

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

on: **Wednesday 28th September 2016**

in: **The Lecture Theatre, Postgraduate Medical Centre, 5th Floor, York Hospital**

Time	Meeting	Location	Attendees
8.45am – 10.00am	Board of Directors meeting held in private	Lecture Theatre, PGMC, York Hospital	Board of Directors
10.30am – 12.30pm	Ed Smith, Chair NHS Improvement	Lecture Theatre, PGMC, York Hospital	Board of Directors and Clinical Directors
12.30-pm – 1.30pm	Lunch	Lecture Theatre, PGMC, York Hospital	Board of Directors
1.30pm – 4.00pm	Board of Directors meeting held in public	Lecture Theatre, PGMC, York Hospital	Board of Directors and members of the public
4.15pm – 5.00pm	Corporate Trustee Meeting	Lecture Theatre, PGMC, York Hospital	Board of Directors



The values of the Trust are:

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

...with patients at the centre of everything we do

These will be reflected during all discussions in the meeting

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

On: **Wednesday 28th September 2016**

At: **1.30pm – 4.00pm**

In: **The Lecture Theatre, Postgraduate Medical Centre, 5th Floor, York Hospital**

A G E N D A

No	Time	Item	Lead	Paper	Page
General					
1.	1.30 - 1.40	Welcome from the Chairman The Chair will welcome observers to the Board meeting.	Chair		
2.		Apologies for Absence and Quorum	Chair		
3.		Declaration of Interests To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	5
4.		Minutes of the Board of Directors meeting held on 27 July 2016 To review and approve the minutes of the meeting held on 27 July 2016.	Chair	B	9
5.		Matters arising from the minutes To discuss any matters arising from the minutes.	Chair		
6.	1.40 - 2.00	Chief Executive Report To receive an update on matters relating to general management in the Trust including an STP update.	Chief Executive	C	21

No	Time	Item	Lead	Paper	Page
Our Quality and Safety Ambition: Out patients must trust us to deliver safe and effective healthcare					
7.	2.00 - 2.20	Patient Story	Chief Nurse	Verbal	
8.	2.20-2.35	<p>Quality and Safety Performance issues</p> <p>To be advised by the Chair of the Committee of any specific issues to be discussed.</p> <ul style="list-style-type: none"> • Patient and Quality Safety Report • Medical Director Report • Chief Nurse Report • Safer Staffing 	Chair of the Committee	D D1 D2 D3 D4	27 41 75 81 103
9.	2.35-2.45	<p>Arts Strategy</p> <p>To receive for approval the draft Arts Strategy.</p>	Non-executive Director, Libby Raper	E	113
Our People and Capability Ambition: The quality of our services is wholly dependent on our teams of staff					
10.	2.45 - 3.00	<p>Workforce and Organisational Development Committee minutes</p> <p>To receive the minutes from the Workforce and Organisational Development Committee.</p>	Chair of the Committee	F	125
11.	3.00 - 3.10	<p>Workforce Metrics and Update Report</p> <p>To receive a report updating the Board on HR issues.</p>	Chief Executive	G	135
3.10 - 3.20		Tea break			
12.	3.20 - 3.25	<p>Library and Knowledge Service Annual Report</p> <p>To receive and approve the Library and Knowledge Service Annual Report for submission.</p>	Deputy Chief Executive	H	147

No	Time	Item	Lead	Paper	Page
Our Finance and Performance ambitions: Our Sustainable future depends on providing the highest standards of care within our resources					
13.	3.25 - 3.40	Finance and Performance issues To receive the minutes from the meeting and associated key papers: <ul style="list-style-type: none"> • Finance Report • Efficiency Report • Performance Report 	Chair of the Committee	I I1 I2 I3	157 169 187 195
14.	3.50- 3.55	Business Case To consider and approve the business case 2014/15-56 Replacement of general x-ray equipment in Radiology.	Director of Finance	J	203
Our Facilities and Environment ambitions: We must continually strive to ensure that our environment is fit for our future					
15.	3.55- 4.00	PLACE Results 2016 To receive the results of the Patient Led Assessments of the Care Environment (PLACE).	Director of Estates & Facilities	K	221
Any Other Business					
16.	4.00	Next meeting of the Board of Directors The next Board of Directors meeting held in public will be on 26 October 2016 at St Catherine's Hospice, Throxenby Lane, Scarborough.			
17.		Any Other Business To consider any other matters of business.			

Items for decision in the private meeting:

- Revalidation Report

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

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

Additions: No changes

Changes: No changes

Deletions: No changes

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

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

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

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Committee Room at Bridlington Hospital on 27 July 2016

Present: Non-executive Directors:

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

Executive Directors:

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

Corporate Directors:

Mr B Golding	Director of Estates and Facilities
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In Attendance:

Mrs L Provins	Governor & Membership Manager
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Observers:

Mrs A Bolland	Public Governor – Selby
Mrs M Jackson	Public Governor – York
Mrs J Anness	Public Governor – Ryedale
Mrs S Miller	Public Governor – Ryedale
Mrs Rose	Public Governor – Scarborough
Mr P Stovell	Public Governor – Bridlington

The Chair welcomed Mr Trevor Sheldon, Dean of Hull York Medical School and the Governors to the meeting.

16/099 Apologies for absence

Apologies were received from Mrs Scott, Director of Out of Hospital Care and Mrs Rushbrook, Director of Systems and Networks.

Ms Symington asked Mrs Provins to confirm that the meeting was quorate. Mrs Provins confirmed that the meeting was quorate.

16/100 Declarations of interest

The Board noted the declarations of interest.

16/101 Minutes of the meeting held on the 29 June 2016

The minutes of the meeting held on the 29 June 2016 were approved as a true record of the meeting.

16/102 Matters arising from the minutes

There were no additional matters arising from the minutes.

16/103 Hull York Medical School (HYMS)

Mr Sheldon, Dean of Hull York Medical School, provided a presentation on HYMS. Mr Sheldon provided an overview of the joint partnership working and the clinician led problem based learning approach.

Mr Sheldon noted that previously consideration had been given to splitting the Medical School, however, the partnership is currently fairly strong and probably too small to be viable to survive a split.

The Board discussed whether many applicants end up coming back to the Trust to work and it was agreed that local recruitment is a positive approach to this as many doctors go back to work in the area which they come from. Mr Crowley stated that it was interesting to note the number of applicants for consultant posts that had passed through the Trust as part of their training rotation. Partnership working was discussed so that links and principles could be developed in order to provide joint working opportunities for doctors. Mr Proctor stated that he felt that the relationship between the Trust and HYMS had improved from the days when the Trust felt more of a peripheral partner and he stated that the new Head of Research at the Trust was keen to work with the University and HYMS.

There was a discussion regarding the new roles being created. The Trust and HYMS have both introduced new roles, in the Trusts case ACPs, and HYMS have introduced the Physicians Associate. Both roles have a similar background, but the grading is different. Mr Sheldon stated that the Medical School had opted for Physicians Associates as they did not take from an already stretched nursing pool. Ms Raper asked about the proposed growth in numbers and Mr Sheldon responded that the Medical School has been talking to Health Education England about increasing numbers by 20 extra students a year.

Ms Symington thanked Mr Sheldon for his presentation.

16/104 Patient Story

The Board watched a short video which presented the outcome of the Snowdrop Appeal at Scarborough. The appeal funded the development of a suite for patients who had suffered intrauterine death which was away from the Labour Ward and provided privacy and dignity for bereaved patients and their partners. Mr Proctor stated that the room had been furnished since the video had been made, so the room now looked less clinical. Mrs Geary stated that the staff said it had made a big difference, but more importantly patients who had suffered bereavement had been involved in the planning and

development of the suite, which had helped them deal with the trauma of intrauterine death.

Mr Golding was commended for his work and providing a real momentum in terms of the estates work.

16/105 Report from the Chief Executive

Mr Crowley gave an overview of his report including the uncertainty and discomfort amongst some members of staff in respect of a growing intolerance of foreign nationals following Brexit. He stated that the Trust had put communications out via the press and all staff had received a letter stating any form of abuse will not be tolerated. Mr Crowley stated that a number of people were keeping in touch with him in order that he could understand how this progressed.

Mr Crowley briefed the Board on the work surrounding the Emergency Care Standard which would be picked up in the item from the Finance & Performance Committee.

Mr Crowley welcomed the consultation that was currently out on the Single Oversight Framework.

Mr Crowley noted the exciting developments in Internal Audit who have joined with staff from West Yorkshire Audit Consortium and will now be called Audit Yorkshire. He stated that this model had stood the test of time and the work done was a credit to the whole team, especially Helen Kemp-Taylor, the Head of Internal Audit.

The Board warmly congratulated NYAS, and Helen Kemp Taylor in particular, on this development.

Mr Crowley stated that the Trust had previously committed to renting space in the proposed Community Stadium for a training and development facility. Negotiations had then been extended to accommodate the MSK and Physio Service with the additional relocation of the Orthopaedic team. The Trust is one of the few organisations who had continued to work with the Council, which made good business sense and was a major investment in public services for the community.

16/106 Workforce and Organisational Development Committee Minutes

Professor Willcocks highlighted the date of the meeting and the fast turnaround of the minutes. She stated that the Committee considers the risk register, board assurance framework and CQC actions as standing items, but also picks this up at the end of the meeting to provide assurance. Mr Crowley stated that he had had some feedback that the attendees at the external Shadow Board course lack some understanding and ownership of the BAF which needs to be addressed.

Professor Willcocks stated that one learning point from the Junior Doctor Internal Audit update was that, in future it would be useful to have the management response in order to see that the appropriate action had been taken.

Professor Willcocks highlighted that a substantial amount of time had been spent on the medical workforce paper due to the information about gaps in staffing including temporary spend, the shortage of radiographers, but also the CESR programme which was an

initiative to develop staff internally. She also noted the work being done with Coventry University which would lead to the first cohort of students starting in September 2017.

Professor Willcocks stated that the HR Business Partners linked to clinical directorates had led with the Staff Survey priorities from last year and this has started to show an impact on the figures for this year.

Professor Willcocks indicated that the Committee did express concern about e-rostering. Mrs Geary stated that a deep dive exercise has been completed, but that there was a lot of work to do to ensure organisational flexibility of staff rostering. The work being done to re-energise this was commended. Mr Crowley stated that training needed to continue to be sustained and maintained going forwards to ensure constant reinforcement of practice as unfortunately, practices had eroded over time. Mrs Geary stated that as practice was brought into line there would undoubtedly be an increase in the number of grievances raised.

Professor Willcocks stated that the existing Arts Strategy had been refreshed and a new lead will be appointed shortly. It was agreed the Strategy should come to the Board for approval.

Action: Arts Strategy to be brought to the Board for approval

Mr Sweet asked how prepared the Trust was for 7 day working and it was noted that a project group is working towards this and a high level gap analysis is taking place.

Mrs Walters stated that through Mr Taylor's leadership the acute and general physician rota is being looked at with an expectation that there will be an on-site system in place by January 2017. Mr Taylor is also working through the job plans of the physicians in Scarborough.

16/107 Results of the NHS Staff Survey

Mr Crowley stated that the findings of the report had already been shared at the Workforce and Organisation Development Committee. The Trust's current approach is to do the comprehensive staff survey every other year as there is some concern that staff can end up with 'survey fatigue'. Mr Crowley noted that initially some of the results had dipped following the merger, but these have recovered over time due to improved staff engagement and levels were now back to pre-merger levels, which was also reflected by the Trust's top ranking scores, noting less pressure and less harassment.

Mr Crowley stated that the Trust is currently trying to develop the right capability and capacity for appraisals and that there continues to be issues regarding staff satisfaction with the quality of care they are able to deliver. A number of actions have been taken including seeking affirmation of values at directorate level, friends and family staff test, an appraisals article in staff matters and the introduction of the pay progression policy which gives staff a level of accountability for seeking their appraisal. The Trust continues to promote staff benefits and recently held a successful recruitment market place. Mr Crowley stated that he had discussed values and behaviours at Executive Board and highlighted behaviours which were unacceptable and causing staff to choose to leave the organisation. He noted that the personal responsibility framework and equality and diversity assessments are due to be re-launched.

Ms Symington stated it would be useful for the Staff Survey to be reviewed at the half year point to see the improving picture.

16/108 Workforce Metrics and Update Report

Mr Crowley stated that the report was in the standard format and showed the improving rate in respect of sickness absence, however, there was continued concern over the turnover rate. He stated that the name of the person recently appointed as the Freedom to Speak Up/Safer Working Guardian is Lisa Smith and she will take up the post on the 1 September 2016. He highlighted that during the last couple of weeks the volume of temporary staffing has increased due to the holiday season.

Mrs Adams asked about the reduction in the bank fill rate which was attributed to the cessation of winter incentives as she had thought the intention was to continue with the incentives. Mr Crowley stated that he would check on this, but his practice had been to confirm his support for incentives on a month by month basis. However, he did note that if the incentive was continued it could not be viewed as an incentive to encourage staff to take on further shifts during the winter period despite the fact that pressures seem to be all year round. Mrs Geary warned that it was very likely the Trust would see an increase in temporary nurse staffing over the next month.

Professor Willcocks expressed concern about the demands on HR in managing the additional information submission requirements, which appear substantial. Mr Crowley noted that he was looking at a centralised resource with regard to rota management to see how to improve control, ownership and accountability.

Ms Symington requested that it would be useful to include turnover figures together with recruitment success information so that the data can be taken as a whole. There is always a financial cost to the recruitment process and the induction and on-boarding processes, as well as time and effort spent by many: the higher the staff turnover clearly the greater the expense to the organisation. Ms Symington reflected that the Board message needs to be strong about the positive, proactive retention of the right people.

Mr Crowley noted that there was a significant amount of 'band creep' across the system and he had asked HR to look at whether the Trust is making the best use of band plus arrangements, incentives and enhancements although there is some limit to the degree of possible flex.

16/109 Quality Safety & Performance Issues

Mrs Adams stated that as time was limited, the Director of Infection Prevention and Control Quarterly Report would be covered as part of this item.

Mr Taylor stated that he was currently working with one of the Consultants, Mr Evans, in order to update the Serious Incident (SI) Policy and this was re-energising the team. Work on the policy included taking feedback from colleagues, patients and relatives and starting with a baseline of the NHS E SI policy. Training would be refreshed and so would the terms of reference for SIs in order to provide better instruction to investigators. Ms Symington asked whether Mr Taylor set the Terms of Reference for each investigation. He pointed out that he would always be the lead and set the Terms of Reference and the standards expected.

In relation to Datix incidents, Mr Taylor stated that Ms Jamieson was looking at the process including reviewing the form and providing feedback. He was concerned that the process was still viewed as part of a blame and not learning culture. Other Trusts are being visited in order to improve the process and Mr Taylor has been encouraged by some of the work and the improving trend.

Mrs Adams raised concerns about Radiology Services at Scarborough, particularly out of hours and Mr Taylor stated that this issue has been escalated and discussed with the Clinical Director and at the Radiology PMM. It had been agreed with the Clinical Director that Scarborough needed to progress to the York model for out of hours cover which involved the use of a company based in Australia. Mr Taylor stated that a business case is being developed for the out of hours model. Mrs Walters stated that she had also had a positive meeting with the Clinical Lead at Scarborough. In respect of recruitment, the Trust is looking at offering recruitment and retention premiums. Recruitment is required to boost the cross site working and provide a level of resilience to the service.

Mrs Geary provided an update on the new data being collected in respect of nursing numbers which was on a care hours per patient per day basis. This information is now being collected, but it is very early days and further work is required. Mrs Geary stated that the Trust was facing tremendous operational pressures and staff numbers were beginning to look stretched. Part of the challenge is the increase in demand at Scarborough, which means opening extra capacity, but she noted that staffing numbers including acuity and dependency of patients was being looked at on a shift by shift basis. These pressures are incurring an increase in agency spend and an increase in going off framework in order to ensure patient safety.

Mrs Walters stated that in order to support nurses on the Scarborough site there would be a reduction in the number of beds at Bridlington until the end of September, with the staff being transferred to Scarborough. There has also been a reduction in elective work at Scarborough.

Mr Keaney stated that during the 'no delays' work, he had walked round Scarborough and the biggest issue was staffing. It was highlighted that this was because the hospital cannot close its doors. He expressed concern about the number of hours some staff were working and it was recognised that this tied in with the issues regarding e-rostering.

Mrs Geary provided an overview of the Director of Infection Prevention and Control quarterly report. She noted 2 cases of MRSA against a zero trajectory which had had RCAs completed and involved complex patients with invasive devices, an MSSA rate above trajectory due to significant risk factors being involved and a C Difficile rate that was significantly below trajectory against an upward national trend.

Mrs Geary stated that a look back exercise had taken place following the period of prolonged closure of beds on the Scarborough site. The CCG had led a multi-agency group which had been well attended and a multi-agency response and pathway has been agreed. Some of the issues were due to social care refusing to come on the wards due to the infection risk. Actions include training for the Bed Managers to improve links with out of hours specialists and reduce inappropriate moves. Infection control training has been provided to social care staff and isolation practice has been looked at to ensure the policy is adhered to and appropriate specialist advice sought including whether a patient can be supported in their own home. However, the reduced isolation capacity was

highlighted which also led to problems decanting patients in order to deep clean wards. However, Mrs Geary did note that deep cleaning has started on the York site and some opportunistic HPV fogging has taken place.

Mrs Adams stated that the Committee had welcomed the clinical effectiveness data which had included PROMs and the National Cardiac Arrest Audit.

Mr Taylor briefed the Board on one of the CQC actions regarding providing extra capacity in critical care. He noted that the CCGs at York and Scarborough had both agreed to fund an extra bed on each site.

Mrs Adams stated the Committee had received the quarterly patient experience report and were encouraged by progress including the review template for complaint responses, the training for senior managers in relation to complaints, the volunteer process mapping day which had taken place and the work on the dementia strategy. It was also noted that the Trust had received a number of awards from Healthwatch at their recent AGM.

16/110 Director of Infection Prevention and Control (DIPC) Quarterly Report

This report was covered as part of the Quality and Safety discussion at minute 16/109.

16/111 CQC Action Plan

Mr Crowley stated that the aim was to bring together the various outstanding CQC, Well Led and Governance Review actions and monitor them through the appropriate sub-committee.

The Board supported this action.

16/112 Equality and Diversity Annual Report

Mr Golding highlighted the Trust's obligations under the Equality Act 2010 and that one of the objectives for the previous year had been to gather more data. He noted that the data was very new and that digging down into the detail does reveal some gaps, an example of this being that some 4000 staff had not declared their religious beliefs or sexual orientation. He highlighted the diversity within the organisation with regards to black and ethnic minorities which is greater than that in the community. However, of concern was that the rate of grievances raised by BME staff was twice the rate of those raised by others, which needed further examination.

Mr Golding stated that members of the Fairness Forum had participated in an Equality Delivery Scheme, (EDS) workshop at Malton with partner organisations and the voluntary sector and this would result in a refresh of the previous equality objectives. He stated that progress had been made towards achieving previous objectives, but that further work was required in some areas and this would be included in the refresh of the objectives by the Fairness Forum looking at the next 3 to 5 years. Mr Golding also noted that the Forum would look in more detail at the Staff Survey reflecting on the findings in relation to equality and diversity. Mr Golding stated that the refreshed objectives would be brought back to the Board in a couple of months' time.

Mr Golding also briefed the Board on the achievements over the last 12 months including the Lesbian, Bisexual, Gay and Transsexual agenda, Pictocom, which is a translation

system using pictorial references for people with learning disabilities and using an arts environment to promote downs syndrome awareness, which was particularly impressive. Mr Golding had also attended the Project Choice graduation ceremony with Mr Crowley. The Trust currently provides work placements at Scarborough for students with disabilities up to the age of 24 and the intention is to roll this out to York from September 2017.

Mr Crowley highlighted the reaction by some faith groups to the awareness promotion of the Raising the Rainbow Campaign during York's Gay Pride. It was noted that the Trust is obliged to promote understanding and tolerance between groups with protected characteristics, but that this can create tensions. Ms Raper stated the response to the rainbow symbol had provided an interesting issue about how the Trust responds to these challenges against statutory duty.

Ms Raper also asked whether the Project Choice work would drive up apprenticeship levies, however, these are considered more as placements or work experience as they last for up to 12 weeks and so would not be covered by the levies.

Professor Willcocks commended Mr Golding on the report which she stated had moved on hugely from a couple of years ago. She also commended Mrs Bolland's contribution as a Governor who has been involved with this work.

Ms Symington commended the huge amount of information and data within the Annual Report which she stated had made interesting reading and stated that the Board will look forward to receiving the refreshed objectives.

Action: the Board to receive the refreshed Equality and Diversity objectives

16/113 Finance and Performance Issues

Mr Keaney stated that during a meeting of the Finance & Performance Committee a huge range of issues are discussed and it is decided from the discussion, which items are brought to the Board's attention. He was very pleased to note the positive items that were being brought this month.

Mrs Walters stated that the Emergency Care Standard performance had made significant improvement and that the 88% target required to receive the STP funding had been achieved for June. She explained that the figure for this standard as of the 25 July was just over 92% and that teams were working incredibly hard to achieve it. She noted that a number of specific projects had contributed to the improvements and it was thought that collective efforts had also had a positive impact. Mrs Walters stated that there was a good feeling in the Emergency Department and the power of this cannot be underestimated.

The 'No Delays' work across the Trust has highlighted some areas for further improvement. At Scarborough the new acute medical model currently has ACPs working 5 days a week from 8am to 8pm and it is planned for this to move to a 24/7 service. The business case for this model is still being worked through in order to put less reliance on Emergency Department consultants. Mrs Walters did highlight that the model being developed may not fit with the 4 hour target and the clinical pathways are being looked at to see what new measures might be more appropriate. Mrs Walters will be asking Mr Smith the ED consultant and project lead to feed back to the Board at a future date.

Mrs Walters stated that it is the last day of the 'No Delays' project and she noted that staff have really embraced the work and picked up themes as they are happening and dealt with them on a multidisciplinary level. She also noted that Directors will continue this work as business as usual at specific times during the year.

Mr Bertram stated that there was an imbalance between the cost received for ED and the cost to run it especially as the recent ED GP Front Door business case previously approved had incurred a further £680k loss both this year and next. NHS I had been approached for sustainability funding, but Mr Bertram was disappointed that this had not been forthcoming despite there being a recognition of the difficult issues being dealt with. However, he noted that it had been useful to highlight this to them. He stated that the imbalance would continue especially as the third tranche of ACPs were planned as part of the new staffing models.

Mr Bertram briefed the Board on the STF rules which apply to the £13.6m sustainability funding for the Trust. He explained that the Trust has to meet the quarterly control total initially to access any of the funding. The financial elements cover 70% of the funding with the 12.5% linked to the ED target, 12.5% to 18 weeks incomplete target and 5% for cancer targets. There is also an opportunity to earn back allocations if they are not achieved in quarter. Mr Bertram stated that despite meeting the agreed totals for the first quarter, there were currently no mechanisms in place for payments to be made.

Mr Bertram gave an overview of the Income & Expenditure position which gave the Trust a surplus of £1.2m against a planned surplus of £0.3m. He stated that a graph profiling the surplus has been produced in the Board pack as requested. He put the surplus down to benefiting from a better tariff and the lack of performance fines with good control being exercised over expenditure. Mr Bertram highlighted the contractual challenges in relation to the growth in zero length of staff and stated that the Systems and Networks Team were providing more analysis on this.

Mr Bertram responded to a question on future financial profiling and stated that month 4 was incredibly busy which had led to some cancelled elective work and there was also concern regarding agency rates which had increased.

Mr Keaney asked whether agency use and subsequent costs would affect the STP funding. Mr Bertram responded that it would affect the bottom line and therefore the delivery of the control total.

Mr Keaney stated that he was reassured with the progress being made.

16/114 Audit Committee Time Out

Mr Ashton stated that the Audit Committee would review the work on the Board Committee's revised terms of reference in order to consider any implications for the Audit Committee. The Committee has also noted that the Data Quality meetings are beneficial and they have also considered the possibility of inviting other members of the STP footprint for a discussion around initial collaboration.

Ms Symington thought the time out approach was useful and asked the other Board Committees to think about using this approach.

16/115 NHS I Quarterly Return

Mr Bertram pointed out that the financial information had already been submitted due to the change in return dates. He highlighted that the governance declaration stated that the Emergency Care Standard had not been met as this was simply measured at 95%, however, the Trust had met the agreed target set as part of the STP funding.

The Board approved the submission of the Governance Return to NHS I (previously Monitor).

16/116 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 24 August 2016 at 10am at the Pavilion, Joseph Rowntree Foundation, The Homestead, 40 Water End, York, YO30 6WP.

16/117 Any Other Business

Board Assurance Framework – Ms Symington noted that the key items on the BAF had been given due consideration. The two red flagged items were as follows:

- failure to reform and improve emergency care – the trajectory was noted as improving
- failure to exceed national standards of care – today’s discussions had provided assurance.

Action list from the minutes of the 27 July 2016

Minute number	Action	Responsible office	Due date
16/106	Arts Strategy to be brought to the Board for approval	Mr Crowley	August/September 2016
16/112	The Board to receive the refreshed Equality and Diversity objectives	Mr Golding	When available

Outstanding actions from previous minutes

Minute number and month	Action	Responsible officer	Due date
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15/087 Diverse Workforce	A proposal around investment in training for specialist and middle grade doctors in the future to be presented to the Board when developed	Mr Crowley	future
15/117 Community Care update	Provide further detail on the re-ablement discussions when available.	Mrs Scott	When available
16/057 Communications Strategy Update	Present a further update on the Communications strategy at the November Board meeting.	Mrs Brown	November 2016
16/047 NHS Staff Survey	Provide an update report on the progress against the action plan from the Staff Survey to the Board.	Mr Crowley	September 2016
16/048 Environment and Estates Committee	Programme in a session on health and safety into the Board day	Mrs Pridmore	To plan
16/088 Patient Experience – In patient Survey	Mrs Rowell to speak to Professor Willcocks about the discharge lounge and the work the Charity Committee has identified.	Mrs Rowell	Immediate

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Board of Directors – 28 September 2016

Chief Executive's Report

Action requested/recommendation

The Board is asked to note the report.

Summary

This report provides an overview from the Chief Executive.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <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 regulations

There are no references to CQC outcomes.

Progress of report Board of Directors

Risk No risk.

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

Board of Directors – 28 September 2016

Chief Executive's Report

1. Chief Executive's Overview

Strategic planning

You will be aware of recent coverage in the national media regarding Sustainability and Transformation Plans or STPs.

A huge amount of work is underway to put together the best possible plan for our area. Key to this is understanding the needs of our local population and agreeing, as a whole system, how best to organise our health and social care services whilst making the efficiencies that are required as part of this national approach.

The next submissions are due in October. Any firm proposals that emerge will be shared and consulted on where appropriate.

STPs provide the backdrop all of our other planning processes, and this, along with the work around Sustainability and Transformation Funding and our annual financial planning, are part of a drive towards restoring financial balance in the health service, particularly in the provider sector, and ensuring we develop services that are sustainable.

We are expecting the imminent release of the national planning guidance which will enable us to develop our financial plans for the next two years. The timetable for the annual planning cycle has been brought forward to complement the STP process, and we have had to adjust our processes accordingly at a local level.

As soon as we are able to release details of the STP for our area we will do so.

NHS Improvement's quarterly report

In line with normal practice NHSI has written to us confirming the outcome of our Q1 submissions.

Our current ratings are:

- Financial sustainability risk rating: 4
- Governance rating: under review

These ratings will be published on NHSI's website.

NHSI's new Oversight Framework is planned to come in to force from 1 October this year, further detail about this is given later in this report.

Junior doctors' industrial action

The disagreement between the BMA and the Government over the proposed new junior

doctors' contract continues, and having rejected the latest version of the contract the BMA announced further dates for industrial action. The first of these, which was due to take place in September, was called off, however three further periods of action are planned which as of yet have not been cancelled.

Junior doctors will stage a full withdrawal of labour for five days, between the hours of 8am and 5pm as follows:

- 5, 6 and 7 October (weekend covered) and then 10 – 11 October
- 14 – 18 November
- 5 – 9 December

As is clearly the intention with any industrial action, such prolonged and frequent periods of industrial action will inevitably have an effect on our ability to deliver services at the usual level, and our operational teams are assessing the potential impact and the action we will take to continue to maintain safe services.

Single oversight framework

NHSI published its Single Oversight Framework (SOF) earlier this month.

The framework, which replaces the Monitor Risk Assessment framework, will be introduced from 1 October.

The sector's segmentation is then likely to be publicly available from November 2016.

The introduction of a Single Oversight Framework is a significant shift from the previous regulatory and accountability frameworks operated by Monitor and the TDA.

NHSI will oversee and assess performance against five themes:

Quality of care, Finance and use of resources, Operational performance, Strategic Change, Leadership and improvement capability (well-led).

Depending on the extent of support needs identified through its oversight process and performance against particular measures, NHSI will allocate providers into one of four segments. These are: maximum autonomy (segment 1), targeted support (segment 2), mandated support (segment 3), and special measures (segment 4).

A shadow segmentation process has already begun and we will share the feedback from this with the Board when available. Segmentation information is likely to be made publicly available from November 2016.

Bed reconfiguration

As you will recall, we have agreed to make a number of changes to the way our wards are configured on the York hospital site. These changes, called Right Time, Right Care, will help support improvements in the way we care for our patients by having the right staff on the right wards with the right skills for those patients.

The work is progressing well, which is a result of great teamwork across the hospital. Presentations to staff are underway, including eight sessions held last week with open invites to all nursing and other clinical colleagues.

We are now in a 30 day consultation period with staff which gives an opportunity for those involved to give feedback on the model, the shift patterns and any other feedback they would like to give.

New models of care are being worked through by multi-professional teams with a focus on ensuring only those patients requiring admission are admitted. Acute pathways, impact on

flow through ED and GP admissions to acute receiving areas are clearly important aspects of the new models of care.

The ward reconfiguration delivers brand new facilities for an Acute Surgical Assessment Unit on ward 14, ward 24 will house an Acute Assessment Unit (AAU) for medical and frail elderly patients, and gynaecology patients will be managed through an enhanced service alongside G1.

Some of these changes, for example the AAU, are to be phased as the new pathways are embedded into the way we work.

The capital scheme to support the changes and new facilities to care for patients is progressing well. Ward 14 will shortly be decanting into ward 24 to enable the new Surgical Assessment Unit to be developed, including refurbishment of ward 14.

This is a much-needed change to how we organise ourselves to best meet the demands we face.

In the News

Early in September we saw a high number of media queries regarding our response to the junior doctors' strike and the impact on patients. This is likely to continue over the coming months, alongside the usual interest in winter pressures.

We have also had significant interest from the media politicians, and local groups regarding the planned closure of Archways in York. Trust representatives have attended numerous meetings to explain the case for change and to answer questions. Staff affected have been consulted and are being offered alternative roles.

We have also received some local interest in our flu vaccination campaign, which will begin in October. There is a CQUIN attached to our delivery of the vaccine to front line staff, and our approach this year includes the establishment of super clinics to carry out a large number of vaccinations in a short time period and the offer of a meal voucher for any of the Trust's food outlets for those who take up vaccination.

Freedom to Speak Up

I'd like to welcome Lisa Smith to the Trust, who joins us as our Freedom to Speak Up Guardian and Safer Working Guardian.

In response to concerns raised about the culture in the NHS following the failings at Mid Staffordshire NHS Foundation Trust, a new role of the 'Freedom to Speak Up Guardian' has been introduced in all Trusts. The Guardian acts in an independent capacity to drive forward progress on the reporting of concerns in all elements of care and practice.

Alongside this role, a 'Guardian of Safe Working' has also been introduced to protect patients and doctors by making sure doctors aren't working unsafe hours.

This Trust has decided to combine these two important roles into one full time post and Lisa joined us at the start of September.

It is vital that staff know how to raise concerns, and that we create an open and honest

culture which genuinely supports the independence of this role. Lisa is getting out and about across the whole Trust and we are in the process of raising awareness of Lisa's role amongst all staff.

Director of Workforce and Organisational Development

Finally I wish to announce that Sue Holden, Director of Workforce and Organisational Development, will be leaving the Trust to join NHS Improvement as an Improvement Director. Sue has most recently been on secondment with the NHS Trust Development Authority, where she has supported Hinchingsbrooke Healthcare NHS Trust, to help them sustain improvements to services and care quality.

Sue's leadership of the Trust's development programme, particularly in relation to our clinical leadership capability and effectiveness, has made a significant impact on this organisation, and I am sure as Board you members you will wish to join me in thanking Sue for her many years of service to the Trust and in wishing her every success in her new role. Her contribution to our Board will be missed.

BAF at a glance

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

2. Recommendation

The Board is asked to note the report.

Author	Patrick Crowley, Chief Executive
Owner	Patrick Crowley, Chief Executive
Date	September 2016

Board of Directors – 28 September 2016

Quality and Safety Committee

Action requested/recommendation

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

Executive Summary

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

Review of Chief Nurse and Medical Directors Risk Registers.

Patient Safety items for this month

- Nurse Staffing
- Infection Prevention
- Falls and Pressure Ulcer quarterly report
- Serious Incident Reports

Clinical Effectiveness items for this month

- EPMA Update
- Mortality review progress report

. Patient Experience items for this month

- PALS and Volunteering Update

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

1. Highlights from the Falls and Pressure Ulcer quarterly reports. These are both key areas of focus within our Quality priorities and our Sign up to Safety pledges.
2. Nurse staffing developments both internal, in terms of the e-rostering project, and external, in the form of an Indian nurse exchange programme.
3. Radiology and Acute medicine challenges on the SGH site – an update from the Medical director around recent developments.
4. EPMA, the revised timetable for this programme to address a key risk on the MD's corporate risk register – and another pledge in our Sign up to

Safety initiative.

Strategic Aims

Please cross as appropriate

- 1. Improve quality and safety
- 2. Create a culture of continuous improvement
- 3. Develop and enable strong partnerships
- 4. Improve our facilities and protect the environment

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC regulations.

Progress of report	This report is solely written for the Board of Directors.
Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Jennie Adams, Non-Executive Director
Author	Liz Jackson, Patient Safety Project Support
Date of paper	September 2016
Version number	Version 1

	Agenda Item	Comments	Assurance	Attention to Board
		<p>make, more appropriate decisions and the national aspiration is to have a consultant led and delivered service for this reason. JT was confident that this approach would improve the safety of the service and patient experience. The Committee felt that the risk MD2 needed to be more specific around the risk to medical/elderly patients at SGH.</p> <p>Action: JT agreed to update the Committee at the October meeting and feedback from the Consultant time out.</p> <p>August review of data booklet The report from the August review of the Patient Safety and Quality report has been submitted to Pat Crowley and Sue Rushbrook who will decide if the changes will be implemented.</p>		
	<p>Matters arising and action log</p>	<p>LP introduced the new action log explaining that these are now in place for all of the Committees. The Committee requested that more detail and precise wording be added to the outstanding actions from previous meetings. Lynda also confirmed that work is ongoing to ensure that groups which are supposed to feed up into the Committee will do so in future (e.g Patient safety group, clinical effectiveness group, SI group, mortality group etc.)</p> <p>Clinical Effectiveness assurance DP advised that CHKS are happy to visit to demonstrate the data that they have available, this includes clinical effectiveness and patient safety data which can be benchmarked both nationally and at peer group level. The Committee agreed to invite CHKS to the November meeting.</p> <p>Action: DP to invite CHKS to the November meeting 1.30 – 13.50.</p> <p>The Health Care Governance team have been approached regarding indicating when national audits are due to be published; however, they are yet to respond. The Committee were aware that the cardiac arrest audit is due to be published on the 2nd October and queried if this could be</p>		

Agenda Item	Comments	Assurance	Attention to Board
CRR: MD7	<p>presented at the November meeting with some narrative provided. DP advised that Glenn Miller chairs the Clinical Effectiveness Committee and JT added that, as audits tend to be specialty specific they are fed back during governance meetings. The Clinical Effectiveness Committee focuses on NCEPOD, local audits and NICE recommendations and report in to the Annual Quality Report. However the Committee were unsure if the National audits were reviewed by the Clinical Effectiveness Group and felt it might be helpful to invite Glenn Miller to the November meeting to improve their understanding of this area.</p> <p>Action: The Committee agreed to invite Glenn Miller to the November meeting.</p> <p>Action: DP to provide national Cardiac arrest audit details at the November meeting.</p> <p>Incident reporting/learning Fiona Jamieson is scheduled to visit Sunderland to share peer group best practice around incident reporting. Adrian Evans is working on the SI policy which is almost complete and various initiatives are taking place. Further education is required for medical staff. The Patient Safety Group are focussed on this issue and taking into account culture and engagement.</p> <p>Internal Audits The Committee agreed that limited assurance reports around completed internal audits should be reported to the committee by the named Executives. Highlights will come to the next meeting and the subject will be added to the work plan as a standing agenda item.</p> <p>Other Items on Action log The Committee have reviewed the report and actions around the norovirus outbreak.</p> <p>The Critical Care action plan will be reviewed by the Committee in</p>	The Committee were assured by the focussed attention of the Patient Safety Group in incident reporting.	

	Agenda Item	Comments	Assurance	Attention to Board
		<p>December, current issues revolve around recruitment difficulties on the SGH site for ITU consultants.</p> <p>DP confirmed that number of hernia operations identified through the PROMs data has been discussed with Stevan Stojkovic who has confirmed that this is not a concern.</p> <p>The National Cardiac Arrest Audit will be discussed in November.</p> <p>The Committee requested an updated on the instances of deep joint infections that had occurred on the Bridlington site. BG confirmed that there have been 4 instances since April, which is a slight increase on previous years. The common theme for all of the instances was that the patients had a lower body temperature post operatively; JT added that this could promote infection. A care bundle has been put in place and dressings, which were undertaken in the ward area, now take place in an allocated dressing room. Catrina Blackmore will continue to work with Clinical Director Nick Carrington and a further update will be provided at the October Committee.</p>	<p>The Committee were assured by actions taken and reduced incidence of deep joint infections on the Bridlington site.</p>	
	<p>Risk Register for the Medical Director and Chief Nurse</p> <p>CRR Ref: CN8</p> <p>CRR Ref: CN9 &</p>	<p>The Committee noted that there had been no changes to the Chief Nurse or Medical Director Risk Registers.</p> <p>LR advised the Committee that the Workforce and Development Committee had discussed a paper around agency staff and internal bank. BG confirmed that this paper contained some proposals and will be discussed in more detail with Becky Hoskins.</p> <p>BG advised that the risk rating around Infection Control will reduce and that the HPV deep clean paper will come to the October Committee meeting.</p> <p>An update around CAMHS will be coming to the October Committee</p>		

	Agenda Item	Comments	Assurance	Attention to Board
	CN10 CRR Ref: CN6 & MD3	<p>following further meetings with key stakeholders this month.</p> <p>Adult Safeguarding and Information Governance are not due to be discussed at this meeting. The committee were pleased to read about reflective learning on child safeguarding.</p>		
Patient Safety				
	Serious Incidents (SIs), incident reporting and Never Events	<p>The Committee queried the historic dates of the SI's included in the Medical Directors report. DP confirmed that the reports are provided to the Committee at the same time as they go to Executive Board. Actions are discussed at the SI Group every two weeks and are completed in a timely manner. The Committee expressed concern that some of the learning points may be valid across directorates and may not be getting shared promptly under this system. DP advised that meetings take place to discuss mitigations and Exec Board is where the learning is formally shared. The Committee were disappointed that there was an SI around customised growth charts and BG confirmed that this instance pre dates the review work.</p>		
	Infection Prevention CRR Ref: CN7 & CN8	<p>The instances of Clostridium-Difficile (C-Diff) are decreasing, and compliance with hand hygiene is increasing. Various initiatives are being looked in to around hand washing with the possible re-launch of hand hygiene champions. The champions need to be empowered to challenge other members of staff.</p> <p>There have been 4 instances of MRSA this year. The Infection prevention team and Systems and Network Services are reviewing the MRSA screening data to ensure more accurate reporting. Some patients are being screened at pre-assessment and are then counted again when they are admitted.</p> <p>A further positive screen for MRSA has occurred in SCBU on the York site</p>		

	Agenda Item	Comments	Assurance	Attention to Board
		<p>which is currently closed to external admissions. Focussed work continues with the department, a detailed action plan is in place and decant is being considered.</p>		
	<p>Nurse Staffing CRR Ref: CN2</p>	<p>BG confirmed that there remains consistent focus on nurse staffing. A further 83 nurses are scheduled to commence over the next two months leaving vacancies at 60.73 FTE in the event of no further departures. The majority of the new starters will be on the York acute site as it remains difficult to recruit to the Scarborough site. A recruitment fair is scheduled to take place on the Scarborough site in October.</p> <p>Winter planning and additional capacity has commenced. The band four roles in Emergency Medicine will commence in post soon, beverage operatives in Elderly and Acute medicine will be revisited and bed making teams, who can make up beds quickly and effectively, are being looked in to. A new cohort of ACPs is planned for the AMM in Scarborough ED.</p> <p>Health Education England is launching a new initiative which is being explored. This initiative looks at an 'ethical exchange' for hard to recruit to areas and the Scarborough site would qualify on these grounds. Hospital Trusts would sign up to a cohort of 20 nurses for three years, who are coming to the UK from India for experience and exposure to nursing models of care. This would cost less than agency fees and the Trust would be part of the first pilot.</p> <p>The Committee discussed the National Quality Board Safer Staffing Paper. BG explained that the culture is moving away from staffing numbers to 'is it safe' for which real time acuity monitoring needs to be in place. BG confirmed that Matrons are currently reviewing the acuity of patients and staffing numbers so that staff can be deployed accordingly. This links with the e-rostering work, which is of great interest to the Workforce Committee.</p>	<p>The committee were assured by the commitment to employ a consistent acuity tool to assist with nurse</p>	<p>BG to take Indian exchange opportunity to Board</p>

	Agenda Item	Comments	Assurance	Attention to Board
		<p>BG expressed concern that the Emergency Departments and Acute medical wards are not attracting nurses and are currently running on high agency usage and enhanced bank rates.</p> <p>Some concern was expressed around the low level of CHPPPD on the main acute medical wards given the acuity of these patients.</p>	establishment calculations	
	Falls and Pressure Ulcer Quarterly Reports	<p>Falls Report</p> <p>DP highlighted that the chart on the front of the report shows the total number of falls reported across the Trust not just those resulting in severe harm. The Trust remains in a reasonable position, the mean increased as staff awareness increased however the total number is now starting to decrease again. The numbers of falls per area and the degree of harm are discussed in details at the Falls Steering Group and Operational Groups. Ward 37 is a concern and the number of falls at Malton Hospital and on Waters Ward in Bridlington has increased but the level of harm has gone down. BG added that some areas are experiencing multiple fallers.</p> <p>The number of falls resulting in moderate and severe harm was reduced by 50% over the last two years which took the trust in line with national data. The Trust has set itself a target of a further reduction of 10%, which is not currently being achieved.</p> <p>The falls prevalence as collected through safety thermometer remains below the national data line.</p> <p>The learning shared throughout the organisation and the actions and recommendations are documented in the report. New equipment has recently been purchased and will be distributed across site with additional focus on ward 37 and Oak ward.</p> <p>Sue Hignett, Professor of Healthcare Ergonomics and Patient Safety at</p>	The Committee were assured by the continued focussed work on these two priorities	To raise at Board.

