not relevant	
Ambulance Category A 8 Minute Response Time - Red 1 Calls	75%	1.0	No	0.0%	Not relevant	0.0%	Not relevant	0.0%	Not relevant	
Ambulance Category A 8 Minute Response Time - Red 2 Calls	75%	1.0	No	0.0%	Not relevant	0.0%	Not relevant	0.0%	Not relevant	
Ambulance Category A 19 Minute Transportation Time	95%	1.0	No	0.0%	Not relevant	0.0%	Not relevant	0.0%	Not relevant	
C.Diff due to lapses in care	44	1.0	No	12	Achieved	22	Achieved	38	Achieved	
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)				12		22		38		
C.Diff cases under review				0		0		0		
Minimising MH delayed transfers of care	<=7.5%	1.0	No	0.0%	Not relevant	0.0%	Not relevant	0.0%	Not relevant	
Data completeness, MH: identifiers	97%	1.0	No	0.0%	Not relevant	0.0%	Not relevant	0.0%	Not relevant	
Data completeness, MH: outcomes	50%	1.0	No	0.0%	Not relevant	0.0%	Not relevant	0.0%	Not relevant	
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	1.0	No	0.0%	Not relevant	0.0%	Not relevant	N/A	Not relevant	
Community care - referral to treatment information completeness	50%	1.0	No	100.0%	Achieved	100.0%	Achieved	100.0%	Achieved	
Community care - referral information completeness	50%	1.0	No	71.7%	Achieved	71.2%	Achieved	72.3%	Achieved	
Community care - activity information completeness	50%	1.0	No	98.9%	Achieved	97.9%	Achieved	98.5%	Achieved	
Risk of, or actual, failure to deliver Commissioner Requested Services	N/A		No		No		No		No	
CQC compliance action outstanding (as at time of submission)	N/A		No		No		No		No	
CQC enforcement action within last 12 months (as at time of submission)	N/A		No		No		No		No	
CQC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No		No		No		No	
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No		No		No		No	
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No		No		No		No	
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A		No		No		No		No	

Worksheet "CoSRR"

[Click to go to index](#)

**Continuity of Service Risk Ratings (Indicators for 2014/15) for York Teaching Hospital**

**Capital Service Cover**

PDC dividend expense	<i>from SoCI</i>
Interest Expense on Overdrafts and Working Capital Facilities	<i>from SoCI</i>
Interest Expense on Bridging loans	<i>from SoCI</i>
Interest Expense on Non-commercial borrowings	<i>from SoCI</i>
Interest Expense on Commercial borrowings	<i>from SoCI</i>
Interest Expense on Finance leases (non-PFI)	<i>from SoCI</i>
Interest Expense on PFI leases & liabilities	<i>from SoCI</i>
Other Finance Costs	<i>from SoCI</i>
Non-Operating PFI costs (eg contingent rent)	<i>from SoCI</i>
Public Dividend Capital repaid	<i>from SoCF</i>
Repayment of bridging loans	<i>from SoCF</i>
Repayment of non-commercial loans	<i>from SoCF</i>
Repayment of commercial loans	<i>from SoCF</i>
Capital element of finance lease rental payments - On-balance sheet PFI	<i>from SoCF</i>
Capital element of finance lease rental payments - other	<i>from SoCF</i>

Revenue Available for Capital Service
Capital Service
Capital Service Cover metric
<b>Capital Service Cover rating</b>

	Reported YTD to 30-Jun-14	Reported YTD to 30-Sep-14	Reported YTD to 31-Dec-14
	(1,801)	(3,602)	(5,403)
	-	-	-
	-	-	-
	-	-	-
	(0,106)	(0,184)	(0,283)
	-	-	-
	-	-	-
	-	-	(0,074)
	-	-	-
	-	-	-
	(0,458)	(0,458)	(1,082)
	-	(0,037)	(0,031)
	-	-	-
	(0,025)	(0,025)	(0,080)
<b>Revenue Available for Capital Service</b>	<b>4,205</b>	<b>7,546</b>	<b>12,856</b>
<b>Capital Service</b>	<b>-2,390</b>	<b>-4,306</b>	<b>-6,933</b>
<b>Capital Service Cover metric</b>	<b>1.76x</b>	<b>1.75x</b>	<b>1.85x</b>
<b>Capital Service Cover rating</b>	<b>3</b>	<b>3</b>	<b>3</b>

**key to scoring**

Capital Service Cover	50%			
	4	3	2	1
	2.5	1.75	1.25	<1.25

**Liquidity**

Working capital balance (for use in CoS rating calculation)	<i>from SoFP</i>
Operating Expenses within EBITDA, Total	<i>from SoCI</i>
Liquidity metric	
<b>Liquidity rating</b>	

	16,049	13,155	8,661
	-106,218	-212,991	-323,187
	13.6	11.1	7.2
<b>Liquidity rating</b>	<b>4</b>	<b>4</b>	<b>4</b>

**key to scoring**

Liquidity	50%			
	4	3	2	1
	0	-7	-14	<-14

**Continuity of Service Risk Rating**

	<b>4</b>	<b>4</b>	<b>4</b>
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## Board of Directors – 28 January 2015

### Annual Planning Process and Expectations 2015/16

#### Action requested/recommendation

The Board of Directors is asked to note the two-stage annual plan process for 2015/16 and to expect receipt of the draft plan at the Board of Director's February meeting and the full final plan at the Board of Director's March meeting.

#### Summary

This paper provides an overview of Monitor's annual planning process for 2015/16 and describes the two-stage process of initial draft submission from the Trust by 27 February 2015 and full final submission by 10 April 2015.

#### **Strategic Aims**

1. Improve quality and safety
2. Create a culture of continuous improvement
3. Develop and enable strong partnerships
4. Improve our facilities and protect the environment

#### Implications for equality and diversity

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

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

#### Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Board of Directors
Risk	No risk.
Resource implications	Resource implications are detailed in the report.
Owner	Andrew Bertram, Finance Director
Author	Andrew Bertram, Finance Director
Date of paper	January 2015
Version number	Version 1

## Board of Directors – 28 January 2015

### Annual Planning Process and Expectations 2015/16

#### 1. Introduction

Monitor, the Department of Health and the Trust Development Authority have recently published their tripartite planning guidance for 2015/16.

The purpose of this paper is to provide the Board of Directors with an overview of the formal planning requirements on the Trust.

The joint planning guidance sets out clear expectations on the healthcare sector, namely:

- To make a start on fulfilling the “Five Year Forward View” by building partnerships for future transformation and by developing a strategy for sustainability.
- To deliver high quality care today by addressing performance issues and resilience requirements.

#### 2. Formal Plan Submission Requirements

At the start of 2014/15 the Trust submitted a two-year operational plan together with a five-year strategic plan. These plans provided a strategic framework covering the five years from 2014/15 through to 2018/19.

Monitor has requested the Trust prepares and submits a single-year refresh operational plan for 2015/16. As is usually the case, Monitor has provided details of the expected content. This will require the Trust to briefly explain whether it intends to recommit, refresh or recreate the strategy dependent on the strategic context of the operational plan being submitted. The operational plan will continue to focus on performance and finance, but will also provide some more detail on the community models being developed. Therefore the likelihood at this stage is that the Trust will recommit to the strategy.

Monitor may ask the FT Sector to refresh and formally submit strategic plans later in the year with 2016/17 being year one of that submission. This position has not been clarified yet by Monitor.

The process for plan submission this year is different from that before. There are two stages to the submission.

##### Stage 1 – Draft Plan

This is to be submitted by 27 February 2015 and should include a brief narrative (circa 3 pages) and a summary draft financial plan template. This plan requires CEO and FD sign off only recognising this deadline requirement will not likely fit with full Board of Director timetabled meetings. Monitor will provide feedback in mid-March. Draft plan submissions will not be published.