Agenda Item	Comments	Assurance	Attention to Board
	<p>Loughborough University, will be coming to conduct some focussed work in specific areas around Ergonomics and human factors.</p> <p>Pressure Ulcer Report DP explained that a further 10% reduction in grade 3 and 4 Pus has been agreed and processes are being reviewed. The new Pressure Ulcer Policy, assessment tool and classification tool have been launched and work around engagement is taking place. There has been a further reduction in category 3 and 4 ulcers.</p> <p>Issues with pressure relieving equipment have been identified and further investigative work is taking place. The Committee queried if other patient factors, such as obesity, increase the risk of Pressure Ulcers. BG and DP confirmed that many factors increase the risk of pressure ulcers and the new assessments tools identify actions to put in place.</p> <p>BG advised that there is a large piece of work to be done around the COMFE round which is a factor in many falls RCAs.</p> <p>DP confirmed that the Trust falls and pressure ulcer work has been published nationally.</p>		
Additional Patient Safety Items	<p>DP confirmed that a further issue of Nevermore has been produced for the acute sites and the community issue is almost complete. These will be distributed to all clinicians.</p>		
Clinical Effectiveness			
Electronic Prescribing Medicines Administration (EPMA) CRR Ref: MD1	<p>JT confirmed that an amended timetable for the Trust roll out is now in place. It will commence with EDNs and TTOs so that all staff can experience the system, followed by a phased roll out of the full package. Conversations are taking place with the Finance Director around the cost of extending the project team. The full implementation of EPMA should reduce medication errors and make audit trails a lot simpler but this is now</p>		JT to update board

	Agenda Item	Comments	Assurance	Attention to Board
		unlikely to be in place before 2017.		
	Mortality	<p>DP confirmed that the national mortality work is currently on hold however it is complimented by the regional work that is taking place. DP advised the Committee that the Trust has been asked to present its findings around mortality case note reviews at a regional conference.</p> <p>The new trust process will involve all deaths receiving a preliminary review and a score. Those deaths scoring above a certain number will receive an in depth case note review. JT explained that the “avoidable death“ concept is a difficult one to benchmark as it is somewhat subjective.</p> <p>JT confirmed that the SHMI will still be in place until avoidable mortality has been integrated which is planned to be June 2018. The Committee agreed that there needs to be consistency for discussion. DP confirmed that the quarterly mortality report will still be produced but will change. JT added that assurance will be seen in the robustness of the process rather than be dictated by a number, like the SHMI. The committee requested that it receive some feedback from the mortality review group on their early findings from the new process – via Patient Safety Group report or directly in the MD report.</p> <p>Action: Committee to receive highlights from quarterly mortality reports.</p>	The committee were assured by the progress made in developing mortality reviews	
	Additional Clinical Effectiveness Items	<p>Duty of Candour – The Committee highlighted that an internal audit of duty of candour is planned to take place. DP explained that this will be undertaken by the Health Care Governance Team who will be able to give feedback to the Committee. DP confirmed that verbal apologies are being written in the case notes but was unsure if the written apologies are still being sent out.</p> <p>Action: The Committee Requested feedback from the internal audit of</p>		

	Agenda Item	Comments	Assurance	Attention to Board
		<p>Duty of Candour.</p> <p>The Committee raised concern that compliance with AMTS screening at SGH is decreasing. DP advised that members of the Patient Safety team are visiting the wards on a daily basis.</p>		
	Patient Experience			
	Patient Experience	<p>The Committee were pleased to note that the Patient Experience team now have new staff in post and have been relocated to a prominent location on the York site.</p> <p>BG advised that there is scope for the volunteer service to grow, however, additional resource would be needed to manage the governance and recruitment aspects. The team are also looking to target younger people who are interested in working in health care as they are now required to have volunteer experience on their University application form. Hester is working on a business case for further resources. The Committee were in agreement that the expansion of the volunteer service would be a big opportunity to improve patient experience.</p> <p>The Committee noted that the ‘knowing how you’re doing’ boards have been removed. BG advised that the alternative will be discussed at Senior Nurses next month and must be something meaningful that the wards will be able to maintain. The Committee reiterated the need to be confident in the new initiative before it is rolled out. The Committee queried if the Friends and Family response rate will be displayed and BG confirmed that this is not produced at ward level.</p>		
	Additional Items			
	Risk Register round up	All risks were discussed throughout the agenda excluding and IG and ED.		
	Next meeting of the Quality and Safety Committee: 18 October 2016 Ward 35 Seminar Room, 3 rd Floor, Junction 8, York Hospital at 1.30pm.			

Quality & Safety Committee – Action Plan – October 2016

Month	Action	Responsible Officer	Due date	Completed
September 2016	To provide an update on the options being looked at with regard to the new radiology risk	Medical Director	Update before the BoD on the 28.09.16	
September 2016	The Committee Requested feedback from the internal audit of Duty of Candour.	Medical Director (Health Care Governance)	When the audit complete	
September 2016	To invite Glenn Miller, Clinical Effectiveness Chair	Foundation Trust Secretary	November 16	
September 2016	Committee to receive additional assurance from mortality review group	Deputy Director of Patient Safety	December 16	
August 2016	To invite a representative from CHKS to talk the Committee through the system	Deputy Director for Patient Safety	November 16	
August 2016	To discuss with the Deputy Director of Healthcare Governance a simple system to flag concerns with National Audits	Deputy Director for Patient Safety	November 16	
June 2016	Feedback on incident reporting best practice visits and options to improve feedback mechanisms	Medical Director	Update provided September 16	Completed
June 2016	Outcome of discussions with CD for Medicine and action plan (time out 27.09.16)	Medical Director	October 16	
June 2016	Raise Radiology concerns with Workforce & OD Committee	NED (LR)	Discussed at WFOD 20.7.16	Completed

June 2016	Executives to provide a summary of internal audits focussing on limited assurance reports and action required/undertaken	Executive Directors	Standing agenda item	Completed
July 2016	Committee to monitor progress with both SI and Datix reporting		This is covered in all meetings	Completed
July 2016	Bimonthly feedback from Patient Safety Group	Deputy Director for Patient Safety	Added to the work programme	Completed
July 2016	Clarity to be provided around the internal actions and accountable officer for the external report on Norovirus	Chief Nurse	Discussed in Sept 16 – this report has already been seen	Completed
July 2016	Review the Critical Care Action Plan at the end of the year	Medical Director	December 2016	
July 2016	To email the Committee following discussion with the surgical team regarding the high number of hernia operations	Deputy Director for Patient Safety	Discussed at September Committee.	Completed
July 2016	Annual National Cardiac Arrest Audit with trends and benchmarks to be presented when published	Deputy Director for Patient Safety	November 2016	

Patient Safety and Quality Performance Report

September 2016

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



Patient Safety & Quality Performance Report Chapter Index

Chapter	Sub-Section
Quality & Safety	Quality & Safety Chapter Index
	Quality & Safety Index
	Quality & Safety Summary
	Litigation
	Patient Experience
	Care of the deteriorating patient
	Measures of harm
	Never Events
	Drug Administration
	Safety Thermometer
	Mortality
	Patient Safety Walkrounds
	Maternity Dashboards
	Community Hospitals Summary
	Quality and Safety Miscellaneous

Quality and Safety Summary: Trust

Patient Experience	Target/ Threshold 2016/17	Monthly Target/ Threshold	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Litigation - Clinical Claims Settled	-	-	4	5	10	4	5	1	2	3	6	2	5	9
Complaints	-	-	58	42	38	28	25	40	46	36	30	33	33	50

Care of the Deteriorating Patient	Target/ Threshold 2016/17	Monthly Target/ Threshold	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
12 hour Post Take - York	85%	85%	83%	86%	85%	84%	85%	85%	87%	90%	84%	87%	83%	85%
12 hour Post Take - Scarborough	80%	80%	56%	59%	56%	56%	55%	53%	64%	63%	60%	58%	58%	52%
14 hour Post Take - Trust	100%	100%	81%	83%	80%	82%	81%	80%	86%	85%	83%	84%	82%	79%
Acute Admissions seen within 4 hours	80%	80%	74%	85%	83%	77%	84%	85%	84%	87%	83%	81%	87%	81%
NEWS within 1 hour of prescribed time	90%	90%	87.3%	86.3%	87.1%	87.3%	87.2%	85.6%	85.2%	86.8%	87.6%	87.1%	87.7%	87.8%
All Elective patients to have an Expected Discharge Date (EDD) recorded within 24 hours of admission	Q1 91% Q2 91% Q3 93% Q4 93%	91%	91%	88%	88%	90%	88%	93%	94%	89%	87%	86%	88%	88%

Measures of Harm	Target/ Threshold 2016/17	Monthly Target/ Threshold	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Serious Incidents	-	-	16	22	19	13	11	27	21	17	12	31	15	17
Incidents Reported	-	-	1280	1279	1358	1269	1313	1370	1312	1281	1195	1226	1245	1211
Incidents Awaiting Sign Off	-	-	1183	839	889	1149	1344	1389	1348	987	780	724	686	763
Patient Falls	-	-	323	287	308	281	314	315	274	273	236	255	225	219
Pressure Ulcers - Newly Developed	-	-	54	62	82	58	61	69	86	68	73	62	56	65
Pressure Ulcers - Transferred into our care	-	-	124	119	147	159	145	132	126	125	117	123	149	109
Degree of harm: serious or death	-	-	9	9	12	5	8	7	7	7	4	13	12	12
Degree of harm: medication related	-	-	98	121	112	102	105	97	132	129	118	105	143	134
VTE risk assessments	95%	95%	97.6%	97.2%	98.5%	97.9%	98.2%	98.4%	98.5%	98.6%	98.9%	98.7%	98.6%	98.3%
Never Events	0	0	0	0	0	0	0	1	0	1	0	1	1	1

Drug Administration	Target/ Threshold 2016/17	Monthly Target/ Threshold	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Insulin Errors	-	-	13	11	8	9	6	6	16	7	9	10	9	10
Omitted Critical Medicines	-	-	15	9	12	11	16	17	11	19	13	12	8	15
Prescribing Errors	-	-	23	29	21	23	21	24	27	26	28	26	33	34
Preparation and Dispensing Errors	-	-	10	14	10	9	17	10	10	15	13	13	13	10
Administering and Supply Errors	-	-	42	56	51	50	45	39	68	60	57	43	65	56

Safety Thermometer	Target/ Threshold 2016/17	Monthly Target/ Threshold	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
% Harm Free Care - York	-	-	95.1%	95.2%	96.1%	92.7%	96.7%	96.3%	96.4%	95.3%	97.5%	95.6%	95.1%	97.1%
% Harm Free Care - Scarborough	-	-	93.9%	93.1%	91.0%	90.2%	93.3%	95.5%	91.7%	93.3%	95.6%	94.5%	94.1%	91.2%
% Harm Free Care - Community	-	-	87.1%	94.5%	88.8%	83.5%	83.3%	88.1%	92.1%	93.1%	90.5%	91.2%	83.6%	93.5%
% Harm Free Care - District Nurses	-	-	94.7%	96.2%	95.4%	97.2%	94.2%	97.8%	95.0%	97.7%	93.8%	96.5%	96.3%	95.4%



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

Infection Prevention	Target/Threshold 2016/17	Monthly Target/Threshold	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Clostridium Difficile - meeting the C.Diff objective	48 (year)	48 (year)	3	5	3	7	7	5	3	3	1	3	3	2
Clostridium Difficile -meeting the C.Diff objective - cumulative	48 (year)	48 (year)	35	40	43	50	57	62	65	3	4	7	10	12
MRSA - meeting the MRSA objective	0	0	0	0	0	0	1	1	0	1	0	1	0	2
MSSA	30 (year)	30 (year)	3	6	2	2	2	2	3	9	2	2	2	6
MSSA - cumulative	30 (year)	30 (year)	20	26	28	30	32	34	37	9	11	13	15	21
ECOLI			6	7	8	8	11	15	7	5	5	7	8	14
ECOLI - cumulative			40	47	55	63	74	89	96	5	10	17	25	39
MRSA Screening - Elective	95%	95%	82.6%	82.3%	79.9%	89.9%	78.2%	69.2%	74.1%	68.1%	62.5%	64.5%	62.2%	64.6%
MRSA Screening - Non Elective	95%	95%	74.3%	71.5%	72.7%	79.7%	75.6%	73.9%	75.6%	82.2%	83.6%	84.2%	84.0%	83.9%

Stroke (one month behind due to coding)	Target/Threshold 2016/17	Monthly Target/Threshold	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Proportion of patients spending >90% on their time on stroke unit	80%	80%	93.8%	92.2%	89.0%	92.4%	88.2%	86.9%	82.4%	84.9%	92.1%	85.2%	82.9%	1 month behind
Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	75%	80.0%	76.5%	76.9%	81.8%	87.5%	85.7%	100.0%	88.9%	100.0%	68.8%	n/a	1 month behind
Scanned within 1 hour of arrival	50%	50%	69.2%	44.4%	77.8%	75.0%	82.4%	70.0%	72.2%	73.3%	76.2%	50.0%	60.0%	1 month behind
Scanned within 24 hours of hospital arrival	90%	90%	94.0%	96.7%	90.4%	97.1%	92.6%	95.4%	90.8%	93.4%	94.1%	93.2%	92.9%	1 month behind

AMTS	Target/Threshold 2016/17	Monthly Target/Threshold	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
AMTS Screening	90.0%	90.0%	96.7%	96.2%	92.0%	88.6%	94.2%	90.1%	89.7%	92.1%	91.3%	90.4%	92.5%	85.4%



Patient Experience	Measures of Harm	Infection Prevention	Quality and Safety - Miscellaneous
<p>333 PALs contacts were recorded across the Trust in August. There were 31 complaints at York and 19 at Scarborough in August; a total of 182 have been reported year to date.</p> <p>The Friends & Family Test (FFT) is no longer a CQUIN but forms part of the Trust's Commissioner contracts. The Trust achieved a 25.2% response rate to the Inpatient FFT in August. A total of 2,583 responses were received from Inpatients across the Trust. The 90% target for the % of respondents recommending the Trust was achieved across all sites.</p> <p>The Trust achieved an 18.2% response rate to the ED FFT in August (York: 19.2%, Scarborough 15.0%), which exceeds their best performance in the last 12 months (18.0% in Feb 2016). The Trust is yet to achieve the 90% target for the % of respondents recommending the ED departments.</p> <p>The Trust achieved a 2.1% response rate to the Community FFT. The 90% target for the % of respondents recommending the Trust has been consistently achieved since the FFT was introduced. Response rates to the Maternity FFT in August have remained comparable with July. Of note, Antenatal achieved 100% in the proportion of patients recommending the Trust.</p>	<p>1 Never Event was declared in August categorised under 'Wrong site surgery'. There have been 3 declared year to date.</p> <p>17 Serious Incidents were declared in August (6 x York, 7 x Scarborough & 4 x Community). 5 of the SIs were attributed to 'clinical incident', 9 were attributed to 'slips, trips and falls' and 3 to pressure ulcers. A total of 92 SI's have been declared YTD.</p>	<p>2 cases of healthcare associated MRSA bacteraemia were identified during August. Both cases were identified at Scarborough, 1 patient under Medicine and 1 patient under Surgery. The YTD total for the Trust is 4.</p> <p>2 cases of Cdiff were identified in August, both at York hospital under Elderly. The yearly threshold for 2016/17 remains at 48 cases however monthly allocation allows for more cases during the winter months. The monthly allocation for August is 3, therefore the Trust is currently within threshold. A total of 12 cases have been identified YTD.</p> <p>6 MSSA cases were identified during August; 4 at York and 2 at Scarborough. Cases identified were under Elderly, Medicine and Oncology. A total of 21 cases have been identified YTD.</p> <p>14 cases of E-Coli were identified during August; 9 at York (Elderly, Medicine & Surgery), 4 at Scarborough (Surgery & Medicine) and 1 Community (Malton). A total of 39 cases have been identified YTD.</p>	<p>Stroke (reported 1 month behind due to coding) Targets achieved for 90% stay on a stroke ward, urgent scans within 1 hour and scans within 24 hours for July. Data currently unavailable for High Risk TIA patients seen within 24 hours.</p> <p>Cancelled Operations 12 operations were cancelled within 48 hours of the TCI due to lack of beds in August; this is within the monthly maximum of 65.</p> <p>Cancelled Clinics/Outpatient Appointments 137 clinics were cancelled with less than 14 days notice across the Trust in August; 71 at York and 66 at Scarborough. 757 outpatient appointments were cancelled for non clinical reasons; 447 at York and 310 at Scarborough. This the lowest number of cancellations by the Trust in the last 12 months.</p> <p>Ward Transfers between 10pm and 6am The number of inappropriate ward transfers in August was within the monthly maximum threshold of 100 - 62 across the Trust. The Trust has consistently achieved this target YTD.</p> <p>AMTS The Trust failed to achieve the 90% target for AMTS screening, performance was 85.4% in August. York achieved target with 91.7% and Scarborough failed with 76.1%.</p>
Care of the Deteriorating Patient	Drug Administration	Mortality	CQUINS update (Operations Team)
<p>The Trust achieved 72% in the proportion of Medicine and Elderly patients receiving a senior review within 12 hours of admission in August. York achieved 85% (against the 85% target) and Scarborough achieved 52% (against the 80% target).</p> <p>The Trust achieved 80.8% in the proportion of Medicine and Elderly patients seen by a doctor within 4 hours of admission against the 80% target. The target was achieved at Scarborough; 88.4%, York saw a drop in performance to 76.0%.</p> <p>The Trust has an internal target of 90% of routine observations being undertaken within 1 hour of the prescribed time. The Trust has continually failed to achieve target throughout 2015/16 and achieved 87.8% in August.</p>	<p>There were 10 insulin errors reported in August; 6 at York, 1 at Scarborough and 3 Community. A total of 45 have been reported YTD.</p> <p>34 Prescribing errors were reported in August; 19 at York, 12 at Scarborough and 3 Community. A total of 147 have been declared YTD.</p>	<p>The latest SHMI report indicates the Trust to be in the 'as expected' range. The Jan 2015 - Dec 2015 SHMI saw a 1 point increase at York and Scarborough and no change for the Trust. Trust - 99, York 94 and Scarborough 108.</p> <p>There were 154 Inpatient deaths across the Trust in August, including 91 at York and 50 at Scarborough.</p> <p>4 ED deaths were reported in August at York and 10 at Scarborough.</p>	<p>The Trust will receive payment for CQUINs in Q1 in line with predictions; full payment with the exception of Sepsis Screening in ED and Adult Critical Care Timely Discharge, both of which will receive partial payment. Targets for the two Sepsis CQUINs are being negotiated with the CCGs for future quarters, and work is on-going in Adult Critical Care to reduce delayed discharges where possible.</p>

Litigation

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

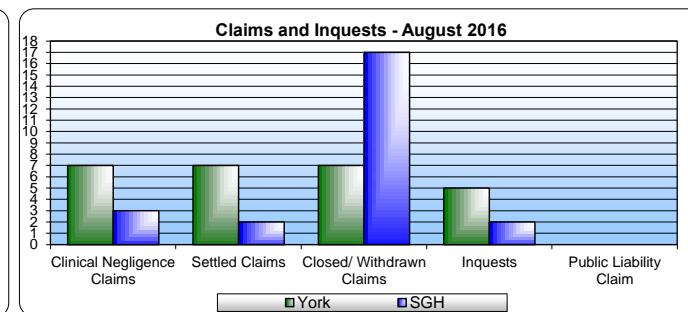
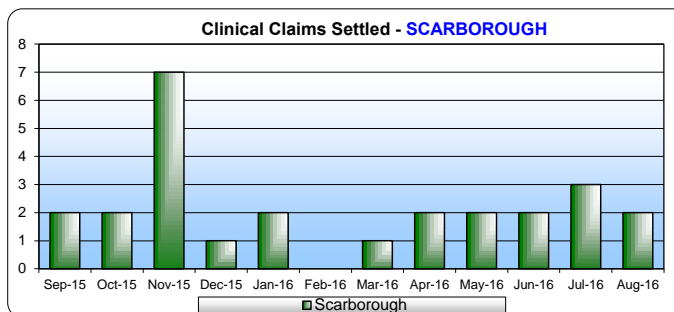
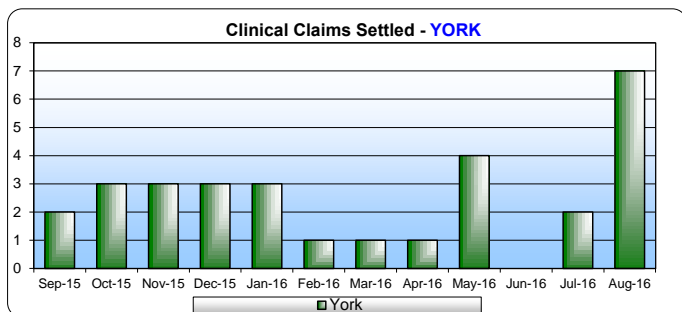
9 clinical claims were settled in August; 7 at York and 2 at Scarborough.

7 clinical negligence claims were received for York site and 3 were received for Scarborough. York had 7 withdrawn/closed claims and Scarborough had 17.

There were 7 Coroner's Inquests heard in August; 5 York & 2 Scarborough.

Litigation

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



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

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

Patient Experience

PALS Contacts

There were 333 PALS contacts in August.

Complaints

There were 50 complaints in August; 31 attributed to York and 19 attributed to Scarborough.

New Ombusman Cases

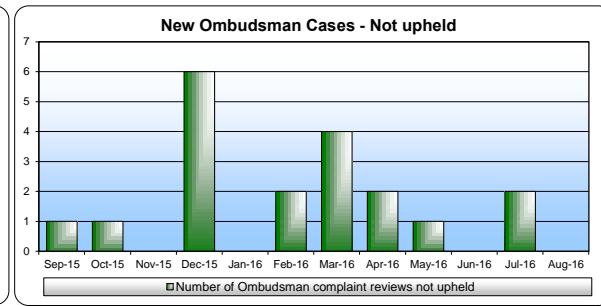
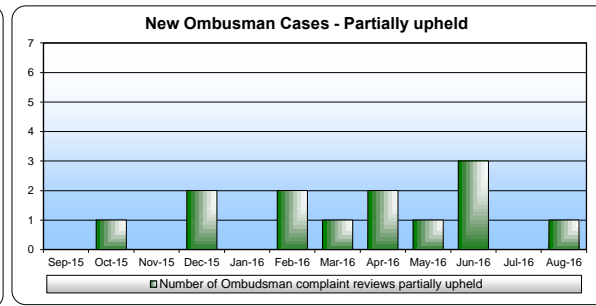
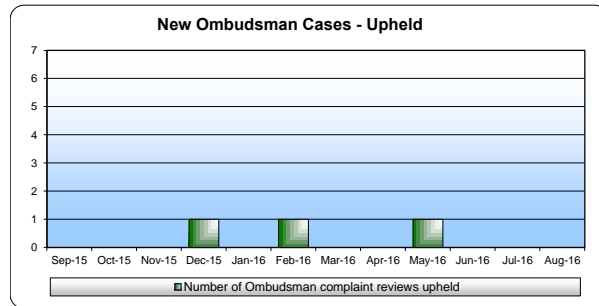
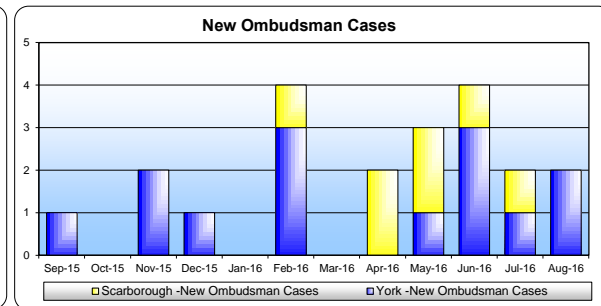
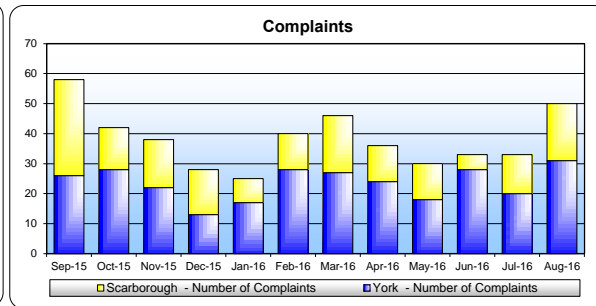
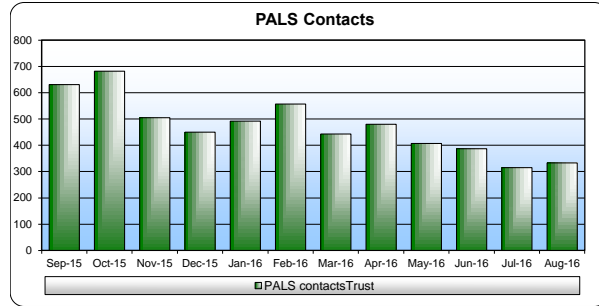
There were 2 New Ombusman Cases in August – both at York.

Compliments

73 compliments were received by the Chief Executive in August 2016. This is in addition to the the many cards and letters received directly by wards and departments.

Patient Experience

Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
PALS contacts	Trust	631	682	505	450	492	557	443	480	407	387	315	333
Complaints	Trust	58	42	38	28	25	40	46	36	30	33	33	50
New Ombudsman Cases	Trust	1	0	2	1	0	4	0	2	3	4	2	2
New Ombudsman Cases - Upheld	Trust	0	0	0	1	0	1	0	0	1	0	0	0
New Ombudsman Cases - Partially upheld	Trust	0	1	0	2	0	2	1	2	1	3	0	1
New Ombudsman Cases - Not upheld	Trust	1	1	0	6	0	2	4	2	1	0	2	0



Compliments received by Chief Executive

Directorate	Q3 2015/16	Q4 2015/16	Q1 2015/16	Jul-16	Aug-16
Acute & General Medicine	10	5	14	4	10
AHP	2	1	2	0	5
Anaesthetics/Theatres & Critical Care	2	3	8	2	3
Child Health	0	0	1	2	1
Community Services	0	1	0	0	2
Elderly Medicine	2	7	15	4	6
Emergency Medicine	9	15	20	16	22
Estates and Facilities	0	0	3	0	1
General Surgery & Urology	7	14	15	9	6
Gynaecology/Obstetrics	1	3	6	9	1
Head & Neck	2	1	3	4	2
Human Resources	0	0	1	1	0
Nursing and Improvement	0	0	1	6	3
Ophthalmology	3	5	8	3	2
Radiology	0	0	6	0	0
Specialist Medicine	10	3	10	5	0
Trauma & Orthopaedics	4	5	9	5	6
Unknown/no directorate given	13	1	0	1	3
Total	65	64	122	71	73

Patient Experience

Complaints and PALs contacts breakdown - August 2016

Complaints by directorate/division (Datix)	All Sites
Allied Health Professionals	0
Acute & General Medicine	7
Child Health	0
Community Services	1
Elderly Medicine	6
Emergency Medicine	7
Estates and Facilities	0
General Surgery & Urology	6
Head and Neck and Ophthalmology	4
Laboratory Medicine	0
Obstetrics & Gynaecology	8
Operations	1
Orthopaedics and Trauma	7
Pharmacy	0
Radiology	1
Specialist Medicine	2
Theatres, Anaesthetics & Critical Care	0
Other	0
TOTAL	50

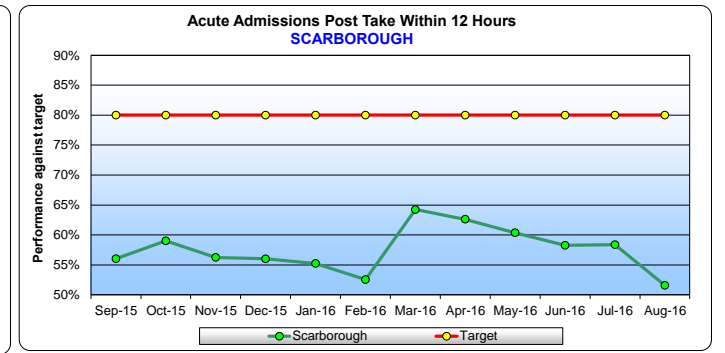
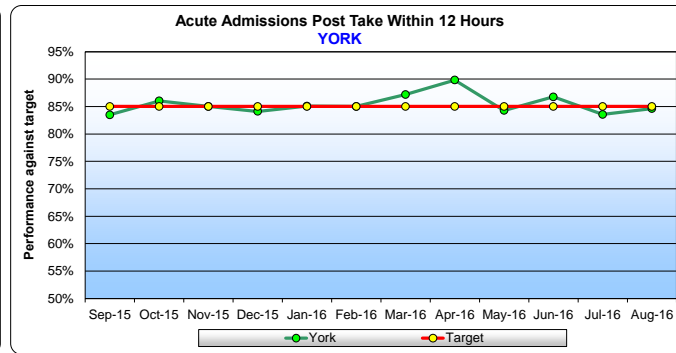
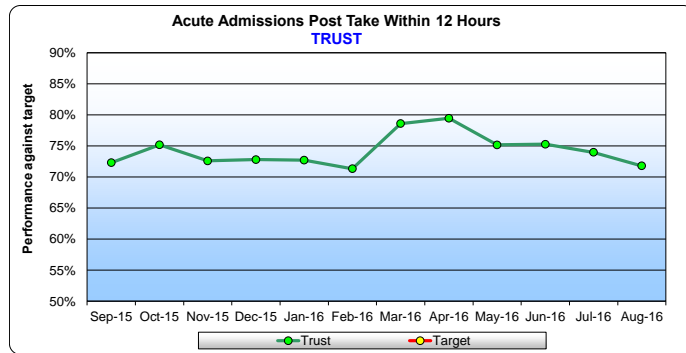
PALS Contacts by Subject	All Sites
Access to Treatment or Drugs	15
Admissions and Discharges (Excluding Delayed Discharge due to absence of care package)	14
Appointments	61
Clinical Treatment	34
Commissioning	2
Communication	60
End of Life Care	1
Facilities	5
Integrated Care (including Delayed Discharge Due to Absence of a Care Package)	0
Patient Care	25
Patient Concerns	8
Prescribing	3
Staff Numbers	1
Transport	5
Trust Admin/Policies/Procedures Inc. pt. record management	57
Values and Behaviours (Staff)	36
Waiting Times	6
Total	333

Complaints by subject (Datix)	All Sites
Access to treatment or drugs	0
Admissions, Discharge and Transfer Arrangements	13
Appointments, Delay/Cancellation	3
Attitude of Staff	0
All aspects of Clinical Treatment	26
Commissioning	0
Comms/info to patients (written and oral)	26
Consent	1
Facilities	1
Privacy and Dignity	2
Complaints Handling	0
Personal Records	0
Others	0
End of Life Care	3
Mortuary	0
Patient Care	18
Prescribing	5
Patient Concerns	2
Restraint	0
Staff Numbers	1
Transport	0
Trust Admin/Policies/Procedures	3
Values and Behaviours (Staff)	17
Waiting times	5
TOTAL	126

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

Quality and Safety: Care of the Deteriorating Patient

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (SCARBOROUGH)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	80%	60%	57%	57%	60%	58%	58%	52%
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (YORK)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	85%	83%	85%	86%	87%	87%	84%	85%

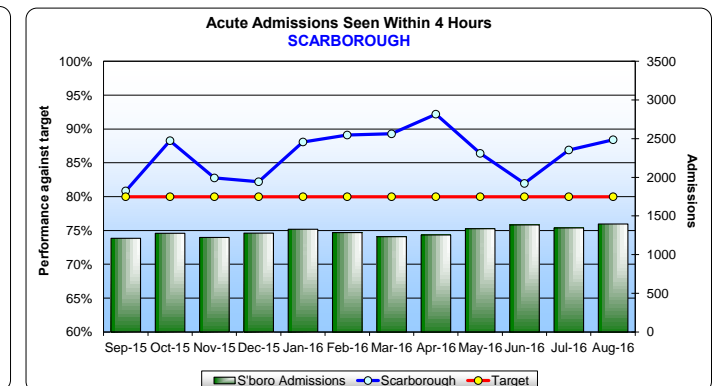
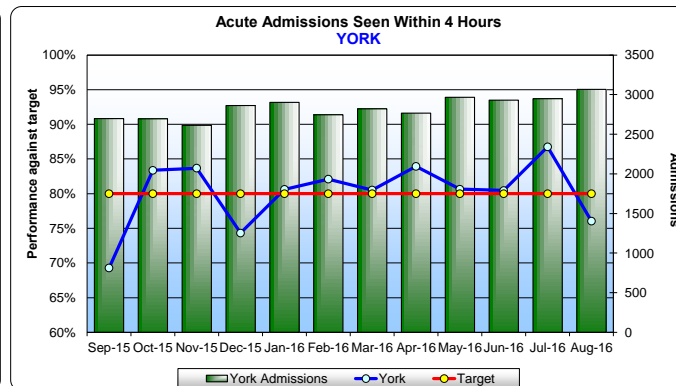
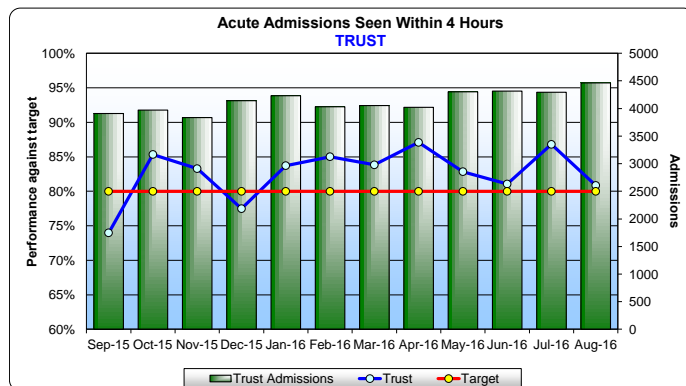


Care of the Deteriorating Patient:
All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)

Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI

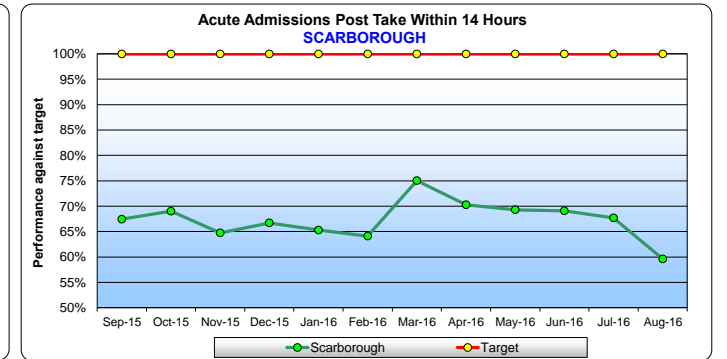
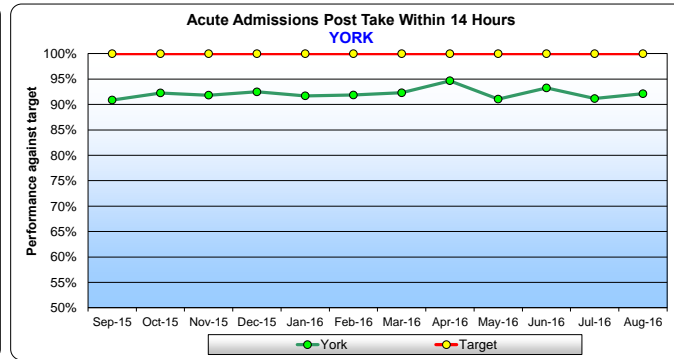
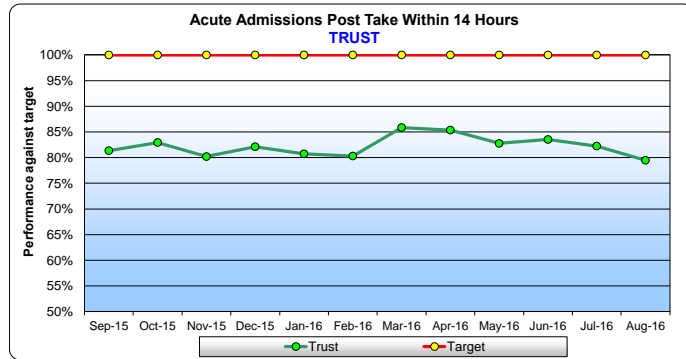
80% by site

80.1%	82.0%	84.2%	83.6%	81.1%	86.8%	80.8%
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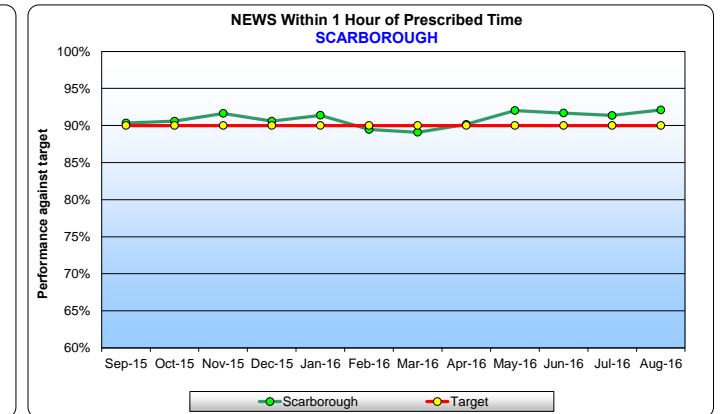
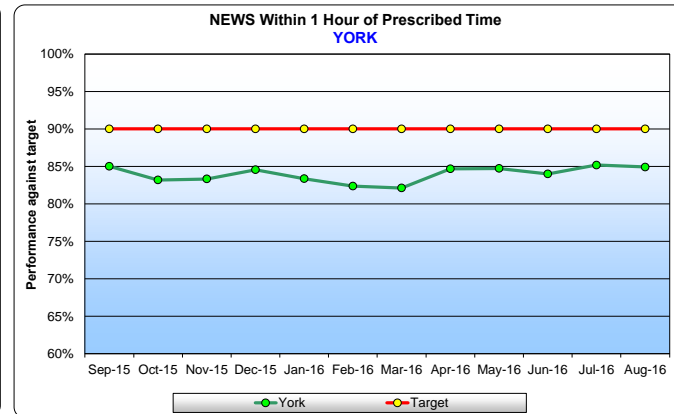
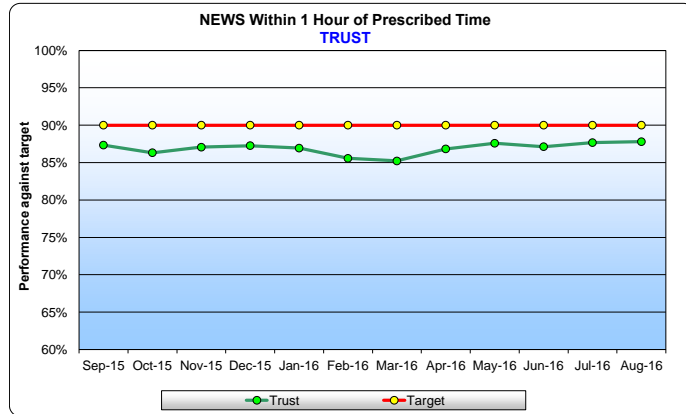


Quality and Safety: Care of the Deteriorating Patient

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI		82.5%	81.8%	82.3%	83.9%	83.5%	82.3%	79.5%



Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
NEWS within 1 hour of prescribed time	None - Monitoring Only		87.4%	86.9%	85.9%	87.2%	87.1%	87.7%	87.8%



Measures of Harm

Serious Incidents (SIs) declared (source: Datix)

There were 17 SIs reported in August; York 6, Scarborough 7 & Community 4.
Clinical Incidents: 5; York 1, Scarborough 3 & Bridlington 1.
Slips Trips & Falls: 9; York 5, Scarborough 2 & Community 2.
Pressure Ulcers: 3, Scarborough 1 & Community 2.

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 August there were 109 reports of patients falling at York Hospital, 69 patients at Scarborough and 41 patients within the Community Services (219 in total). For the same period last year there were a total of 297, however figures may increase as more investigations are completed.

Number of Incidents Reported (source: Datix)

The total number of incidents reported in the Trust during August was 1,211; 643 incidents were reported on the York site, 415 on the Scarborough site and 153 from Community Services.

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

At the time of reporting there were 763 incidents awaiting sign-off by the Directorate Management Teams.

Pressure Ulcers (source: Datix)

During August 18 pressure ulcers were reported to have developed on patients since admission to York Hospital, 23 pressure ulcers were reported to have developed on patients since admission to Scarborough and 24 pressure ulcers were reported as having developed on patients in our community hospitals or community care. These figures should be considered as approximations as not all investigations have been completed.

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

During August 12 patient incidents were reported which resulted in serious or severe harm or death. Numbers are subject to change as levels of harm are reviewed and investigations are completed.

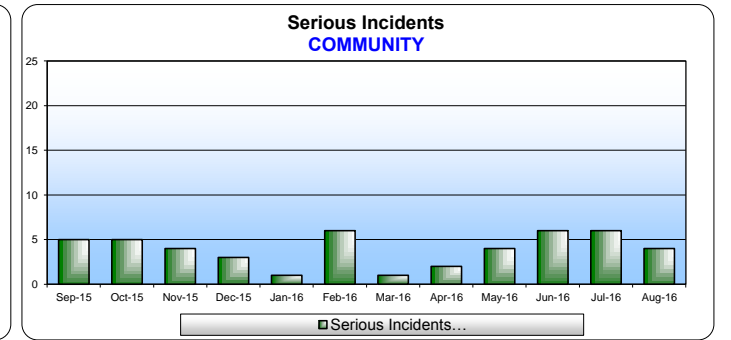
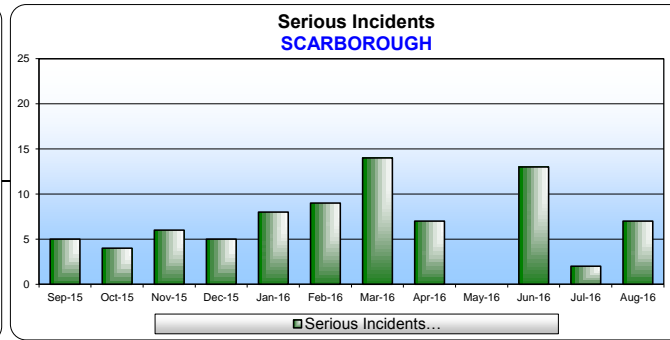
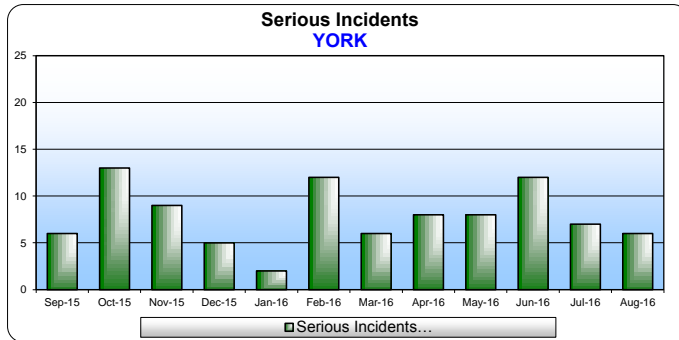
Medication Related Issues (source: Datix)

During August there was a total of 143 medication related incidents reported although this figure may change following validation.