## **Stage 2 – Final Plan**

This is to be submitted by 10 April 2015 and should include a full narrative (circa 20 pages), a publishable summary and Monitor's final plan financial template. This plan requires formal Board of Director sign off and Trusts can expect formal feedback during June 2015.

### **3. Proposed Board of Director Timetable**

The Business Intelligence Unit are currently working on the draft and final plan narrative submissions. The Finance Team are currently working on the draft and final financial templates.

The draft financial plan will be prepared for submission on the 27 February. The Board of Directors meeting is 25 February.

Appropriate extracts from the draft financial plan (plus the narrative) will be presented at the Board of Directors February meeting. Due to the limited time to prepare these documents and the anticipated need to use all available time up to the submission deadline, it is likely that the draft plans will be tabled at the Board meeting.

Clearly, there will be time for any necessary changes to the plan before the second and final submission due 10 April.

At the Board of Director's March meeting the full annual plan narrative and the usual full suite of financial documents will be prepared for distribution with the papers. The Board will have time to consider the documents for approval and will have time to discuss any feedback provided by Monitor from the draft submission.

Whilst Monitor only require a single-year financial plan, a full three-year forward financial projection will be provided for the Board of Director's March meeting. There is only scope to submit the single year plan but the Board will be able to discuss this in the context of having three-year information and projections available. This is consistent with previous year's presentations and discussions concerning financial projections.

### **4. Triangulation of Provider and Commissioner Plans**

Monitor will undertake its usual full assessment of individual FT plans. This will consider the reasonableness of assumption, deliverability, historical trends and performance as well an assessment as to whether the FT Board has properly and fully understood the strategic context (performance in 2014/15 and changes in external factors) and how, if necessary, the organisation's strategy needs to evolve.

In addition, alongside Monitor, the Department of Health and the Trust Development Authority will undertake a tripartite assessment of Local Health Economy plans. This assessment will look to test alignment in terms of activity and income assumptions, strategic intent and local health economy risk.

This alignment of plans will place pressure on the agreement of non-elective activity particularly. The Board are aware of the Better Care Fund contribution requirements on the CCGs. This in turn is driving planning assumptions around reduced levels of non-elective activity and Emergency Department attendances [the Board will recall the community hub business cases and their activity reduction assumptions]. It is fair to say that at present there is a CCG reduction requirement that outstrips the expected reduction from the schemes in place. Discussions have commenced as to how this will manifest itself in a contract

settlement and what the implications will be for the Trust in terms of the sizing of contracted non-elective capacity.

There does exist a significant tension in the tripartite plan assessment process in that both local health economy sustainability (affordability) will be tested alongside the resilience of the quality and operational ability of service delivery. It is absolutely expected that lessons learnt from the difficulties of the current winter will be prominent in the resilience elements of local health economy planning. This will challenge local CCG affordability and the contract agreement process.

To support this process NHS England has developed an overarching contract management framework. This includes:

- A weekly contract tracker starting 29 January
- National tripartite stocktake on 20 February to identify current contract status
- Mediation where necessary between 20 February and 11 March
- 11 March Contract sign off deadline
- 12 March to 23 March contract arbitration
- 25 March contract arbitration outcomes notified

Monitor are clear that contract sign off is a matter for individual FTs but are encouraging participation in the overarching contract management framework to aid timely resolution of any contractual difficulties. The Board will be kept up to date on contract negotiations and any emerging difficulties or issues. The type of process described above has been in place in previous years and has largely been unused by either FT or non-FT. Instead protracted and difficult negotiations have simply been allowed to continue and ultimately reach their own conclusion.

## 5. Recommendation

The Board of Directors is asked to note the two-stage annual plan process for 2015/16 and to expect receipt of the draft plan at the February meeting and the full final plan at the March meeting.

<b>Author</b>	<b>Andrew Bertram, Finance Director</b>
<b>Owner</b>	<b>Andrew Bertram, Finance Director</b>
<b>Date</b>	<b>January 2015</b>

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### Board of Directors – 28 January 2015

### Orthopaedic Consultant Expansion – Arthroplasty Surgeon, York

#### Action requested/recommendation

The Board are asked to approve the business case for the appointment of a new Orthopaedic Arthroplasty Surgeon.

#### Summary

#### **Strategic Aims**

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

#### **Please cross as**





#### Implications for equality and diversity

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

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

#### Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report      Corporate Directors and Executive Board

Risk      Risks are noted in the business case.

Resource implications      Total cost change: £592,452  
Total income change: £793,498

Owner	Peter Campbell, Clinical Director
Author	Paul Rafferty, Directorate Manager
Date of paper	December 2014
Version number	Version 1

## APPENDIX Bi

# York Teaching Hospital

NHS Foundation Trust

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

### BUSINESS CASE SUMMARY

1. **Business Case Number** 2014-15/88

2. **Business Case Title**

Orthopaedic Consultant Expansion – Arthroplasty Surgeon, York

3. **Management Responsibilities & Key Contact Point**

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

**Business Case Owner:** Peter Campbell

**Business Case Author:** Paul Rafferty

**Contact Number:**

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

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

The Orthopaedic Directorate at York sent out 160 major hip and knee procedures to Ramsey (140 cases) and North Yorkshire Orthopaedic Services (NYOS) ( 20 cases) in 2013/14 as the service has insufficient capacity to meet the demand. The repatriation of this activity represents a significant income opportunity for the Trust.

In the first four months of opening the elective Orthopaedic service at Bridlington, 12 major hip and knee procedures have been transferred to York, giving an annual forecast of 36 patients that will be transferred. These patients have been transferred as they have been declared as being medically unsuitable to have their operation undertaken on the Bridlington site.

As a consequence of discharging his responsibilities as Clinical Director, Mr Campbell has reduced his clinical activity by 1 session per week. This equates to a loss of 20 inpatient and 20 outpatient sessions per annum.

The overall shortfall in capacity, on the York site, for major hip and knee procedures is 236 procedures per annum.

## 5. Options Considered

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

Description of Options Considered
Option 1 – Do Nothing
Option 2 – Redirect referrals to other providers
Option 3 – Redirect activity to Bridlington
Option 4 – Appoint a new arthroplasty surgeon
Option 5 – Reduce seconded sessions of existing Orthopaedic Surgeons who currently support Ramsay at Clifton Park

## 6. The Preferred Option

### 6.1 Preferred Option

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

#### Option 4 – Appoint New Arthroplasty Surgeon

The job plan for the new lower limb arthroplasty post is detailed below in table 6.1. The flexi session will be used for either outpatients or inpatient/day case activity. For the purpose of this business case it is assumed that this time will be split evenly between theatre and outpatient activity.

Activity	PA's
SPA	1.75
On call (1:10)	0.6
Admin	1
Outpatient clinic x2	2
All day inpatient theatre list	2.5
single session theatre list	1.25
Flexi session	0.9
<b>Total</b>	<b>10</b>

Table 6.1: Job Plan breakdown

The appointment of a lower limb arthroplasty surgeon will generate 122 theatre sessions per annum. The projected capacity and associated activity this would generate is described below in table 6.2

Taking into consideration the on call commitments this post will have 36 weeks per year will be available for elective Orthopaedic activity.

Theatre session	Weeks available per year	Sessions per year	Patients per session	Annual capacity
All day IP	36	72	2	144
1 session IP	36	36	2	72
1 flexi session DC	36	18	2	36
			<b>Total</b>	<b>252</b>

Table 6.2: Inpatient capacity

The appointment of this post will require a redistribution of outpatient activity. The Directorate currently has a shortfall in outpatient capacity of 3,233 new patients and 2,060 follow ups. This shortfall is met through the overbooking of clinics and provision of ad hoc clinics, which are predominantly delivered by the middle grades. The additional two and half clinics per week will deliver 855 new outpatient appointments per year, as described below in table 6.3

Session	Frequency	new patients	weeks per year	Annual capacity (adjusted with 5% DNA rate)
OP 1	weekly	10	36	342
OP 2	weekly	10	36	342
OP 3	fortnightly	10	18	171
			<b>Total</b>	<b>855</b>

Table 6.3: Outpatient capacity

Assuming a new to follow up rate of 1.7 this will generate 1454 follow up appointments per year. Rather than appoint a speciality doctor who would normally see the follow up patients, it is proposed to appoint an extended scope practitioner. Based on 12 follow up patients per session, three sessions per week would be required which equates to 0.43 WTE band 7 extended scope practitioner.

A speciality doctor would normally support the consultant in theatre, this function is to be replaced with a scrub nurse practitioner. The required resource required would be 0.43 WTE band 6 scrub nurse practitioner.

Rather than decrease the frequency at which the Orthopaedic consultants are on call, currently 1:10, the appointment will replace one of the existing Orthopaedic Consultants. Mr Campbell will be replaced on the on call rota, which will facilitate the newly appointed cross site Clinical Director role. The current on call for Mr Campbell will be transferred to support this new appointment. This will also offset

the loss of activity due to on call commitments.

The job plan for the new Consultant will be annualised and as such they will be deployed into vacant sessions in outpatients and theatres. This will minimise the required resource required to support the proposed clinical sessions and make more effective use of existing resource in both theatres and outpatients. The total number of vacant theatre and outpatient sessions due to leave and on call are 347 and 246 respectively. This capacity facilitates the deployment of the new consultant on an annualised job plan.

A summary of the costs associated with this post is given below in table 6.4

POST	WTE	GRADE	COST
Orthopaedic Surgeon	10 PA	Consultant	£106,614
Theatre - ODP resource	0.4	6	£14,626
Anaesthetist	5 PA	Consultant	£53,307
Radiographer	2 PA	Consultant	£21,323
Microbiologist	1 PA	Consultant	£10,661
Scrub Practitioner	0.43	6	£15,723
Extended Scope Practitioner	0.43	7	£18,853
Outpatients nursing	0.24	5	£7,276
Plaster Technician	0.24	4	£6,018
Radiographer	0.24	6	£8,776
Medical Secretary	0.5	3	£12,537
WL clerk	0.4	4	£9,122
Admin	0.32	2	£6,094
CSSD Staff	0.43	2	£8,188
<b>Total Pay</b>			<b>£299,118</b>
Relocation expenses			£5,000
Office set up ( PC , Pager, desks etc)			£2,500
Theatre, Ward and Outpatient Consumables & Drugs for Ramsey cases (140 )			£365,820
CSSD Consumables			£9,912
<b>Total Non Pay</b>			<b>£383,232</b>
<b>Total Cost required</b>			<b>£682,350</b>
<b>Cost reduced NYOS Payments</b>			<b>-£56,414</b>
<b>Total Cost Change</b>			<b>£625,936</b>

Table 6.4: Support Costs for Consultant Arthroplasty Post

## 6.2 Other Options

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

Option 1 – Do Nothing

Option 2 – Redirect referrals to other providers

This could have a detrimental impact on other subspecialist areas within Orthopaedics as patient pathways become established.

Option 3 – Redirect activity to Bridlington

The service does not have the manpower to absorb this activity currently and is currently unable to operate on ASA level III and IV patients.

Option 5 - Reduce seconded sessions of existing Orthopaedic Surgeons who currently support Ramsay at Clifton Park

Potentially undermine the Clifton Park Hospital's ability to deliver its service and goes against the spirit of the agreement in seconding the Orthopaedic surgeons to support the service provided by Ramsay at Clifton Park.

## 7. Trust's Strategic Objectives

### 7.1 Alignment with the Trust's Strategic Objectives

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

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

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

<b>Strategic Objective</b>	<b>Aligned? Yes/No</b>	<b>If Yes, how is it Aligned?</b>
Improve quality and safety - To provide the safest care we can, at the same time as improving patients' experience of their care. To measure our provision against national	Yes	Improve access for patients being transferred from Scarborough that are medically unfit for Bridlington.

indicators and to track our provision with those who experience it.		
Develop and enable strong partnerships - To be seen as a good proactive partner in our communities - demonstrating leadership and engagement in all localities.	Yes	Continue to support the provision of services by Ramsay out of Clifton Park Hospital whilst reducing the Trusts capacity gap in this area.
Create a culture of continuous improvement - To seek every opportunity to use our resources more effectively to improve quality, safety and productivity. Where continuous improvement is our way of doing business.	Yes	The appointed surgeon will work to an annualised job plan and there sessions will backfill those vacated by colleagues both in outpatients and theatres. This will improve efficiency in the use of the Trust resources and minimise the recurrent investment required.
Improve our facilities and protect the environment - To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible.	No	

## 7.2 Business Intelligence Unit Review

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

<b>Date of Review</b>	21 <sup>st</sup> November 2014
<b>Comments by BIU</b>	No issues identified.

## 8. Benefit(s) of the Business Case

### 8.1 Benefit(s)

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

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

Description of Benefit	Metric	Quantity Before	Quantity After
<b>Quality &amp; Safety</b>			



<i>How will information be collected to demonstrate that the benefit has been achieved?</i>			
<b>Access &amp; Flow</b>			
Reduce the amount of activity transferred to other providers	Patients transferred	160	0
<i>How will information be collected to demonstrate that the benefit has been achieved?</i>			
<b>Finance &amp; Efficiency</b>			
Income generated through repatriation of activity	£	NYOS income (50% of 20 procedures undertaken through NYOS)	Gross income of 160 repatriated hip and knee procedures
<i>How will information be collected to demonstrate that the benefit has been achieved?</i>			

## 8.2 Corporate Improvement Team Review

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

<b>Date of Review</b>	21 <sup>st</sup> November 2014
<b>Comments by CIT</b>	

## 9. Summary Project Plan

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

Description of Action	Timescale	By Who?
Approval of Business Case	Nov 2014	Paul Rafferty
Submit VC – Orthopaedic Consultant	Dec 2014	Paul Rafferty / Pete Campbell
Submit VC – Anaesthetic / ODP resource	Dec 2014	Gemma Cuss
Appoint new consultant	April 2015	
New Consultant commences	September 2015	

## 10. Risk Analysis:

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

Identified Risk	Proposed Mitigation
Reduction in demand	New consultant appointed with understanding they may be required to work in BDH – transfer PA's to BDH to support delivery/growth in service.
Release of consultant team if seconded sessions are no longer required at Clifton Park	Aggressive marketing of service through York and Bridlington Reduction in PA's
Outpatient pressures are not redistributed to new Consultant	Pool outpatient & inpatients

## 11. Risk of Not Proceeding:

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

Continue with capacity gap with subsequent transfer of patients to other providers and the subsequent loss in income.

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

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

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

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

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

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

Consultant/ Non-Training Grade Doctor Team Work Profile				
Name of Consultant/ Non-Training Grade Doctor	Working Weeks v 41 Week Requirement		PA Commitment	
	Before	After	Before	After

## 12.2 Advisory Committee Review:

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

Date of Approval	Submitted 2/12/15
Comments by the Committee	

## 13. Stakeholder Consultation and Involvement:

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

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

Stakeholder	Details of consultation, support, etc.
<b>Mandatory Consultation</b>	
Business Intelligence Unit	
Corporate Improvement Team	
Workforce Team	
<b>Other Consultation</b>	
Pete Campbell	
Nick Carrington	
Richard Morris / Gemma Ellison	
Tariq Hoth	

## 14. Sustainability

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

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

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

## 15. Alliance Working

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

N/A

## 16. Integration

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

This post will be appointed to work cross site and therefore give the potential to deploy them cross site and support the development of elective services at BDH in the future

## 17. Impact on Community Services

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

N/A

## 18. Impact on the Ambulance Service:

		<b>No</b>
Are there any implications for the ambulance service in terms of changes to patient flow?		