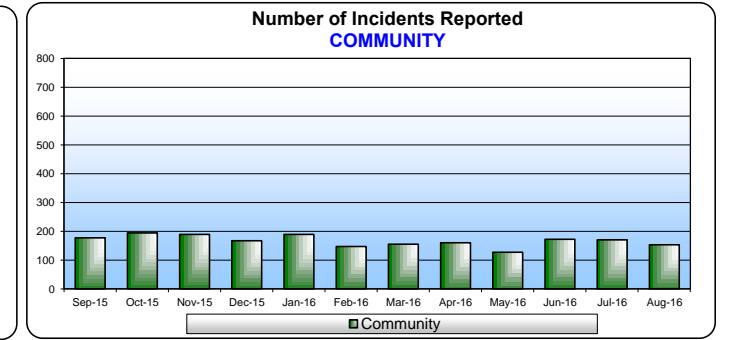
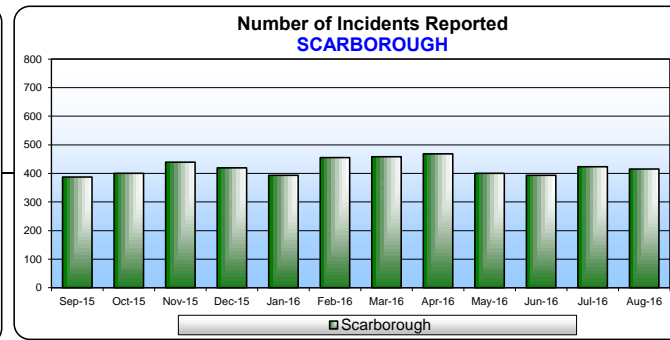
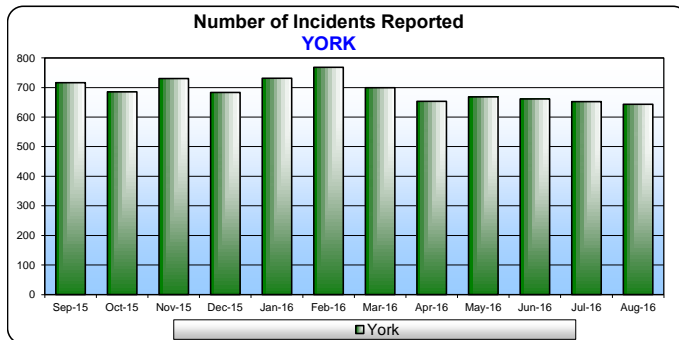
Never Events – One Never Event was declared during August categorised under 'Wrong site surgery'.

Measures of Harm

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

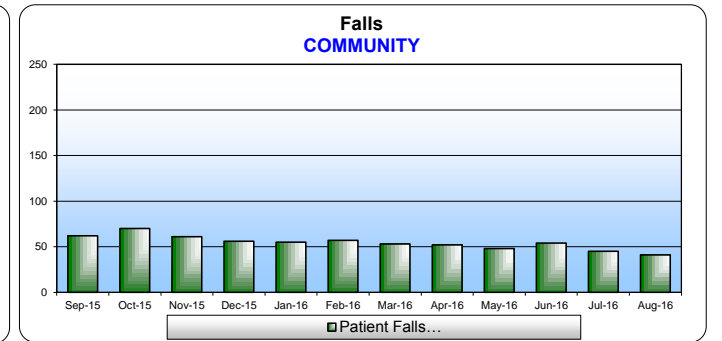
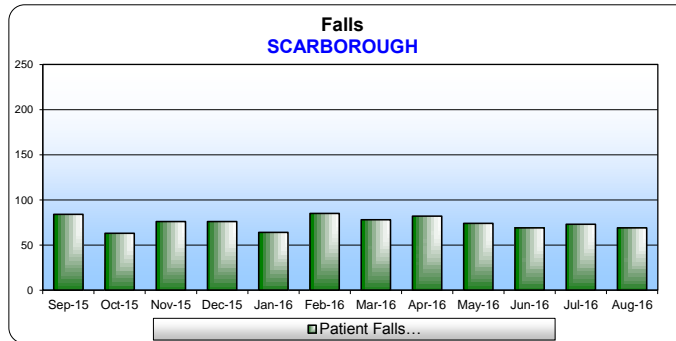
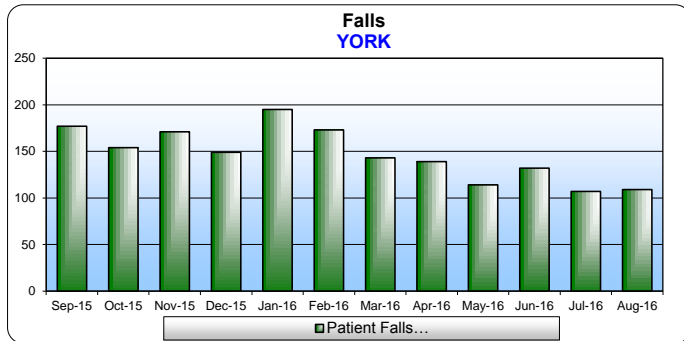


Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Number of Incidents Reported source: Risk and Legal	York	716	685	730	683	731	768	699	653	668	661	652	643
	Scarborough	387	400	439	419	393	455	458	468	400	393	423	415
	Community	177	194	189	167	189	147	155	160	127	172	170	153
Number of Incidents Awaiting sign off at Directorate level		1183	839	889	1149	1344	1389	1348	987	780	724	686	763



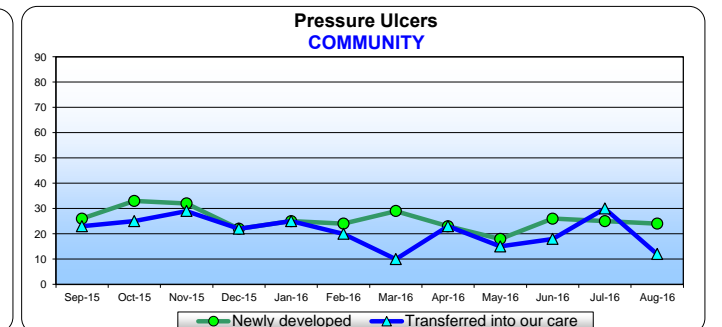
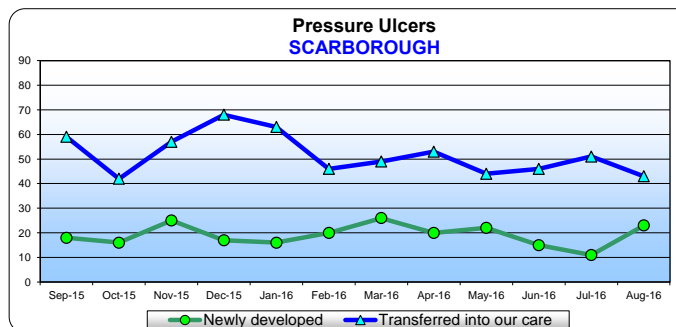
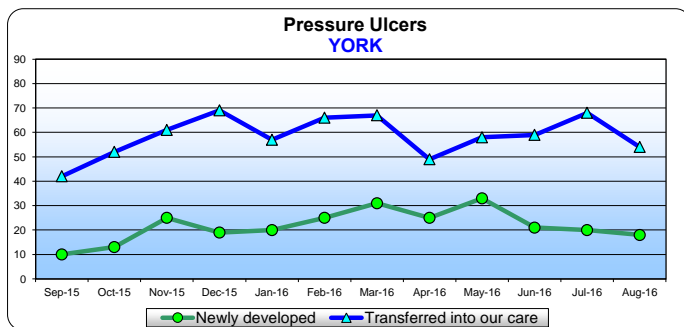
Measures of Harm

Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Patient Falls source: DATIX	York	177	154	171	149	195	173	143	139	114	132	107	109
	Scarborough	84	63	76	76	64	85	78	82	74	69	73	69
	Community	62	70	61	56	55	57	53	52	48	54	45	41



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.

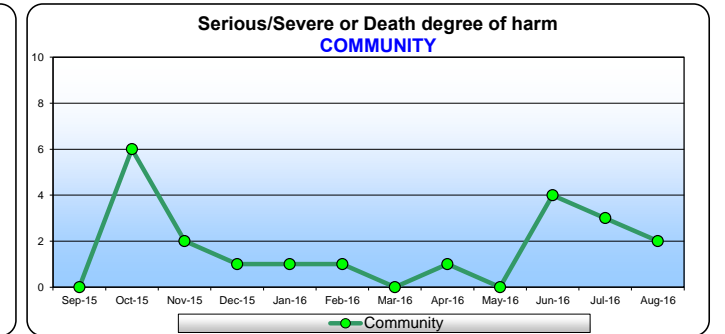
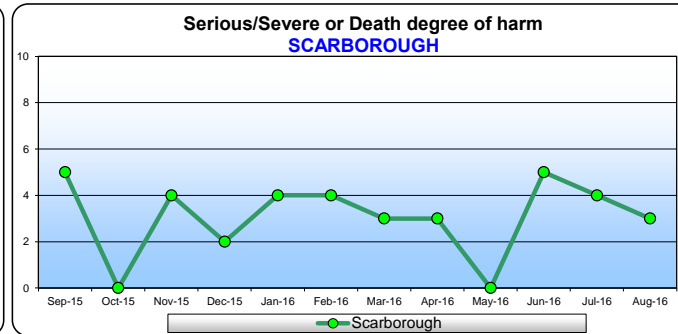
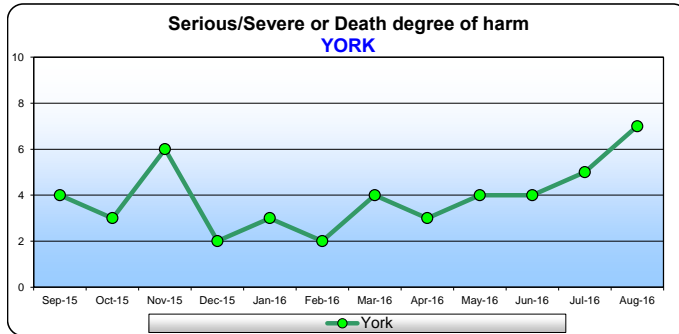
Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	
Pressure Ulcers source: DATIX	York	Newly developed	10	13	25	19	20	25	31	25	33	21	20	18
		Transferred into our care	42	52	61	69	57	66	67	49	58	59	68	54
	Scarborough	Newly developed	18	16	25	17	16	20	26	20	22	15	11	23
		Transferred into our care	59	42	57	68	63	46	49	53	44	46	51	43
	Community	Newly developed	26	33	32	22	25	24	29	23	18	26	25	24
		Transferred into our care	23	25	29	22	25	20	10	23	15	18	30	12



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'.

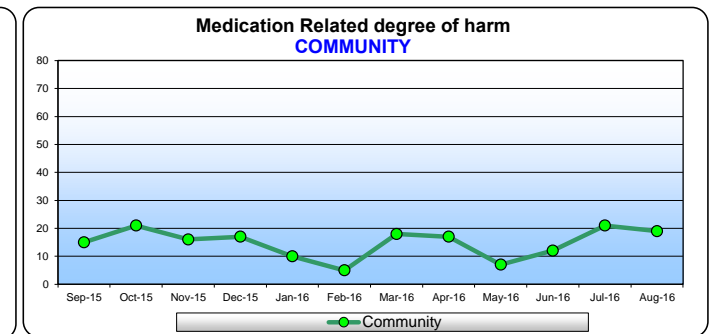
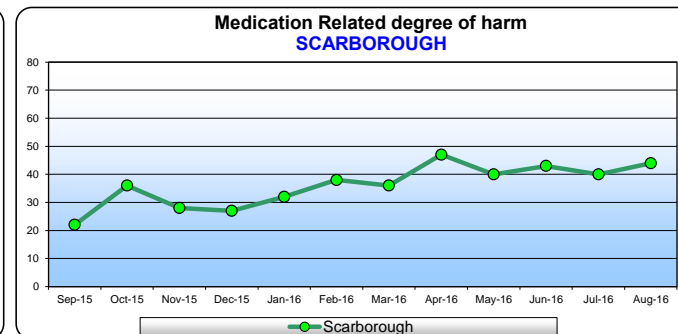
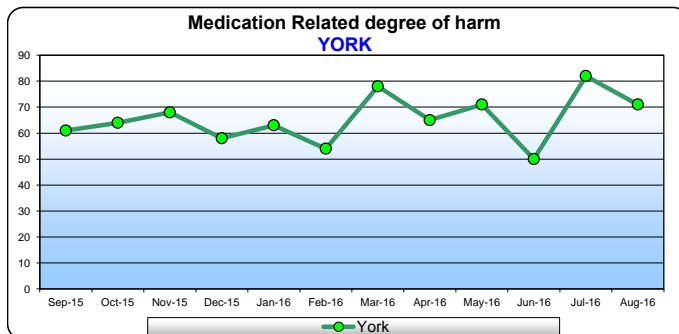
Measures of Harm

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



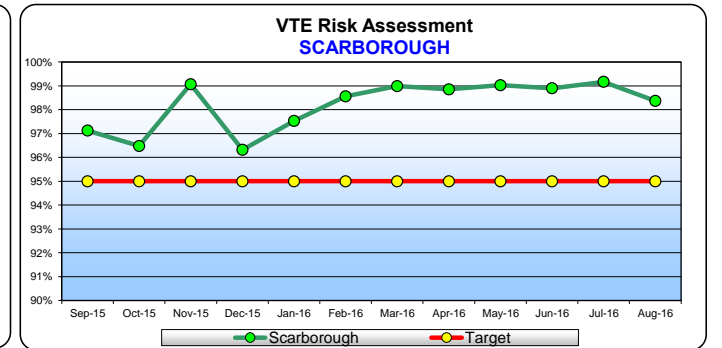
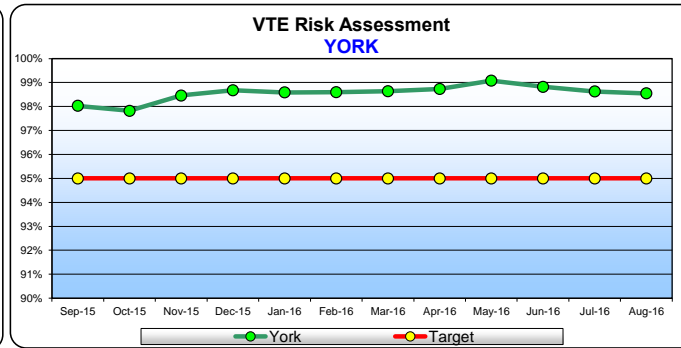
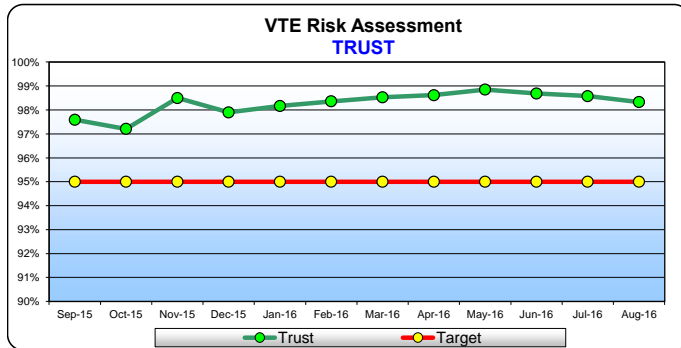
Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Degree of harm: Medication Related Issues source: Datix	York	61	64	68	58	63	54	78	65	71	50	82	71
	Scarborough	22	36	28	27	32	38	36	47	40	43	40	44
	Community	15	21	16	17	10	5	18	17	7	12	21	19

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



Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	£200 in respect of each excess breach above threshold	Trust	95%	97.4%	97.9%	98.4%	98.7%	98.7%	98.6%	98.3%
		York	95%	97.8%	98.3%	98.6%	98.9%	98.8%	98.6%	98.6%
		Scarborough	95%	96.8%	97.3%	98.3%	98.9%	98.9%	99.2%	98.4%



Never Events

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

Drug Administration

Omitted Critical Medicines

The audit of critical medicines missed during August indicated 1.25% for York and 3.79% for Scarborough.

Prescribing Errors

There were 34 prescribing related errors in August; 19 from York, 12 from Scarborough and 3 from Community.

Preparation and Dispensing Errors

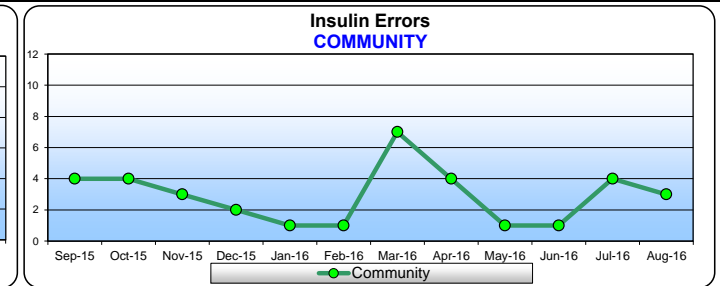
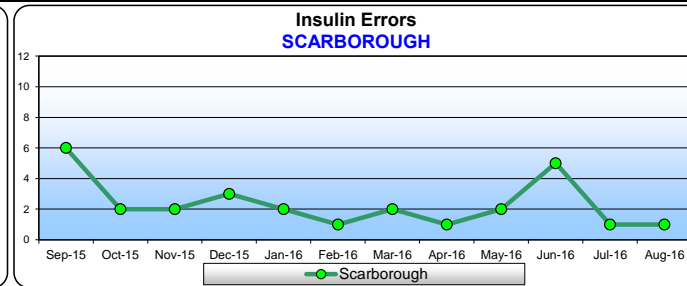
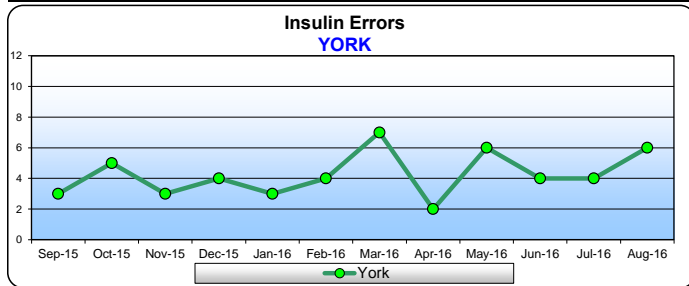
There were 10 preparation/dispensing errors in August; 3 from York, 6 from Scarborough and 1 from Community.

Administrating and Supply Errors

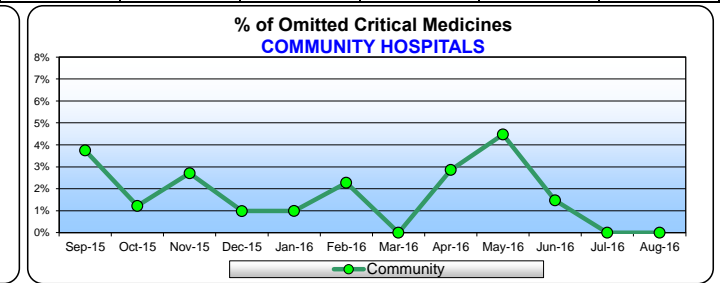
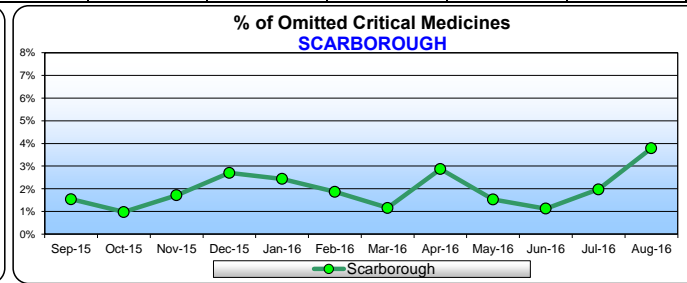
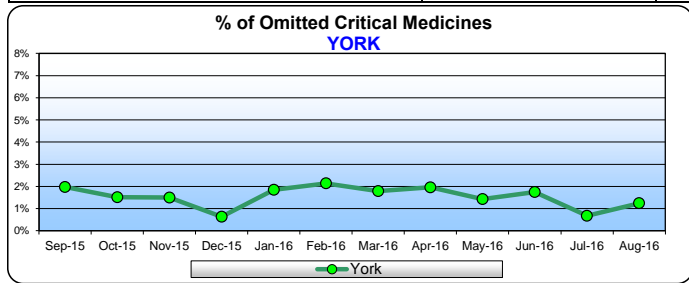
There were 56 administrating/supplying errors in August; 31 were from York, 13 from Scarborough and 12 from Community.

Drug Administration

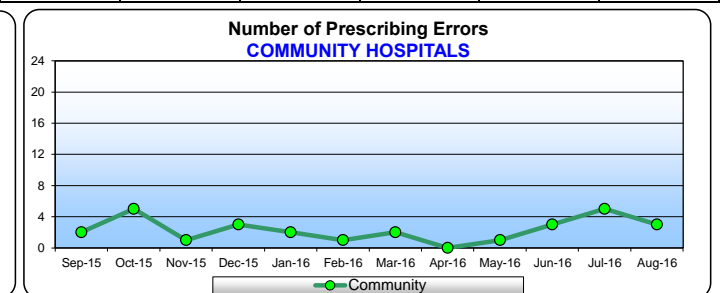
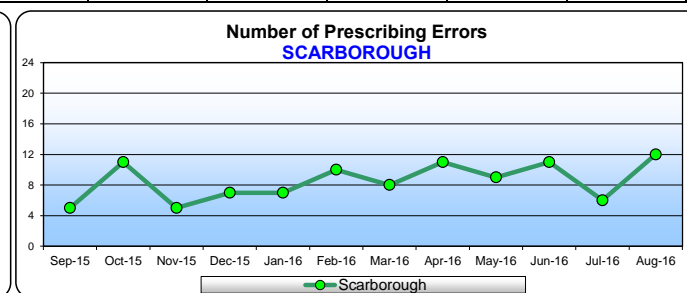
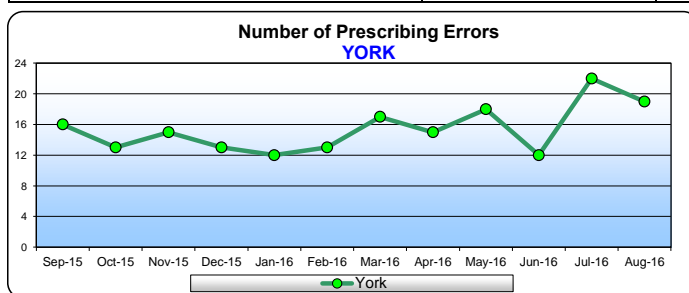
Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Insulin Errors source: Datix	York	3	5	3	4	3	4	7	2	6	4	4	6
	Scarborough	6	2	2	3	2	1	2	1	2	5	1	1
	Community	4	4	3	2	1	1	7	4	1	1	4	3



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

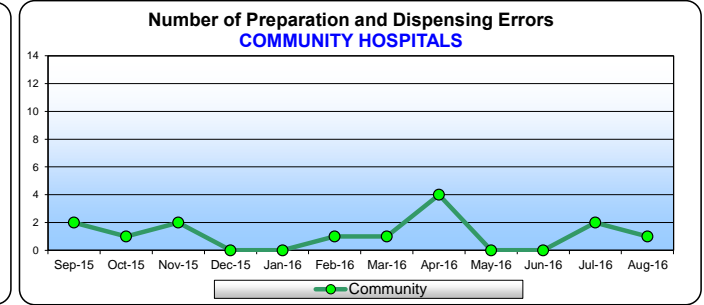
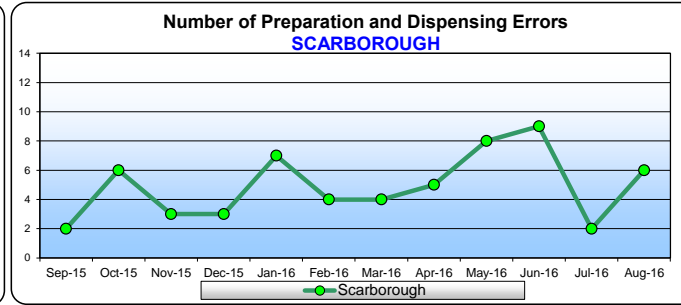
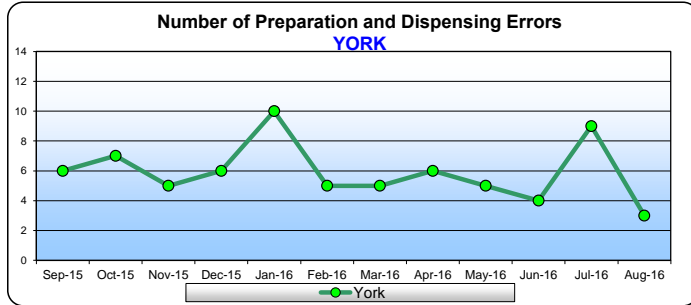


Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Number of Prescribing Errors source: Datix	York	16	13	15	13	12	13	17	15	18	12	22	19
	Scarborough	5	11	5	7	7	10	8	11	9	11	6	12
	Community Hospitals	2	5	1	3	2	1	2	0	1	3	5	3

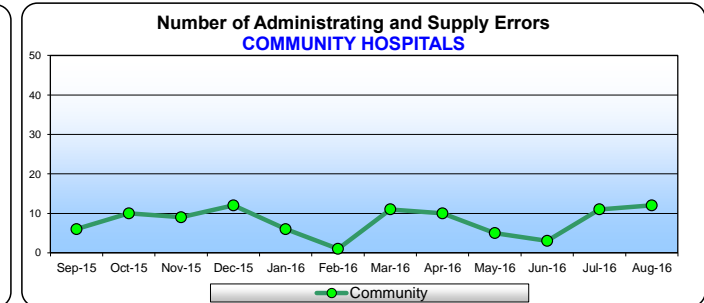
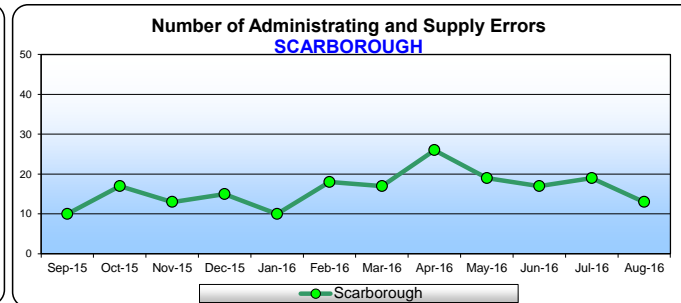
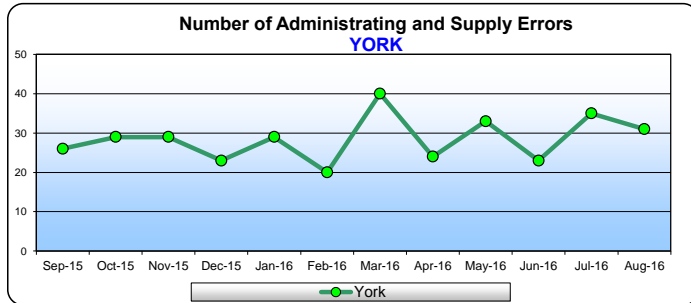


Drug Administration

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



Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
Administrating and Supply Errors source: Datix	York	26	29	29	23	29	20	40	24	33	23	35	31
	Scarborough	10	17	13	15	10	18	17	26	19	17	19	13
	Community Hospitals	6	10	9	12	6	1	11	10	5	3	11	12



Measures of Harm: Safety Thermometer

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

Harm Free Care

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

- York: 97.1%
- Scarborough: 91.2%
- Community Hospitals: 93.5%
- Community care: 95.4%

Harm from Catheter Associated Urinary Tract Infection

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

- York: 0.2%
- Scarborough: 2.5%
- Community Hospitals: 1.3%
- Community Care: 1.4%

VTE

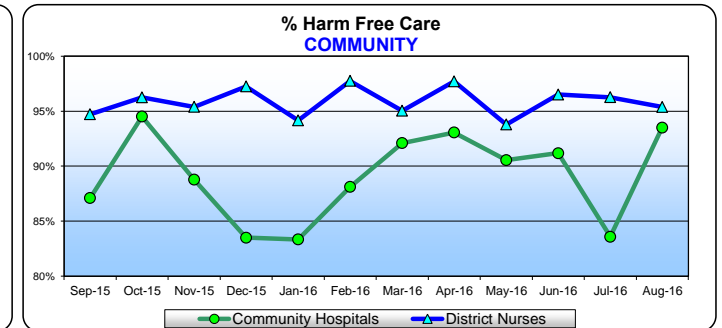
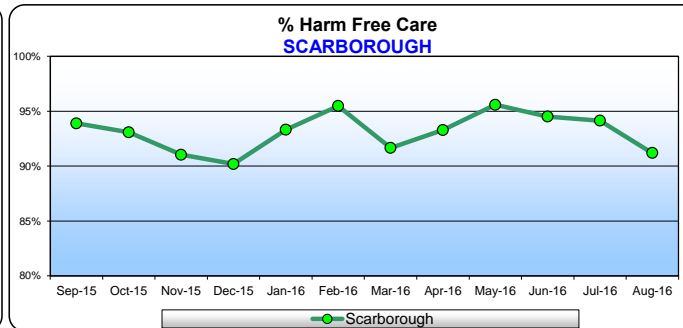
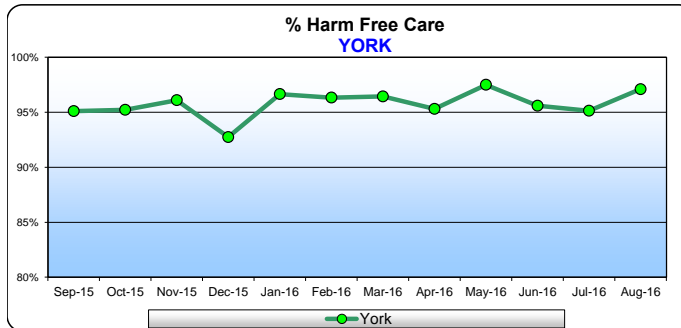
The percentage of patients affected by VTE as measured by the Department of Health definition, monthly measurement of prevalence:

- York: 0.2%
- Scarborough: 0.4%
- Community Hospitals: 0.0%
- Community Care: 0.0%

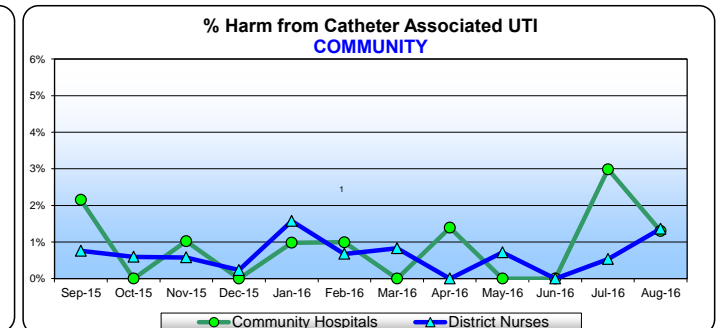
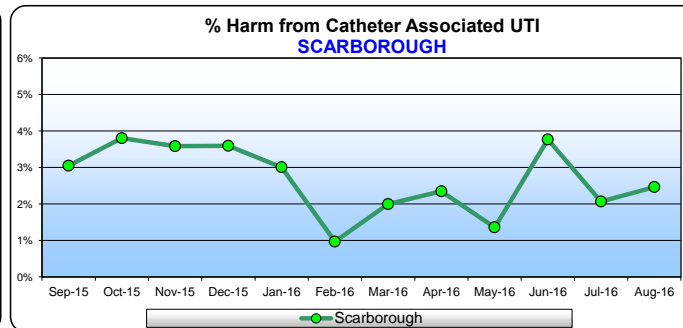
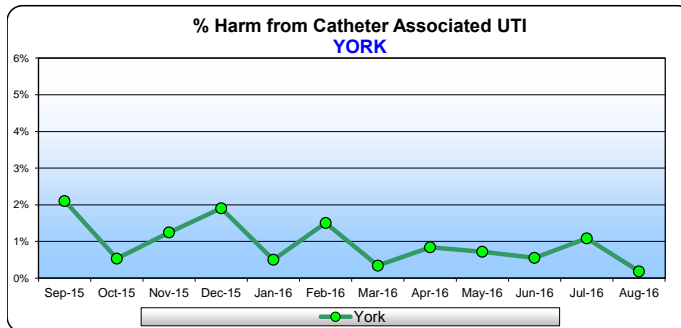
Safety Thermometer

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

Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
% of Harm Free Care source: Safety Thermometer	York	95.1%	95.2%	96.1%	92.7%	96.7%	96.3%	96.4%	95.3%	97.5%	95.6%	95.1%	97.1%
	Scarborough	93.9%	93.1%	91.0%	90.2%	93.3%	95.5%	91.7%	93.3%	95.6%	94.5%	94.1%	91.2%
	Community Hospitals	87.1%	94.5%	88.8%	83.5%	83.3%	88.1%	92.1%	93.1%	90.5%	91.2%	83.6%	93.5%
	District Nurses	94.7%	96.2%	95.4%	97.2%	94.2%	97.8%	95.0%	97.7%	93.8%	96.5%	96.3%	95.4%



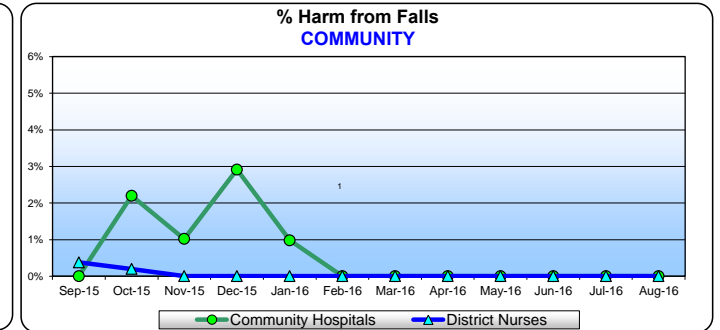
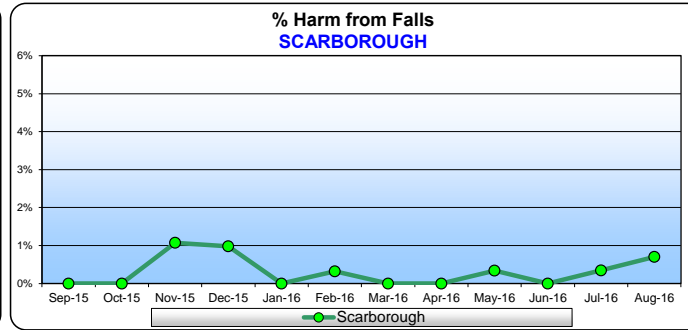
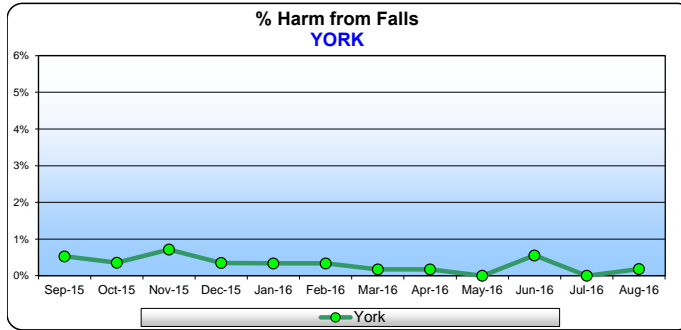
Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	2.1%	0.5%	1.2%	1.9%	0.5%	1.5%	0.3%	0.8%	0.7%	0.6%	1.1%	0.2%
	Scarborough	3.1%	3.8%	3.6%	3.6%	3.0%	1.0%	2.0%	2.3%	1.4%	3.8%	2.1%	2.5%
	Community Hospitals	2.2%	0.0%	1.0%	0.0%	1.0%	1.0%	0.0%	1.4%	0.0%	0.0%	3.0%	1.3%
	District Nurses	0.8%	0.6%	0.6%	0.2%	1.6%	0.7%	0.8%	0.0%	0.7%	0.0%	0.5%	1.4%



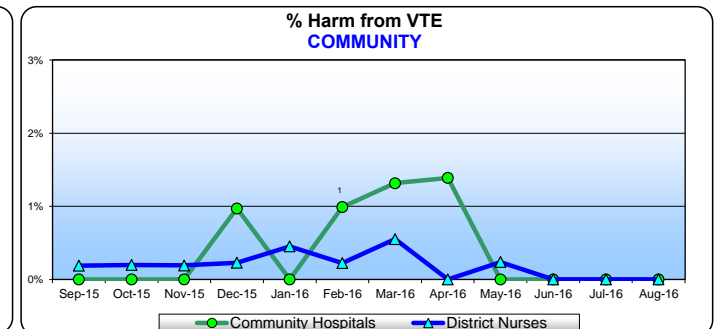
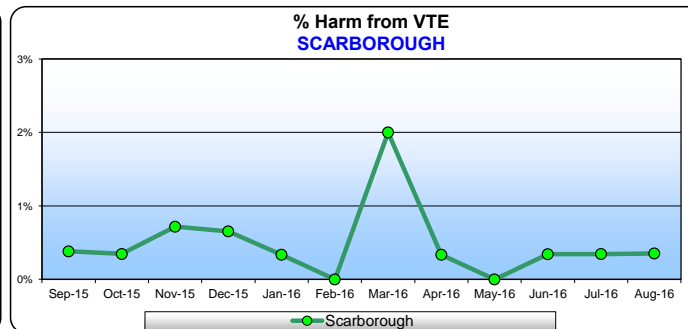
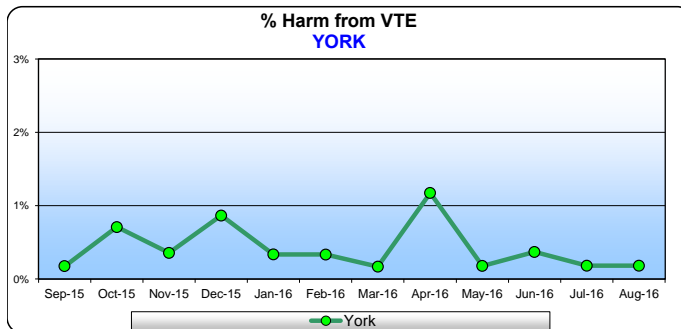
Safety Thermometer

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

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



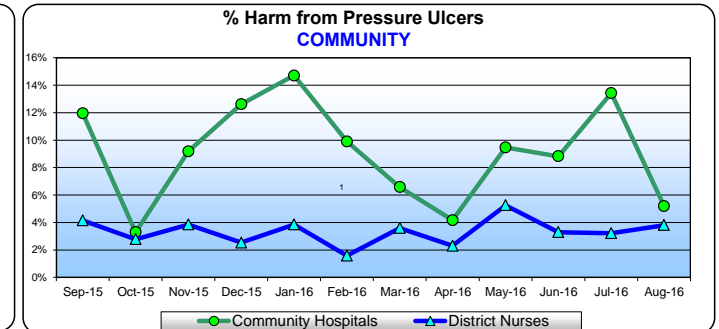
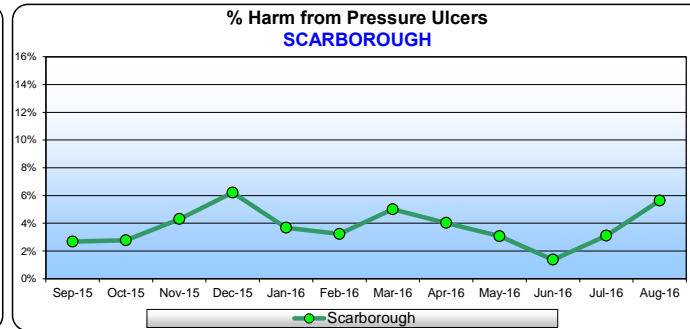
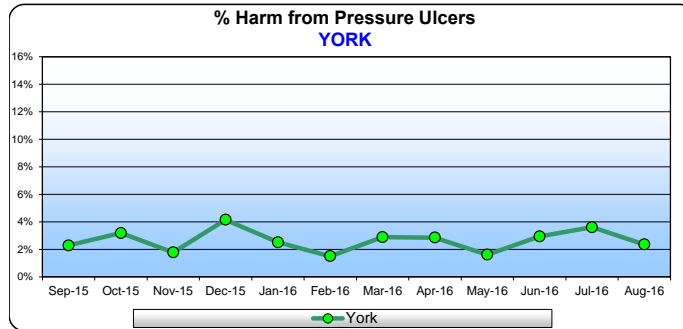
Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
% of VTE source: Safety Thermometer	York	0.2%	0.7%	0.4%	0.9%	0.3%	0.3%	0.2%	1.2%	0.2%	0.4%	0.2%	0.2%
	Scarborough	0.4%	0.3%	0.7%	0.7%	0.3%	0.0%	2.0%	0.3%	0.0%	0.3%	0.3%	0.4%
	Community Hospitals	0.0%	0.0%	0.0%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



Safety Thermometer

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

Indicator		Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16
% of Pressure Ulcers source: Safety Thermometer	York	2.3%	3.2%	1.8%	4.2%	2.5%	1.5%	2.9%	2.9%	1.6%	2.9%	3.6%	2.4%
	Scarborough	2.7%	2.8%	4.3%	6.2%	3.7%	3.2%	5.0%	4.0%	3.1%	1.4%	3.1%	5.6%
	Community Hospitals	12.0%	3.3%	9.2%	12.6%	14.7%	9.9%	6.6%	4.2%	9.5%	8.8%	13.4%	5.2%
	District Nurses	4.2%	2.8%	3.8%	2.5%	3.8%	1.6%	3.6%	2.3%	5.3%	3.3%	3.2%	3.8%



Mortality

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

Definition

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

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

Analysis of Performance

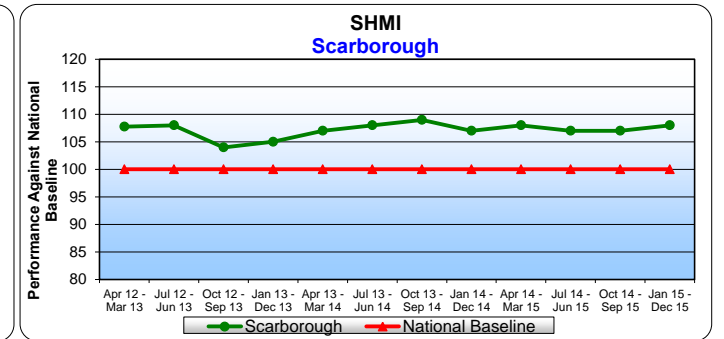
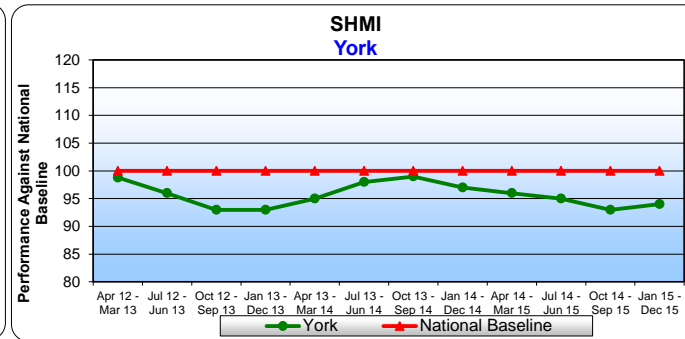
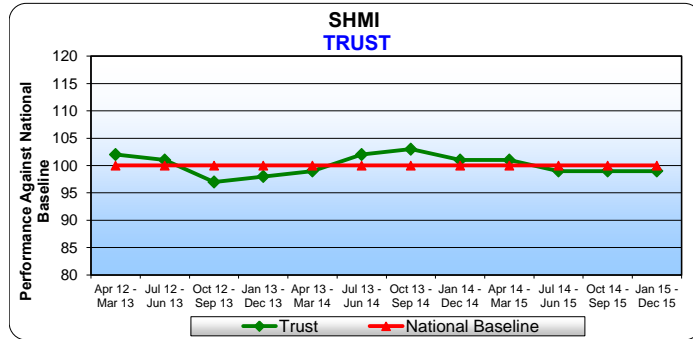
The latest SHMI report indicates the Trust to be in the 'as expected' range. The Jan 2015 - Dec 2015 SHMI saw a 1 point increase at York and Scarborough and no change for the Trust. Trust - 99, York 94 and Scarborough 108.