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

## 19. Market Analysis:

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

## 20. Estimated Full Year Impact on Income & Expenditure:

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

	Baseline	Revised	Change
	£000	£000	£000
<b>Capital Expenditure</b>			0
<b>Income</b>	19,308	20,101	793
<b>Direct Operational Expenditure</b>	11,385	12,006	621
<b>EBITDA</b>	7,923	8,095	172
<b>Other Expenditure</b>			0
<b>I&amp;E Surplus/ (Deficit)</b>	7,923	8,095	172
<b>Existing Provisions</b>	n/a		0
<b>Net I&amp;E Surplus/ (Deficit)</b>	7,923	8,095	172
<b>Contribution (%)</b>	41.0%	40.3%	21.7%
<b>Non-recurring Expenditure</b>	n/a		0

Supporting financial commentary:

Please note that the Expenditure table below includes £5K of Non recurrent expenditure.

**Expenditure**

POST	WTE	GRADE	COST
Orthopaedic Surgeon	10 PA	Consultant	£106,614
Theatre - ODP resource	0.4	6	£14,626
Anaesthetist	5 PA	Consultant	£53,307
Radiographer	2 PA	Consultant	£21,323
Microbiologist	1 PA	Consultant	£10,661
Scrub Practitioner	0.43	6	£15,723
Excended Scope Practitioner	0.43	7	£18,853
Outpatients nursing	0.24	5	£7,276
Plaster Technician	0.24	4	£6,018
Radiographer	0.24	5	£8,776
Medical Secretary	0.5	3	£12,537
WL clerk	0.4	4	£9,122
Admin	0.32	2	£6,094
CSSD Staff	0.43	2	£8,188
<b>Total Pay</b>			<b>£299,118</b>
Relocation expenses			£5,000
Office set up ( PC , Pager, desks etc)			£2,500
Theatre, Ward and Outpatient Consumables & Drugs for Ramsey cases (140 )			£365,820
CSSD Consumables			£9,912
<b>Total Non Pay</b>			<b>£383,232</b>
<b>Total Cost required</b>			<b>£682,350</b>
<b>Cost reduced NYOS Payments</b>			<b>-£56,414</b>
<b>Total Cost Change</b>			<b>£625,936</b>

**Income Change**

**Additional income stream ( Activity in addition to plan)**

	Activity	% income	Avg Proc Cost	Income
Ramsey IPT repatriated HIPS	60	100%	£5,543	£332,595
Ramsey IPT repatriated KNEES	80	100%	£5,761	£460,903
NYOS HIPS	0			£0
NYOS KNEES	0			£0
Scarborough transfers	0			£0
Peter Campbell activity	0			£0
<b>Change in Income</b>	<b>140</b>			<b>£793,498</b>

**21. Date:**

2 December 2014

GAL/May2014

**BUSINESS CASE FINANCIAL SUMMARY**

<b>REFERENCE NUMBER:</b>	2014-15/88
<b>TITLE:</b>	Orthopaedic Consultant Expansion – Arthroplasty Surgeon
<b>OWNER:</b>	Peter Campbell
<b>AUTHOR:</b>	Paul Rafferty

**Capital**

	Total		Planned Profile of Change			
	£'000		2015/16 £'000	2016/17 £'000	2017/18 £'000	Later Years £'000
Expenditure	0		0	0	0	0

Capital Notes (including reference to the funding source):

**Revenue**

	Total Change				Planned Profile of Change			
	Current £'000	Revised £'000	Change		2015/16 £'000	2016/17 £'000	2017/18 £'000	Later Years £'000
			£'000	WTE				
<b>(a) Non-recurring</b>			<b>5</b>		<b>5</b>			
<b>(b) Recurring</b>								
<b>Income</b>								
NHS Clinical Income	19,308	20,101	793		793	793	793	793
Non-NHS Clinical Income		0	0		0	0	0	0
Other Income		0	0		0	0	0	0
<b>Total Income</b>	<b>19,308</b>	<b>20,101</b>	<b>793</b>		<b>793</b>	<b>793</b>	<b>793</b>	<b>793</b>
<b>Expenditure</b>								
<b>Pay</b>								
Medical	2,700	2,892	192		192	192	192	192
Nursing	2,985	3,041	56		56	56	56	56
<i>Other (please list):</i>								
Executive Board & Senior Managers	11	11	0		0	0	0	0
Support Staff		16	16		16	16	16	16
Admin & Clerical	235	263	28		28	28	28	28
P&T	23	30	7		7	7	7	7
			0					
			0					
	<b>5,954</b>	<b>6,253</b>	<b>299</b>	<b>0</b>	<b>299</b>	<b>299</b>	<b>299</b>	<b>299</b>
<b>Non-Pay</b>								
Drugs	293	300	7		7	7	7	7
Clinical Supplies & Services	3,392	3,761	369		369	369	369	369
General Supplies & Services	-204	-204	0		0	0	0	0
<i>Other (please list):</i>								
Establishment Expenses	37	39	2		7	2	2	2
Premises & Fixed Plant	118	118	0		0	0	0	0
Purchase of Healthcare services	1,795	1,739	-56		-56	-56	-56	-56
			0					
			0					
	<b>5,431</b>	<b>5,753</b>	<b>321</b>		<b>326</b>	<b>321</b>	<b>321</b>	<b>321</b>
<b>Total Operational Expenditure</b>	<b>11,385</b>	<b>12,006</b>	<b>621</b>		<b>626</b>	<b>621</b>	<b>621</b>	<b>621</b>
<b>Impact on EBITDA</b>	<b>7,923</b>	<b>8,095</b>	<b>172</b>	<b>0.00</b>	<b>167</b>	<b>172</b>	<b>172</b>	<b>172</b>
Depreciation			0					
Rate of Return			0					
			0					
<b>Overall impact on I&amp;E</b>	<b>7,923</b>	<b>8,095</b>	<b>172</b>	<b>0.00</b>	<b>167</b>	<b>172</b>	<b>172</b>	<b>172</b>
<b>Less: Existing Provisions</b>	<b>n/a</b>		<b>0</b>					
<b>Net impact on I&amp;E</b>	<b>7,923</b>	<b>8,095</b>	<b>172</b>		<b>167</b>	<b>172</b>	<b>172</b>	<b>172</b>

Revenue Notes (including reference to the funding source):

The change in Finances is shown as a full year effect from 1st April 2014. The £5k non recurrent in the first year is for relocation expenses.

	Owner	Finance Manager	Board of Directors Only Director of Finance
<b>Signed</b>		Gail Cheesbrough	
<b>Dated</b>		17/11/2014	

**BUSINESS CASE - ACTIVITY & INCOME**

Activity	Total Change			Planned Profile of Change			
	Current	Revised	Change	2015/16	2016/17	2017/18	Later Years
<b>Elective (Spells)</b>	4,478	4,618	140	140	140	140	140
<b>Non-Elective (Spells)</b>							
Long Stay	2,132	2,132	0				
Short Stay	2,278	2,278	0				
<b>Outpatient (Attendances)</b>							
First Attendances	12,038	12,038	0				
Follow-up Attendances	16,626	16,626	0				
<b>A&amp;E (Attendances)</b>			0				
<b>Other (Please List):</b>			0				
			0				
<b>Income</b>							
	Total Change			Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	2015/16 £'000	2016/17 £'000	2017/18 £'000	Later Years £'000
<b>NHS Clinical Income</b>							
<b>Elective income</b>							
Tariff income	9,154	9,947	793	793	793	793	793
Non-Tariff income			0				
<b>Non-Elective income</b>							
Tariff income	7,291	7,291	0				
Non-Tariff income			0				
<b>Outpatient</b>							
Tariff income	2,863	2,863	0				
Non-Tariff income			0				
<b>A&amp;E</b>							
Tariff income			0				
Non-Tariff income			0				
<b>Other</b>							
Tariff income	0	0	0				
Non-Tariff income			0				
	<b>19,308</b>	<b>20,101</b>	<b>793</b>	<b>793</b>	<b>793</b>	<b>793</b>	<b>793</b>
<b>Non NHS Clinical Income</b>							
Private patient income			0				
Other non-protected clinical income			0				
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other income</b>							
Research and Development			0				
Education and Training			0				
Other income			0				
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Appendix 1**

Expenditure			
POST	WTE	GRADE	COST
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**Income Change**

Additional income stream ( Activity in addition to plan)				
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Scarborough transfers	0			£0
Peter Campbel activity	0			£0
<b>Change in Income</b>	<b>140</b>			<b>£793,498</b>



**Board of Directors – 28 January 2015**

**2014-15/100 Carbon and Energy Reduction Project,  
Scarborough and Bridlington Hospitals**

Action requested/recommendation

It is recommended that our Trust progress the Investment Opportunity in Combined Heat and Power/Ancillary Supporting Capital Assets at Scarborough and Bridlington Hospitals in partnership with the Carbon and Energy Fund by the appointment of Vital Energi as preferred bidder leading to the implementation Phase 4 - Installation Phase. Installation Phase will be subject to a separate Business Case application prior to entering into a Project Agreement.

Following a preferred bidder appointment, the Trust will incur Carbon and Energy Fund(CEF)/Vital Energi Ltd design development costs if it does not progress to a Project Agreement, in accordance with the Trust/CEF Membership Agreement of 01 October 2012. These costs would be in the order of £81,020.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

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

### Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report      Corporate Directors

Risk                      Any risks are identified in the report.

Resource implications      Resources implication detailed in the report.

Owner                      Brian Golding, Director of Estates and Facilities

Author                      Brian Golding, Energy Manager

Date of paper              January 2015

Version number              Version 1

**Board of Directors – 28 January 2015**

**2014-15/100 Carbon and Energy Reduction Project,  
 Scarborough and Bridlington Hospitals**

**1. Introduction and background**

In March 2009, our Trust Board approved a Sustainable Development Statement, one element of which was to adopt the NHS Carbon Reduction Strategy as set out in "Saving Carbon, Improving Health."

Specifically the Sustainable Development Statement establish a carbon reduction target, an extract from the Statement is included below:

"Achieve the carbon emission reduction targets established by the NHS National Carbon Reduction Strategy of 10% by 2015, 26% by 2020 and 80% by 2050 and where possible exceed these targets."

Commitment to the Sustainable Development was reaffirmed by our Trust Board of Directors and Board of Governors in June 2010.

A Combined Heat and Power Scheme (CHP) can assist in achieving the above goals . The Carbon and Energy Fund have vast experience in these schemes, working with many other NHS Trusts.

A similar project has recently been successfully completed at York Hospital and the Trust is beginning to realise the predicted benefits.

**2. Investment opportunity in Combined Heat and Power/Ancillary Supporting Capital Assets, Scarborough and Bridlington Hospitals.**

The installation of Combined Heat and Power and enhancement to ancillary supporting assets at Scarborough and Bridlington Hospitals has the potential to deliver a number of significant environmental and cost benefits. The potential benefits are briefly outlined below:

1. Significantly reduced CO<sub>2</sub>e emissions predicted to be around 2,800 tonnes per annum, this represents around 35% of our current emissions.
2. Significantly reduced CO<sub>2</sub>e emissions delivers cost benefits from Carbon Reduction Tax at current carbon costs of £16.00/tonne £ 44,800/annum. Carbon costs are predicted to reach £30/tonne by 2020.
3. Significantly reduced annual energy costs at today's energy prices of around £518,766/annum. Energy costs are predicted to increase by 25% within 5 years.
4. Subject to the Trust choice of funding option for the project guaranteed year one annualised savings, after unitary payments\* will be as follows:

Trust funded option: £ 285,191

Carbon and Energy Fund funded option: £ 32,949

Savings based on a 15 year appraisal period.

\*Unitary payments includes capital repayment element and operation and maintenance costs.

- 5.. A more robust electrical supply availability protected from forecast shortfalls in coming years.

Why consider external funding?

1. Releases potential capital expenditure for clinical and social investment
2. External funding provides the basis for a robust predictive energy management investment programme funded by demonstrable savings.

What are the potential benefits to our Trust of a Carbon & Energy Funding/Trust partnership?

1. Zero Trust capital outlay. Trust secured capital remains an option
2. Scheme funded through guaranteed sources and dedicated to NHS projects.
3. Procurement through the NHS framework.
4. Retains best value through competition.
5. Supported by tried and tested contract arrangements.
6. All costs, including design development costs, included within the scheme.
7. Our Trust incurs no costs until the project is completed and the energy savings demonstrated.
8. Predicted energy savings guaranteed as a minimum.
9. Scheme overseen by a Board of Trustees including NHS representation.

Carbon and Energy Fund process consists of 5 phases, namely:

1. Procedures leading to Membership.
2. Mini Competition phase.
3. First stage Selection Process.
4. Installation Phase.
5. Operational Phase.

Phases 1-3 have been completed.

### **3. Conclusion**

Investment in Combined Heat and Power/Ancillary Supporting Capital Assets, Scarborough and Bridlington Hospitals in partnership with the Carbon and Energy Fund will:

- Reduce our carbon emissions.
- Enhance our environmental reputation.
- Reduce our energy costs.
- Secure our electricity supply.
- Reduce implementation timescales.
- Guarantee outcomes.

All at zero risk to our Trust.

#### **4. Recommendations**

It is recommended that our Trust progress the Investment Opportunity in Combined Heat and Power/Ancillary Supporting Capital Assets at Scarborough and Bridlington Hospitals in partnership with the Carbon and Energy Fund by the appointment of Vital Energi as preferred bidder leading to the implementation Phase 4 - Installation Phase. Installation Phase will be subject to a separate Business Case application prior to entering into a Project Agreement.

Following a preferred bidder appointment, the Trust will incur Carbon and Energy Fund(CEF)/Vital Energi Ltd design development costs if it does not progress to a Project Agreement, in accordance with the Trust/CEF Membership Agreement of 01 October 2012. These costs would be in the order of £81,020.

<b>Author</b>	<b>Brian Golding, Energy Manager</b>
<b>Owner</b>	<b>Brian Golding, Director of Estates and Facilities</b>
<b>Date</b>	<b>January 2015</b>

**BUSINESS CASE SUMMARY**

**1. Business Case Number** 2014-15/100

**2. Business Case Title**

**NHS Shared Business Services Carbon and Energy Fund (NHS SBS CEF) – Carbon and Energy Reduction Project, Scarborough and Bridlington Hospitals.**

**3. Management Responsibilities & Key Contact Point**

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

<b>Business Case Owner:</b>	<b>Brian Golding – Director of Estates and Facilities</b>
-----------------------------	---

<b>Business Case Author:</b>	<b>Brian Golding – Energy Manager</b>
------------------------------	---------------------------------------

<b>Contact Number:</b>	<b>6498</b>
------------------------	-------------

**4. Purpose of the Business Case**

*State clearly the issue(s) to be addressed by this business case.*

This Business Case seeks Trust Board approval to appoint Vital Energi Solutions Ltd to deliver the quoted works in accordance with the of York Teaching Hospital NHS Foundation Trust and the NHS SBS Carbon and Energy Fund Membership Agreement dated 03 October 2012.