There were a total of 154 inpatient deaths across the Trust in August, including 46 at Scarborough and 93 at York. This is comparable with the number reported in August 2015 – 158 across the Trust (50 at Scarborough and 91 at York). Year to date there have been a total of 845 inpatient deaths across the Trust compared to 815 YTD 2015/16. This is a 3.7% increase year on year.

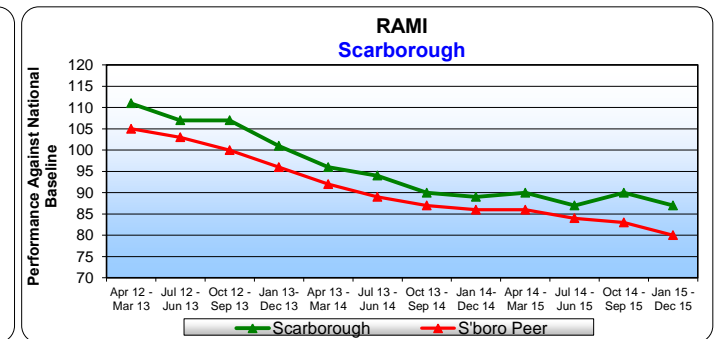
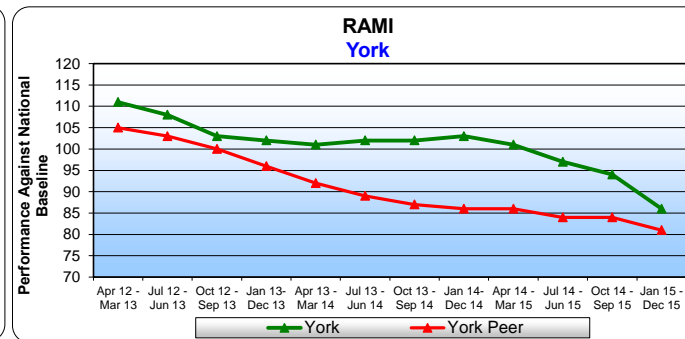
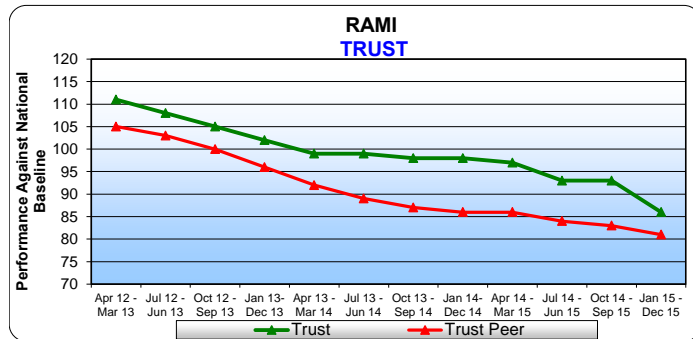
4 deaths occurred in York Emergency Department and 10 occurred in Scarborough Emergency Department in August. York has seen a 73% reduction on the number reported in August 2016 (15 deaths in total), whereas Scarborough has remained comparable (11 in total). Year to date there have been a total of 74 ED deaths across the Trust compared to 75 YTD 2015/16.

Mortality

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

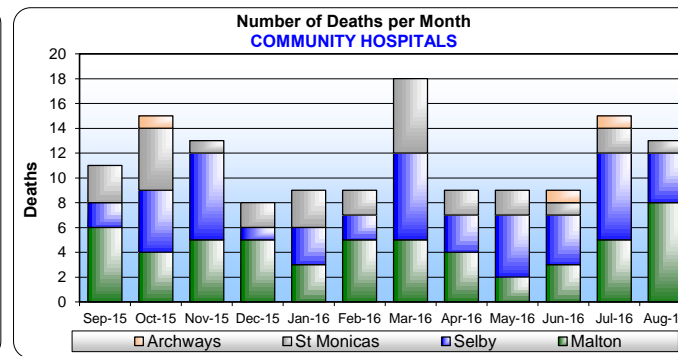
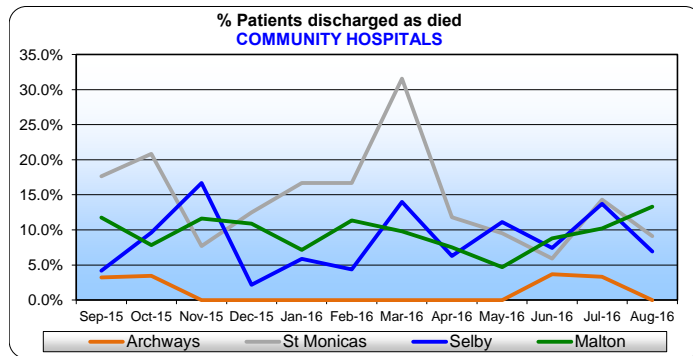
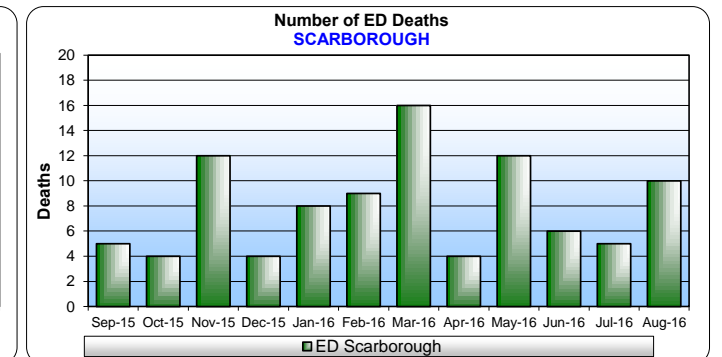
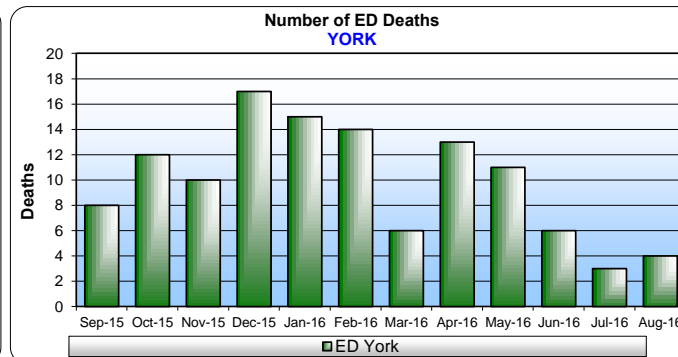
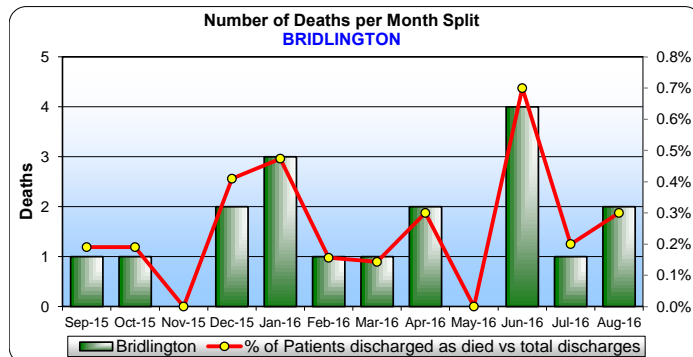
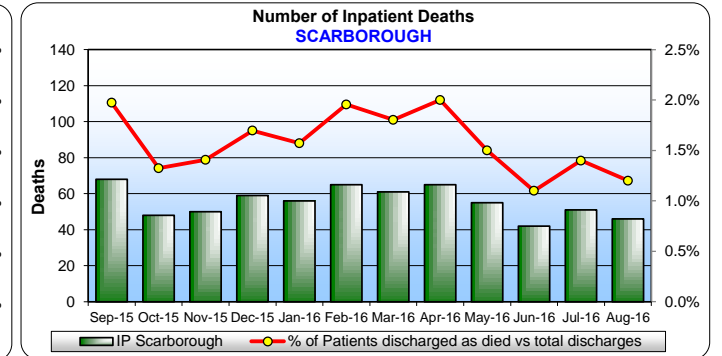
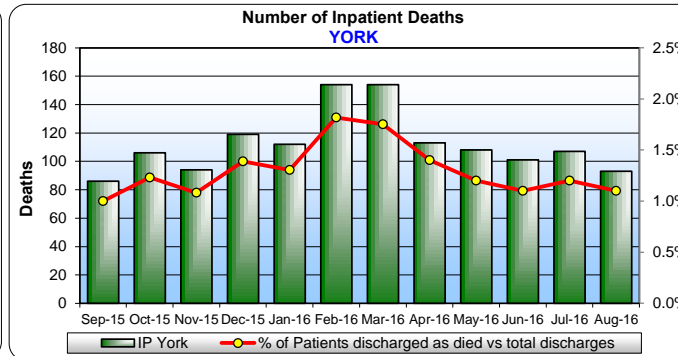
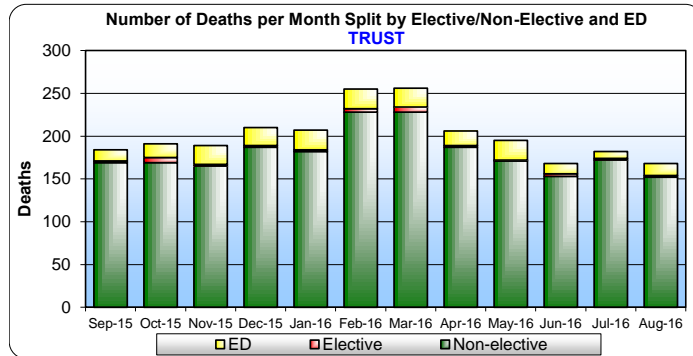


Indicator	Consequence of Breach (Monthly unless specified)	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15
Mortality – RAMI (TRUST)	none - monitoring only	99	98	98	97	93	93	86
Mortality – RAMI (YORK)	none - monitoring only	102	102	103	101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



Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
Number of Inpatient Deaths	None - Monitoring Only	461	531	650	517	156	174	154
Number of ED Deaths	None - Monitoring Only	51	59	68	52	12	8	14



Month	Malton	Selby	St Monicas	Archways	Brid
Sep-15	6	2	3	0	1
Oct-15	4	5	5	1	1
Nov-15	5	7	1	0	0
Dec-15	5	1	2	0	2
Jan-16	3	3	3	0	3
Feb-16	5	2	2	0	1
Mar-16	5	7	6	0	1
Apr-16	4	3	2	0	2
May-16	2	5	2	0	0
Jun-16	3	4	1	1	4
Jul-16	5	7	2	1	1
Aug-16	8	4	1	0	2

Patient Safety Walkrounds – August 2016

Date	Location	Participants	Actions & Recommendations
04/07/2016	Ward G1 and Gynaecology Outpatients Department, York	Andy Bertram – Director Nicola Dean – Clinical Director Kim Hinton – Directorate Manager Chris Foster - Matron Mike Sweet – Non-Executive Director	Outpatients Due to limited space for recovering patients following out-patients procedures there is a restriction on the development of additional procedures which can be performed in the department. Ward G1 Registered nurse staffing is the main concern, although vacant posts will be filled this will not be until mid September. The pending re-configuration of services is affecting nursing staff morale and retention.
05/08/2016	Cardio Respiratory Unit, York	Sue Rushbrook - Director Nigel Durham – Clinical Director Sharon Lewis – Directorate Manager Jane Allen – Head of Department	No patient safety issues identified.
18/08/2016	Wards 11, 14 and 16, York	Fiona Jamieson – Assistant Director Liz Hill – Directorate Manager Wendy Brown – Matron Marijke Brown - Sister Sarah Atterlay - Sister Fiona Sharpe - Sister	Ward 11 Some of the key issues had been around staffing, which was in the process of being resolved although the majority of new starters will be newly qualified RNs. Given the complexity of case mix, Sister feels that 3 RNs are needed on a night shift. Action: Nurse staffing concern to be raised by DM with Deputy Chief Nurse. Patient falls were cited as one of the key patient safety risks on the ward and learning from each RCA is shared with staff. Ward 14 At times patients are admitted directly to the ward when there is no bed available (direct GP admissions) and there is an increasing numbers of medical outliers. Action: the development of an assessment centre planned for April/May 2017 should resolve these issues. There is only one plug socket per bed. Action: to be highlighted prior to the pending refurbishment. Ward 16 There has been an occasional problem with single sex accommodation in NEU and when this did occur the breach was reported. Action: continue to report any breaches of single sex accommodation regulations and to complete a datix form if this happens.
25/08/2016	Emergency Department and Urgent Care, York	Juliet Walters - Director Stephen Lord – Clinical Director David Thomas – Directorate Manager Jill Wilford – Matron Mike Sweet- Non-Executive Director	Emergency Department front door can become extremely busy and the foyer is confusing for patients. Action: colour coding of chairs, information signs and use of television screens to provide information. There is no facility to maintain confidentiality and privacy for patients during discussion with Clinical Navigator. Action: consider temporary relocation of disabled access to side of ED counter during EDFD pilot. There are shortfalls in numbers of doctors and nurses. Action: ongoing work to re-base the nursing staff establishment with Business Case going through final stages of approval. ED is recruiting to the new nursing model which will provide 11 RNs on duty at all times. Ongoing work to assess the requirement for doctors in the ED at any one time and devise a plan to increase numbers of both Tier 1 and 2 doctors to reflect this requirement. In addition, considering effective strategies to reduce requirement for locums at consultant level. Some patient cubicles are not in view of the main nurses station. Action: nursing staff aware of the need to maintain monitoring of patients in cubicles not in direct line of vision. Recruitment and retention of staff has been challenging. Action: CD and DM to ensure training & development of staff is high priority and to revise bespoke training package.

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	January	February	March	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16		
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	316	289	313	309	276	319	296	250						
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	83.2%	89.6%	90.1%	88.7%	90.4%	84.6%	80.4%	85.2%						
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10.1%-19.9%	>20%	7.6%	2.4%	6.7%	4.2%	3.6%	4.7%	4.1%	6.4%						
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	79.20%	28.60%	61.90%	92.30%	80.00%	66.70%	50.00%	87.50%						
		Births	No. of babies	CPD	≤295	296-309	≥310	276	245	304	249	292	282	291	290						
		No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	274	244	295	245	291	279	288	284						
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	0						
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	0						
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	6	5	5	10	2	4	5	5						
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	0						
		SCBU at capacity of intensive cots	No. of times	SCBU	0	1	2 or more	0	0	1	2	6	4	5	0						
		SCBU no of babies affected	No. of babies affected	SCBU	0		1 or more	0	0	0	1	0	2		0						

Workforce	Staffing	Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	January	February	March	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	
	M/W per 1000 births	Ratio	Matron	≥35.0	35-31	≤31.0	29	29	29	28	28	31	28	28					
	1 to 1 care in Labour	CPD	CPD	≥100%		<100%	65.3%	62.0%	57.3%	72.7%	74.6%	74.9%	73.6%	72.5%					
	LW Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%		<100%	64.0%	50.0%	48.0%	67.0%	63.0%	60.0%	61.2%	55.0%					
	Consultant cover on L/W	av. hours/week	DM / CD	40		≤39	76	76	76	76	76	76	76	76					
	Anaesthetic cover on L/W	av.sessions/week	DM / CD	10		≤9	10	10	10	10	10	10	10	10					
	Supervisor : M/w ratio 1 :	Ratio	Rota - Contact SOM	15	16-18	≥19	14	14	14	12	12	12	12	12					

Clinical Indicators	Neonatal/Maternal	Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	January	February	March	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16			
	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	58.3%	56.1%	63.4%	68.1%	62.8%	65.0%	66.1%	65.9%							
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	14.9%	11.8%	14.2%	9.4%	9.6%	12.2%	12.8%	11.3%						
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	25.7%	31.0%	23.7%	22.9%	27.1%	22.6%	21.2%	23.6%						
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0						
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	0	0	0	0	0	1	0						
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	24	17	12	17	14	7	14	8						
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	2	3	1	1	2	6	3	3						
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	0	1	0	0	0	0	1	0						
		Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	0	1	0					
			Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	1	2	0	3	1	1	1	0					
	Intrapartum Stillbirths		No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	0	0						
	Breastfeeding Initiation rate		% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	73.4%	74.6%	75.3%	80.8%	76.6%	74.2%	76.7%	74.3%						
	Risk Management	Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	9.9%	13.1%	12.2%	9.4%	12.7%	10.4%	8.7%	9.9%						
		SIs	No. of SIs declared	Risk Team	0		1 or more	0	1	0	1	1	0	1	0						
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	14	6	9	9	9	4	9	3						
		PPH > 1.5L as % of all women	% of births	CPD				5.1%	2.4%	3.1%	3.7%	2.9%	1.4%	3.1%	0.7%						
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	0	2	3	3	2	3	3	1						
	New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	0.5%	1.8%	0.8%	0.5%	1.5%	1.8%	3.0%	2.2%						
		Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	0	1	1	0	1	3	2						
	Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	2	1	1	0	2	3	3							

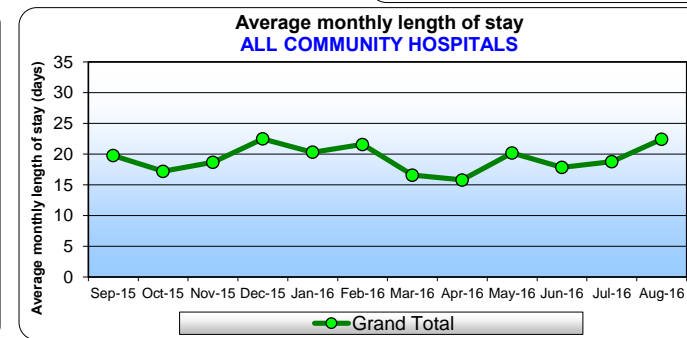
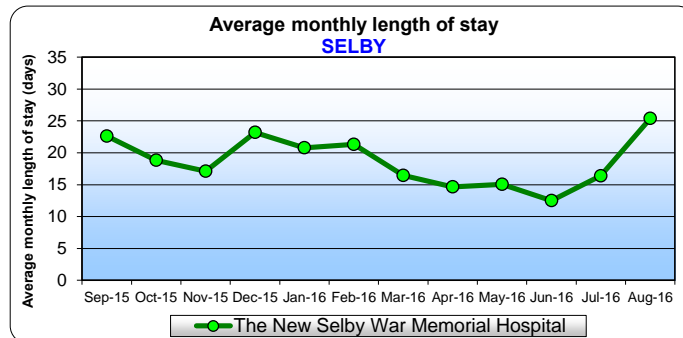
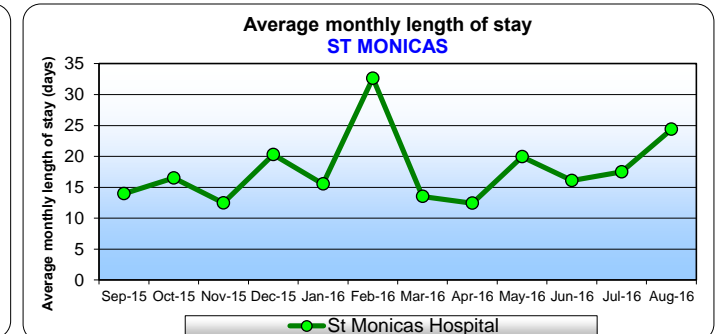
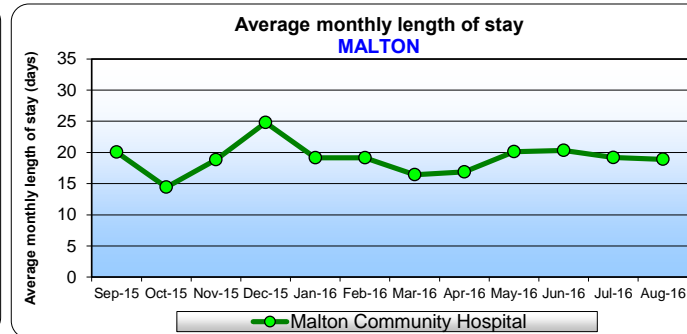
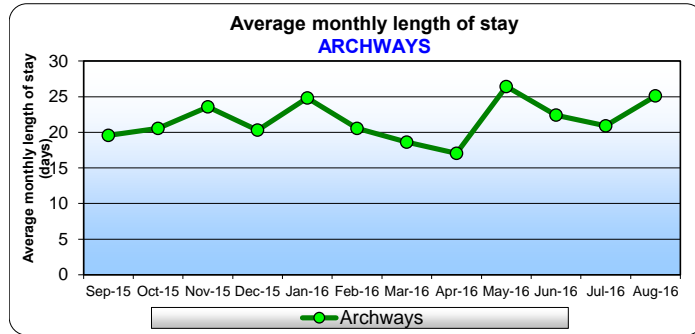
SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	January	February	March	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	191	196	202	174	198	212	187	150				
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	93.2%	89.3%	86.1%	88.5%	86.9%	83.5%	88.2%	91.3%				
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	3.1%	8.2%	8.4%	7.5%	11.1%	10.8%	8.6%	6.0%				
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	100%	94%	77%	77%	100%	83%	63%	89%				
		Births	No. of babies	CPD	≤170	171-189	≥190	123	142	111	118	148	134	135	139				
		No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	120	139	111	115	148	134	135	138				
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	1	3	2	1	0	0	1				
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	1	3	0	0	0	0	0				
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	0	0	0	0	0	0	1				
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	0				
		SCBU at capacity	No. of times	SCBU	0	1	2 or more	0	1	1	9	5	8	3	11				
		SCBU no of babies affected	No. of babies affected	SCBU	0		1 or more	0	0	0	0	0	2	1	6				

Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	35-31	≤31.0	40.4	43.0	40.2	39.4	38.3	38.1	38.0	38.8				
		1 to 1 care in Labour	CPD		≥100%		<100%	84.2%	82.7%	86.5%	89.6%	84.0%	85.1%	85.9%	88.4%				
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%		<100%	74%	62%	82%	87%	80%	85%	81%	91%				
		Consultant cover on L/W	av. hours/week	DM / CD	40		≤39	40	40	40	40	40	40	40	40				
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	10		≤9	3	3	3	3	3	3	3	3				
		Supervisor : M/w ratio 1 :	Ratio	Rota - Contact SOM	15	16-18	≥19	14	14	14	12	12	12	12	12				

Clinical Indicators	Neonatal/Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	≤55%	66.7%	69.0%	69.9%	66.9%	74.3%	63.2%	67.4%	70.5%				
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	10.6%	4.9%	7.2%	11.3%	9.5%	7.5%	8.1%	7.2%				
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	22.8%	26.1%	23.4%	22.6%	16.2%	29.9%	24.4%	22.5%				
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0				
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	0	0	0	0	0	0	2				
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	4	7	3	1	4	2	8	4				
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	1	2	1	1	1	1	3	3				
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	1	0	1	1	0	0	0	0				
	Morbidity	Neonatal Death	No. of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	0	1	0				
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	0	0	0	0	2	0	0	0				
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	0	0				
		Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	62.5%	57.6%	64.0%	58.3%	60.8%	61.9%	60.7%	58.7%				
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	16%	19%	15%	23%	20%	22%	20%	18%				
	Risk Management	SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	0	0	0	0	1	0				
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	4	3	2	2	3	1	6	1				
		PPH > 1.5L as % of all women	% of births	CPD				3	2	2	2	2	0	4	1				
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	2	0	2	2	1	0	2	0				
	New Complaints	3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	0.0%	1.0%	1.1%	2.2%	1.6%	0.0%	2.0%	2.8%				
		Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	1	1	0	0	0	1					
	Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	0	0	1	1	0	2	1					

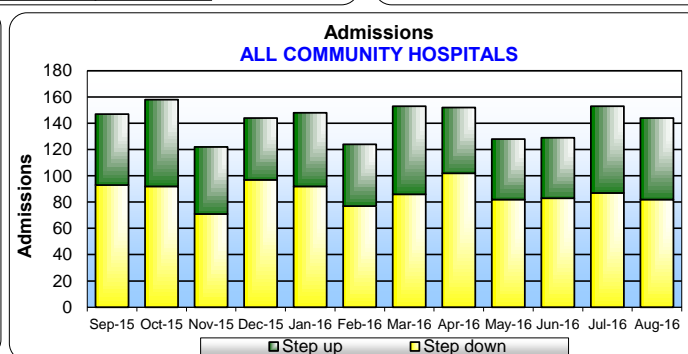
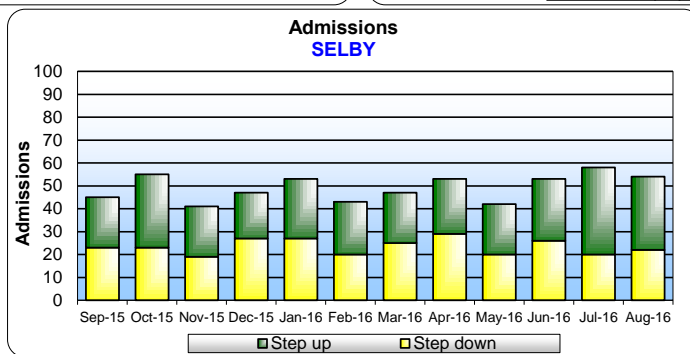
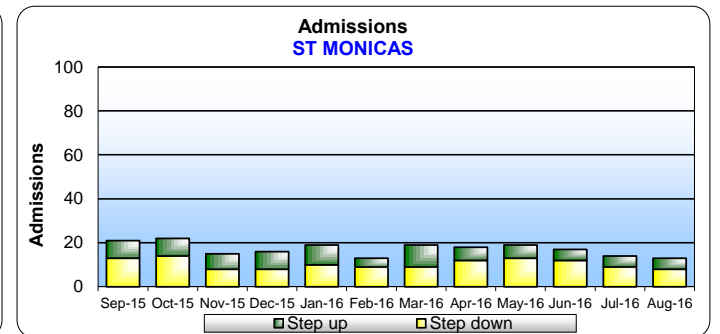
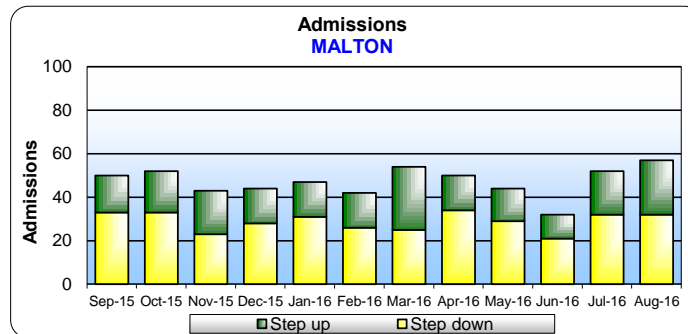
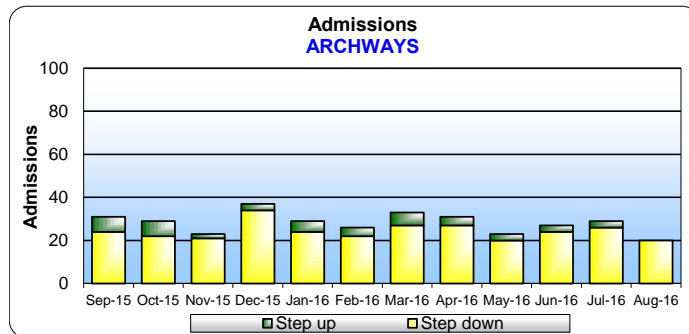
Community Hospitals

Indicator	Hospital	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
Community Hospitals average length of stay (days) Excluding Daycases	Archways	22.0	22.5	20.9	21.7	22.4	20.9	25.1
	Malton Community Hospital	24.3	20.5	19.4	18.8	20.4	19.2	18.9
	St Monicas Hospital	19.3	19.3	18.8	16.4	16.1	17.5	24.4
	The New Selby War Memorial Hospital	23.6	23.0	20.4	14.1	12.5	16.4	25.4
	Total	22.7	21.5	20.0	17.9	17.9	18.8	22.4



Community Hospitals

Indicator	Hospital	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug	
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Step up	16	12	13	6	3	3	0
		Step down	67	80	74	70	24	26	20
	Malton Community Hospital	Step up	56	48	60	56	11	20	25
		Step down	89	85	88	85	21	32	32
	St Monicas Hospital	Step up	23	21	22	15	5	5	5
		Step down	35	27	34	29	12	9	8
	The New Selby War Memorial	Step up	76	69	68	97	27	38	32
		Step down	65	74	74	68	26	20	22
	Total	Step up	131	113	122	174	46	66	62
		Step down	436	504	295	252	83	87	82



Quality and Safety: Misc

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	0	0	8	4	13	2	0	1
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	0	0	0	0	0	0	0	0
Sleeping Accommodation Breach	£250 per day per Service User affected	0	0	0	3	0	0	0	0
% Compliance with WHO safer surgery checklist	No financial penalty	100%	100%	100%	100%	100%	100%	100%	100%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	99%	99.7%	99.8%	99.9%	99.9%	99.9%	To follow	To follow
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	95%	97.1%	98.4%	99.0%	98.8%	99.0%	To follow	To follow
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%	5.1%	4.3%	Reports currently unavailable from the HSCIC due to a change in system.				
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in Service Condition 3 and General Condition 9	Set baseline in Q1 and agree trajectory	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and General Condition 9	Best Practice Standards	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced and tabled at sub CMB quarterly.						
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	90%	99.1%	99.7%	99.2%	99.8%	99.8%	99.7%	99.8%
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	100% list to be agreed	CCG to audit for breaches						
All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	100% list to be agreed	CCG to audit for breaches						

Board of Directors - 28 September 2016

Medical Director's Report

Action requested/recommendation

Board of Directors are requested to:

- Be aware of progress with the Patient Safety Strategy/Sign up to Safety Campaign
- Note the consultants new to the Trust
Note the progress with the implementation of Electronic Prescribing and Medicines Administration

Summary

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

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <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).

Reference to CQC outcomes

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

Progress of report This report is only written for the Board of Director's.

Risk	No additional risks have been identified other than those specifically referenced in the paper.
Resource implications	None identified.
Owner	James Taylor, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	September 2016
Version number	1

Board of Directors – 28 September 2016
Medical Director's Report
1. Introduction and background
<p>In the report this month:</p> <p>Patient Safety-</p> <ul style="list-style-type: none"> • Progress with the Patient Safety Strategy/Sign up to Safety Campaign <p>Clinical Effectiveness-</p> <ul style="list-style-type: none"> • Consultants new to the Trust <p>Patient Experience-</p> <ul style="list-style-type: none"> • Progress with the implementation of Electronic Prescribing and Medicines Administration.
2. Patient Safety
2.1 Sign up to Safety Campaign/Patient Safety Strategy – update
<p>National Mortality Case Record Review Programme (NMCRR)</p> <p>The NMCRR Programme is a national collaborative project led by the Royal College of Physicians (RCP) in partnership with Yorkshire and Humber Academic Health Science Network's (AHSN's) Improvement Academy and Datix. It is commissioned by the Health Quality Improvement Partnership (HQIP).</p> <p>The aim of the 3-year programme is to introduce a standardised methodology for reviewing case records of adult patients who have died in acute general hospitals in England and Scotland.</p> <p>Pilot sites are:</p> <ul style="list-style-type: none"> • York Teaching Hospital NHSFT • Harrogate & District NHSFT • Raigmore Hospital NHS Highland • University Hospital South Manchester NHSFT • St Georges University Hospital NHSFT • University Hospital Bristol NHSFT • Royal United Hospitals Bath NHSFT • Great Western Hospital NHSFT <p>National Rollout:</p> <ul style="list-style-type: none"> • Phase 1 – 25% acute hospitals

January 2017 – June 2017

- **Phase 2 – 50% acute hospitals**

June 2017 – December 2017

- **Phase 3 – 75-100% acute hospitals**

December 2017 – June 2018.

York Teaching Hospital NHSFT progress to date:

- Review and development of a single mortality review proforma for all deaths.
- Modified membership and Terms of Reference of the Mortality Steering Group in light of the Bruce Keogh recommendations.
- Completed regional training day in partnership with Harrogate Trust in the use of the SJR.

Next stages:

- Develop a clear defined process for local mortality review and proforma.
- Roll out training for consultants who will be required to undertake SJR
- Establish governance arrangements
- National launch of the programme and presentation of progress in the use of the SJR tool by YTHNHSFT at Science of Improvement Conference in Harrogate on the 21st November.

Foundations in Patient Safety and Quality

The Foundations in Patient Safety and Quality (FPSQ) Programme for junior doctors has been launched. To date, 25 doctors in training working in YTHNHSFT have enrolled on the programme. Level 3 participants will be expected to complete and present a quality improvement project and to observe patient safety governance processes at managerial and executive level. The programme is being facilitated by the Patient Safety Team and evaluation/outcomes will be monitored by the Patient Safety Group.

3. Clinical Effectiveness

3.1 Consultants new to the Trust

Lorna Highet
Paediatrics
Start date 01/08/2016
York

Mark Robinson
Haematology
Start date 02/08/2016
York

Waqar Malik
Dermatology

Start date: 13/07/2016

York

4. Patient Experience

4.1 Electronic Prescribing Medicines Administration - update

Summary of Key Dates:

eDN/TTO rollout (incl. training)	Oct - Dec 2016
Full EPMA User Acceptance Testing (phased)	Nov 16 – Jan 17
Full EPMA rollout 1 st phase (pilot)	February 2017
EPMA Rollout Phase 1 (c. 7 months duration)	February 2017 onwards

Project Progress to date:

- Rollout approach agreed: eDN/TTO functionality to be introduced first across all acute sites
- Training approach agreed: key messages defined & training clip requirements identified
- Prescribing & Administration screens demonstrations to wide clinical teams
- Clinical Safety Hazard Log completed with agreed mitigation measures (this will provide the system assurance to the organisation)
- Additional hardware/works on all acute wards defined & costed
- Completion of Pharmacy technical testing
- Preparatory work to define costs/timescales for Phase B.

Development Progress to date:

- Database development complete, other than any issues that need resolving following testing
- Changes made to facilitate creation of TTO/eDN in advance of full EPMA and work concurrently with existing CPD method, these are now in the testing phase
- Full EPMA software development now 95% complete
- Enhanced allergy review functionality ready for rollout as precursor to EPMA
- Technical solution for business continuity defined.

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

Anticipated progress next quarter:

- eDN/TTO functionality rolled out across acute sites
- User Acceptance Testing completed for full EPMA rollout
- FDB pre-implementation testing completed
- Training packages completed & accessible via learning hub
- Agreed mechanism in place for agency staff re access / training
- Rollout order confirmed & super users identified on pilot ward
- Devices in place on acute wards
- Business continuity plan shared with wider organisation.

Key Risks:

eDN/TTO functionality to be signed off by Chief Pharmacist & Medical Director. Project Risk Register (including pre-rollout risks) is in place and reviewed monthly. The current red risks include the following:

- Interface between electronic & paper systems e.g. Theatres
- Governance around staff competence to use the system

Resource to support training ahead of eDN/TTO rollout.

5. Recommendations

Board of Directors are requested to:

- Be aware of progress with the Patient Safety Strategy/Sign up to Safety Campaign
- Note the consultants new to the Trust
- Note the progress with the implementation of Electronic Prescribing and Medicines Administration.

Author	Diane Palmer, Deputy Director of Patient Safety
Owner	James Taylor, Medical Director
Date	September 2016

Board of Directors – 28 September 2016

Chief Nurse Report – September 2016

Action requested/recommendation

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

Executive Summary

Patient Safety

At the end of August 2016, the vacancy position for adult inpatient areas was 148.99fte Registered Nurses (RN) and 62.63fte Care Staff (HCA). Of these, 92.16fte RN posts and 57.4fte Care Staff posts have been recruited to and the individuals will commence in post over the coming months. The remaining RN vacancy position is 60.73fte and 7.73fte HCAs.

Healthcare Associated Infection (HCAI) incidence continues on a downward trend towards national and regional mean with the exception of MRSA bacteraemia. We have had 2 cases on ICU SGH in August. Work is taking place on reviewing MRSA screening and treatment protocols to improve compliance in order to ensure prompt identification of MRSA carriers and treatment of cases.

In August, the Trust saw an introduction of a number of new Associate Practitioner posts created, these will be Band 4 on completion of the education programme. These new posts will be based in the York Emergency Department however, it is anticipated that the role will become an integral part of our workforce in the future and further programmes are planned.

The role of Associate Nurse is planned to be introduced as part of a national initiative led by HEE. The Trust has applied to be one of the first pilot sites, training is to begin in January and we will hear if our bid has been successful in October.

HEE has approached the Trust to explore the possibility of us entering into an ethical exchange programme with a hospital in Hyderabad in India. These would be Registered Nurses with IELTS qualification who would be based at Scarborough sites for up to 3 years. We have agreed in principle to explore this initiative further.

Effectiveness

Phase 2 of the Nurse Rostering Project has now commenced with 'deep dives' taking place at ward level. A steering group have been formed to look at the processes for the Nurse Bank, to ensure appropriate and strengthened

nurse governance.

Patient Experience

The Trust continues to meet its target for 90% of patients to recommend the Trust. The inpatient recommend rate was 96.5%. The ED recommend rate is 83.8% compared to a national average of 86%. The Scarborough ED % recommend rate has dropped to 71%. This has been flagged to the ED team – narrative comments indicate the majority of dissatisfaction is linked to waiting times.

A full review of the complaints and concerns policy is underway, taking into account feedback from the many internal and external stakeholders in the process. A new administration/management process, putting the emphasis on directorate-level ownership, is being proposed. Child Health have put themselves forward to pilot this process.

York Maternity services were the first in Yorkshire and the Humber (and one of the first in the country) to sign up to the RCM 'Caring for You' charter.

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

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

The CQC fundamental standards are integral to all aspects of the report.

Progress of report Quality & Safety Committee

Risk	Any risks are identified in the report.
Resource implications	No resource implications unless explicitly identified.
Owner	Beverley Geary, Chief Nurse
Author	Beverley Geary, Chief Nurse
Date of paper	September 2016
Version number	Version 1

Board of Directors – 28 September 2016

Chief Nurse Report – Quality of Care

1. Background

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

The nursing and midwifery strategy has four main focus areas:

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

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

2. Patient Safety

2.1 Nursing and Midwifery Staffing

At the end of August 2016, the vacancy position for adult inpatient areas was 148.99fte Registered Nurses (RN) and 62.63fte Care Staff (HCA). Of these, 92.16fte RN posts and 57.4fte Care Staff posts have been recruited to and the individuals will commence in post over the coming months. The remaining RN vacancy position is 60.73fte and 7.73fte HCAs.

Recruitment of Nurses, Midwives and Healthcare Assistants is continuing through the Trust. The project to recruit nurses from across Europe has now been concluded.

Over the next two months 83 newly qualified nurses will be taking up employment with the Trust, initially as pre-registered nurses whilst they await their NMC registrations. This is the largest cohort of Newly Qualified Nurses recruited to the Trust and we are working to ensure that their arrival and induction is supported. All the newly qualified nurses will be commencing their Nurse Preceptorship programme in October 2016.

Further nurse recruitment is also taking place and we are looking to recruit nurses who will be qualifying in Spring 2017 who are now looking for employment. The Chief Nurse Team is also working alongside the Recruitment team to look at innovative ways to recruit to nursing vacancies across the Trust and some pilot work will be undertaken in the coming months.

Healthcare Assistant recruitment continues to take place with interviews scheduled during September and October 2016.

On 13th October 2016, the Trust will be holding its second Recruitment Market Place, this time at Scarborough Hospital. Hosted by the Chief Nurse team the event will promote nursing and care staff vacancies predominantly at Scarborough and Bridlington Hospitals with other clinical and non-clinical services also invited to have stands to promote their vacancies. The event will be held

between 11am and 4pm and where possible, interviews will be held on the day of the event. In addition, the Chief Nurse Team will be attending a number of recruitment and careers fairs over the coming months to attract Spring and Summer 2017 newly qualified nurses to the Trust.

In August, the Trust saw an introduction of a number of new Associate Practitioner posts created, these will be Band 4 on completion of the education programme. These new posts will be based in the York Emergency Department however, it is anticipated that the role will become an integral part of our workforce in the future and further programmes are planned.

The role of Associate Nurse is planned to be introduced as part of a national initiative led by HEE. The Trust has applied to be one of the first pilot sites, training is to begin in January and we will hear if our bid has been successful in October.

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

2.2 EU Recruitment Project

The Trust has now concluded the recruitment of nurses from Europe. During the project 80 offers of employment were made in total. Of these 79 were made through the appointed agency and one was recruited by the Trust independently.