The Carbon and Energy Fund Project covering Scarborough and Bridlington Hospitals aims to build on the successful implementation of a similar opportunity recently realised at York Hospital.

The project aims to deliver the following benefits for the Trust:

- Reduced carbon emissions.
- Reduced energy costs.
- Essential investment in primary plant resilience.
- Full risk transfer to a third party
- Potential realisation of future opportunities.

The project will realise the cost effective investment benefits delivered within a guaranteed performance contract framework demonstrated by robust monitoring and validation procedures embraced within a Health Service Framework Agreement.

The realised benefits are as follows:

- Project Capital Costs. £ 5,257,000  
(including £2,230,000 of investment in backlog maintenance of heating and lighting infrastructure).
- Nett Annual Savings (Year 1) £ 272,895
- 15 Year NPV (Assumes 2.5% pa increase in energy costs). £ 291,763
- 15 Year NPV based on DECC forecasts (Assumes 5% pa increase in energy costs). £ 1,852,465
- Annual Carbon Emission Reduction. 2,805 tonnes CO2e

The above information is based on a Trust funded model and involves the Trust in taking out a loan and making principal and interest repayments. Under this arrangement, all equipment covered by the project reverts to Trust ownership on project Practical Completion.

Nett annual savings are the total actual savings in energy costs less interest payments and service charge. (ie Does not include cost of the principal repayments).

**Carbon and Energy Fund Ltd: Membership Agreement Process.  
Scarborough and Bridlington Hospitals**

Phase 1: Membership.	Trust approval to join CEF accepted. Feasibility Study completed. Trust and CEF requirements agreed. Collected core data issued.	Already completed.
Phase 2: Pre-Procurement.	Invitation to Mini Competition issued. Contractor Open Day conducted. Potential Contractor interviews conducted. Technical dialogue development undertaken. Invitation to Tender issued.	Already completed
Phase 3: Procurement.	Bidder meetings and site surveys undertaken. Bid submission received. Bid presentations reviewed. Clarifications and evaluation exercise. Preferred bidder selection. Updated Business Case preparation. Board Approval of Preferred Bidder.	Completed. Completed. Completed. Completed. Completed. Completed.
<b>Carbon and Energy Fund Ltd/Contractor project development costs incurred by the Trust after this point.</b>		
Phase 4: Contract Completion	Standard CEF contract customised. Contract reviews completed. Due diligence process completed. Board Approval to appoint Vital Energi Solutions Ltd.	Completed. Completed. Completed. Requested.

For information, a programme of future activities is provided below in Section 9: Summary of Project Plan

## 5. Options Considered

List below the alternative options considered to resolve the issue presented by this business case.

Description of Options Considered
Option 1: The identified base scheme development comprises: Scarborough Hospital; <ul style="list-style-type: none"><li>• Installation, operation and maintenance of new combined heat and power unit.</li><li>• Installation, operation and maintenance of new combination steam boiler.</li><li>• Transfer operational risk and maintenance for existing steam distribution infrastructure</li><li>• Upgrade ageing Building Management System.</li><li>• Lighting replacement scheme.</li><li>• Deliver energy savings that exceed the costs, guaranteed by contract</li></ul> The base scheme to be co-ordinated with the proposed Paediatric Block development. Bridlington Hospital; <ul style="list-style-type: none"><li>• Installation, operation and maintenance of new combined heat and power unit..</li><li>• Transfer operational risk and maintenance for existing boiler house infrastructure.</li><li>• Upgrade ageing Building Management System.</li><li>• Lighting replacement scheme.</li><li>• Deliver energy savings that exceed the costs, guaranteed by contract</li></ul>
Option 2: No change to current facilities.

## 6. Preferred Option

Detail the preferred option, identifying the reason(s) it was preferred over those options listed above.

Option 1: is the preferred option, delivering operational benefits to Scarborough and Bridlington Hospitals and guaranteed delivery of energy cost/carbon emission reduction with favourable NPV return over 15 years with full risk transfer to a third party.  
Option 2: does not address the requirement to reduce CO2 emissions/costs, still retains all of the risk around ageing plant, and does not address likely future rises in utility prices and electricity availability.

## 7. Alignment with the Trust's Strategic Objectives

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

- 1 Quality and Safety
- 2 Effectiveness, Capacity and Capability
- 3 Partners and the Broader Community
- 4 Facilities and Environment

These strategic 'frames' inline with the national agenda, advocate increased patient choice, better access times, **safer, cleaner hospitals and improved patient satisfaction and outcomes.**

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



Strategic Objective	Aligned? Yes/No	If Yes, how is it Aligned?
To provide safe and quality services to all patients underpinned by the specific steps set out in the driver diagram as part of the Quality and Safety Strategy. This includes developing and learning from performance indicators (e.g. PROMs, NCI, etc). Ensuring compliance with national requirements - NPSA, NICE and implementation of results of clinical audit strategies and ensuring consultation and engagement of patients, visitors and staff.	Yes	More robust electricity supply integrity. Better heating environmental controls. Electricity and heating supply guaranteed by the contract Better and more reliable lighting throughout the hospital, with less maintenance and therefore less disruption to patient services
To provide excellent healthcare with appropriate resources, strong productivity measures and strong top quartile performance being indicative of this. The service will be based on 'needs based care' and staff understand how they contribute to the Trust's successes.	No	
To be an exemplar organisation that is responsive to the local and broader community needs and is recognised and trusted. To engage fully in all aspects of community discussion relating to health and provide expert advice and leadership as required. To work with other groups to support the adoption of a consistent approach in the community and demonstrate that the Trust is a community orientated organisation able to achieve and deliver all local and national outcomes.	Yes	Significant contribution to NHS Carbon Reduction strategy. Community lead in demonstrating commitment to Sustainable Development.
To provide a safe environment for staff, patients and visitors, ensuring that all resources are used as efficiently as possible	Yes	Better lighting. Reduced carbon emissions. Reduced costs. Reduced risk of failure of ageing infrastructure Tools to promote staff recognition, behavioural change.

## 8. Benefit(s) of the Business Case

*Using the table below, clearly state the intended benefits that will accrue to the Trust from the preferred option. The benefits identified should be tangible, and capable of being evidenced, ideally through some form of measurement.*

*Typically, the benefit(s) described would ultimately be contributing towards one or more of the following: efficiency and/ or effectiveness gains, financial gains, operational*

continuity, regulatory compliance, social benefits, improved capability, improved patient and public outcomes, etc.

Detailed Description of the Benefit, including Measurable(s)	Before	After
Reduced carbon emissions.	7,412 tonnes	4,607 tonnes
Reduced energy costs		
Primary plant risk and repair cost.	Existing main steam feed to Scarborough Hospital runs underground, access is extremely difficult and the installation has a significant inherent failure risk.	Full risk transfer to contractor.
Paediatric Block development	New standalone boiler arrangement proposed, isolated with limited standby capability and isolated from main site energy centre.	Paediatric Block heating and water heating requirements sourced from centralised plant with integrated standby arrangements.
Before carbon emissions and costs based on 2014/15 energy budget proposals.		