Of these 19 candidates withdrew their acceptances prior to taking up appointment, leaving 61 candidates who have taken up employment with the Trust. These 61 European nurses have commenced during December 2015 and September 2016, as detailed below:

- 6 in December 2015
- 24 in January 2016
- 1 in February 2016
- 5 in March 2016
- 7 in April 2016
- 7 in May 2016
- 1 in June 2016
- 6 in July 2016
- 3 in August 2016
- 1 in September 2016

Welcome, Support and Training

All 61 nurses who have taken up employment have been supported from the outset, from their day of arrival in York. The majority of nurses chose to take up the supported accommodation package developed by the Trust and all received a comprehensive induction packaged during their first weeks of employment, including access to e-learning. A bespoke EU nurse preceptorship programme has been held for the nurses and the final cohort of nurses will commence this programme in October 2016.

Attrition

During the last three months, 9 EU nurses have tendered their resignations, citing personal reasons for their decision to return to their home countries. Those spoken to about their reasons have commented that they have enjoyed their work at the Hospital and have felt very supported by

the Trust. A further 2 nurses are on career break due to family ill health.

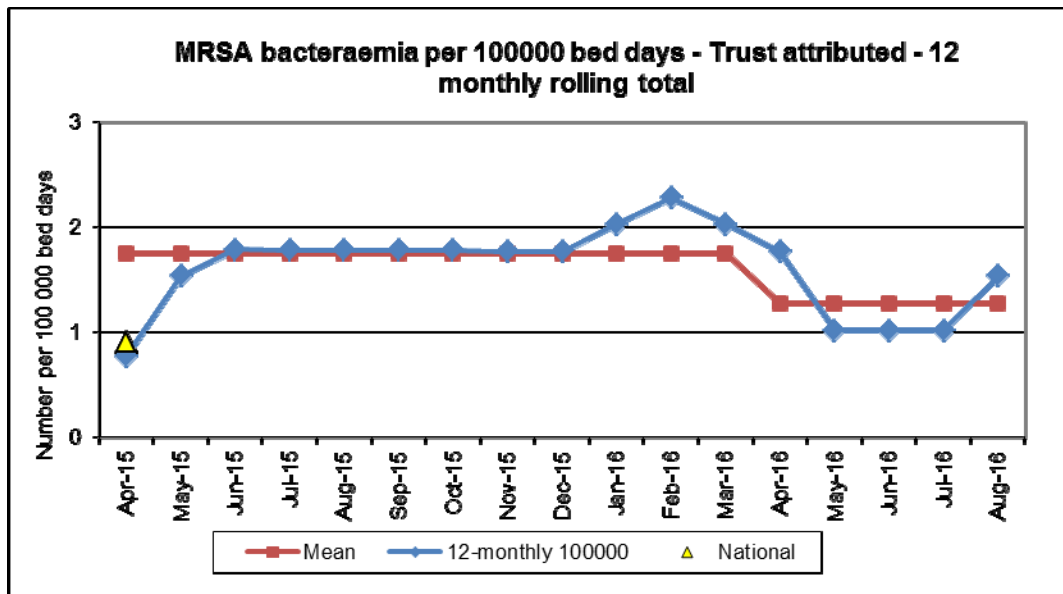
Of the 19 who didn't take up employment, the reasons for there were largely due to them receiving offers of employment with alternative UK organisations or personal circumstances preventing them leaving their home countries. Any requests for changes to ward allocation prior to commencing employment were considered and in all cases supported prior to their arrival in the UK. The highest proportion of these withdrawals (15) took place during the November to February 2016 campaigns when a large number of NHS organisations were also recruiting from Europe.

NMC Pin Progress

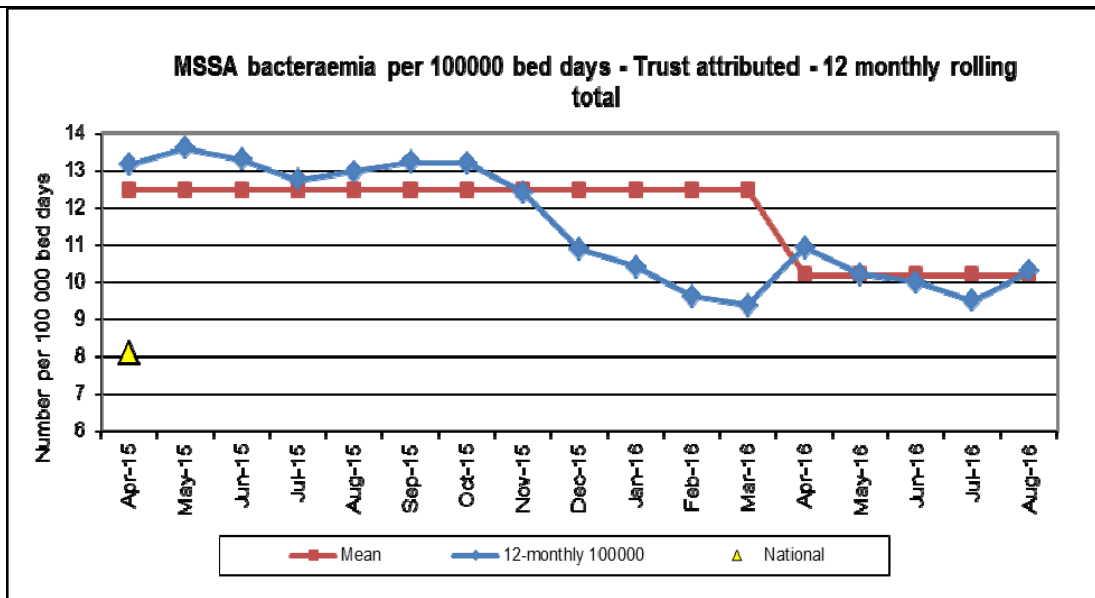
All but two of the European nurses have now received their NMC Pin numbers and now working as Registered Nurses within the Trust. The two outstanding NMC Pin numbers relate to nurses who commenced in May 2016 and at the end of August, they were both awaiting a final decision on their registrations from the NMC.

2.3 Healthcare Associated Infection

Healthcare Associated Infection (HCAI) incidence continues on a downward trend towards national and regional mean with the exception of MRSA bacteraemia, we have had 2 cases on ICU SGH in August - the findings from the PIR are still outstanding.



We are currently reviewing MRSA screening and treatment protocols to improve compliance in order to ensure prompt identification of MRSA carriers and treatment of cases; this includes nose throat and groin swabs for all admissions rather than just taking a nose swab for those deemed 'low risk' - followed by a simplified treatment algorithm in order to reduce confusion for staff while still maintaining patient safety.



The Infection Prevention Nurses continue to work collaboratively with Patient Safety, Clinical Skills and the Sepsis Team to reduce blood stream infections.

Current findings indicate that the majority are likely to be condition related - 3 with documentation where the patient has removed or tampered with their peripheral cannula and a patient with an infected central line transferred from another organisation with it in situ.

2.5 Serious incidents Maternity 2016

From January to August 2016 Maternity services have had 5 serious incidents.

Site	Month	SI number	Summary
York	Feb	2016/2978	Stillbirth. Small for gestation age baby.
York	May 2015	2016/7893	Stillbirth. SI declared following peer review of stillbirth cases .
York	April	2016/12189	Twins. Stillbirths. Acute fatty liver of pregnancy.
Scarborough	July	2016/	Neonatal death (mandatory SI)
York	July	2016/	Neonatal death (mandatory SI)

All the above cases have been discussed at the Directorate Clinical Governance meetings and Risk Management meetings. We are currently awaiting the reports for the 2 neonatal death cases in July 2016.

3. Effectiveness

3.1 Nurse Rostering Project

Phase 2 of the Nurse Rostering has commenced. With initial deep dives being undertaken for both emergency departments and acute medical units at York and Scarborough. The findings of these are being collated and will be available to directorate teams in the near future. Other activities include the scoping of IT provision and the potential use of additional software to enable effective staff deployment.

3.2 Nurse Bank

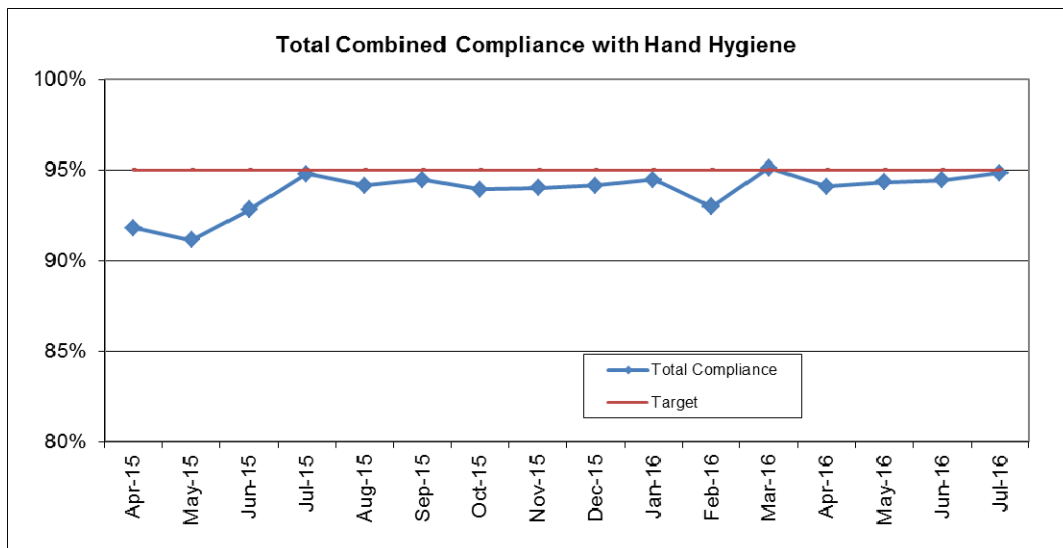
A review of the internal nurse bank has identified a number of professional issues that need to be strengthened. These include:

- Scope of service
- Professional leadership
- Governance
- Education and training
- Out of hours provision.

A steering group has been established to address the emerging issues, for which progress will be reported to the Workforce Organisational and Development Committee.

3.3 Anti-microbial Stewardship

On-going work with the anti-microbial stewardship team and an emphasis on prompt antibiotic review alongside detailed assessment of the causes of diarrhoea have led to a sustained reduction of reportable C.difficile cases.



Infection Prevention Nurses are undertaking a re-launch of the Hand Hygiene initiative that includes a newly developed OSCE for use by senior managers as part of staff competencies in the acute setting and in the community to ensure safe practice for lone workers.

3.4 Antenatal and Newborn Screening Quality Assurance progress report 2016

Public Health England Quality Assurance (QA) visit and audit of the Antenatal and Newborn Screening service took place in March 2015. A full written report was received in May 2015. The update is attached at appendix 2.

3.5 Safeguarding Children Reflective Learning (Supervision)

Monthly Reflective Learning Sessions have been held in paediatrics since February 2016. In August a 6 month audit of the effectiveness of the model and its impact on practice will be completed. Monthly sessions are now available to staff in paediatrics and ED across both sites. There is also interest in introducing the model to paediatricians.

4. Patient Experience

4.1 Friend and Family Test Latest Results – July 2016

The Trust continues to meet its target for 90% of patients to recommend the Trust. The inpatient recommend rate was 96.5%. The ED recommend rate is 83.8% compared to a national average of 86%. The Scarborough ED % recommend rate has dropped to 71%. This has been flagged to the ED team – narrative comments indicate the majority of dissatisfaction is linked to waiting times.

The response rate for inpatients in April 2016 has dropped to 24.4% (national average 26.2%). York response rates remain stable at 28%; but Scarborough response rates have fallen significantly to 14.7% (from 20.7% in June). The ED response rate has risen to 19.1% (national average 13.4%).

The Patient Experience Team FFT administration processes are becoming embedded and enabling the team to proactively work with wards and departments to look at the learning from their reports and support service improvements. Two recent examples include engaging with ward 25 about length of time to answer call bells/help people get to the toilet; and working with the team from Bronte Ward to increase the space available for patient care (in response to feedback about the room being too small).

4.2 Complaints

A full review of the complaints and concerns policy is underway, taking into account feedback from the many internal and external stakeholders in the process. A new administration/management process, putting the emphasis on directorate-level ownership, is being proposed. Child Health have put themselves forward to pilot this process.

The complaints team undertook a day's investigation skills training, including: planning investigations; root cause analysis; human factors and identifying effective learning. This reflects the team's increased focus on supporting investigating officers to plan and carry out effective investigations.

4.3 PALS

PALS are now using the Datix Web system to record all cases – this saves administration time and means PALS and complaints reports use consistent categorisation and coding, allowing for better triangulation.

A PALS standard operating procedure has been produced to promote consistency of working practice within the team and support two new staff members. The PALS team is now fully staffed at 3.68 WTE, with a full time member of staff at Scarborough, this is improving the responsiveness of the service for patients/carers.

The York PALS office move to the main corridor has been approved and funded. The new office will be clearly branded and have a welcoming, private patient/carer meeting area.

4.4 Volunteering

New volunteers to the Trust have now attend an Induction Day which covers areas such as Safeguarding, Infection Prevention, Fire Safety and Governance.

The recruitment of volunteers is now moving, from a mainly paper heavy system, to a new electronic system. TRAC is being rolled out across HR during September 2016 and Volunteering will follow late October 2016

The Trust is working with The University of York who have agreed to lead a research project around the value of volunteering across the Trust.

4.5 Knowing How We're Doing Boards

All Of the boards have recently been removed as many of the ones displayed were out of date. A review of the patient experience information displayed at ward level is being carried out, looking at the effectiveness of the process over the past two years, feedback from ward staff and patients, and good practice from other organisations. It has been agreed that a discussion about the format and process of maintaining the boards will be debated at the senior nurse meeting. This is scheduled for October.

4.6 Royal College of Midwives (RCM) 'Caring for You' Charter

York Maternity services were the first in Yorkshire and the Humber (and one of the first in the country) to sign up to the RCM 'Caring for You' charter.

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

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

The 'Caring for You' Campaign aims to improve staff wellbeing by implementing a local action plan;

- Ensuring maternity staff have access to flexible working and a positive culture around working time and taking breaks.
 - Pro-active support throughout the unit for staff to take rest periods.
 - Staff encouraged to take responsibility to go for their break when it is offered
- Committing to a zero tolerance policy on undermining and bullying behaviours
 - Collaboration with the RCM/RCOG to raise awareness about undermining behaviours and bullying.
 - Considering training for staff on restorative practise (working with ODIL)
 - Fairness champions (supported by HR)
 - Workshop supported by the RCM
- Enable maternity staff to access both physical and emotional support.
 - Health checks for all midwives and support workers (invited to attend by Occupational Health)
 - Access to staff counselling (supported by Occupational Health)
 - Mindfulness apps to aid relaxation (advertised by Occupational Health)

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

5. Recommendation

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

Author

Beverley Geary, Chief Nurse

Owner	Beverley Geary, Chief Nurse
Date	September 2016

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year)	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - New PU				19	13	18	16	15	16	21	8	17	16	13	9	
		Cat 4	No. of Patients (PP)	Safety Thermometer - New PU				0	1	0	0	0	2	0	1	1	1	1	1	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - New PU				2	2	4	3	1	5	1	2	3	4	4	1	1
		Cat 2	No. of Patients (PP)	Safety Thermometer - New PU				9	4	12	9	8	7	17	3	10	4	6	6	4
		Unstageable	No. of Patients (PP)	Safety Thermometer - New PU				8	6	2	4	6	2	3	2	3	7	5	5	4
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - New PU				0	0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				36	31	33	31	28	36	35	21	31	32	27	27	20
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				1	1	4	0	0	0	0	1	0	1	1	1	2
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer -CQUIN HARM FREE %	95%	Red		94.23	95	94.28	92.79	94.4	95.99	94.13	95.52	95.33%	95.33%	94.31%	95.07%	
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - UTI - NEW UTI				24	23	17	21	20	17	19	19	19	14	17	17	
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				17	9	12	10	19	18	14	21	16	13	8	18	
	Drug Errors			Datix															89	
	NEWS			Signal									87.20%	85.60%	85.20%	86.80%	87.60%	87.40%	87.70%	
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				1	4	3	3	1	0	6	8	1	0	0	0	
Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				1	2	2	3	2	3	1	2	1	3	2	2		
VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				1	0	0	1	0	1	4	0	0	0	0	0		
Workforce	Vacancies	Inpatient area vacancies -RN (month end)	Number	CN Team				167.67	148.05	127.31	158.87	125.36	128.13	147.27	120.72	133.76	130.35	142.28	149.99	
		Inpatient area vacancies - HCA (month end)	Number	CN Team				26.08	39.05	34.15	31.05	55.57	58.53	34.83	54.54	59.11	56.82	47.56	62.63	
	Turnover	Registered Nurses	%	Workforce Info				12.33%	11.53%	12.24%	11.68%	11.83%	14.10%	15.04%	11.10%	11.32%	11.03%	10.62%	10.63%	
		Healthcare Assistants	%	Workforce Info				12.15%	12.23%	12.01%	12.24%	10.06%	13.23%	12.81%	9.26%	9.22%	9.80%	10.36%	8.19%	
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				3.82%	5.17%	4.37%	4.64%	4.64%	4.45%	4.31%	3.87%	3.89%	3.79%	3.84%		
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				2.63%	1.76%	2.71%	2.56%	2.42%	2.51%	2.56%	2.70%	2.84%	2.95%	2.90%	2.78%	
	Appraisals	Registered Nurses	%	Workforce Info													66.10%	68.64%	70.95%	
		Healthcare Assistants	%	Workforce Info													67.79%	69.31%	72.11%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green		91.70%	92.80%	92.00%	91.20%	90.40%	92.80%	88.80%	91.74%	92.80%	93.70%	90.19%	90.30%	
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Red		88.60%	93.50%	95.40%	88.90%	89.70%	91.10%	91.60%	87.89%	92.00%	97.80%	89.05%	84.50%	
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green		98.50%	96.70%	100.70%	93.70%	98.00%	96.30%	97.84%	97.02%	97.80%	94.10%	99.94%	98.90%	
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red		100.60%	109.30%	104.50%	114.20%	115.00%	110.70%	108.48%	119.50%	111.50%	108.20%	118.64%	122.00%	
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return													5.4	5.1	5.1	4.8
		Healthcare Assistants		Safer Staffing Return													3.0	2.9	3.1	3.1
		Total		Safer Staffing Return													8.4	8.0	8.2	7.9
	Bank & Agency	Overall Fill Rate	%	Workforce Info				74.26%	77.55%	77.04%	70.76%	79.40%	75.30%	74.67%	73.19%	78.55%	75.92%	78.33%	77.41%	
		Bank Fill Rate RN	%	Workforce Info				29.14%	43.74%	36.98%	36.20%	46.38%	42.94%	34.71%	45.41%	50.67%	46.18%	46.74%	40.97%	
		Bank Fill Rate HCA	%	Workforce Info				56.02%	51.13%	53.85%	52.56%	67.07%	60.31%	60.18%	58.63%	60.76%	53.75%	56.69%	56.79%	
		Bank - RN Hours filled	Number of Hours	Workforce Info				8,868	9,458	10,100	10,499	14,508	14,266	15,115	14,122	15,569	14,186	15,273	14,845	
		Bank - HCA Hours filled	Number of Hours	Workforce Info				9,089	9,508	10,711	11,161	13,716	13,879	15,494	14,286	14,273	14,395	16,829	17,562	
Agency Fill Rate RN		%	Workforce Info				42.01%	34.12%	40.36%	32.56%	30.26%	29.82%	31.09%	23.05%	22.48%	25.47%	26.47%	29.55%		
Agency Fill Rate HCA		%	Workforce Info				23.35%	26.06%	22.78%	20.93%	16.55%	18.66%	20.17%	20.61%	24.84%	27.07%	27.26%	28.71%		
Agency - RN Hours filled		Number of Hours	Workforce Info				12,783	7,379	11,021	9,444	9,465	9,905	11,824	7,168	6,908	7,823	8,651	10,706		
Agency - HCA Hours filled		Number of Hours	Workforce Info				3,789	4,847	4,530	4,444	3,385	4,295	5,193	5,022	5,835	7,250	8,078	8,878		
Stat & Mand Training	Statutory & Mandatory Training	Statutory Training		CLAD	75%			80.20%	66.29%	67.61%	70%	66.78%	81.91%	83%	78.95%	85%	85.62%	84.23%	75.54%	
		Mandatory Training		CLAD	&%%			79.63%	71.32%	58.27%	83.32%	73.51%	79.07%	80%	77.69%	83.60%	85.18%	84.23%	92	

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year)	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	
Infection Prevention	MRSA	MRSA Bacteraemia	Cumulative	IC Team	0	Red	1.00	0	0	0	0	1	1	0	1	0	1	0	2	
		MRSA Screening - Elective	Compliance %	Signal	95%	Red		94.48	95.69	94.32	89.85	78.4	70.83	73.81	68.21	62.96	64.24	62.52	63.89	
		MRSA Screening - Non-Elective	Compliance %	Signal	95%	Red		80.52	79.71	83.55	83.58	79.94	79.62	80.28	82.21	83.7	78.91	84.19	83.88	
	C.Difficile	C DIF Toxin Trust Attributed	Cumulative	IC Team		Green	3.00	3	5	2	8	7	5	3	3	1	3	3	2	
	MSSA	MSSA Bacteraemia	Cumulative	IC Team		Red	9.00	3	6	2	2	2	2	3	9	2	2	2	5	
	E-Coli	E-Coli Bacteraemia	Cumulative	IC Team			5.00	6	6	3	14	11	15	7	5	5	9	6	14	
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Amber		94%	94%	94.93%	94%	94%	94%	94%	97%	95%	93%	94%	95%	93%
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance Team				16	21	19	12	11	27	21	17	12	31	15	17	
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance Team				0	0	0	0	0	0	0	0	0	0	6	5	
	Never Events	Never Events declared	Number	Datix - Healthcare Governance Team				0	0	0	0	0	1	0	1	0	1	1	1	
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.51%	96.98%	95.46%	95.26%	96%	96.01%	96.19%	98.89%	96.92%	96.47%	96.52%		
			%Not Recommend	Signal				0.90%	0.88%	1.26%	1.83%	1.19%	1.44%	1.20%	0.83%	0.73%	1.13%	0.89%		
		A&E Friends and Family Test	% Recommend	Signal					81.49%	78.34%	76.10%	85.61%	83.31%	80.95%	80.86%	79.21%	81.09%	80.397%	83.84%	
			% Not Recommend	Signal					12.77%	13.75%	16.90%	8.70%	11.36%	11.41%	13.02%	12.70%	11.16%	12.01%	10.44%	
		Maternity (Ante Natal)	% Recommend	Signal					96.46%	95.60%	100%	97.22%	99.01%	100%	95.65%	100%	95.35%	98.37%	97.4%	
			% Not Recommend	Signal					1.70%	1.10%	0	0	0	0	1.09%	0%	0%	0%	0%	
		Labour & Birth	% Recommend	Signal					98.76%	95.50%	93.75%	98.97%	98.75%	100%	95.65%	100%	98.99%	99.33%	99.30%	
			% Not Recommend	Signal					0	0.90%	6.25%	0	0	0	4.35%	0%	0%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal					98.37%	95.60%	100%	0	100%	97.87%	99.15%	96.43%	97.16%	100%	99.26%	
			% Not Recommend	Signal					1.62%	1.10%	0	0	0	1.06%	0%	0%	0.57%	0%	0%	
	Community Post Natal	% Recommend	Signal					100%	95.66%	100%	94.44%	98.31%	98.41%	94.85%	100%	99.15%	99.12%	98.81%		
		% Not Recommend	Signal					0	2.59%	0	5.56%	1.69%	0	1.03%	0%	0%	0%	1.19%		
	Complaints	Complaints Total		Number	PE Team				20	42	Not Available	Not Available	19	31	36	27	30	33	26	28
			Staff Attitude	Number	PE Team				6	7	Not Available	Not Available	1	3	3	3	2	4	4	1
			Patient Care	Number	PE Team				6	6	Not Available	Not Available	5	3	5	1	5	2	4	7
			Communication	Number	PE Team				8	5	Not Available	Not Available	2	3	8	4	2	3	4	3

Nursing Dashboard - York

	Metric	Measure	Data Source	Trajectory	RAG	Cum.T total	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			2	3	1	8	2	4	4	2	1	3	3	2	
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU			0	1	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	1	0	0	1	2	0	1	0	0	
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			2	0	1	5	1	3	3	0	0	2	2	2	
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			0	2	0	2	1	1	0	0	1	0	0	0	
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0	1	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			18	15	18	23	18	18	21	9	12	20	10	8	
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			0	1	2	0	0	0	0	1	0	1	0	1	
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%		95.1	95.22%	96.09%	92.73%	96.66%	96.33%	96.44%	95.30%	97.50%	95.59%	95.14%	97.71%	
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			11	3	7	11	3	9	2	5	4	3	6	1	
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			9	6	6	3	9	10	8	9	6	8	3	5	
	Drug Errors	Drug Errors (inpatient wards only)		Datix													54	72	
	NEWS	Compliance with NEWS (inpatient wards only)		Signal							79%	78.15%	77.64%	79.455	79.76%	80.62%	80.33%	82.63%	
Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	3	2	3	0	0	1	6	0	0	0	0		
Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	1	0	2	2	2	0	1	1	2	1	1		
VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE			0	0	0	0	0	0	0	0	0	0	0	0		
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			104.66	87.43	85.39	98.15	68.51	68.75	86.14	70.2	74.63	67.66	71.16	78.07	
		Inpatient area vacancies - HCA	Number	CN Team			30.91	40.81	34.15	31.05	55.87	58.53	34.83	24.8	41.43	37.9	30.11	41.3	
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			3.43%	4.47%	3.96%	3.74%	3.99%	4.36%	3.56%	4.27%	3.96%	3.55%	3.74%		
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info			5.20%	4.36%	4.45%	3.83%	3.85%	3.71%	3.30%	3.34%	3.45%	3.21%	3.09%	3.60%	
	Appraisals	Registered Nurses	%	Workforce Info												61.68%	65.11%	65.17	
		Healthcare Assistants	%	Workforce Info												73.36%	69.38%	73.52%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			85.4	85.8	90.3	88	88.9	86.7	86.9%	89.55%	86.30%	88.00%	87.90%	85.30%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			94.3	94.3	96.6	94.5	93.7	94.2	95.1%	96.43%	95.90%	102.30%	96%	96.90%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			99.5	100	95.4	93.6	95.6	92.4	93.1%	98.06%	102.10%	95.60%	105.10%	105%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			106.7	109.1	108.5	103.1	105.1	103.7	104.3%	106.28%	106.50%	113.30%	113.20%	112.20%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return												4.9	4.9	5.1	5
		Healthcare Assistants		Safer Staffing Return												2.6	2.7	3.0	3
		Total		Safer Staffing Return												7.5	7.6	8.1	8.0
Internal Bank Fill Rate	Fill Rate	%	Workforce Info			29.2	27.94	31.9	32.55	33.7	39.2	38.1	41.70%	42.80%	38.20%	43.20%	39%		
Agency Fill Rate	Fill Rate	%	Workforce Info			44.9	43.31	43.1	36.69	42.4	33.9	36.8	30.40%	33.40%	37.80%	36.10%	37.40%		
Infection Prevention	MRSA	MRSA Bacteraemia	Cumulative	IC Team	0	2	0	0	0	0	0	1	0	1	0	1	0	0	
		MRSA Screening - Elective	Compliance %	Signal	95%		97.20%	96.61%	97.85%	94.63%	75.64%	70.54%	74.41%	71.79%	6.59%	64.80%	61.41%	57.78%	
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		78.21%	74.49%	79.69%	76.26%	79.09%	74.85%	78.53%	79.41%	82.29%	80.49%	81.76%	81.20%	
	C.Difficile	C DIF Toxin Trust Attributed	Cumulative	IC Team	48	2	2	4	3	5	5	4	1	0	1	3	3	2	
	MSSA	MSSA Bacteraemia	Cumulative	IC Team	12		1	5	0	1	0	2	3	4	1	2	1	4	
E-Coil	E-Coil Bacteraemia	Cumulative	IC Team	22		2	3	4	4	4	10	6	2	3	4	4	9		
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			6	13	9	5	2	12	6	7	8	12	4	1	
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	3	5		
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	1	0	1	0	1	0	0	

		Metric	Measure	Data Source	Trajectory	RAG	Cum.T otal	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	
Patient Experience	Friends and Family	Inpatient Friends & Family Test	%Recommend	Signal				95.98	96.25	94.96	94.43	94.68	95.48	95.48	96.46%	96.92%	96.06%	96.30%		
			%Not Recommend	Signal				1.00	1.12	1.60	2.46	1.53	1.92	1.34	1.04%	0.73%	1.45%	0.90%		
		A&E Friends and Family Test	% Recommend	Signal					82.20	79.35	74.50	86.57	83.70	82.27	83.83	78.93%	80.98%	81.44%	86.48%	
			% Not Recommend	Signal					12.43	12.83	18.30	7.89	11.28	10.44	10.92	12.86%	11.63%	11.68%	8.16%	
		Maternity (Ante Natal)	% Recommend	Signal					95.24	86.79	100.00	93.75	97.80	100.00	91.00	100.00	95%	97.56%	98.18%	
			% Not Recommend	Signal					3.17	1.89	0.00	0.00	0.00	0.00	0.02	0.00	0%	0%	0	
		Birth	% Recommend	Signal					98.50	95.50	91.67	98.50	96.80	100.00	100.00	100.00	99%	99.11%	100.00%	
			% Not Recommend	Signal					0.00	0.90	8.30	0.00	0.00	0.00	0.00	0.00	0%	0.88%	0%	
		Maternity (Post Natal)	% Recommend	Signal					97.06	95.60	100.00	100.00	100.00	97.10	99.00	100.00	98%	100%	99.10%	
			% Not Recommend	Signal					1.47	1.09	0.00	0.00	0.00	0.00	0.00	0.00	0%	0%	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team					8	24	not available	not available	18	22	28	23	20	12	17	15
		Staff Attitude	Number	PE Team					3	2	not available	not available	1	2	3	3	2	1	3	5
		Patient Care	Number	PE Team					2	4	not available	not available	5	1	3	1	4	2	2	2
		Communication	Number	PE Team					3	5	not available	not available	2	3	5	3	1	3	2	1

Assistant Director Narrative - Michael Shanaghey

Ward 28 – ward level action plan in place to mitigate risks

Ward 34 – temporary suspension of NIV – added to the directorate risk register and bespoke recruitment is underway

Nursing Dashboard - Scarborough

	Metric	Measure	Data Source	Trust Trajectory	Cum Total	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU		4	1	3	5	1	2	7	2	4	2	1	1	
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU		0	0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU		0	0	0	0	0	0	1	0	0	1	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU		2	1	3	3	1	1	5	1	2	0	1	0	
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU		2	0	0	2	0	0	2	1	1	2	0	1	
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU		0	0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS		4	8	8	8	4	11	6	7	10	4	7	9	
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS		0	0	2	0	0	0	0	0	0	0	0	1	1
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%	93.89%	93.08%	91.04%	90.20%	93.31%	95.48%	91.67%	93.29%	95.58%	94.52%	94.31%	95.07%	
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS		8	11	10	11	9	3	6	7	4	11	17	15	
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS		3	2	4	7	6	10	3	8	4	3	5	10	
	Drug Errors	Drug Errors (inpatient wards only)		Datix													23	44
	NEWS	Compliance with NEWS (inpatient wards only)		Signal						84%	81%	81.73%	83.66%	0.85759979	85.54%	85.45%	85.67%	
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE		0	0	1	0	1	0	2	0	0	0	0	0	
Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE		1	1	1	1	0	0	0	1	0	1	1	1		
VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE		0	0	0	1	0	0	4	0	0	0	0	0		
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team		43.75	40.37	29.89	37.93	36.93	42.83	41.67	38.59	38.4	40.27	50.71	49.63	
		Inpatient area vacancies - HCA	Number	CN Team		-7.56	-3.86	1.85	1.35	5.95	2.65	4.24	7.88	7.94	10.28	10.14	13.06	
	Sickness	Sickness (In Patient Areas)	%	Workforce Info		5.16%	4.61%	5.08%	6.67%	6.46%	6.63%	3.43%	4.11%	3.47%	3.88%	4.83%		
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info		3.43%	2.67%	2.75%	2.41%	2.65%	2.66%	2.36%	2.32%	2.71%	2.23%	2.39%	2.21%	
	Appraisals	Registered Nurses	%	Workforce Info												59.69%	64.12%	63.42%
		Healthcare Assistants	%	Workforce Info												45.52%	56.31%	57.24%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		80.5	81.7	83.8	87.5	86.6	83.7	80.8%	85.27%	86.20%	85.00%	82%	82.10%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		89.8	92.3	104.6	102.5	92.6	91.8	88.2%	89.92%	89.70%	96.20%	92.90%	94%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		109.4	109.2	94.1	90.8	104.9	100.5	100.5%	99.61%	99.90%	91.60%	100.20%	97.00%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		105.9	108.8	108.4	108.8	113.5	118.9	114.0%	115.87%	111.70%	108.60%	111%	108.10%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return											5.1	4.6	4.9	5.3
		Healthcare Assistants		Safer Staffing Return											2.6	2.4	2.7	2.7
		Total		Safer Staffing Return											7.7	7.0	7.6	8.0
Internal Bank Fill Rate	Fill Rate	%	Workforce Info		51.80%	59.40%	62.00%	57.17%	73.70%	65.80%	58.60%	61.90%	74.90%	63.10%	58.80%	55.50%		
Agency Fill Rate	Fill Rate	%	Workforce Info		22.70%	19.40%	18.70%	14.63%	11.30%	11.20%	12.40%	10%	5.90%	8.30%	14.40%	19.30%		
Infection Prevention	MRSA	MRSA Bacteraemia	Cumulative	IC Team	0	3	0	0	0	0	0	0	0	0	0	0	2	
		MRSA Screening - Elective	Compliance %	Signal	95%		88.89	95.92	92.36	74.38	66.67	50	50.56	45.71	34.69%	37.17%	36.69%	43.26%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		85.76	90.32	91.55	86.69	87.48	86.47	84.13	87.62	86.51%	75.82%	88.99%	89.34%
	C.Difficile	C DIF Toxin Trust Attributed	Cumulative	IC Team	48	16	1	0	0	2	1	0	1	2	0	0	0	
	E-Coli	E-Coli Bacteraemia	Cumulative	IC Team	<30	14	38	4	3	4	3	6	3	1	1	2	3	4
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			4	4	6	4	6	9	12	7	0	11	1	3
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0	1	3
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August		
Patient Experience	Friends and Family Test	Inpatient Friends and Family Test	%Recommend	Signal			96.61	97.81	95.00	95.32	97.38	95.52	96.45	98.02%	96.35%	96.88%	97.56			
			%Not Recommend	Signal				0.85	0.40	1.00	1.10	0.56	1.07	1.62	0.46%	0.42%	0.66%	0.98%		
		A&E Friends and Family Test	% Recommend	Signal				79.31	71.83	85.10	80.85	81.10	72.73	65.25	80.74%	81.63%	78.26%	71.43%		
			% Not Recommend	Signal				13.79	19.72	9.20	12.77	11.81	17.48	24.11	11.85%	8.84%	13.91%	21.14%		
		Maternity (Ante Natal)	% Recommend	Signal				98.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	96%	100%	95.45%	
			% Not Recommend	Signal				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0%	0%	0%		
		Birth	% Recommend	Signal				100.00	100.00	100.00	100.00	98.00	100.00	92.30	100.00	99%	100%	96.55%		
			% Not Recommend	Signal				0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1%	0%	0%		
		Maternity (Post Natal)	% Recommend	Signal				100.00	96.20	100.00	90.90	97.10	100.00	100.00	100.00	100%	100%	100%		
			% Not Recommend	Signal				0.00	0.00	0.00	9.10	2.90	0.00	0.00	0.00	0%	0%	0%		
		Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number		PE Team			11	13	Not Available	Not Available	1	5	7	4	2	3	5	12
			Staff Attitude	Number		PE Team			3	0	Not Available	Not Available	0	0	0	0	0	2	1	1
	Patient Care		Number		PE Team			4	2	Not Available	Not Available	0	1	2	0	1	0	2	1	
	Communication		Number		PE Team			4	5	Not Available	Not Available	0	0	2	1	1	0	2	0	

Assistant Director Narrative - Emma George

Vacancies

Currently 46.63 WTE Registered Nurse vacancies across Scarborough this includes all wards and departments. We have recruited and the RN vacancy will reduce to 27.83 WTE.
 Bespoke adverts for difficult to recruit to areas – Beech ward currently advertised
 Recruitment Fair planned for October 13 2016 specific for Scarborough and Bridlington sites.
 HCA open day 20 September 2016

Infection Prevention and Control

There have been 2 MRSA Bacteraemia in ICU on this site. The PIR have been completed and have learning has been identified.

- Timeliness of the suppression therapy prescription and therefore the commencement of the mupirocin.
- Documentation in relation to the insertion of a central line in theatre and on-going care of the line in ICU.

All nursing and medical staff have or are undertaking their ANTT training

Microbiologist Consultant, ADN and CD will present the findings to the ICU staff in September 2016

Exploring the possibility of an RN administering the mupirocin under a PGD to ensure there is no delay in the commencement of treatment.

Nursing Dashboard - Bridlington

	Metric	Measure	Data Source	Trajectory	RAG	Current total	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	
Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				0	1	2	2	0	0	2	0	2	0	1	0	
	Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0	
	Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	1	1	0	0	0	0	0	0	0	0	
	Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	1	1	0	0	2	0	2	0	1	0	
	Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				0	1	0	0	0	0	0	0	0	0	0	0	
	Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0	
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				3	0	1	0	0	0	2	3	0	1	0	0
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	0	0	0	0	0	0	0	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%			91.84%	95.65%	92.45%	91.49%	96.30%	93.88%	85.11%	94.64%	90.00%	90.63%	82.31%	81.82%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS				1	1	1	1	0	1	1	0	0	0	1	1
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				2	0	0	0	3	0	1	0	3	0	0	3
	Drug Errors	Drug Errors (inpatient wards only)		Datix														2	0
	NEWS	Compliance with NEWS (inpatient wards only)		Signal							93%	93.03%	86.95%	0.89559566	93.04%	91.50%	92.96%	96.20%	
Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	1	1	0	0	0	0	
Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0	
VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0	
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			6.4	6.52	5.52	7.08	6.28	6.78	11.68	5.78	7.4	7.4	5	5	
		Inpatient area vacancies - HCA	Number	CN Team			-0.2	0.08	0.08	1.68	2.68	2.68	3.3	1.68	3.44	1.5	2.44	0.7	
	Sickness (In Patient Areas)	Sickness	%	Workforce Info			8.05%	6.06%	6.36%	6.99%	8.65%	6.46%	7.89%	10.89%	14.40%	16.33%	15.49%		
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info			0.00%	0.17%	0.85%	0.90%	0.92%	0.94%	0.95%	0.95%	0.95%	0.95%	72.00%	0	
	Appraisals	Registered Nurses	%	Workforce Info													64.88%	65.37%	66.92%
		Healthcare Assistants	%	Workforce Info													62.36%	60.67%	63.85%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			89	89.8	94.7	86.9	92.6	93.4	90.3%	93.42%	88.90%	95.10%	85.00%	89%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			75.8	73.9	93.2	90.7	76.7	80.1	76.6%	84.69%	79.40%	84.20%	87.50%	75.30%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			82.3	85.2	73.8	67.9	94.9	92.2	88.9%	93.82%	85.80%	72.70%	72.30%	87.20%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			106.4	112.7	145	166.1	161.3	153.4	140.3%	150.00%	133.90%	143.30%	159.70%	138.70%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return												9.1	8.1	7.8	6.7
		Healthcare Assistants		Safer Staffing Return												4.0	3.5	4.1	3.7
		Total		Safer Staffing Return												13.1	11.6	11.9	10.4
Internal Bank Fill Rate	Fill Rate	%	Workforce Info				61.40%	82.80%	83.50%	70.95%	81.40%	81.80%	83.30%	80%	84.70%	76.30%	78.40%	84.80%	
Agency Fill Rate	Fill Rate	%	Workforce Info				19.50%	6.50%	7.78%	3.39%	1.20%	2.80%	2.00%	1.90%	0.80%	2.90%	1.80%	1.60%	
Infection Prevention	MRSA	MRSA Bacteraemia	Accumulated number of patients	IC Team	0	Green	3	0	0	0	0	0	0	0	0	0	0	0	
		MRSA Screening - Elective	Compliance %	Signal	95%			93.33	94.06	91.1	90.78	82.11	79.67	80.92	75.92	95.2	97.32	97.1	100
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			66.67	100	83.33	100	100	--	66.67	100	100	100	99.28	--
	C.Difficile	C DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	48	Green	3	0	1	0	0	0	0	0	1	0	0	0	
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	<30	Red	0	0	0	0	0	0	0	0	1	1	0	0	
E-Coli	E-Coli Bacteraemia	Accumulated number of patients	IC Team			4	0	1	0	0	0	2	0	0	0	1	0		
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - healthcare governance			0	0	0	0	2	0	0	0	0	3	0	0	
	Critical Incidents	CI's reported	Number	Datix - healthcare governance			0	0	0	0	0	0	0	0	0	0	0	1	
	Never Events	Never Events declared	Number	Datix - healthcare governance			0	0	0	0	0	0	0	0	0	0	0	0	

	Metric	Measure	Data Source	Trajectory	RAG	Cumulative	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August	
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal			98.16%	98.39%	100.00%	98.73%	98.77%	99.02%	98.40%	97.54%	97.23%	98.31%	96.57%		
			%Not Recommend	Signal			0.61%	0.81%	0.00%	0.00%	0.92%	0.00	0.00	0.62%	0.79%	0%	0%		
		A&E Friends and Family Test	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	
		Maternity (Ante Natal)	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	
		Birth	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	
		Maternity (Post Natal)	% Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	
			% Not Recommend	Signal			--	--	--	--	--	--	--	--	--	--	--	--	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team				0	1	not available	not available	0	1	0	0	0	0	0	1
		Staff Attitude	Number	PE Team				0	0	not available	not available	0	0	0	0	0	0	0	1
		Patient Care	Number	PE Team				0	0	not available	not available	0	1	0	0	0	0	0	0
		Communication	Number	PE Team				0	0	not available	not available	0	0	0	0	0	0	0	0

Assistant Director Narrative - Emma George

Areas of risk identified are sickness rates within the acute wards

Kent RN 18.8 %
Waters RN 21.55%
Lloyd RN 16.08%

ADN has met with the matron and ward manager and there is a plan in place, all staff are being monitored within the sickness policy, issues are long term sickness.

Appendix 2

Antenatal and Newborn Screening Quality Assurance progress report 2016

The aim of quality assurance in the NHS Antenatal and Newborn Screening Programme is the maintenance of minimum standards and the continuous improvement in the performance of all aspects of screening and assessment prior to specific treatment in order to ensure that women & their babies have access to a high quality service wherever they live.

The Antenatal and newborn blood spot (ANNB) screening co-ordinator is the lead for the action plan of the 27 recommendations in the report.