## 9. Summary Project Plan

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

Description of Action	Complete By	By Who?
Feasibility Study	Completed	Project Team
Invitation to Mini Competition	Completed	Project Team
Bidders' Open Day	Completed	Project Team
Bidders' Interviews	Completed	Project Team
Selection of Bidders	Completed	Project Team
Technical Meetings 1&2	Completed	Project Team
Invitation to Tender	Completed	Project Team
Tender Return	Completed	Project Team
Bidder Presentation	Completed	Project Team
Evaluation of Bids	Completed	Project Team
Board Approvals	Completed	Exec/Chair
Subject to obtaining Board Approvals		
Appoint Preferred Bidder	Completed	Exec/Chair
Contract Appointment	31 January 2015	Exec/Chair
Practical Completion	02 October 2015	Project Team

## 10. Risk Analysis:

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

Identified Risk	Proposed Mitigation
Planning rejection by Scarborough Borough Council and East Yorkshire Council	Conversations with Scarborough Council and East Riding Council have been positive. Formal planning approval to be progressed prior to Contract Award,
Rejection of Combined Heat and Power installation by local electricity network operator Northern PowerGrid.	Routine application to amend existing operating licence. Formal approval to be progressed prior to Contract Award,

## 11. Risk of Not Proceeding:

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

The impact of not proceeding with the Core Option would be to miss an opportunity to implement a coordinated approach to carbon emission reduction, cost reduction and essential supply resilience where projected savings are guaranteed and risks transferred to a private sector partner.

The risk of failure of supply would remain with the Trust, which is significant given the age of the existing equipment

The impact of not proceeding to contract award would be to incur fees payable to Carbon and Energy Fund under the preferred bidder appointment.

## 12. Consultant Impact

(Only to be completed where the preferred option increases the level of Consultant input)

### 12.1 Impact on Consultant Workload:

The Trust is committed to reduce the number of Programmed Activities (PAs) being worked by any Consultant to a maximum of 11. This section should illustrate the impact that the additional Consultant input created will have on the average number of PAs worked in the specialty, the frequency of the on-call rota, and the PA profile across the whole specialty team. Information is also required of each Consultant's actual annual working weeks against the 42 week requirement.

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

Consultant Team Work Profile				
Name of Consultant	Working Weeks v 42 Week Requirement		PA Commitment	
	Before	After	Before	After

### 12.2 Advisory Committee Review:

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

N/A

### 13. Stakeholder Consultation and Involvement:

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

*Examples of stakeholders include Lead Clinicians, support services (e.g. Systems & Network Services, Capital Planning re: accommodation), commissioners (e.g. NYY PCT), patients & public, etc.*

Stakeholder	Details of consultation, support, etc.
Scarborough Borough Council	Planning approval; Support: Carbon and Energy Fund/Preferred bidder
Northern PowerGrid	G59 Licence amendment; Support: Carbon and Energy Fund/Preferred bidder
Estates Department, Scarborough/Bridlington Hospital	Integration of proposals into existing infrastructure; Support: Trust Estates Manager/Carbon and Energy Fund/Preferred bidder
Capital, Finance and Procurement teams	Inclusion in Project team

### 14. Alliance Working

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

N/A

*How does this business case support the Trust's stated objective of developing and enhancing the clinical and non-clinical alliance arrangements with Scarborough and North East Yorkshire NHS Trust, and what are the implications should the two Trusts progress with a more formal partnership?*

N/A

## 15. Market Analysis:

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

N/A

## 16. Estimated Full Year Impact on Income & Expenditure:

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

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure		5257	5257
Income			0
Direct Operational Expenditure		-418	-418
EBITDA	0	418	418
Other Expenditure		387	387
I&E Surplus/ (Deficit)	0	31	31
Existing Provisions	n/a		0
Net I&E Surplus/ (Deficit)	0	31	31
Contribution (%)			
Non-recurring Expenditure	n/a		0

## Supporting financial commentary:

Costs of capital to install a Combined Heat and Power plant engine, plus payments to a contractor for operation and maintenance deliver savings through generation of electricity, reducing reliance on the grid, and investing in new energy efficient lighting to reduce energy requirements. Resulting savings from lower energy usage are guaranteed at the level built into the contract.

Capital funding is through a loan from the Foundation Trust Financing Facility.

The guaranteed savings shown in the pro forma are based on energy prices rising by 2.5% p.a. for the term of the contract. The actual savings will be significantly higher given the latest DECC forecasts for energy costs.

## 17. Recommendation for Post Project Evaluation

	Yes	No
Is this business case being recommended for post project evaluation?	✓	

Reason(s) for the decision:

To evidence the reductions in energy costs from the implementation of the project.

## 18. Date:

.15<sup>th</sup> January 2015

### **What is Carbon and Energy Fund?**

Carbon and Energy Fund Limited is a joint venture partnership between NHS Shared Business Services and the private sector trading as NHS Shared Business Services Carbon and Energy Fund (NHS SBS CEF).

### **What does the Membership Agreement cover?**

The Membership Agreement establishes the partnership between NHS SBS CEF York Teaching Hospitals NHS Foundation Trust in order to upgrade energy and carbon infrastructure within a fifteen year framework agreement with guaranteed energy savings. The Membership Agreement also includes Scarborough and Bridlington properties.

### **What are the potential benefits to our Trust of a Carbon & Energy Funding/Trust Partnership?**

1. Zero Trust capital outlay or Trust funded options available
2. Scheme can be funded through guaranteed sources and dedicated to NHS projects.
3. Procurement through the NHS framework.
4. Retains best value through competition and innovation.
5. Supported by tried and tested contract arrangements.
6. All costs, including design development costs, included within the scheme.
7. The Trust incurs no costs until the project is completed and the energy saving demonstrated. Does not apply to Trust funded option.
8. Predicted energy savings guaranteed as a minimum.
9. Scheme overseen by a Board of Trustees including NHS representation.
10. Full risk transfer to appointed contractor.

### **What is a Preferred Bidder?**

Preferred Bidder means the Bidder that the Trust may (in its sole discretion, following approval by the Trust Board) select as a result of Bids submitted during this Mini-Competition with a view to entering into the Project Agreement;

The Preferred Bidder has been chosen strictly in accordance with the selection criteria provided within the Carbon and Energy Fund framework agreement and detailed in the Invitation to Tender.

**What happens next?**

<b>Date by:</b>	<b>October 2014</b>	<b>November 2014 – January 2015</b>	<b>January 2015</b>
<b>Event:</b>	Trust Board Business case submission seeking permission to appoint Preferred Bidder.	Negotiation with Preferred Bidder: - final agreement to scheme content - agreement to contract figures	Trust Board Business case submission seeking permission to enter Project Agreement.
<b>Outcomes:</b>	Acknowledgement of scheme progress to date, Approval to Preferred Bidder letter	Agreement of all contract schedules, through: - Bidder Lawyer - CEF Lawyer - Validated by Trust Lawyer.	Approval to - final agreed scheme content - final contract figures (guaranteed savings) - Trust Board minutes (for external Funder assurance) - persons authorised by the Board to sign the contract
<b>Notes:</b>	Triggers: - Funder to commence their internal credit approval process - Bidder to commit to detailed design, pre procurement and legal fees	Trust Lawyer: - either a separate appointment, or dual appointment with CEF - oversees contract and provides assurance report for Trust Board.	Date for contract signature then needs to be agreed. When sign, the Certificate of Commencement can be issued, which triggers the start of the installation period.
	Bidder can recover reasonable costs if Trust does not proceed to contract. Costs will be scheme dependant, but would no exceed £80,000		



## BUSINESS CASE FINANCIAL SUMMARY

<b>REFERENCE NUMBER:</b>	2014-15/100
<b>TITLE:</b>	NHS Shared Business Services Carbon and Energy Fund (NHS SBS CEF) – Carbon and Energy Reduction Project, Scarborough and Bridlington Hospitals.
<b>OWNER:</b>	Brian Golding, Director of Estates and Facilities
<b>AUTHOR:</b>	Brian Golding, Energy Manager

**Capital**

Expenditure	<b>Total</b>	<b>Planned Profile of Change</b>			
	£'000	2014/15 £'000	2015/16 £'000	2016/17 £'000	Later Years £'000
	5,257	5,257	0	0	0

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

Funding by borrowing from FTFF, to fund installation of heat and power plant, lighting improvements plus improvements in plant rooms and some elements of boiler room. Contracted under the CEF scheme with a third party, who will operate over a 15 year period, guaranteeing savings.

**Revenue**

	<b>Total Change</b>				<b>Planned Profile of Change</b>			
	Current £'000	Revised £'000	Change £'000	WTE	2014/15 £'000	2015/16 £'000	2016/17 £'000	Later Years £'000
<b>(a) Non-recurring</b>								
<b>(b) Recurring</b>								
<b>Income</b>								
NHS Clinical Income	0	0	0		0	0	0	0
Non-NHS Clinical Income	0	0	0		0	0	0	0
Other Income	0	0	0		0	0	0	0
<b>Total Income</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Expenditure</b>								
<b>Pay</b>								
Medical			0					
Nursing			0					
Other (please list):								
Executive Board & Senior Managers			0					
Support Staff			0					
			0					
	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Non-Pay</b>								
Drugs			0					
Clinical Supplies & Services			0					
General Supplies & Services			0					
Other (please list):								
Electricity and Gas			0			-622	-622	-622
Non Energy Savings			0			-21	-21	-21
O&M of Boiler House and CHP		225	225			225	225	225
	<b>0</b>	<b>225</b>	<b>225</b>		<b>0</b>	<b>-418</b>	<b>-418</b>	<b>-418</b>
<b>Total Operational Expenditure</b>	<b>0</b>	<b>225</b>	<b>225</b>		<b>0</b>	<b>-418</b>	<b>-418</b>	<b>-418</b>
<b>Impact on EBITDA</b>	<b>0</b>	<b>-225</b>	<b>-225</b>	<b>0.00</b>	<b>0</b>	<b>418</b>	<b>418</b>	<b>418</b>
Depreciation			0			241	241	241
PDC Dividend			0			2	6	10
Interest	0	144	144		73	144	134	124
<b>Overall impact on I&amp;E</b>	<b>0</b>	<b>-369</b>	<b>-369</b>	<b>0.00</b>	<b>-73</b>	<b>31</b>	<b>37</b>	<b>43</b>
<b>Less: Existing Provisions</b>	<b>n/a</b>		<b>0</b>					
<b>Net impact on I&amp;E</b>	<b>0</b>	<b>-369</b>	<b>-369</b>		<b>-73</b>	<b>31</b>	<b>37</b>	<b>43</b>

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

Costs of capital to install a Combined Heat and Power plant engine, plus payments to a contractor for operation and maintenance deliver savings through generation of electricity, reducing reliance on the grid, and investing in new energy efficient lighting to reduce energy requirements. Savings are guaranteed at a level built in the contract

	<b>Owner</b>	<b>Finance Manager</b>	<b>Board of Directors Only</b> <b>Director of Finance</b>
<b>Signed</b>		R Chapman	
<b>Dated</b>		15/01/2015	

**BUSINESS CASE - ACTIVITY & INCOME**

**Activity**

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2013/14	2014/15	2015/16	Later Years
<b>Elective (Spells)</b>			0				
<b>Non-Elective (Spells)</b>							
Long Stay			0				
Short Stay			0				
<b>Outpatient (Attendances)</b>							
First Attendances			0	0	0	0	0
Follow-up Attendances			0	0	0	0	0
<b>A&amp;E (Attendances)</b>			0				
<b>Other (Please List):</b>			0				
			0				

**Income**

	Total Change			Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000	Later Years £'000
<b>NHS Clinical Income</b>							
<u>Elective income</u>							
Tariff income			0				
Non-Tariff income			0				
<u>Non-Elective income</u>							
Tariff income			0				
Non-Tariff income			0				
<u>Outpatient</u>							
Tariff income			0				
Non-Tariff income			0				
<u>A&amp;E</u>							
Tariff income			0				
Non-Tariff income			0				
<u>Other</u>							
Tariff income			0				
Non-Tariff income			0				
	0	0	0	0	0	0	0
<b>Non NHS Clinical Income</b>							
Private patient income			0				
Other non-protected clinical income			0				
	0	0	0	0	0	0	0
<b>Other income</b>							
Research and Development			0				
Education and Training			0				
Other income			0				
	0	0	0	0	0	0	0

## Board of Directors – 28 January 2015

### Dates for Board and associated meetings January 2015 to April 2016

#### Action requested/recommendation

The Board is asked to note the dates.

#### **Strategic Aims**

**Please cross as appropriate**

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

#### Implications for equality and diversity

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

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

#### Reference to CQC outcomes

There are no references to CQC outcomes (replace this text if necessary).

Progress of report	Paper prepared for the Board of Directors
Risk	No risk.
Resource implications	No resource implications
Owner	Anna Pridmore, Foundation Trust Secretary

Author Anna Pridmore, Foundation Trust Secretary  
Date of paper January 2015

**Dates for the Board of Directors meeting from January 2015 to April 2016 associated Board committees (Finance and Performance, Quality and Safety, Audit Committee and Workforce Strategy Committee)**

Board meeting date			For information only			
Month	Date	Room	F&P dates	Q&S dates	Audit Committee	Workforce Strategy Committee
<b>2015</b>						
January	28 <sup>th</sup>	Boardroom YTH	20 <sup>th</sup>	20 <sup>th</sup>		
February	25 <sup>th</sup>	Boardroom YTH	17 <sup>th</sup>	17 <sup>th</sup>		5 <sup>th</sup>
March	25 <sup>th</sup>	Boardroom YTH	17 <sup>th</sup>	17 <sup>th</sup>	16 <sup>th</sup>	
April	29 <sup>th</sup>	Blue Room Scarborough	21 <sup>st</sup>	21 <sup>st</sup>		21 <sup>st</sup>
May	27 <sup>th</sup> YE	Boardroom YTH	19 <sup>th</sup>	19 <sup>th</sup>	11 <sup>th</sup> & 26 <sup>th</sup>	
June	24 <sup>th</sup>	Boardroom YTH	16 <sup>th</sup>	16 <sup>th</sup>	15 <sup>th</sup> Time out	3 <sup>rd</sup>
July	29 <sup>th</sup>	Boardroom YTH	21 <sup>st</sup>	21 <sup>st</sup>		
August	19 <sup>th</sup> Summer meeting	Boardroom YTH	No meeting	No meeting		11 <sup>th</sup>
September	30 <sup>th</sup>	Blue Room Scarborough	22 <sup>nd</sup>	22 <sup>nd</sup>	14 <sup>th</sup>	
October	28 <sup>th</sup>	Boardroom YTH	20 <sup>th</sup>	20 <sup>th</sup>		13 <sup>th</sup>
November	25 <sup>th</sup>	Boardroom YTH	17 <sup>th</sup>	17 <sup>th</sup>	30 <sup>th</sup>	
December	16 <sup>th</sup> – Winter meeting	Boardroom YTH	No meeting	No meeting		8 <sup>th</sup>
<b>2016</b>						
January	27 <sup>th</sup>	Boardroom YTH	19 <sup>th</sup>	19 <sup>th</sup>		
February	24 <sup>th</sup>	Boardroom YTH	16 <sup>th</sup>	16 <sup>th</sup>		
March	30 <sup>th</sup>	Boardroom YTH	22 <sup>nd</sup>	22 <sup>nd</sup>	14 <sup>th</sup>	

There is always a pre meeting with the Non-executive Directors before the Board meeting followed by the meeting held in public and concludes with the meeting held in private. The afternoon is used as time for the Board to meet and discuss strategy or specific key issues of importance that require more detailed discussion. These sessions are not minuted.

Generally the F&P and Q&S Committees meet 8 days before the Board meeting and the notes from the Committees are included in the Board papers. There may be occasions where the individual Committee dates need to be changed; these changes will be made on an adhoc basis.

The Board Remuneration Committee meets on an adhoc basis, meetings are called by the Chairman as required.