It was recognised in the report the substantial amount of collaborative work undertaken to integrate and improve antenatal and newborn screening provision, particularly during the merger of the Hospitals. Also the good working relationship between staff across the screening programmes, and all staff groups was seen. This was demonstrated by the willingness to work with colleagues across the organisation, wider stakeholders and particularly good communication was reported bi-directionally between the laboratories, NHS England Screening and Immunisation Team (SIT), North Yorkshire and Humberside Locality team, and the regional laboratories based at Leeds and Sheffield.

Of the 27 recommendations 17 have been completed and signed off by the Screening & Immunization Co-ordinator for Public Health England on behalf of the ANNB Programme Board & QA.

The 10 remaining recommendations are at various stages of development detailed in this report, some nearing completion.

The recommendations were prioritised by QA into high, medium & low priority; with timescales to action the recommendations in 3, 6 & 12 month periods. There were no recommendations from the visit that required immediate action.

An action plan spread sheet was implemented for the multidisciplinary Screening

Priority	27 Recommendations	Completed	Remaining
High	8	6	2
Medium	12	6	5
Low	7	4	3

Team to access, contribute, review and action with monthly meetings held via video conferencing between the York and Scarborough site. Some of the meetings were arranged as focus groups with key staff relating to their recommendations; these groups have worked particularly well.

Meetings have taken place between PHE and York Trust regularly over the course of the year to discuss the progress and sign off actions.

We recognise the valuable support provided by the Screening & Immunization Co-ordinator for Public Health England in the progression of the action plan.

Integrated working across all the Screening disciplines cross site has enabled the completion of 17 of the recommendations. Communication between the professionals has been excellent, both internally and externally.

Outstanding Recommendations detailed (July 2016):

High Priority

Recommendation 6.1.5 Equity of access for Down's screening, Fetal Medicine and Prenatal diagnostic testing.

- Achieved introduction of combined nuchal translucency scan appointments at Bridlington March 2016
- Business case being compiled for Fetal Medicine for SGH site

Recommendation 6.3.4 Review of Hepatitis B pathway with Child Health records department (CHRD)

- Review of current pathway of referral on both hospital sites taken place
- CHRD in final stages of completing proforma to enable maternity services to inform of babies hepatitis B vaccinations

Medium Priority

Recommendation 6.1.2 Review of Screening Guidelines

- Received updated national standards for screening programmes July 2016 to inform the review of screening guidelines
- Screening midwives will commence the review as part of the maternity guideline groups in August 2016

Recommendation 6.1.9 Informing women who miscarry or terminate a pregnancy of initial booking screening blood results

- Meetings held both sites on with early pregnancy services to develop a process to meet this recommendation. community midwifery Team reviewing current process of alerting AN Screening Team of women who have had a pregnancy loss
- Letter to patient and SOP/guideline to be developed

Recommendation 6.3.1 Strengthen Pathway for informing women of positive result for HIV/Hepatitis B/syphilis

- To be updated with guideline review in August 2016

Recommendation 6.3.2 Strengthen MDT links with specialist services

- MDT links gained for hepatitis B/HIV
- Develop sexual health links (initial meeting taken place)
- Will be strengthened with review of screening guidelines

Recommendation 6.5.5 Review of Screening Support Sonographer job role, involvement in ANNB Steering group and contribution to Annual report and guidelines

- SSS job description awaiting final banding
- Attendance at meetings achieved
- Sonography guidelines for screening updated
- Contribution to Annual report achieved

Low Priority

Recommendation 6.1.3 Remote access to laboratory results in the community

- Roll out of Ordercomms at Scarborough site currently in progress
- Rolling out of Ordercomms to GPs, IT will then work on enabling community midwives access to these
- IT have trials taking place of community nurses using mobile devices, possibility trial/introduction of devices for community midwives in future

Recommendation 6.1.4 Review of scan time consistency across the Trust

- Work completed reviewing scan times at York site, business case approved to increase scans for for customised growth charts in June 2016 . This will enable full review of scan times/slots

Recommendation 6.2.3 Electronic Family Origin Questionnaire (FOQ)

- New combined antenatal and FOQ blood form awaiting printing
- Once Ordercomms are rolled out in all maternity areas we can actively move towards electronic form/ordering

Highlights

A key highlight of the completed recommendations is the collaborative working to enable the submission of the ANNB Screening Key Performance Indicators (KPI's) that previously we were unable to submit.

A positive factor that has come as a result of the QA visit is that it has raised the profile of Antenatal and Newborn Screening within the Trust. It has enabled all the Screening service professionals to come together and to work collaboratively as a team, thus enabling delivery of a high quality ANNB Screening service for our service users. Our recent patient questionnaire has reflected this.

Board of Directors – 28 September 2016

Safe Nurse and Midwifery Staffing Report

Action requested/recommendation

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

Executive Summary

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

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

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 (%)
Archways Intermediate Care Unit	99.2%	99.4%	50.0%	200.0%
Bridlington and District Hospital	89.0%	87.2%	75.3%	138.7%
Malton Community Hospital	79.4%	113.8%	100.0%	100.0%
Scarborough General Hospital	82.1%	97.0%	94.4%	108.1%
Selby And District War Memorial Hospital	94.8%	106.5%	74.2%	151.6%
St Helens Rehabilitation Hospital	101.6%	91.0%	95.2%	109.7%
St Monicas Hospital	83.5%	92.5%	83.9%	80.6%
White Cross Rehabilitation Hospital	97.6%	97.4%	90.3%	96.8%
York Hospital	85.3%	105.0%	96.9%	112.2%

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

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

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

	Care Hours Per Patient Day (CHPPD)			
	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
Archways Intermediate Care Unit	612	1.8	2.6	4.4
Bridlington and District Hospital	1291	3.4	3.9	7.2
Malton Community Hospital	761	2.1	3.3	5.4
Scarborough General Hospital	8535	3.9	2.8	6.6
Selby and District War Memorial Hospital	580	2.8	3.0	5.8
St Helen's Rehabilitation Hospital	534	3.0	2.7	5.7
St Monica's Hospital	321	2.5	3.2	5.7
White Cross Rehabilitation Hospital	644	2.4	2.3	4.6
York Hospital	15545	4.0	3.1	7.1

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

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

Strategic Aims

Please cross as appropriate

1. Improve quality and safety
2. Create a culture of continuous improvement
3. Develop and enable strong partnerships
4. Improve our facilities and protect the environment

Implications for equality and diversity

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

It is anticipated that the recommendations of this paper are not likely to have any particular

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Quality & Safety Committee
Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Beverley Geary, Chief Nurse
Author	Nichola Greenwood, Nursing Workforce Projects Manager
Date of paper	September 2016
Version number	Version 1

Safe Nurse and Midwifery Staffing Report

1. Introduction and background

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

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

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

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

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

2. High level data by site

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 (%)
Archways Intermediate Care Unit	99.2%	99.4%	50.0%	200.0%
Bridlington and District Hospital	89.0%	87.2%	75.3%	138.7%
Malton Community Hospital	79.4%	113.8%	100.0%	100.0%
Scarborough General Hospital	82.1%	97.0%	94.4%	108.1%
Selby And District War Memorial Hospital	94.8%	106.5%	74.2%	151.6%
St Helens Rehabilitation Hospital	101.6%	91.0%	95.2%	109.7%
St Monicas Hospital	83.5%	92.5%	83.9%	80.6%
White Cross Rehabilitation Hospital	97.6%	97.4%	90.3%	96.8%
York Hospital	85.3%	105.0%	96.9%	112.2%

3. Care Hours per Patient Day

	Care Hours Per Patient Day (CHPPD)			
	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
Archways Intermediate Care Unit	612	1.8	2.6	4.4
Bridlington and District Hospital	1291	3.4	3.9	7.2
Malton Community Hospital	761	2.1	3.3	5.4
Scarborough General Hospital	8535	3.9	2.8	6.6
Selby and District War Memorial Hospital	580	2.8	3.0	5.8
St Helen's Rehabilitation Hospital	534	3.0	2.7	5.7
St Monica's Hospital	321	2.5	3.2	5.7
White Cross Rehabilitation Hospital	644	2.4	2.3	4.6
York Hospital	15545	4.0	3.1	7.1

4. Exceptions

There were 10 wards where RN staffing during the day fell below 80% in August. These wards were Ash, Chestnut and ITU in Scarborough, Wards 28, 29, 39, G1 and AMU in York. Lloyd ward in Bridlington and Fitzwilliam ward in Malton. The reasons for this were largely due to RN vacancies and where planned staffing levels for RNs were not met, additional care staff were rostered to work where necessary. In respect of ITU, Lloyd and Ward 29, staff were redeployed to support other wards. In respect of Chestnut ward, this was due to the ward being temporarily closed.

There were 5 wards where RN planned staffing levels fell below 80% on night shifts. These wards were Stroke in Scarborough, Kent and Lloyd in Bridlington, Archways and Selby in the Community. On Stroke ward, Archways and Selby Inpatient unit this was due to vacancies; on Lloyd and Kent wards in Bridlington it was due to low bed occupancy levels; resulting in staff being redeployed to other wards.

A detailed exception breakdown is detailed below.

Enhanced Supervision

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

Community	Scarborough	York	
Fitzwilliam	Ann Wright	AMU	Ward 15
	Beech	Ward 23	Ward 25
	Oak	Ward 26	Ward 33
		Ward 35	Ward 37
		Ward 39	

ICU at York shows Healthcare Assistants over their normal staffing levels. This was due to efficiencies with their e-rostering.

Provision of Safe Ward Cover

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

Bridlington	Community	Scarborough	York	
Johnson	Archways	Ann Wright	AMU	Ward 16
Waters	Fitzwilliam	Ash	Ward 23	Ward 25
	Selby	CCU	Ward 26	Ward 29
	St Helens	Duke of Kent	Ward 35	Ward 39
		Holly	G1	
		Maple		
		Stroke		

On Waters ward, it was necessary on occasions for the sister to be the Bridlington Hospital bleep holder and, on these occasions it was necessary for a second nurse to work on the ward in the event of the bleep holder being called away. This therefore shows Waters ward higher than normal staffing levels.

Bed Occupancy

Lloyd and Kent wards at Bridlington changed their ratio of registered and unregistered staff according to bed occupancy, with staff being deployed to other ward areas. On occasions Kent ward was closed when there were no patients requiring overnight stay. Waters Ward has reduced its bed numbers resulting in RNs being redeployed to other wards and additional care staff being utilised.

The Surgical Assessment Unit on Lilac ward in Scarborough and the ESA ward in York remained open longer than usual during August to help manage clinical activity. This resulted in a higher level of staffing.

During August it was also necessary for Chestnut ward in Scarborough to close due to infection and this resulted in a reduction in staffing levels.

Actions and Mitigation of risk

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

5. Vacancies by Site

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

	Reported vacancies		Vacancies filled pending start		Unfilled Vacancies	
	RN	Care Staff	RN	Care Staff	RN	Care Staff
Bridlington	5	0.7	0	2	5	-0.3
Community	16.29	7.57	5.76	2.10	10.53	5.47
Scarborough	49.63	13.06	25.4	18.4	27.83	-5.34
York	78.07	41.3	61.00	30.8	17.07	7.9
Total	148.99	62.63	92.16	57.4	60.73	7.73

91.16fte RN posts and 57.4fte Care Staff posts have been recruited to and the individuals will commence in post over the coming months. The remaining RN vacancy position is 60.73fte and 7.73fte for Care Staff.

Registered nurse recruitment is on-going across the Trust and planning is underway for a Recruitment Market Place in Scarborough on 13 October 2016. Vacancies for all nursing areas, particularly CCU, Respiratory Medicine and, Elderly Medicine will be advertised at the event as well as other clinical and non-clinical posts across Scarborough and Bridlington sites, and the wider community.

The Trust will be undertaking further Care Staff interviews in September, preparing for the winter period, with start dates expected in December 2016 and early 2017.

6. Recommendation

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

7. References and further reading

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

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

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

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

RCB York Teaching Hospital NHS Foundation Trust
August_2016-17

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/

#REF!

Comments

#REF!

#REF!

#REF!

Only complete sites your organisation is accountable for

Validation alerts (see)	Hospital Site Details		Main 2 Specialities on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)				
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Speciality 1	Speciality 2	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23.59 each day	Registered midwives/nurses	Care Staff	Overall
						Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE			1116	906	930	900	682	693	341	561	81.2%	106.5%	101.6%	164.5%	534	3.0	2.9	5.9
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY			1162.5	712.5	930	900	682	682	0	0	61.3%	96.8%	100.0%	-	435	3.2	2.1	5.3
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE			1488	1254	1302	1284	1023	1001	682	693	84.3%	98.6%	97.8%	101.6%	976	2.3	2.0	4.3
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE		1860	1524	1488	1518	1705	1419	1364	1331	81.9%	102.0%	83.2%	97.6%	666	4.4	4.3	8.7
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE		1488	1008	1116	1104	682	682	682	649	67.7%	98.9%	100.0%	95.2%	740	2.3	2.4	4.7
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY			2325	1897.5	930	757.5	1364	1166	341	517	81.6%	81.5%	85.5%	151.6%	591	5.2	2.2	7.3
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS			1627.5	1417.5	465	450	682	715	341	297	87.1%	96.8%	104.8%	87.1%	209	10.2	3.6	13.8
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Graham	430 - GERIATRIC MEDICINE			930	846	930	918	682	682	682	605	91.0%	98.7%	100.0%	88.7%	580	2.6	2.6	5.3
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS			744	744	372	372	682	682	0	0	100.0%	100.0%	100.0%	-	339	4.2	1.1	5.3
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS			1116	918	930	996	682	682	682	671	82.3%	107.1%	100.0%	96.4%	578	2.8	2.9	5.7
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE	100 - GENERAL SURGERY		2790	2145	465	397.5	1705	1617	0	0	78.9%	85.5%	94.8%	-	155	24.3	2.6	26.8
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Lilac	101 - UROLOGY			1660	1597.5	1860	1672.5	682	847	682	603	85.9%	89.9%	124.2%	117.7%	648	3.8	3.8	7.6
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY			2325	1942.5	1162.5	1245	1364	1177	682	682	83.5%	107.1%	86.3%	100.0%	618	5.0	3.1	8.2
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE			1488	1242	2046	1932	1023	979	1023	1144	83.5%	94.4%	95.7%	111.6%	985	2.3	3.1	5.4
	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	430 - GERIATRIC MEDICINE			1116	1080	744	666	1023	814	341	528	96.8%	89.5%	79.6%	154.8%	481	3.9	2.5	6.4
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE			930	894	1302	1266	682	649	341	363	96.1%	97.2%	95.2%	106.5%	796	1.9	2.0	4.0
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS			1162.5	930	930	922.5	682	319	0	319	80.0%	99.2%	46.8%	-	151	8.3	8.2	16.5
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY			690	510	690	292.5	209	121	0	77	73.9%	42.4%	57.9%	-	37	17.1	10.0	27.0
	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE	101 - UROLOGY		465	555	1162.5	1080	341	352	682	660	119.4%	92.9%	103.2%	96.8%	307	3.0	5.7	8.6
	YORK HOSPITAL - RC855	11	100 - GENERAL SURGERY	101 - UROLOGY		1518	1362	912	864	682	671	682	682	89.7%	94.7%	96.4%	100.0%	857	2.4	1.8	4.2
	YORK HOSPITAL - RC855	14	100 - GENERAL SURGERY	101 - UROLOGY		1674	1440	1116	1062	1023	1001	682	660	86.0%	95.2%	97.8%	96.8%	785	3.1	2.2	5.3
	YORK HOSPITAL - RC855	15	120 - ENT			1860	1620	1395	1282.5	1023	1012	341	374	87.1%	91.9%	98.9%	109.7%	847	3.1	2.0	5.1

Validation alerts (see		Only complete sites your organisation is accountable for																			
		Hospital Site Details				Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
		Site code *The Site code is automatically populated when a Site name is selected	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 (%)	Cumulative count over the month of patients at 23.59 each day	Registered midwives/nurses	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									
	YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2430	2242.5	1035	1185	1276	1254	594	572	92.3%	114.5%	98.3%	96.3%	640	5.5	2.7	8.2	
	YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		1488	1308	372	360	1023	1023	341	330	87.9%	96.8%	100.0%	96.8%	376	6.2	1.8	8.0	
	YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1627.5	1455	1395	1725	682	682	1023	1188	89.4%	123.7%	100.0%	116.1%	915	2.3	3.2	5.5	
	YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1302	1080	1116	1266	682	682	1023	1067	82.9%	113.4%	100.0%	104.3%	622	2.8	3.8	6.6	
	YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1627.5	1387.5	1395	1740	682	660	1023	1221	85.3%	124.7%	96.8%	119.4%	904	2.3	3.3	5.5	
	YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1488	1116	1116	1068	682	682	682	693	75.0%	95.7%	100.0%	101.6%	736	2.4	2.4	4.8	
	YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1488	780	744	564	682	638	341	341	52.4%	75.8%	93.5%	100.0%	354	4.0	2.6	6.6	
	YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		2092.5	1777.5	930	937.5	682	682	341	341	84.9%	100.8%	100.0%	100.0%	528	4.7	2.4	7.1	
	YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY	361 - NEPHROLOGY	1518	1296	1116	1014	682	638	1023	946	85.4%	90.9%	93.5%	92.5%	825	2.3	2.4	4.7	
	YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	301 - GASTROENTEROLOGY	1488	1380	1116	1086	682	682	1023	1111	92.7%	97.3%	100.0%	108.6%	749	2.8	2.9	5.7	
	YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE		1488	1320	1116	1092	682	814	1023	990	86.7%	97.6%	119.4%	96.6%	884	2.4	2.4	4.8	
	YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1302	1182	1116	1356	682	682	1023	1232	90.8%	121.5%	100.0%	120.4%	897	2.1	2.9	5.0	
	YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1102.5	1050	1920	3060	682	682	682	1782	95.2%	159.4%	100.0%	261.3%	639	2.7	7.6	10.3	
	YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1302	954	1116	1404	682	660	682	836	73.3%	125.8%	96.8%	122.6%	628	2.6	3.6	6.1	
	YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE	430 - GERIATRIC MEDICINE	1488	1458	1302	1158	1023	990	1023	1001	98.0%	88.9%	96.8%	97.8%	554	4.4	3.9	8.3	
	YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE		4650	3480	3720	3476.25	2728	2662	2046	2354	74.8%	93.4%	97.6%	115.1%	753	8.2	7.7	15.9	
	YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY	120 - ENT	1860	1590	345	180	1364	1254	0	0	85.5%	52.2%	91.9%	-	202	14.1	0.9	15.0	
	YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY		1035	1042.5	517.5	517.5	418	429	0	0	100.7%	100.0%	102.6%	-	182	8.1	2.8	10.9	
	YORK HOSPITAL - RCB55	G1	430 - GERIATRIC MEDICINE		1488	1158	744	678	682	682	682	671	77.8%	91.1%	100.0%	98.4%	521	3.5	2.6	6.1	
	YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1116	1056	558	492	682	616	682	660	94.6%	88.2%	90.3%	96.8%	566	3.0	2.0	5.0	
	YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		744	696	372	348	682	682	0	22	93.5%	93.5%	100.0%	-	219	6.3	1.7	8.0	
	YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5580	4965	465	495	4092	3641	341	341	89.0%	106.5%	89.0%	100.0%	362	23.8	2.3	26.1	
	ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		744	738	930	924	682	341	341	682	99.2%	99.4%	50.0%	200.0%	612	1.8	2.6	4.4	
	MALTON COMMUNITY HOSPITAL - RCB18	Fitzwilliam	925 - COMMUNITY CARE SERVICES		1162.5	922.5	1627.5	1852.5	682	682	682	682	79.4%	113.8%	100.0%	100.0%	761	2.1	3.3	5.4	
	SELBY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB07	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1162.5	1102.5	1162.5	1237.5	682	506	341	517	94.8%	106.5%	74.2%	151.6%	580	2.8	3.0	5.8	
	ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		930	945	1162.5	1057.5	682	649	341	374	101.6%	91.0%	95.2%	109.7%	534	3.0	2.7	5.7	
	ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		637.5	532.5	802.5	742.5	341	286	341	275	83.5%	92.5%	83.9%	80.6%	321	2.5	3.2	5.7	
	WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		930	907.5	1162.5	1132.5	682	616	341	330	97.6%	97.4%	90.3%	96.8%	644	2.4	2.3	4.6	
		Total			77007	65467.5	53652	54120.75	45210	42460	28556	32175					28823				

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Board of Directors – 28 September 2016

Art Strategy 2016-2019

Action requested/recommendation

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

Executive Summary

This strategy reports the varied and on-going programme of artistic enhancements to improve the environment and the experience of being in hospital for patients, staff and visitors.

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 regulations

There are no references to CQC regulations

Progress of report

Art Strategy Group meeting 13/07/2016
Workforce & Organisational Development Committee

meeting 20/07/2016

Risk	No risk
Resource implications	Resources implication detailed in the report
Owner	Teena Wiseman, Staff Benefit Development Manager
Author	Teena Wiseman, Staff Benefit Development Manager
Date of paper	July 2016
Version number	Version 1



Welcome to our Arts Strategy

The aim of the of Arts in Hospitals is to provide a varied, ongoing programme of artistic enhancements to improve the environment and to improve the experience of being in the hospitals, buildings and community based centres for patients, staff and visitors.

Why is the use of the arts in hospitals important?

"...the arts are and should be recognised as integral to health and health services."

- A Prospectus for Arts and Health Department of Health and Arts Council England, 2007

Artwork and carefully designed spaces create a calming atmosphere, decrease anxiety and contribute to the healing process. Involvement and participation in the arts is an important part of health and wellbeing. Research has shown that the use of the arts in hospitals can reduce stress and depression, increase staff morale, decrease a patient's length of stay and even contribute to the reduction of the use of some medications.

Four key areas of work

The programme of work is designed to involve patients, visitors and staff, it focuses on four key areas:

1. Exhibiting and commissioning art works for public spaces
2. Improving the Design of the Hospital Environment
3. Participation, Workshops and Residencies
4. Music and Performance



1. Exhibiting and commissioning art works for public spaces

A wide range of local and national artists, creative groups, colleges and schools all contribute to the artwork on the corridors, waiting rooms and departments. Installations of permanent art works has transformed many spaces. HAFNEY has been particularly successful in raising funds to work with artists to create important pieces of public art. Much of the temporary exhibitions are generously donated or on loan and a lot of the work is for sale with a percentage of all sales going back into providing more art for the hospital.

2. Improving the Design of the Hospital Environment

The Arts Team are an important part of the projects which improve the environment contributing art work, new design ideas. The design and refurbishment of spaces is the important task of many departments in the hospital, including the capital planning team, facilities, estates, purchasing and infection prevention, as well as the staff and users. By working alongside all departments the Arts team can make a real difference.

3. Participation, Workshops and Residencies

Since 2005 an artist has been working with the patients in the York renal unit. An evaluation of the work found that:

“Engagement in art work while on dialysis gives patients a sense of purpose, promotes social interaction and creative engagement and is enriched by interactions with the art worker.”

- Journal of Applied Arts & Health

An artist has been working with patients in the enhanced recovery room of ward 16 (a surgery ward) since 2010 producing work which has made a huge difference to patients, visitors and staff.

A series of successful artist residencies have created work across the Hospitals in the HAFNEY area. Other projects have included animators and sound artists working with children who have diabetes, childhood arthritis and Asperger’s Syndrome.

A variety of techniques and materials are used by the artists and patients such as mosaic, pen and ink, wire sculpture, animation, collage and painting. Many of the finished pieces of work are displayed around the hospitals.

4. Music and Performance

Music has become an important part of the life of the Trust. Small funding bids have enabled York to work with 'Live Music Now' bringing in professional Musicians, and HAFNEY have had a long-standing relationship with 'Music In Hospitals' supporting excellent professional residencies. Musicians (mainly students and volunteer professionals) are welcomed into the York hospital at least once a week to play live music in the public areas (such as the coffee shop) as well as performing for the patients and staff on the wards. Music residencies have been very successful e.g. with stroke rehab patients. A wide range of musicians perform in the hospitals - jazz, classical ensembles, choirs, folk, pop, contemporary and nostalgic. Other performances in the hospitals have included dancers, theatrical performances and poetry readings.



History

There have been specialists working on the arts in the Trust's hospitals for more than 20 years. HAFNEY (Hospital Arts For North East Yorkshire) leading the way not just locally but nationally by formally establishing the initiative 17 years ago in 1999 at a time when art programmes in hospitals were rare outside London. The Arts in York Hospital formally began with the Kings Fund 'Enhancing the Healing Environment' Project Nightingale's Courtyard in 2003 and with a part time arts officer appointed in the same year.

Following the integration in 2011/12 the Arts programmes led by HAFNEY and The Arts in York Hospital have continued to provide arts programmes for the hospitals across the wider Trust. The work is carried out under the guidance of the Arts Strategy Board, which includes representatives from the HAFNEY board and the Trust Board of Directors, the Governors, and Trust wide departmental leads. The HAFNEY board continues to

run the charity which was set up in 2003.

A small professional Arts Team co-ordinate and implement the four key areas. The team works with freelance artists who work directly with patients in the wards and departments. Other artists and designers are involved on specific commissions and many volunteers help provide a rich and varied programme of work. Partnerships and collaborations with key regional and national organisations enable the team to expand the programme with ambitions and innovative projects.

With such a long and successful history of arts projects and programmes the Trust has become an exemplar of excellence in understanding the role of the Arts in Hospitals. By building on that experience, being committed to high quality and continuing to be ambitious the Trust can confirm its role as a leader in the North.

Priorities for the Arts Strategy across the Trust for the next 3 years

The Arts will:

- 1.** *Continue to play an important part in supporting and fulfilling the Trust's Ambitions Vision and Values. This is evidenced by all the priorities below but particularly by: improving the quality of the patient experience; involving patients and visitors; being ambitious and innovative; the creative use of funding opportunities; planning sustainable projects; creating a good environment to work in; using the arts to connect to communities.*
- 2.** *Continue and consolidate the role of collaborating with local, regional and national stakeholders, partners and networks. The arts are an invaluable vehicle for partnerships and collaborations not only with arts organisations (e.g. York Museums Trust, Scarborough Museums Trust, Aesthetica Short Film Festival) also with HE, schools and young peoples groups, community groups, artists, businesses, creative industries as well as strategic organisations like Make it York, York at Large, the Joseph Rowntree Association.*

3. *Support of the Trust wide Corporate Communications and Engagement strategy.* The Arts are an important way of championing the brand and in promoting high quality design in all projects and outcomes. The Arts can engage and communicate in new and creative ways supporting the aims of the Communication's strategy. The Arts are effective in supporting internal communications and can be used to explore new ways of communicating with diverse audiences. The Arts can support media activity by providing positive stories and excellent ways of engaging the media in projects.

4. *Support and promote The Patient Experience Strategy: Your Experiences Matter.* By improving the environment the Arts can directly improve the patient and visitor experience; participatory projects further engage patients and visitors. There are many ways the Arts can be used to innovate new ways of communicating and engaging and can help communicate issues that improve the care quality of the trust - for example infection prevention.

5. *Support Initiatives for Staff - Staff Benefits, Health and Well being, Staff Retention and Recruitment.* There is a lot of on-going research which proves the importance of the role of creativity in health and well being , this is important for staff and patients. The Arts also plays an important role in creating a good working environment, and of course a place people want to work.

6. *Link with and support the work of other teams - Communications, Membership, Fundraising, Volunteering, Events, Capital Planning, and Estates.* The Arts link with all departments and can support the projects ambitions and aspirations of all departments. Working effectively with Capital Planning and Estates is crucial. Volunteering is an important part of creating a sustainable arts strategy as is exploiting the full potential of fundraising. The role of the Arts in attracting membership is yet to be fully explored but could be used for exciting ways of reaching and engaging new people.

7. *Supporting the Trusts Equality and Diversity Objectives.* The Arts play an important role in promoting understanding of equality issues with patients and staff. Working with community groups, local and regional agencies and artists the Arts can support exhibitions and events that promote the understanding of diversity, celebrate diversity and faith and also encourage inclusivity for both artists and audiences. The Trust has the potential to lead locally and regionally on the Arts and diversity issues engaging with the broadest range of people.

8. *Support the Teaching Hospital - supporting the work of HYMS* The Medical Humanities has long been an important part of teaching medical education and practice. The Arts in Hospitals can link with artists from all fields to support medial humanities studies as well as offer valuable insights into the use of the arts and creativity in promoting health and wellbeing and supporting a greater understanding of the environment for patient experience.

Implementation

To deliver this strategy an implementation plan will be written detailing the resources needed and the actions planned for the Arts team over the next 3 years.

The Board will receive reassurance on the delivery of the implementation plan via the Arts Strategy Board.

Information

For further information on the Arts in York Hospital, please visit:
<http://www.yorkhospitals.nhs.uk/arts/>

Version 1 July 2016

Workforce & Organisational Development Committee (WFODC) – 13th September 2016 – Post Grad Centre, Classroom 4, York Hospital

Attendance: Sue Symington, Chairperson Linda Provins Libby Raper Dianne Willcocks Polly McMeekin Brian Golding
Gail Dunning Tracy Astley (minutes)

Apologies: Mike Proctor

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	Last Meeting Notes 20th July 2016		The minutes were approved as a true record of the meeting.		
2.	Matters arising and Action Log		<p><u>Care Quality Commission (CQC)</u> – SS advised that Well Led, CQC and Governance Review are being combined into one plan and the final pieces are being put in place.</p> <p><u>HYMS</u> – there are many educational opportunities for the Trust and the landscape is changing continuously. The committee should be kept informed.</p> <p><u>Freedom to Speak Up/Safer Working Guardian appointment</u> – Lisa Smith started on the 01/09/16.</p> <p><u>Art Strategy</u> – Griselda Goldsborough, the new Manager started 12/09/16. The strategy will go to Board on the 28/09/16.</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p><u>Action Log from 20/07/16:</u></p> <p>Item 3 – Board Assurance Framework has been updated.</p> <p>Item 5 –The Committee requested quarterly turnover figures for medical staff.</p> <p>Item 7 – Report will be distributed by MP once LWAB meeting has taken place.</p> <p>Item 9 – Update on Statutory & Mandatory compliance has been distributed to WFODC members.</p> <p>Item 11 – E-rostering deep dive results were shared (see agenda item 5).</p> <p><u>Action Log from 18/05/16:</u></p> <p>Item 9 – PM informed that the overriding concern from Unions is that having a talent management register will create exclusivity and therefore exclusion of those that are not on the register. Terminology has been changed to clarify this but agreed is yet to be obtained. GD/PM is to look into this.</p>		
3	STP Workforce Work stream		This is a standing item and will be deferred until next meeting.		
4	Profiling of medical appointments at all levels including Junior Doctors contract		PM gave overview of Paper 3. In summary the medical and dental staff group has the lowest turnover, just under 10%, which equates to 42 individuals over the past year. This excludes junior doctors rotating, fixed term contracts, etc.	The committee were assured that the situation is being handled very well.	

Agenda Item		Comments	Assurance	Attention to Board
		<p>Recruitment for medical staffing remains high. There is a high volume of business cases progressing. However, Ophthalmology, Radiology and Acute Medicine are still posing a challenge. Creative initiatives are being explored to overcome these challenges.</p> <p>The question was asked what the level of risk is with each vacancy and directorate. GD informed that there were lots of opportunities around the new roles. Staff need to have assurance that the Trust is addressing the challenge.</p> <p>PM informed that the major concern for Clinical Directors is recruitment. They feel it is a crisis. However, vacancies are in line with other Trusts, but Scarborough Hospital skews the figure considerably with a 16.6% vacancy rate.</p> <p>With regard to the Junior Doctors contract, although strikes have been called off this month there are still strikes arranged for October, November and December, each of 5 days. Foundation year doctors are allowed up to 20 days unpaid leave per annum to allow for unforeseen circumstances. This reduces as they become more senior trainees. 59 junior doctors are transferring on to the new contract from 7th December, with a 71% return. Drop in sessions have been arranged to educate about the contract but there has been very little uptake due to trainees not</p>		

	Agenda Item	Comments	Assurance	Attention to Board
		<p>wishing to be seen to adopt the contract. Therefore, there is change in branding to invite junior doctors to these drop in sessions to discuss their concerns about the contract and to meet the new Safer Working Guardian.</p> <p>Action: WFODC members to be provided with a copy of the junior doctors contract.</p>		
5	E-rostering – projected impact/benefits update	<p>PM gave a summary of the report and gave an update on the deep dive project. There has been a delay with the scheduled deep dives because the time it has taken to complete each one has almost doubled. Emergency Department at Scarborough Hospital has been completed. This exercise has created 19 actions of which 15 are underway or have been completed. Deep dive for the Emergency Department and Medical Assessment Unit at York is ongoing.</p> <p>Factors affecting aims to maximize deployment are:-</p> <ul style="list-style-type: none"> • Poor rostering • Temporary lack of Employee Online access from home • Flexible working arrangements • Historical working culture <p>Many flexible working arrangements have been agreed to retain staff and historically many nursing staff have worked fixed hours and days, etc., and are reluctant to change. Employee Online access incentivises the bank. At the moment there is a glitch as the Trust's firewall is blocking staff from accessing it at home. IT is aware of the problem and is sorting</p>	The committee were assured that the deep dive project was progressing well and asked to be kept informed.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			this out.		
6	Acute Medical Model (Scarborough Hospital ED)		PM gave overview of paper 4. Process Mapping using the Calderdale Framework has taken place. It is a working draft awaiting the Chief Nurse Team approval. Affected staff have been very helpful.		
7.	Report on Professional Issues: Internal nursing bank and use of agency staff		<p>The committee was advised that the report relates to staff who only work bank for the Trust, which includes 250 nurses and 300 Health Care Assistants. In summary the following concerns were raised:-</p> <ul style="list-style-type: none"> • Competency of staff • Undertaking of statutory & mandatory training • Validation • Identity <p>The committee was informed that Besky Hoskins, Assistant Director of Nursing, is leading a Task & Finish Group which the WFODC members feel should meet once a week given the seriousness of the issues.</p> <p>In addition, the committee were informed that the 15% uplift to incentivise substantive staff to do bank shifts may change slightly in that they may be encouraged to work more shifts to receive an uplift.</p> <p>Action: Committee would like an updated report on Professional Issues at next meeting.</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
8.	Staff Retention		<p>The committee reviewed paper 6 and noted that 238 staff left the Trust last year due to retirement which highlights the aging workforce. It was also noted that turnover of staff by length of service showed that 20% of staff left within a year, equating to 192 individuals. Human Resources will be looking into this by speaking to Directorate Managers, looking at the leaver's questionnaire, etc.</p> <p>DW also highlighted an issue with turnover of staff with a length of service between 1-5 years and asked whether this was due to lack of education/training, team building support or staff benefits, etc. PM advised that Human Resources are in the process of picking out themes.</p>	The committee was given assurance that the scale of the issue was being dealt with.	
9.	Board Report		<p>The committee was informed that a radical re-write of the sickness policy is being undertaken in partnership with Staff Side. A number of stages have been removed from the process and it has been front loaded to encourage managers to have those conversations with individuals about their health and whether any support needs to be put in place, etc., in order to prevent the amount of sick leave escalating.</p> <p>DW highlighted that mental health episodes are associated with lengthier periods of absence than physical conditions and asked what the Trust is doing about it. PM explained about the healthy workforce initiative, the mental health headspace, the Schwartz Round, etc. GD explained what her team is doing around education and interventions available.</p>		

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>Action: Committee to discuss how the Trust supports the psychological well-being at a future meeting.</p> <p>The Committee discussed the issue around centralised recruitment. They were informed that a huge number of vacancies had been processed which led to an issue with timeliness as there had been a problem with recruitment and retention within the HR Support Team. In addition, a new software system, TRAC, will go live on the 29th September which will help considerably with the recruitment process.</p> <p>Discussions are ongoing regarding the revamping of the intranet and the Trust's website to attract candidates. The Committee is to take this to Board on the 28th September.</p> <p>The committee was informed that there are no outstanding employment tribunal claims, reducing from 8 to 0 in a year.</p> <p>Staff Family & Friends Test 2016 is underway with the report showing the results of Quarter 1. Human Resources are in the process of identifying themes.</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
10.	Apprenticeship update		<p>GD informed that the paper was for information only and is not presented as a report. She informed that a lot of data and actions were delayed due to Brexit and getting a new Prime Minister. By April 2017 a process needs to be in place to support the apprenticeship reform going forward. The Trust is to contribute £1.3m to the apprenticeship levy. GD informed that if the Trust gets a Centre of Excellence status then the Sustainable & Transformation Plan (STP) partners would be very interested in becoming part of the Excellence Centre and this Trust would very much like to lead on this.</p> <p>The key issue is to explore/specify the Trust vision for how these will strengthen workforce roles and skills in different areas and at different levels in the future, eg. April 2018 or April 2020, once introduced and established. To facilitate this, the setting up of a steering group was deemed essential to move things forward.</p>		
11.	Internal Audit Reports		<p>The committee discussed the report. There was split assurance – Significant awarded to the centralized model (for medical locums) and limited for the decentralised model (non-medical / non-nursing). There were four recommendations the first three being centralised around function and escalation.</p> <p>Relating to adopting the centralised model of assurance and the final relating to the static vacancy rate in the Estates & Facilities directorate. BG has commissioned a report which will be due soon.</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
12.	Risk Register, action plan, Board Assurance Framework		PM informed that three risks have been added to the HR Risk Register and one has been removed since the last meeting.		
13	Review of WFOD Strategy – Developing our Staff		<p>Committee discussed this paper and agreed that the bullet points need re-organising and the terminology needs altering to reflect the booklet ‘Our Shared Commitment’.</p> <p>Action: GD will amend section in Workforce Strategy in line with ‘Our Shared Commitment’ booklet.</p>		
14.	AOB		<p>Proposed rescheduling of 18th January meeting to 11am – 1pm was accepted.</p> <p>The Terms of Reference was discussed at the beginning of the meeting and it was agreed that:-</p> <ul style="list-style-type: none"> • The agenda must reflect what the committee is set up for. • Use the WOFDC as a sub-committee of the Board to work effectively. • As the Education Steering Group stopped a year ago, this should be captured within the WFODC and fed back to Board. • Change the quoracy of the committee to include either Director or Executive Director. 		
15.	Next Meeting		The next meeting is arranged for 15 th November 2016, 13.00-15.00, YH Post Grad Classroom 4		

Action Points: Workforce & Organisational Development Committee

Date of Meeting - 13th September 2016

Item	Issue	Action	Timescale	Who responsible	Progress
	To give an overview of current research issues.	Invite Lydia Harris to next meeting.		PM	
4	WFODC members to be provided with a copy of the junior doctors contract.	Send copy of junior doctors contract to WFODC members.		PM	Copy of junior doctors' contract sent to WFODC members on 19/09/2016.
7	Committee would like an updated report on Professional Issues at next meeting.	Update to be given at November meeting.		PM	
9	Psychological well-being of staff	Committee to discuss how the Trust supports the psychological well-being at a future meeting.			
10	Apprenticeship update	MP to send Apprenticeship Paper to Board by end of October.		MP	
13	Review of Workforce Strategy	PM/GD will meet to re-organise Workforce Strategy in line with 'Our Shared Commitment' booklet.		PM	

Board of Directors – 28 September 2016

Workforce Report – September 2016

Action requested/recommendation

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

Summary

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

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

Outcomes 12, 13 & 14

Progress of report Board of Directors

Risk No risk

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

Board of Directors – 28 September 2016

Workforce Report – September 2016

1. Introduction and background

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

- The annual sickness absence rate in the year to the end of July 2016 was 4.14%. This was unchanged from the previous month.
- The turnover rate in the year to the end of August 2016 (based on headcount) was 11.33%. This was a reduction from a rate of 11.70% in the year to the end of July 2016.
- Work is on-going locally to support the transition of junior doctors to the new contract from December 2016. A number of periods of industrial action have been announced to take place in each month between October to December 2016.
- Demand for temporary nurse staffing has continued to increase with requests totalling the equivalent of more than 400 FTE staff in August 2016.
- The results of the quarter one Staff Friends and Family Test have been received. Although the response rate was only 29%, the responses to the questions about recommending the Trust as a place to receive treatment and care or recommending the Trust as a place to work were improved compared to the responses in 2015.

2. Workforce Report

2.1 Sickness Absence

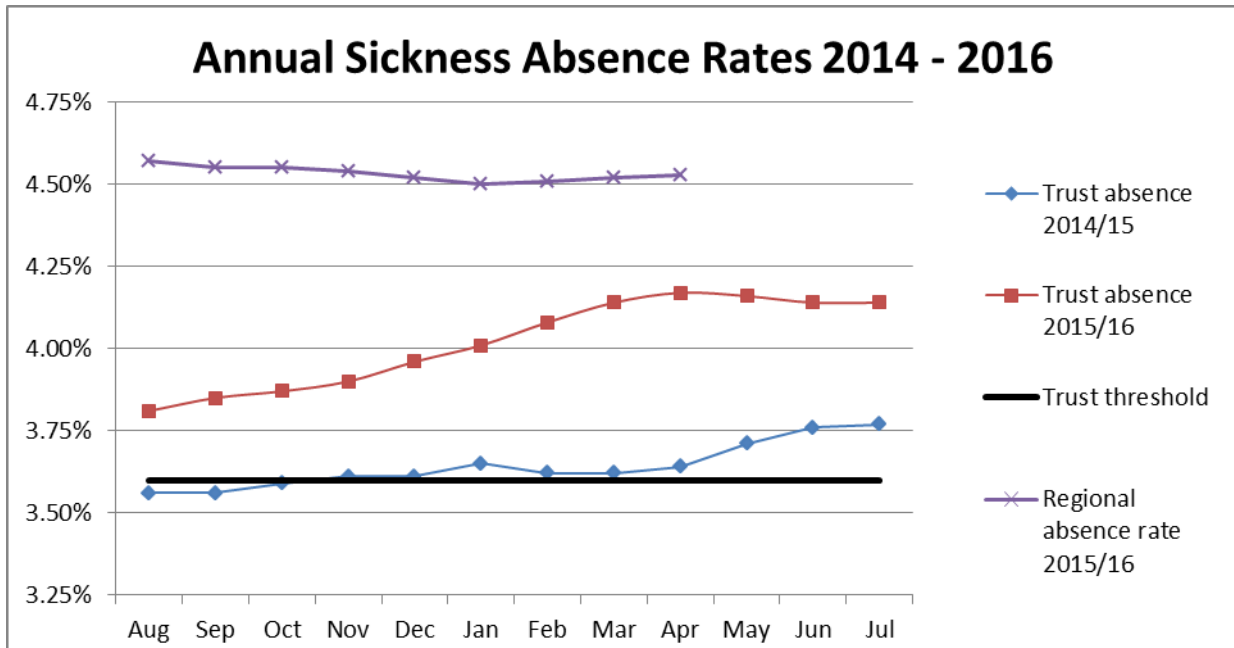
Sickness absence rates

The graph below compares the rolling 12 month absence rates to the Trust's locally agreed threshold and to the regional (Yorkshire and Humber) sickness absence rates. Annual absence rates at the Trust increased in each month between April 2015 and April 2016. There were reductions in May and June 2016, however the annual absence rate of 4.14% in July 2016 remained static.

In the year to the end of July 2016, long term sickness absences (28+ days in length) accounted for approximately 65% of sickness absence, whilst short term absences accounted for approximately 35%.

The Trust absence rate continues to compare favourably with the regional absence rate. There is a delay in the publication of the regional data and currently only data up to April 2016 is available. In the year to April 2016, the regional annual absence rate was 4.53% compared to a Trust rate of 4.17%.

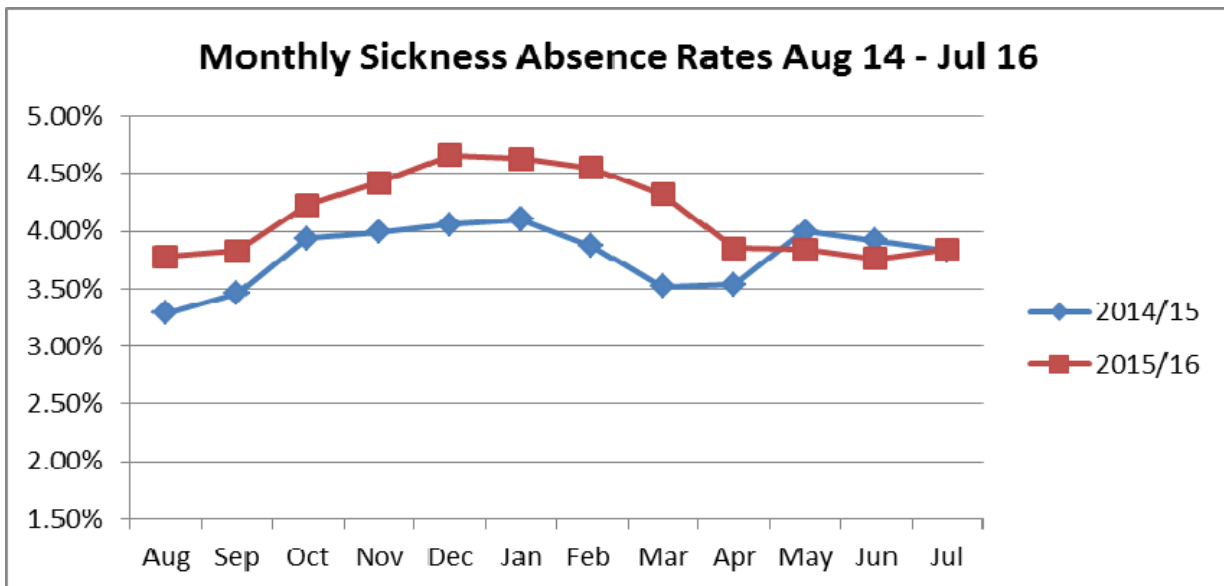
Graph 1 – Annual sickness absence rates



Source: Electronic Staff Record and HSCIC

The graph below shows the monthly absence rates from August 2014 to July 2016. The monthly absence rate in July 2016 of 3.84% was almost the same as in the same month of the previous year (3.83%).

Graph 2 – Monthly sickness absence rates



Source: Electronic Staff Record

In order to address the increase in sickness absence rates a number of interventions have recently been introduced at the Trust. These include; improved access to services such as physiotherapy and psychological wellbeing; health checks for over 40s; preventative support and targeted assistance for line managers, sessions exploring Mindfulness and free access to a Headspace app.

The HR team are also currently leading a review of the Sickness Management Policy which is anticipated to result in a radical overhaul of the Trust's approach to managing absence. Due to the

nature of the policy it is being drafted in partnership with our trade union colleagues rather than shared with them for ratification once it is written.

Sickness absence reasons

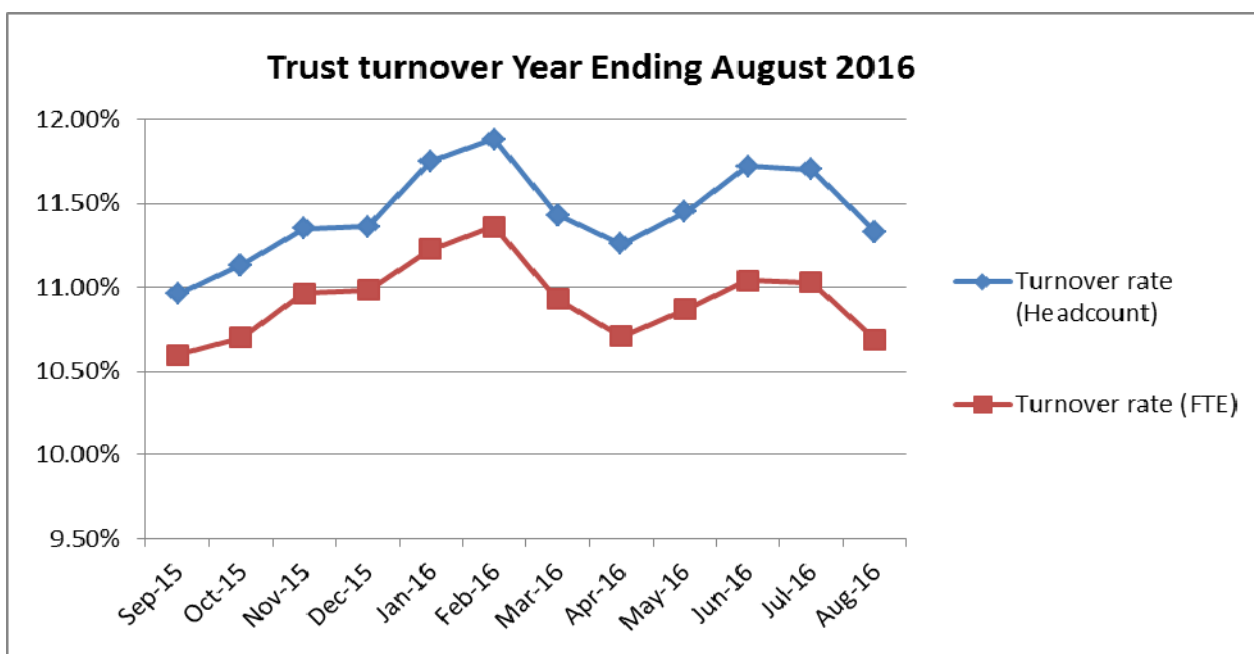
The top three reasons for sickness absence in the year ending July 2016, based on both days lost (as FTE) and number of episodes are shown in the table below:

Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
Anxiety/stress/depression – 20.42% of all absence days lost	Gastrointestinal – 19.77% of all absence episodes
MSK problems, inc. back problems –19.88% of all absence days lost	Cold, cough, flu – 16.13% of all absence episodes
Gastrointestinal –9.04% of all absence days lost	Anxiety/stress/depression –9.46% of all absence episodes

2.2 Turnover

Turnover in the year to the end of August 2016 was 11.33% based on headcount. Turnover calculated based on full time equivalent leavers for the same period was 10.69%. This was reduced from 11.70% and 11.03% respectively in the year to the end of July 2016. The turnover rate in the year to the end of August 2016, represented 881 leavers from the organisation.

Graph 3 – Overall Turnover Rates



Source: Electronic Staff Record

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

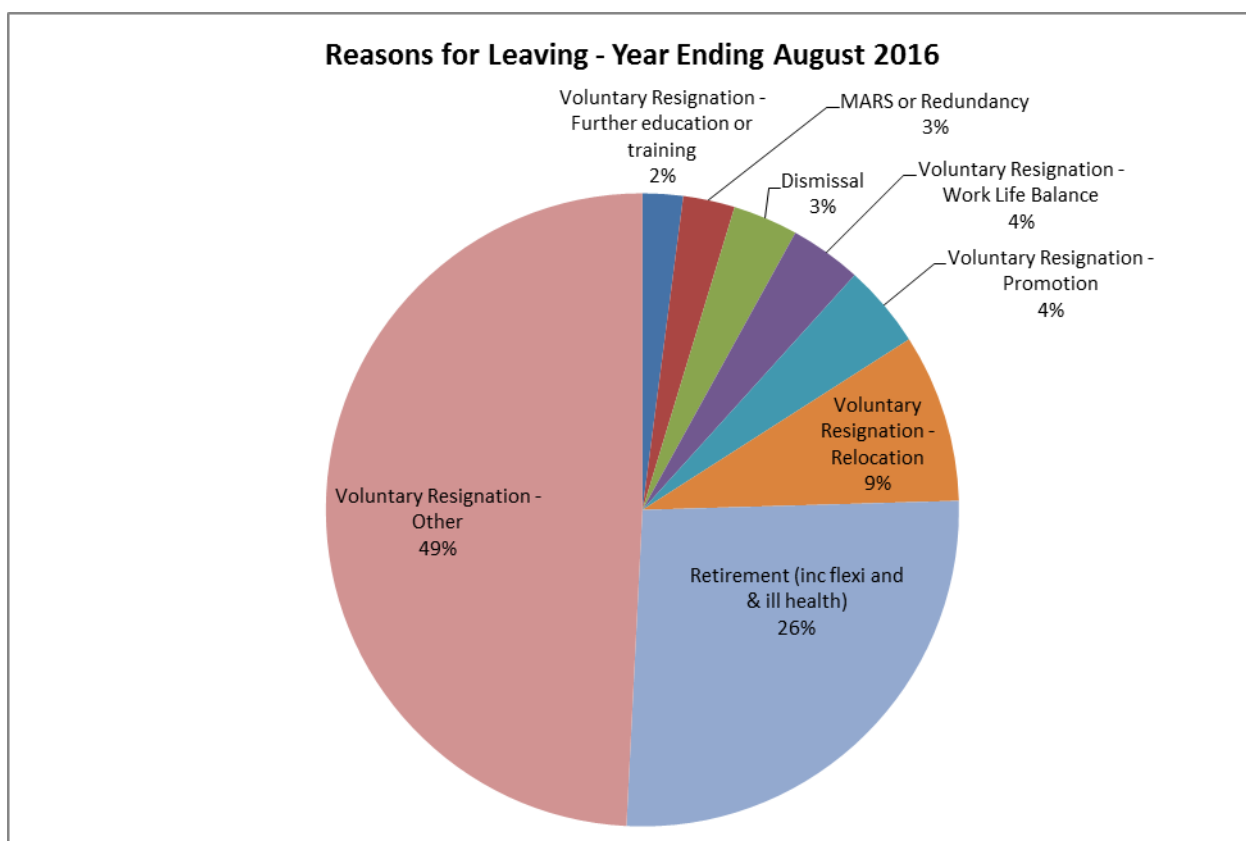
The graph below shows a breakdown of reasons for leaving.

In total, 68% of leavers voluntarily resigned. The 'Voluntary Resignation – Other' category shown below as well as including those who did not state a specific reason for leaving also includes small numbers of staff who stated their leaving reason as one of the following; having adult or child dependents, better reward package, health, incompatible working relationships or lack of opportunities.

Just over a quarter of staff left due to retirement, including those taking flexible retirement options and therefore may have later returned to work in some capacity.

The Mutually Agreed Resignation Scheme (MARS), redundancy, dismissal and death in service (this reason accounted for less than 1% of leavers) collectively accounted for the remaining leavers.

Graph 4 – Reasons for Leaving

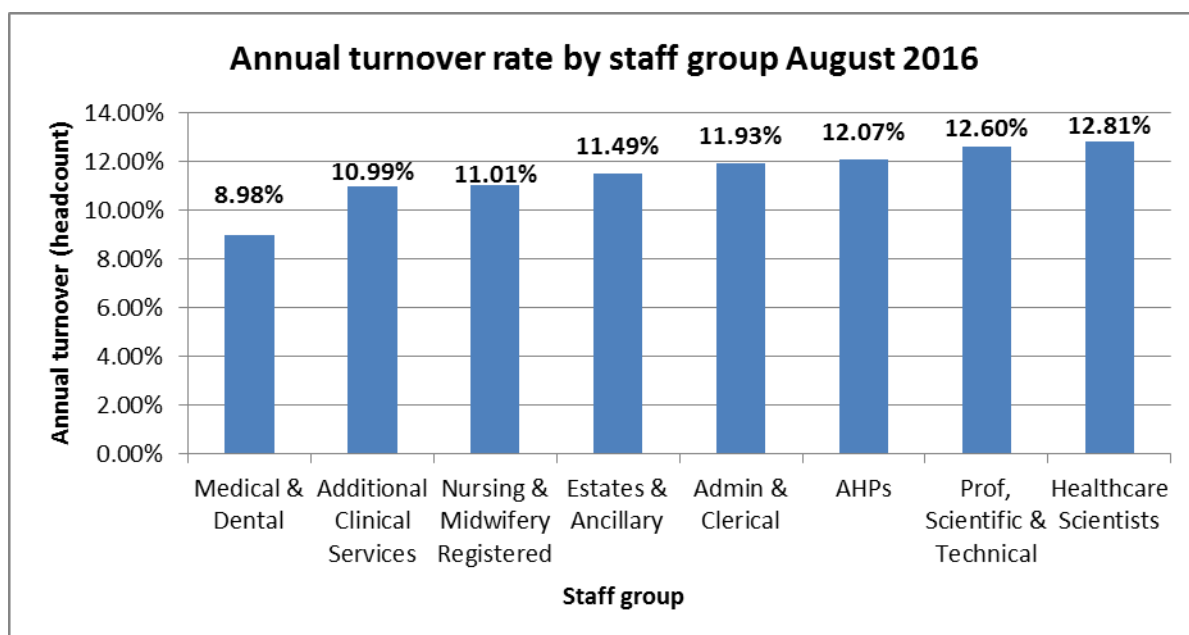


The graph below shows turnover by staff group. The two staff groups with the highest annual rate of turnover are Professional, Scientific & Technical and Healthcare Scientists. These are the two smallest staff groups within the Trust and the turnover rates accounted for 31 leavers within the Professional, Scientific & Technical and 26 leavers within the Healthcare Scientists group.

Within both staff groups with the highest rate of turnover, the proportion of staff leaving due to retirement was lower than compared to the Trust overall. Fewer than 10% of those leaving from the Professional, Scientific & Technical staff group and fewer than 20% of those leaving from the Healthcare Science group were retirees.

Voluntary resignations for a range of reasons accounted for more than 87% of Professional, Scientific and Technical leavers. More than 15% of Healthcare Science leavers, left via the MARS.

Graph 5 – Turnover by Staff Group



2.3 Recruitment

Recruitment Activity

In January 2016 the Trust implemented a centralised model for the management of all recruitment across the organisation. Nurse recruitment had transferred in a phased approach to the centralised model from October 2015. Much of the activity relating to recruitment which was previously devolved to directorates is now managed within the central function in HR with no exceptions.

Recruitment activity remains high and since centralising the processes in January 2016, the HR team has processed the following:

- 1,291 vacancy requisitions;
- 1,077 vacancy advertisements;
- 14,129 job applications;
- 4,770 invitations to interview;
- 1,422 offers of employment;
- 977 Disclosure and Baring Service (DBS) checks;
- 276 Staff Nurses onboarded or in process of being onboarded.

We audit and monitor the service we deliver to the directorates. By centralising recruitment, governance has been strengthened but it is paramount that recruitment is timely in order to support the organisation with service delivery and reduce reliance, where possible on temporary workforce. For staff hired since the implementation of the centralised recruitment model, the average time-to-hire has been 55 days. Where staffing has been particularly pressurised, such as Theatres the HR function has worked closer with the directorate to create greater oversight and transparency of the recruitment campaigns.

Trac

Following approval by Corporate Directors at the start of July, the Trust's new integrated web-based recruitment system, Trac, will go live on 29th September 2016. The purchase of the software, already utilised by more than 40% of Trusts in England and Wales, will optimise the provision of a centralised recruitment service in the Trust by integrating a number of key functions including: vacancy authorisation; vacancy advertising; interview management; offers; employment checks; and candidate onboarding. Crucially, the system automates a number of functions including workflow management to ensure that every vacancy receives comprehensive attention in HR; and makes the 'back-end' of the hiring process visible to the recruiting manager and the candidate so all stakeholders are aware of the progress being made towards filling a vacancy.

The system will also play a key role in branding the Trust. At the point of go-live, vacancies will be published directly to the Trust web site (www.jobs.york.nhs.uk), from where people will be able to make an application without having to navigate the national NHS Jobs site (the Trust will however continue to advertise and accept applications through NHS Jobs as well). This will provide the centre-piece in a revamp of the 'Work with us' section of the Trust web-site, which is due to be completed before the end of the year.

2.4 Medical Workforce

New Junior Doctor contract

The British Medical Association (BMA) has announced that junior doctors will strike between the hours of 8.00 to 17.00 on the following dates:

5, 6, 7, 10 and 11 October

14 to 18 November

5 to 9 December

The Trust is continuing to progress with required actions to support the transition onto the new Terms and Conditions.

To support the implementation of the contract the Trust has arranged for a number of junior doctor drop-in sessions to increase their understanding of the new terms and conditions. The first of these drop-in sessions was held on the York site, on 31st August 2016. Notification of the drop in sessions has been circulated via leaflets in individual induction packs and via staff bulletin. Reminders have also been issued via email to all doctors in training and managers. There will be further sessions organised and/or development of existing sessions in an attempt to increase awareness, promotion and attendance of these events.

Meanwhile work continues with Directorates and Junior Doctors on the redesign of work patterns to ensure compliance with the safer working guideline introduced in the 2016 Contract.

It is a requirement of the new contract that the Trust has a Junior Doctors Forum, the LNC Chair and Director of Medical Education are in the process of agreeing the format and process for electing members of this committee.

Foundation Year 1 (F1) Doctors that commenced in August 2016, transition to the 2016 contract on 7th December 2016, as such they were issued with their 2016 contracts during August changeover. 51% of F1s have signed and returned their 2016 contract.

The Trust's Freedom to Speak Up and Safer Working Guardian commenced in post with the Trust on 1st September 2016. The requirement for Trusts to have a Safer Working Guardian is detailed in the new junior doctor contract.

2.5 Temporary staffing

Temporary nurse staffing

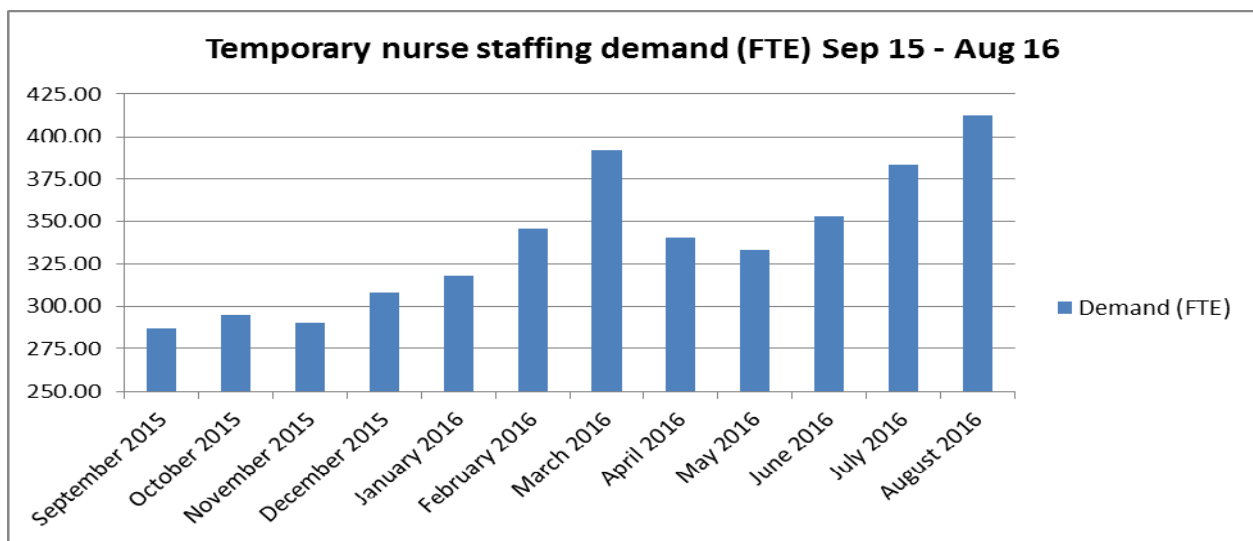
Demand for temporary nurse staffing (RNs and HCAs) in the last year has on average equated to around 338 FTE staff per month. However, demand has increased in each of the last three months with the average number of requests per month between June and August totalling 383 FTE. In August the Nurse Deployment Team received temporary staffing requests for the equivalent of 413 FTE – this is the first time that requests have exceeded 400 FTE in any month.

Within the figures shown above there have been increases in demand for both RNs and HCAs. Requests for RNs in August totalled 223 FTE whilst demand for HCAs totalled 190 FTE.

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

- Vacancies – accounting for 55.8% of requests;
- Sickness – accounting for 17% of requests;
- Enhanced patient supervision (1:1 specialing) – 11.2%

Graph 6 – Temporary nurse staffing demand

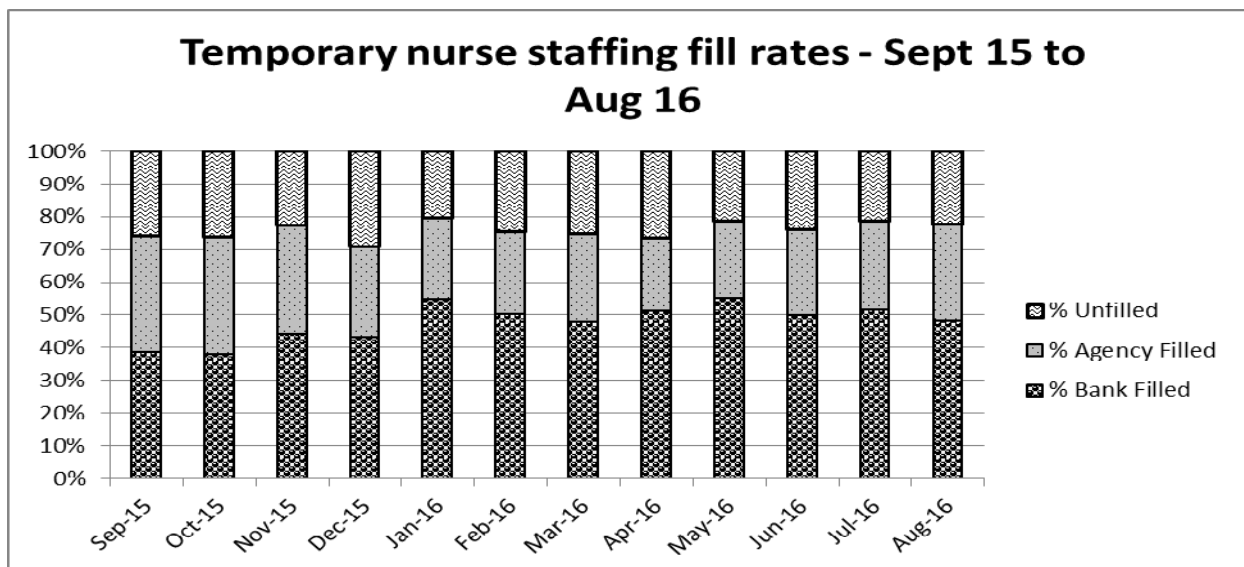


Source: HealthRoster

Graph 7 below shows the proportion of all shifts requested that were either filled by bank or agency or remained unfilled. Overall, bank fill rates reduced in August compared to July (from 51.48% to 48.25%) whilst agency fill rates increased from 26.85% in July to 29.19% in August.

Bank fill at the Scarborough site (58.90%) remains higher than at the York site (43.16%). However, it was reported last month that the agency fill rate of 13.80% at Scarborough in July 2016 was the highest monthly agency fill rate at that site since November 2015. Agency fill at Scarborough increased again in August 2016 to 17.42%. The agency fill rate at York of 34.78% in August was slightly higher than in the previous month but was similar to average agency fill rates at York over the past year.

Graph 7 – Nursing Temporary Staffing Fill Rates



Source: HealthRoster

2.7 Employee Relations Activity

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

Employee Relations Activity	May 2016	Jun 2016	Jul 2016	Aug 2016
Number of Disciplinarys (including investigations)*	11	9	14	15
Number of Grievances	15	15	18	20
Number of Formal Performance Management Cases (Stage 2 and 3)*	4	5	5	5
Number of Employment Tribunal Cases*	2	3	1	0
Number of active Organisational Change cases in consultation (including TUPE)	5	6	2	13
Number of long term sick cases ongoing	190	181	176	158
Number of short term sick cases (Stage 2 and 3)	170	187	178	183

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

2.8 Staff Friends and Family Test 2016 – Quarter one Results

In June 2,400 staff across the Trust were sampled for the quarter one Staff Friends and Family Test. These staff were asked four questions:

- Would you recommend the Trust as a place to receive treatment & care? Yes/No – plus option

for comments

- Would you recommend the Trust as a place to work? Yes / No – plus option for comments
- How can we make it easier for staff to report bullying? Comments box
- A fourth directorate-specific question (if they chose to have one) Comments box

The overall response rate in quarter one was 29%. Response rates across directorates varied between 15% and 75%. We are exploring with our provider whether the emailed survey can be sent from an internal email address in the attempt to increase completion rates. In addition those directorates with a lower response rate will be encouraged to review possible reasons for this and take action to increase participation in subsequent surveys.

78% of respondents replied positively to the question in relation to treatment and care (compared to 66% in 2015).

65% of respondents were positive about recommending the Trust as a place to work (compared to 58% in 2015).

Directorates are being supplied with their respective results and a further group of staff will be sampled week commencing 12th September. This will be the Staff Friends and Family Test for quarter two.

The qualitative comments are being analysed and where there are recurrent themes these will be addressed by corporate actions. Where comments are specific to a directorate / department, these will be shared with the relevant management team and HRM.

The annual national Staff Survey will launch week commencing 19th September and will be live until the beginning of December. All staff will be asked to participate in the survey this year. As well as covering a range of other issues, the Staff Survey will also provide the results for the quarter three Staff Friends and Family Test.

3. Conclusion

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

4. Recommendation

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

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

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Board of Directors - 28 September 2016

Library and Knowledge Service Annual Report

Action requested/recommendation

The Board is asked to note and ratify service progress over the last 12 months.

Executive Summary

- 95% compliance with the Library Quality Assurance Framework (national accreditation process for health libraries)
- Continued provision of literature searches and evidence overviews to support cross Trust projects e.g. TAP, Ignaz App, Improvement and Leadership Fellows, STP work, Apprentice levy
- Renewed, revised SLAs in place with Tees, Esk and Wear Valley NHS Foundation Trust and Scarborough & Ryedale CCG
- Different approach to e-resource purchase so as to maximise access at the best price possible, also to promote the use of current awareness through York Library and Information Gateway (YorLIG), a means to access journal content through departmental/ speciality information portals
- Introduction of 'pop up library events' at both sites has proved popular and has led to an increase in library activity
- Overachieved service targets for 2015/6
- Successful bid to staff Lottery Funds for the purchase of mood boosting books to support the national staff Wellbeing agenda.
- Participation in the EU nurse induction programme
- Training and presentations by Clinical Librarians to new groups of staff especially off site
- Successful Library open day in York Dec 2015

Strategic Aims

Please cross as appropriate

1. Improve quality and safety



- 2. Create a culture of continuous improvement
- 3. Develop and enable strong partnerships
- 4. Improve our facilities and protect the environment

Implications for equality and diversity

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

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 although the 'mood busting' books purchased are provided for the wellbeing of all staff.

Reference to CQC regulations

There are no references to CQC regulations

Progress of report	Executive Board
Risk	No risk
Resource implications	Resources implication detailed in the report
Owner	Anne Devaney, Act. Deputy Director Education
Author	Hazel Brownhill, Library Manager
Date of paper	July 2016
Version number	Version 1

York Teaching Hospital Library Service

Workforce and Organisational Development

Activity Report April 2015 – March 2016

Executive Summary

- 95% compliance with the Library Quality Assurance Framework (national accreditation process for health libraries)
- Continued provision of literature searches and evidence overviews to support cross Trust projects e.g. TAP, Ignaz App, Improvement and Leadership Fellows, STP work, Apprentice levy
- Renewed, revised SLAs in place with Tees, Esk and Wear Valley NHS Foundation Trust and Scarborough & Ryedale CCG
- Different approach to e-resource purchase so as to maximise access at the best price possible, also to promote the use of current awareness through York Library and Information Gateway (YorLIG), a means to access journal content through departmental/ speciality information portals
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- Successful Library open day in York Dec 2015

Introductory message

The Library Service aims to be an innovative, vital and respected gateway to reliable and timely health information, drawing on the expertise of proactive, skilled practitioners. The Library Service will become a hub for organisational knowledge by placing the library user and potential user at the core of our drive towards development of services and resources to ultimately improve patient care.

The Library Service offers a fully integrated physical and virtual knowledge base and in so doing provide all users with seamless and equitable access to the best available resources required to achieve both professional and organisational objectives.

Service successes

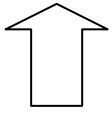
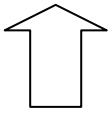
Whilst the last 12 months have been challenging for the library service on a number of fronts the team has worked hard to achieve the following;

- a 95% compliance with LQAF standards
- development of a detailed marketing plan which has contributed to increased library activity on both sites
- renewal of the SLA with Tees, Esk and Wear Valleys NHS Foundation Trust
- continued uptake of YorLIG current awareness service
- staff involvement in new Yorkshire and Humber library network
- involvement in EU nurse induction programme
- successful bid for Staff Lottery Funds to purchase mood boosting books
- successful Library Open Day event held in December 2015
- literature search support for corporate task groups and projects
- development of activity targets

Marketing

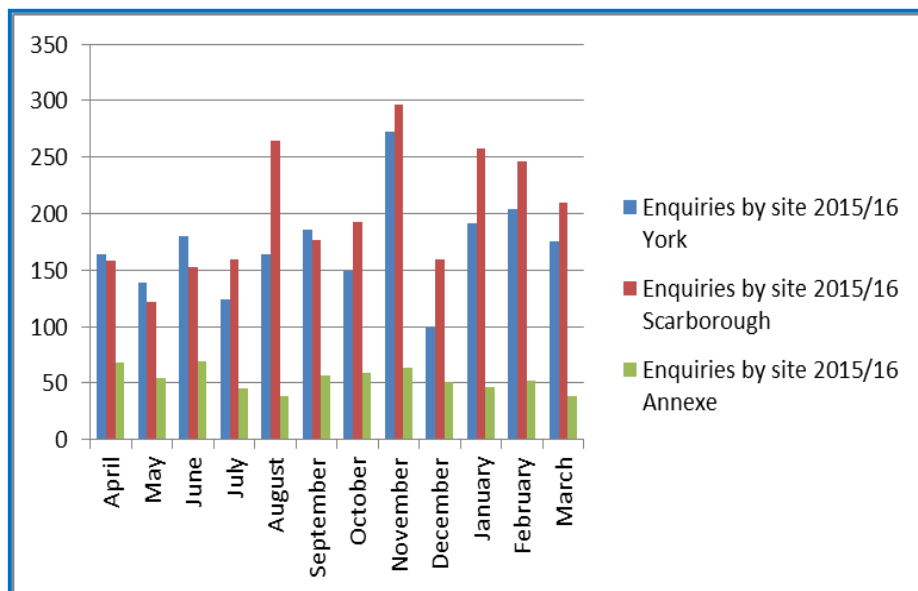
Over the past year the library team have developed and implemented a new Marketing Strategy and schedule. The aim is “To support the work of the Trust by increasing awareness and uptake of library resources and services and communicating with our current and potential users to inform further service developments”

The Library has taken advice and used the evidence available to improve and redesign all promotional leaflets and posters which have been used at events such as the Library Open day, corporate induction and the Patient Safety Conference. We have also introduced a number of new activities such as Pop Up Libraries and QUEST and this has resulted in achievement of the following targets:

- Article request – annual target increase of 10%. **Actual increase 37%** 
- Book Requests – annual target increase of 10%. **Actual increase 10%**
- OpenAthens registrations – annual target increase of 10% **Actual increase 35%**
- Usage of OpenAthens authenticated resources – annual target 10%. **Actual increase 12.5%** 
- Library enquiries – annual target increase of 15%. **Actual increase 15.5%**
- Literature searches – **increased by 24%**

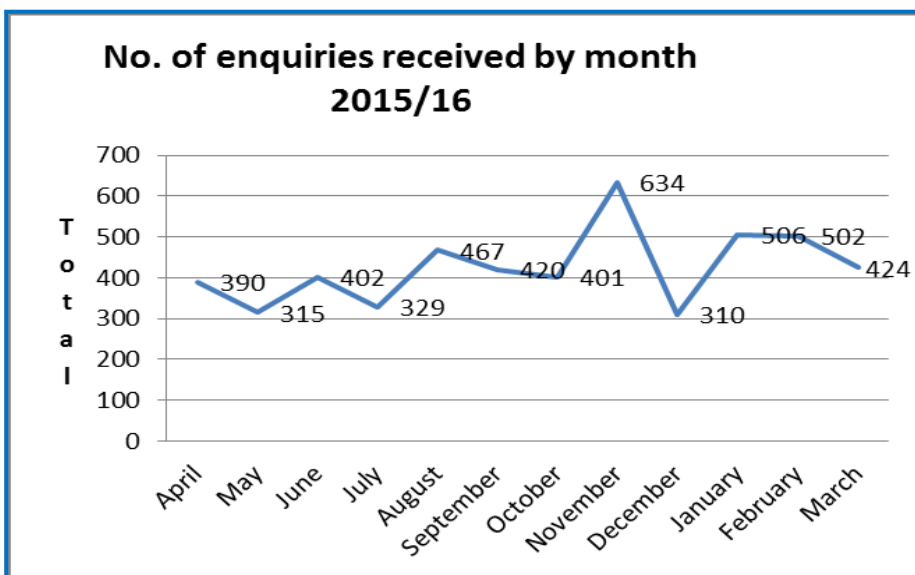
New activity targets have been set and the Library intends to build on this work in the coming year.

Activity data



Thanks, this is the only hospital library I've been to that had everything ready for me when I joined and a library card waiting - I think that's really efficient.
 SPR Apr 15

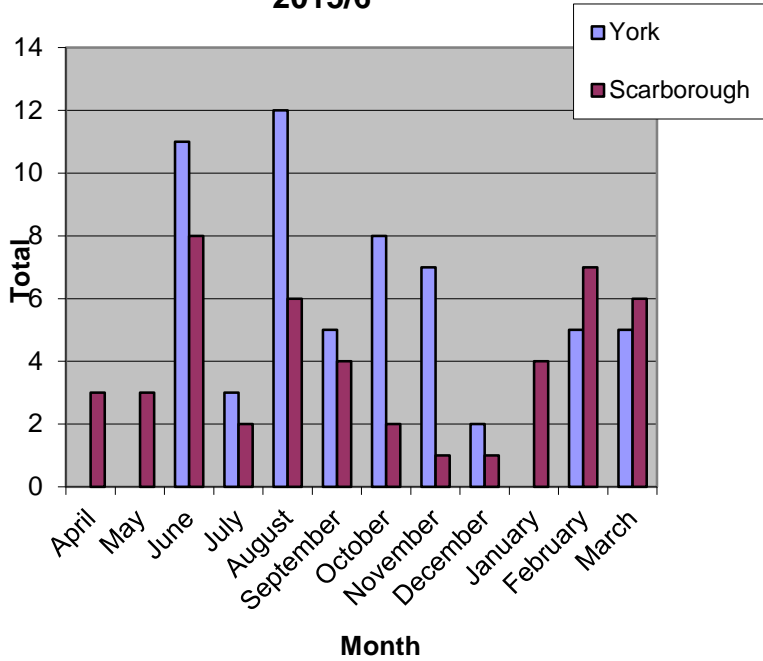
15% more enquiries received 2015/16 than the previous year



Many thanks for all your help it's really appreciated
 F2 Dec 15

You've got such a good choice of books for us. More than the other hospitals
 HYMS student Jan 16

**No. of book requests by month and site
2015/6**

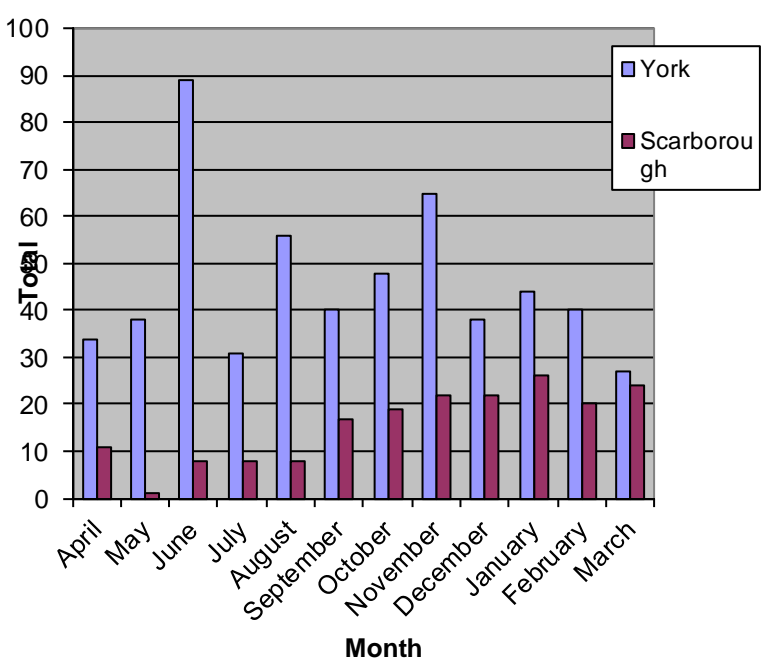


Thanks very much for this, and for getting hold of it so quickly.
Nurse Specialist July 15

Wow what a quick service, brilliant!
Physiotherapist Nov 15

37% more article requests in 2015/16 than the previous year and 10% more book requests

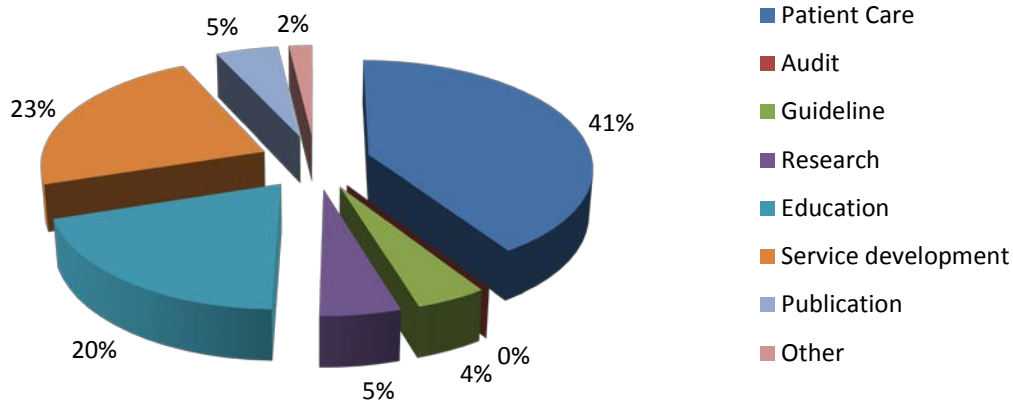
**No. of article requests by month and site
2015/16**



Thank you! I spent ages trying to get this!!
Radiologist March 16

Many thanks for your very swift responses to my article requests!
Very much appreciated!
Directorate Manager Jan 16

Why people asked us for a literature search 2015/2016



24% more literature search requests in 2015/16 than in previous year

Some of the things you told us about using your literature search results

- "The information provided was influential in changing the way I taught this subject to students i.e. best practice - so ultimately will have had an impact on patient safety and care"
- "The search was very valuable to my work at the time. All of the articles found were relevant and useful"
- "I think the information I received and which helped me in my work will ultimately improve patient safety. My literature search results helped me argue my case"
- "...Service design to implement new service which would benefit patients based on best practice and evidence"

Developing our People

In 2015/16 250 colleagues received training in literature searching and information skills

NEW groups receiving training included:

EU Nurses

Medical terminology course members

Onsite training at Bridlington Hospital

Cancer care team

Professional Nurse Leaders Forum

As part of our outreach programme, Clinical Librarians attended 95 meetings and interacted with 1290 colleagues

100% of people trained would recommend the training to a colleague.

Programme of 5 workshop sessions open to all staff have been offered at both Scarborough and York.

NHS Open Athens

Open Athens accounts are available to all NHS staff. They are important because they enable individuals to access journals, databases and other information electronically and can be used independently of the Trust network. Currently, the Senior Librarian (E-Resources) provides local NHS OpenAthens administration for four user organisations across York and North Yorkshire:

- The Trust
- CCGs, GPs and Practice Staff
- Public Health Organisations
- Social Care Provider Organisations

It has been a successful year with the targets for increasing Open Athens registration and usage of the national, regional and local resources being surpassed.

National Core Content and the NHS Framework Agreement

The current national contracts for the purchase of a national collection of e-resources will extend through to 31 March 2018. The NHS contract for Open Athens is now in re-procurement phase and tender documents are being prepared for the purchase of a Link Resolver product as the current contract ends on 31st March 2017.

In Yorkshire and Humber, some regional funding has been retained for the purchase of MEDLINE Complete, BMJ Best Practice and Anatomy TV for 12 months.

Library Quality Assurance Framework

The national Library Quality Assurance Framework (LQAF) was published in April 2010. Following submission of the evidence all library services are visited to verify evidence that has been submitted, request more details or to check out a query relating to the physical or electronic presence of the service. This year the LQAF monitoring was carried out for the first time by the North West Health Care Library Unit following a revision of standards with more evidence required on service impact.

In September 2015 the library submitted evidence and achieved a compliance score of 95%.

Service Level Agreements

A Service Level Agreement is in place with Tees, Esk and Wear Valley NHS Foundation Trust to provide library services to mental health staff based in York. This agreement has been extended until December 2016.

The SLA with Scarborough and Ryedale CCG for library services including literature searching and training was renewed until March 2016 and is currently under review.

Knowledge for Healthcare

The Strategic Review of NHS Library and Knowledge Services created by the Library and Knowledge Service Leads was completed at the end of September 2014 and has been
July 2016

approved by the HEE's Senior Management Team. Most of the task and finish groups have published progress reports of the first year which are being used to inform changes in health libraries. Key action points for 2016/7 are around public and patient information and knowledge management.

Electronic Resources

The cost of electronic resources versus print resources continues to be an issue for the Library, especially as Library services extend out across the large geographical Trust. As well as promoting YorLIG as a means to access journal content through departmental/speciality information portals. The service can be found at http://www.netvibes.com/yorknhslibrary#Library_Home The Library is exploring a different approach to e-resource purchase so as to maximise access to resources at the best price possible.

To this end, the Library has participated in several regional deals, such as the MAH Hospital Collection which gives access to 25 journal titles and an e-book deal which gives access to 130 Oxford Medical e-books. It is the Library's intention to explore such deals instead of individual subscriptions so as to use the Library budget more cost-effectively.

Clinical Librarians

CLs provide comprehensive tailored literature searching and training to support patient care, guideline development, service planning and other initiatives.

New developments in 2015/16

- Providing the evidence base to support strands of the work of the Turnaround Avoidance Programme
- Attendance at Patient Safety Conference and Committee
- QUEST (Quick Easy Skills Training) sessions commence
- "Finding the Evidence" training programme promoted to F2 doctors in the region
- Initiated discussion of support for nurses and midwives undertaking the new revalidation process

Future objectives

- To take the library service forward in accordance with objectives identified in the Education Strategy / new directorate strategy
- The lease at York St John will expire in 2018 so a new location for the York library to be identified
- To continue to promote resources and training offer to support bands 1-4 who are learners including new roles
- To continue to support the health and wellbeing agenda within the Trust
- To set targets in relation to library activity
- To review and develop library metrics including analysis and evaluation to demonstrate impact

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Finance and Performance Committee – 20 September 2016 – Classroom 4, PGMC, York Hospital

Attendance: Mike Keane (Chair) Mike Sweet Graham Lamb Lucy Turner Wendy Pollard Brian Golding Sue Rushbrook Lynda Provins

Apologies: Andrew Bertram Juliet Walters Gordon Cooney Steven Kitching

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	Last Meeting Notes 16 August 2016	The agenda covered the	The minutes of the meeting held on the 16 August 2016 were agreed.		
2.	Matters arising	following AFW and CRR items AFW DoF COO CRR	The following matters arising were raised: Shortfall of beds at Scarborough/Investment in out of hospital care – LT stated that there was no change to the position, but conversations continue. CT Scans – LT noted that the MDT at Hull had stated that some scans from Scarborough were not of sufficient quality for their purposes. She noted that this was a problem, but related to a very specific type of scan and that work was being done to look at what work could be brought to York.		
3	TAP – Key Priorities: Emergency Care Standard Delivery	DoF 1-4, 8 & 9 COO 2, 3 & 6	Emergency Care Standard Delivery LT stated that the Trust continued to deliver against the sustainability funding trajectory and that there had been a positive incremental flow. However, there was clearly a big different between York and Scarborough delivery. The Frailty Unit was being trialled as part of the Acute Medical Model and was currently open 4 afternoons a week with a plan to increase this to 5.	The committee is assured by the continuing work in relation to the ECS, but will seek further information about the issues at Scarborough including senior	JW to update the Board on the issues at Scarborough including senior review, lack of out of hospital care and ED

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>LT stated that there were signs of incremental creep with the time to initial assessment by ACPs during August and September and that it was felt that this was probably due to treatment being provided as well as assessment. This appeared to be related to the patient flow into and out of the hospital and work is being done to look at data. Ambulance arrivals are also up by 5%.</p> <p>SR stated that there has been a clear increase in ambulances arriving at the Scarborough site so Ed Smith is going to talk to Yorkshire Doctors to see if they are bringing patients in by ambulance, which are then becoming part of the ED queue instead of going straight to Yorkshire Doctors.</p> <p>LT stated that there is also still an issue with senior review within 14 hours of admission at Scarborough which is currently around 50 to 55% and is creating delays in the system. It was acknowledged that this was difficult due to the number of physicians at Scarborough and a time out was being held on the 27 September 2016 to discuss this issue. SR also noted that an experienced consultant had been lost in ED.</p> <p>MK stated that York's position appeared to have stabilised whilst Scarborough continued to be hit and miss. He stated that at the last meeting it was noted that discussions were to be held with the CCG about bed shortages and possible use of other assets and wondered if there had been any progress. SR confirmed discussions were being held with the CCG, but as yet there was no progress. She noted that other work is being done to reduce length of stay, but the other challenge is the post-take 14 hour target.</p> <p>SR stated that there was work being progressed to look at</p>	<p>review, lack of out of hospital care and ED assessment.</p> <p>The committee expressed concern about the failure to meet the 18 week target and will keep this under close review.</p>	<p>assessment.</p> <p>JW to provide the Board with an update regarding the failure to meet the 18 incomplete target and the action plan being drafted.</p>

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>reducing length of stay by using ambulatory care and the new acute medical model. She stated that the Medical Director was working with the physicians in Scarborough to look at how they could change their processes especially in respect of senior review. However, all this will still be affected by the lack of community resource.</p> <p>The group discussed the conversations with NHSE regarding holding people longer than 4 hours in the Scarborough ED which would fit with the acute medical model.</p> <p>MK noted 3 main issues, the discussions required around senior review, work with other organisation regarding out of hospital care and the assessment in ED and he noted that the Chief Operating Officer needed to update the Board on these.</p> <p>SR noted that the trajectory could be achieved, but to do this York would need to continue to achieve 90%, Scarborough stay above 75% and for there to be no activity growth.</p> <p>MS asked about workforce issues at the UCC. LT noted that Yorkshire Doctor medical staff provision has improved at Scarborough although certain conditions continue to be passed back to ED. The amount of activity going through UCC and minor injuries has increased despite the loss of Whitby. There had been 70 breaches across the totality of the health community and the Trust has no control over the breaches in UCC and minor injuries.</p> <p>The group discussed the possibility of changes to national targets and whether this would help the Trust.</p> <p>MK asked about workforce model at Scarborough and the Dales Unit at Scarborough and LT stated that the business case</p>		

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>for workforce has been to the Business Case Panel and was discussed at Corporate Directors yesterday, which had raised that patterns of attendance needed to be looked at in relation to the staffing provided. BG stated that the capital works for the Dales Unit could not be delivered this side of Christmas so it had been agreed to delay till Spring.</p> <p>GL stated that S & R CCG had served the Trust with a contract performance notice around the deteriorating ambulance handover position at Scarborough hospital. GL stated that ambulance handover performance was not one of the performance metrics that affected the receipt of the sustainability and transformation funding; although the Trust has provided an assurance statement that ambulance handover performance would be no worse than that in the previous year.</p> <p>LT stated that the Trust had failed 2 cancer targets; 14 fast track and breast symptomatic. In relation to breast symptomatic there was a good chance of recovering this, however the concern was the 14 fast track due to capacity problems especially in dermatology. This has led to the Trust extending the 2 week wait polling range to 6 weeks in dermatology. The CCGs are aware of this and this would then give patients the option to go elsewhere, but unfortunately Hull is in a similar position.</p> <p>LT stated that the Trust had failed the referral to treatment 18 week incomplete target in August for a number of reasons including the issues in dermatology. She noted that there was a real problem with the admitted backlog which had been increasing every month. There were also increasing backlogs in the non-admitted pathway. Some of this is due to the summer period, but not all of it as there has also been significant growth. A whole suite of measures is being</p>		

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
<p>Finance Control Total Delivery</p>		<p>explored.</p> <p>MK was concerned that these backlogs had increased despite using external providers and was consequently also losing some income. It was noted that the directorates would like to send more work out due to the current challenges with theatre capacity at York. LT mentioned that she was working with Ophthalmology regarding their recovery plan. MS asked if theatres will get better in the Autumn, however, it was noted that there will still be some staffing issues, which will inevitably lead to cancellations.</p> <p>SR stated that the other challenge is how many are on the admitted pathway and the likelihood that non admitted pathway patients will also eventually come on to this. This together with winter and the sustainability of elective activity will be an issue. Use of data was discussed, but SR is increasingly worried that this is a data rich organisation and that daily and weekly measurements will take time and not necessarily help change practice.</p> <p>The group discussed how assurance could be obtained and it was agreed that this was about telling the committee what was planned and how it was going to be achieved. LT gave a brief overview of the plan including stabilising theatres and providing detailed analysis at speciality level so that any additional theatre capacity can be targeted.</p> <p>MK stated that the Board would require a brief update regarding this and that an action plan was being drafted. LT confirmed that this was on JW's risk register.</p> <p>LT noted that the diagnostic target had been achieved for the twelfth consecutive month, despite this being a national access</p>	<p>The committee were assured by the finance position and</p>	<p>AB to update the board on the financial position</p>

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>problem along with 18weeks.</p> <p>Finance - GL presented the key points in the Finance Report including the £1.8m surplus against a planned surplus of £0.7m, placing the Trust £1.1m ahead of plan, which was a very promising start to the year. This results in a financial sustainability risk rating of 4.</p> <p>In relation to the sustainability and transformation fund, receipt of 70% of the fund is linked to financial performance, with the remaining 30% linked to achievement of certain performance trajectories. For August the Trust had met its financial target, and two out of the three performance targets; failing to meet the 92% 18 week target (91.58%). However the rules around the sustainability and transformation fund allowed a 1% tolerance in Q2, meaning that full payment of the fund is expected for August.</p> <p>GL stated that the outstanding payments mentioned at the last meeting in relation to the cash position have been received and the Trust is currently £3m ahead of plan. GL provided the CIP highlights noted the Trust has achieved £1.1m of which £8m is recurrent.</p> <p>GL noted that at this stage a key risk is in relation to the level of agency spending against the target set by NHSI for the Trust of £17.2m. Spending to date, particularly in relation to Consultant and other medical staff agency would suggest that the Trust was in danger of exceeding the target by the year end. It was noted that payment of the sustainability and transformation fund under the current rules was not dependant on keeping within the agency spend target, GL stressed the need to keep the agency spend down, and noted that a number of consultant appointments had been made and would should help reduce</p>	<p>recognised there are risks around agency spend.</p>	<p>and risks around agency spend.</p>

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>the rate of agency spend in the second half of the year.</p> <p>GL stated that the contracts have all been signed and any queries are in the process of being dealt with.</p> <p>GL noted the risks around agency spend and the issues with the 18 week target and whether this will start to impinge on the sustainability and transformation funding in the second half of the year.</p> <p>MK stated that the danger will be the winter period.</p> <p>MK asked about the cancellation of theatres and paying outside agencies to do work. GL stated that this is partly offset due to the fact that the Trust is incredibly busy and income is way ahead of plan.</p> <p>The group discussed whether it was better to fail the 18 week position as opposed to spending a lot more money chasing the target.</p> <p>The Junior Doctor strike impact was discussed and LT highlighted that nothing has been cancelled as yet as it may not go ahead. However, if it goes ahead it will cause big problems, but the strike impact will be national and will hit all trusts. MS stated that if the strike goes ahead it will result in a considerable amount of loss. It was noted that the Deputy Director of HR was still looking into the fact that if juniors take off more than 20 days in the year it will affect their training and it was noted that some juniors have already signed the contract.</p> <p>Efficiency - WP provided an update on the efficiency position at the end of August, which is good and comparable with last year. The Trust has achieved £11.1m which is 42% of the</p>	<p>The committee were assured by the work being undertaken in relation to efficiencies.</p>	

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>target and of which £8.3m is recurrent. She noted the £1.8m planning gap and that the majority of the projects are low risk. Quality impact assessments have been done and a number of high risk plans will need to be seen by the Nursing Director. WP stated Carter is being worked through to determine the work streams.</p> <p>The risk is in relation to the £1.8m planning gap for this year and the £17.9m planning gap over the next 4 years. Some work still needs to be done with the high risk directorates to firm plans up and get them down to a low risk category.</p> <p>MS asked what can be done to improve performance. WP stated that efficiency panels are due to start this week and workshops are also being held. WP stated that there are lots of things still to be progressed and she mentioned work previously done on stock levels which has started to slip and needs tightening and other work which has been done with one or two directorates and needs rolling out to others.</p> <p>MK asked about any benefits in relation to the STP and GL stated that it was early days yet. There are some big ideas which could possibly be shared, but this will take time. Work streams are starting with the sharing of ideas and what best practice can be rolled out over the patch.</p> <p>BG stated that he is attending meetings with Hull and NLAG to share strategies, but it is early days. WP noted that a lot of this will be picked up by the Carter Steering Group.</p> <p>MK asked about the Turnaround Avoidance Programme and it was noted that this report has been integrated into the efficiency report. WP stated that the work is being merged. MK noted the previous large list of TAP projects which came regularly and GL</p>		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			stated that he will raise this with the Finance Director.		
4.	TAP – Other Performance Issues: CQUIN Delivery		<p>CQUIN Delivery – LT stated that the risks were in line with last month and related to 3 areas:</p> <p><u>Sepsis</u> – likely to be a partial payment in quarter 2.</p> <p><u>Reduction in Antimicrobial Consumption</u> – this is annual and is adrift of where the Trust needs to be and more work is required.</p> <p><u>Adult Critical Care</u> – work is on-going to minimise 4 hour delays and it was noted a lot of work is being progressed in relation to ensuring CPD is properly used.</p> <p>MS asked about whether the sepsis details were correct and LT noted that it was the way it was expressed nationally.</p> <p><u>Flu Vaccines</u> – MK asked for clarification on the flu vaccine uptake. This has to be 75% of frontline staff. LT stated that super clinics are being provided and ways to make uptake easier are being explored. It was noted that uptake of the vaccine could become a risk.</p>		
5.	Capital Planning Update		<p>BG provided an update on capital planning. He highlighted the planned total amount for the capital programme and how much had been committed to the end of July. BG highlighted that the programme had been over committed by £1.8m and the programme was behind by £3m, but that there would be some catch up on this over the remaining year.</p> <p>BG also noted the purchase of Tanpit Lodge had taken place last week and this would result in £1m coming through the accounts.</p> <p><u>SGH Lifts</u> - £1m had been committed to this project. The</p>	The committee were assured by the on-going work of the capital team.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			<p>contract had just been let and this would be completed by the end of the year.</p> <p><u>Backlog Maintenance</u> – the backlog maintenance schemes were also delayed by £1m and this was also likely to catch up by the end of the year. BG also noted that there were some roof repairs required at Scarborough before winter which would require a further £200k from the capital fund.</p> <p>BG stated that there were 2 business cases which had been signed off in respect of the vascular unit and endoscopy unit at York which did not appear in the plan. These schemes were both awaiting funding sources and as an application had been made to the Foundation Trust Funding Unit. However, there was national uncertainty about funding and it may be that the Trust would have to look for commercial funding.</p> <p>BG stated that the Bridlington Theatre business case was due to be discussed at the private board next week. The discussion would need to look at the funds available via the remaining strategic monies and what requires doing at both Scarborough and Bridlington. It was also noted that commercial funding will be needed to progress the Bridlington case.</p> <p>MS asked about the Malton Urology project amounts that were detailed and BG agreed to look at this. BG noted that the sum of £1.6m was the approved amount and the £500k planned spend was possibly wrong. This project is due to finish by Christmas. BG will also look into the £300k overspend relating to breast imaging packs.</p> <p>BG stated that the programme will end in balance, but that there are still some significant decisions to be made in the meantime.</p>		
6.	Risk Registers		Chief Operating Officer – LT noted the 2 new risks added regarding 18 weeks and scanning patients in maternity in a		

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		<p>timely manner.</p> <p>There was a discussion about the end column on the risk registers which reads 'what is the view of the CRC' and it was noted that this was only filled in on one occasion.</p> <p>Finance Director – MS asked about the scoring of risk 4 (commissioner resources) as he would expect it to be higher. GL explained that although mindful of the risk, at this stage there was not undue concern particularly as the Trust has in place an agreement with VoYCCG to receive its base contract payments over the first 10 months of the year, and that the CCG had readily paid its Q1 overtrade. GL agreed to raise items 8 and 10 with the Finance Director as the current risk rating score column reads 'tbc'.</p>		
7.	Summary of Governance	<p>The summary of governance was discussed and the following points noted:</p> <p>Terms of Reference - Quoracy would change to 1 NED and 1 Director. Membership – titles to be checked to ensure they are correct and Foundation Trust Secretary to be added. Annual Report in section 9.1 to be reinstated and to indicate it would also go to the Council of Governors and LP to also look at the requirements for Annual Reports to be done for the overarching Trust's Annual Report.</p> <p>Work Programme - Tender register to be discussed with Sarah Barrow and the frequency looked at. TAP to be looked at whether this is being included in the efficiency report.</p>		
8.	Any other business	No other business was discussed.		
9.	Next Meeting	The next meeting is arranged for 18 October 2016 in the Head & Neck Seminar Room, York Hospital.		

DRAFT

Board of Directors – 28 September 2016

Finance Report

Action requested/recommendation

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

Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 31 August 2016.

At the end of August the Trust is reporting an Income and Expenditure (I&E) surplus of £1.8m against a planned surplus of £0.7m for the period. The Income & Expenditure position places the Trust ahead of its Operational plan.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <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	September 2016
Version number	Version 1

Briefing Note for the Finance & Performance Committee Meeting 20 September 2016

Subject: August 2016 (Month 5) Financial Position

From: Andrew Bertram, Finance Director

Summary Reported Position for August 2016

The Trust's I&E account shows a month 5 surplus of £1.8m against a planned surplus of £0.7m. The Trust is therefore currently reported as £1.1m ahead of plan and has maintained the opening favourable variance reported in previous months. This continues to be encouraging given the current and well documented risks to our plan and known pressures in the system.

The month 5 CIP position is also encouraging with £11.1m removed from budget. Of note is some £8.3m has been removed recurrently. The planning gap for the year is concerning but work continues to identify additional directorate schemes and corporate schemes.

Following a shortfall in cash levels in July against plan, the August position has recovered as expected and is now in line with plan.

Sustainability Funding

The Board are aware that the business rules associated with the Sustainability Funding have now been published and the Trust has received its Q1 payment.

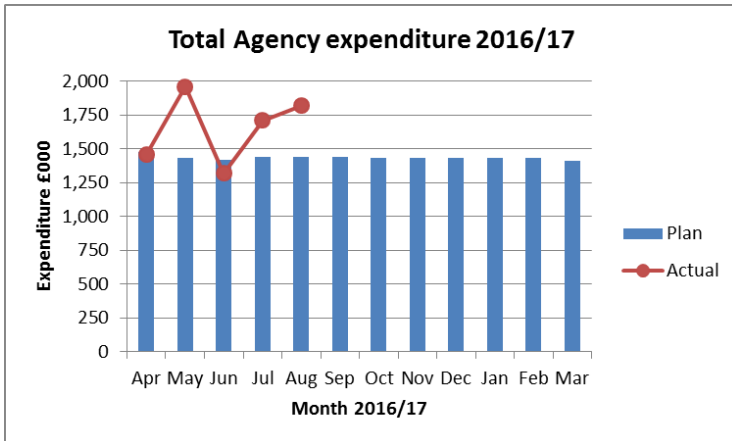
The current reported I&E position assumes continuation of payment in full for months 4 and 5. The Trust is presently managing to its control total. The Board are aware that this is a compliance gateway for access to any sustainability funding and that, assuming the control total is met; a payment of 70% of the sustainability funding is made. The balance relates to delivery of the ECS trajectory (12.5%), delivery of 18-weeks (12.5%) and delivery of cancer access standards (5%).

Enhanced Agency Expenditure Analysis

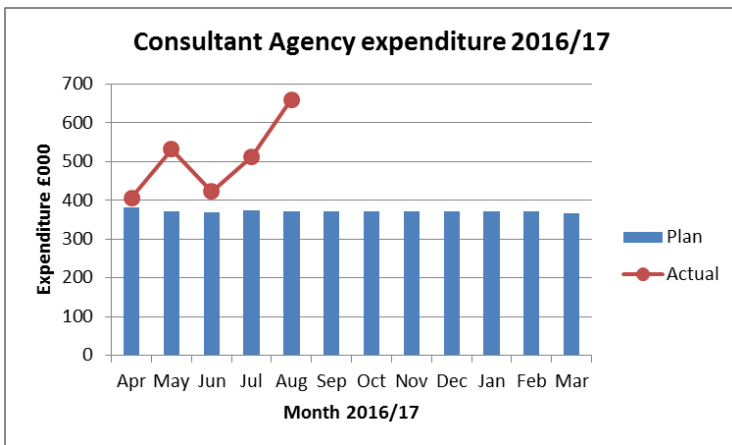
As discussed previously at the Board we have developed our agency staff cost reporting to ensure full visibility against the Trust's overall improvement trajectory. The Board are aware that NHSI has set the Trust an upper cap limit of £17.2m for its 2016/17 agency expenditure. As a reminder the agency spend for 2015/16 totalled £24m.

We have developed a suite of charts that set indicative targets for agency expenditure in the categories of Consultant, Other Medical, Nursing and Other Staff. The sum of each of these targets reconciles back to our capped plan of £17.2m.

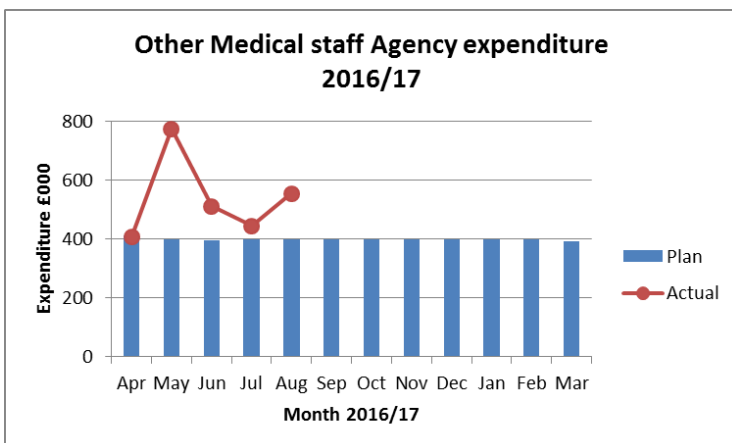
Expenditure is above trajectory but remains significantly below the pro-rata position based on the 2015/16 spend. Corrective action continues to be necessary.



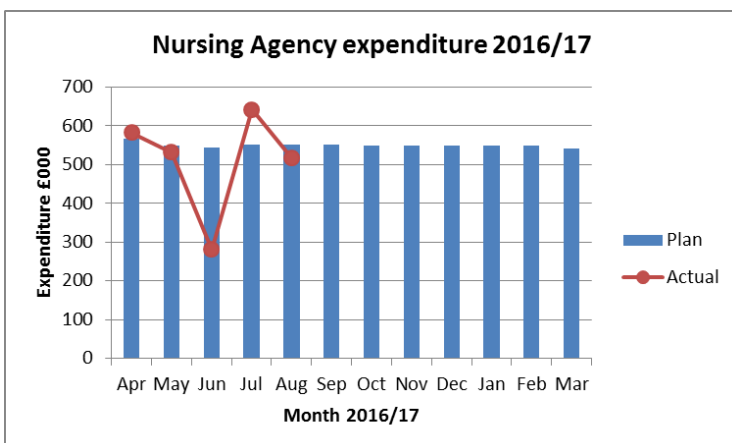
This first chart shows the monthly overall agency target; set at approximately £1.4m per month. Corrective action continues to be necessary to ensure recovery of the overall position.



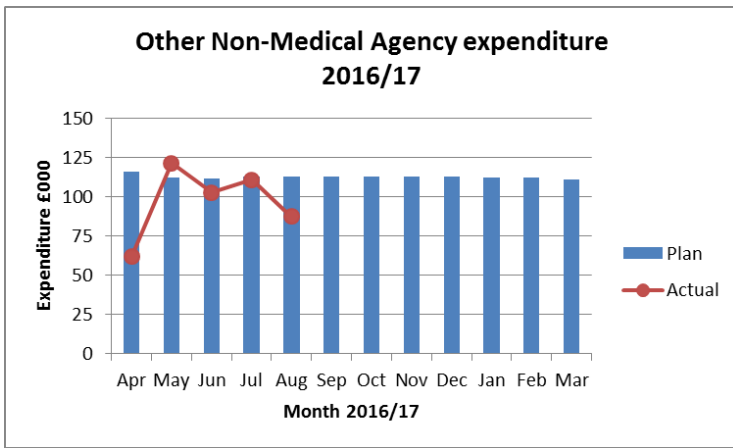
Consultant medical staff agency expenditure is a significant pressure area. There are a number of recruitment and agency changes due in the second half of the financial year that should favourably impact on current trend levels. This is an area where corrective action continues to be necessary if we are to ensure delivery against our capped expenditure level.



Other medical staff (junior staff) agency expenditure also continues to be a main pressure area. This is an area where corrective action continues to be necessary if we are to ensure delivery against our capped expenditure level.



Nursing staff agency expenditure remains under control with the reported August position in line with capped levels.



The final chart shows non-medical and non-nursing agency staff expenditure. In relative terms this is low level agency usage and there are no issues I would wish to bring to the Board's attention.

2016/17 Contract Issues

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

We are currently managing a small number of CCG challenges to our charging data relating to recent increases in the numbers of zero length of stay patients and patients undergoing in-patient rehabilitation. On the basis of the investigative work done to date, appropriate adjustments have been made to the reported income position.

Finance Performance Report

September 2016

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



Finance Report Chapter Index

Chapter	Sub-Section
Finance	Summary Income and Expenditure Position
	Contract Performance
	Expenditure Analysis
	Summary Income and Expenditure Position - Cash
	Debtor Analysis
	Summary Income and Expenditure Position - Capital
	Efficiency Programme
	Carter
	SLR



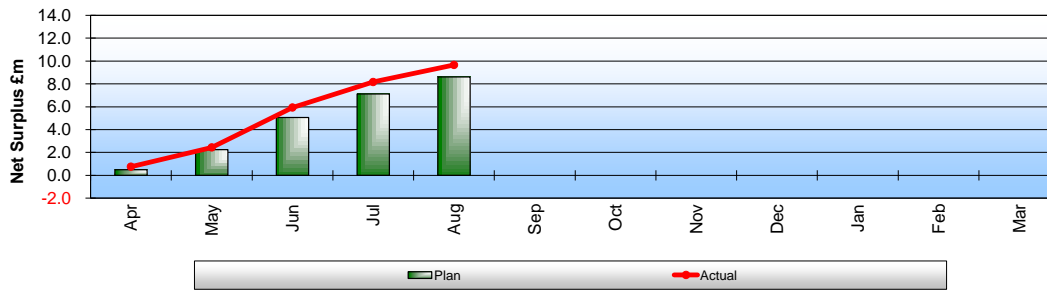
Summary Income and Expenditure Position

Month 5 - The Period 1st April 2016 to 31st August 2016

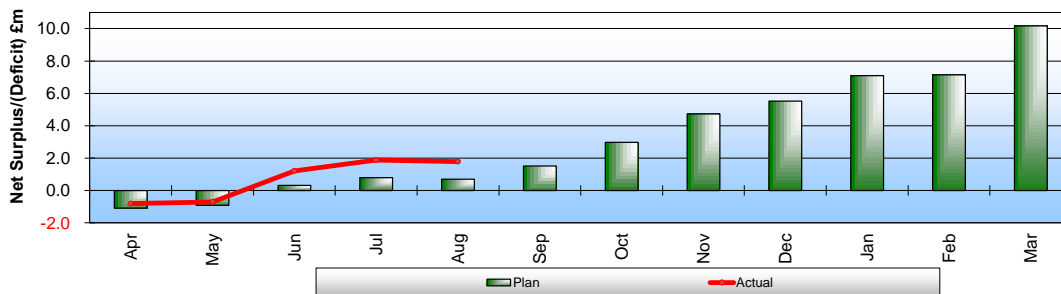
Summary Position:

- * The Trust is reporting an I&E surplus of £1.8m, placing it £1.1m ahead of the operational plan.
- * Income is £4.8m ahead of plan, with clinical income being £3.4m ahead of plan and non-clinical income being £1.4m ahead of plan.
- * Operational expenditure is ahead of plan by £3.7m, with further explanation given on the 'Expenditure' sheet.
- * The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £9.7m (4.74%) compared to plan of £8.6m (4.33%), and is reflective of the reported net I&E performance.

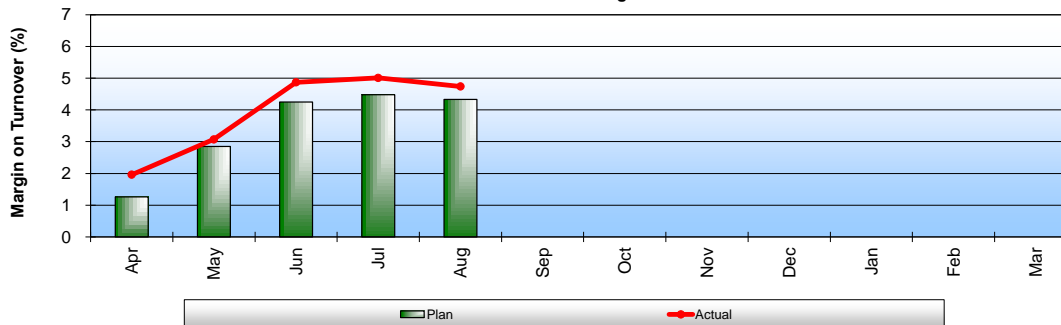
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)



Income and Expenditure



EBITDA Margin



NHS Clinical Income

	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
Elective Income	26,596	10,939	10,555	-384	26,596	0
Planned same day (Day cases)	39,006	16,026	16,278	252	39,006	0
Non-Elective Income	109,502	44,985	46,133	1,148	109,502	0
Outpatients	65,397	26,343	27,047	704	65,397	0
A&E	14,522	5,969	5,965	-4	14,522	0
Community	30,174	12,396	12,723	327	30,174	0
Other	150,426	61,651	63,030	1,379	150,426	0
Total	435,623	178,309	181,731	3,422	435,623	0

Non-NHS Clinical Income

Private Patient Income	976	407	393	-14	976	0
Other Non-protected Clinical Income	1,827	761	920	159	1,827	0
Total	2,804	1,168	1,313	145	2,804	0

Other Income

Education & Training	15,049	6,270	5,960	-311	15,049	0
Research & Development	3,167	1,320	1,559	239	3,167	0
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	739	308	328	20	739	0
Other Income	17,447	7,260	8,514	1,255	17,447	0
Transition support	10,045	4,185	4,185	0	10,045	0
Total	46,447	19,343	20,546	1,203	46,447	0

Total Income

Total Income	484,874	198,820	203,590	4,770	484,874	0
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Expenditure

Pay costs	-324,828	-132,829	-132,143	686	-324,828	0
Drug costs	-50,396	-20,889	-22,871	-1,983	-50,396	0
Clinical Supplies & Services	-46,540	-19,200	-18,787	413	-46,540	0
Other costs (excluding Depreciation)	-48,924	-20,237	-20,025	212	-48,924	0
Restructuring Costs	0	0	-109	-109	0	0
CIP	15,298	2,947	0	-2,947	15,298	0
Total Expenditure	-455,391	-190,207	-193,935	-3,728	-455,391	0

Total Expenditure

Total Expenditure	-455,391	-190,207	-193,935	-3,728	-455,391	0
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Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)

EBITDA	29,483	8,613	9,655	1,042	29,483	0
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Profit/ Loss on Asset Disposals	0	0	0	0	0	0
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation	-12,000	-5,000	-5,000	0	-12,000	0
Interest Receivable/ Payable	100	42	77	36	100	0
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-487	-192	-182	9	-487	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	0	0	0	0
PDC Dividend	-6,627	-2,761	-2,761	0	-6,627	0
Taxation Payable	0	0	0	0	0	0

NET SURPLUS/ DEFICIT

NET SURPLUS/ DEFICIT	10,169	702	1,788	1,087	10,169	0
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Contract Performance

Month 5 - The Period 1st April 2016 to 31st August 2016

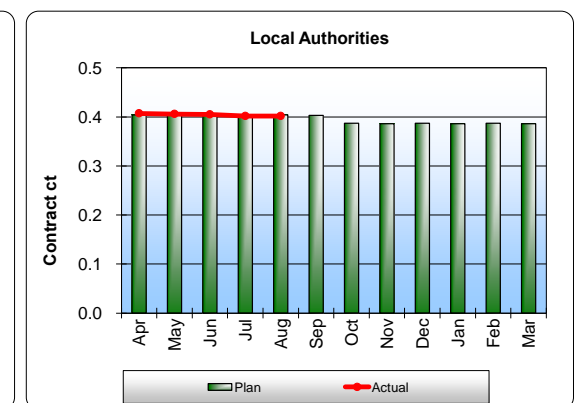
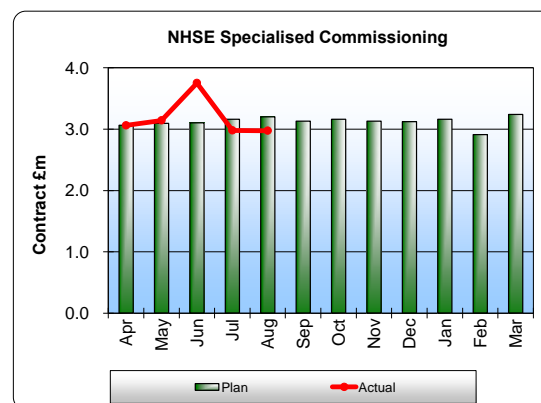
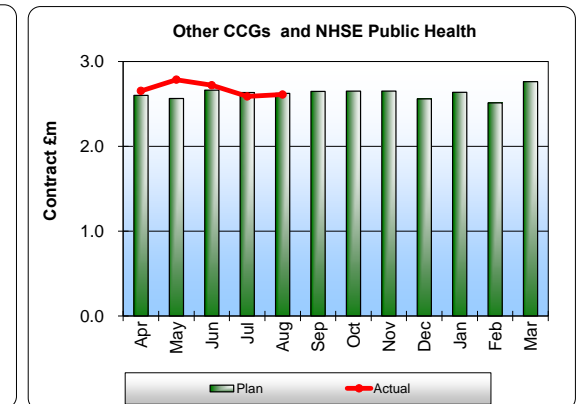
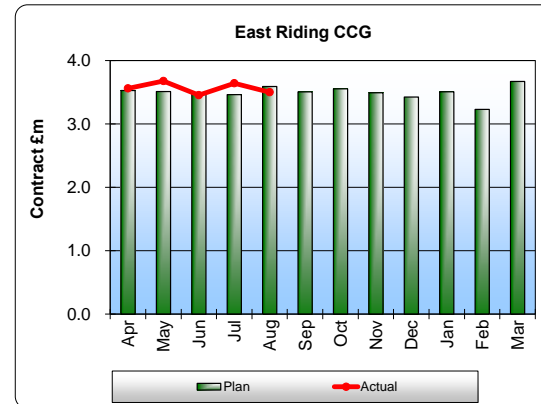
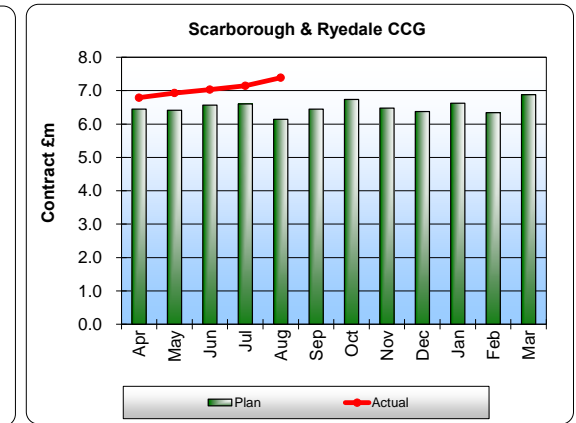
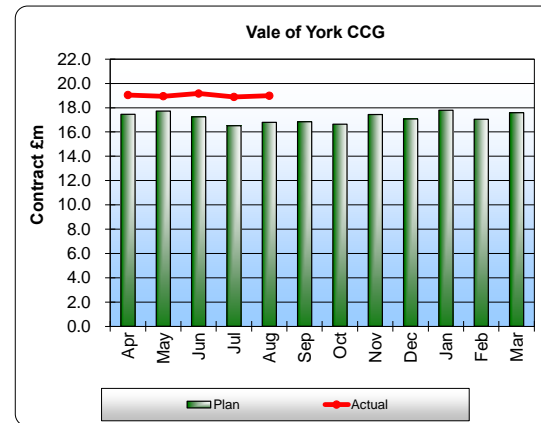
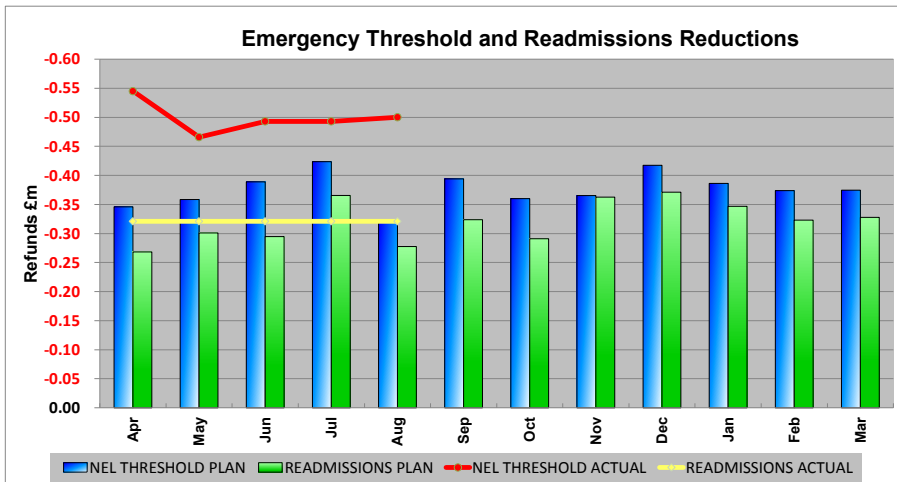
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	206,033	85,733	87,726	1,993
Scarborough & Ryedale CCG	78,061	32,175	33,648	1,473
East Riding CCG	42,000	17,596	17,587	-9
Other Contracted CCGs	17,332	7,232	7,407	175
NHSE - Specialised Commissioning	37,475	15,621	15,714	93
NHSE - Public Health	14,190	5,909	6,234	325
Local Authorities	4,740	2,021	2,001	-20
Total NHS Contract Clinical Income	399,831	166,287	170,317	4,030

Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	15,511	6,488	6,494	6
Risk Income	20,281	5,534	5,405	-129
Total Other NHS Clinical Income	35,792	12,022	11,899	-123

Specialist registrar income moved to other income non clinical -551
Winter resilience monies in addition to contract 66

Total NHS Clinical Income	435,623	178,309	181,731	3,422
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Activity data for July is partially coded (54.9%) and June is 90.59% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.



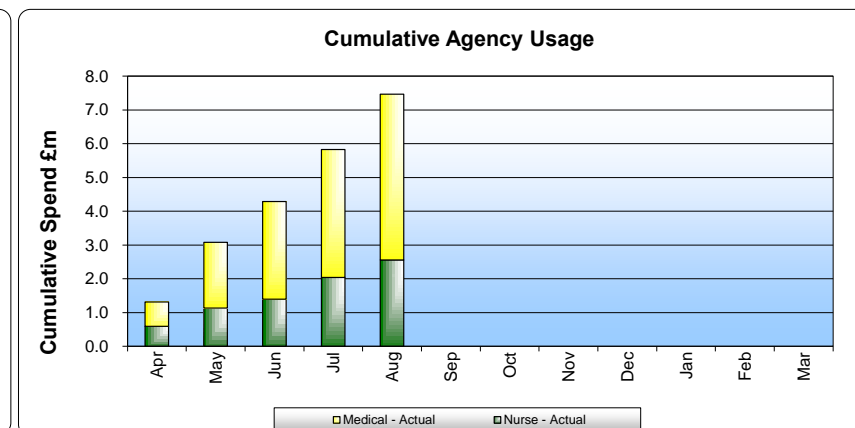
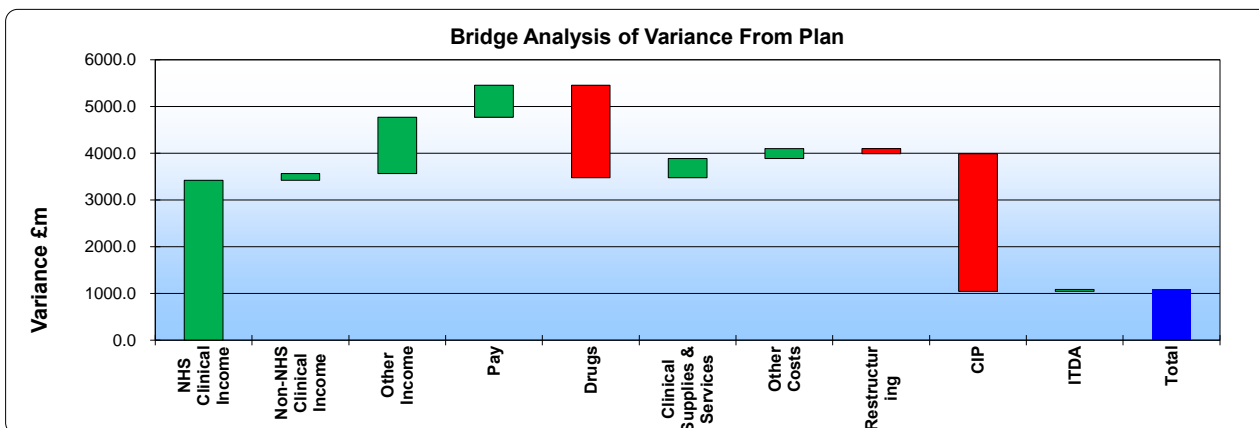
Expenditure Analysis
Month 5 - The Period 1st April 2016 to 31st August 2016

Key Messages:

There is an adverse expenditure variance of £3.8m at the end of August 2016. This comprises:

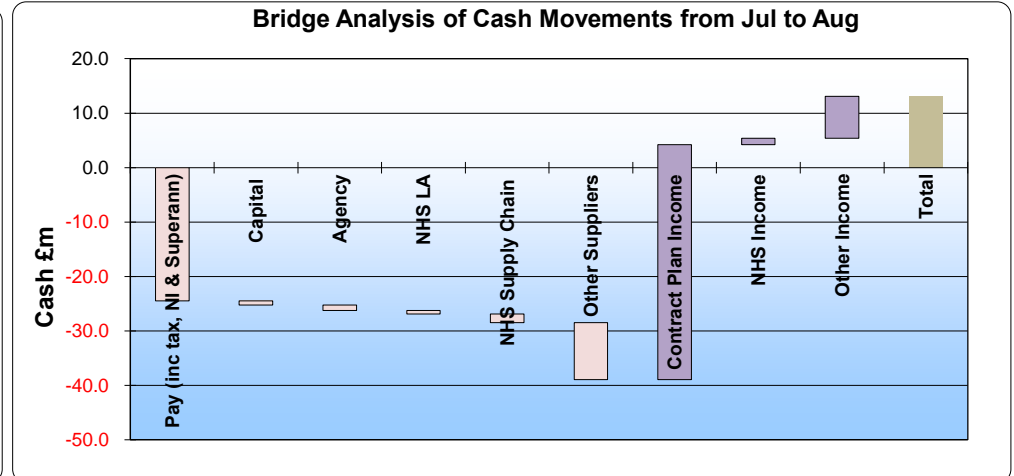
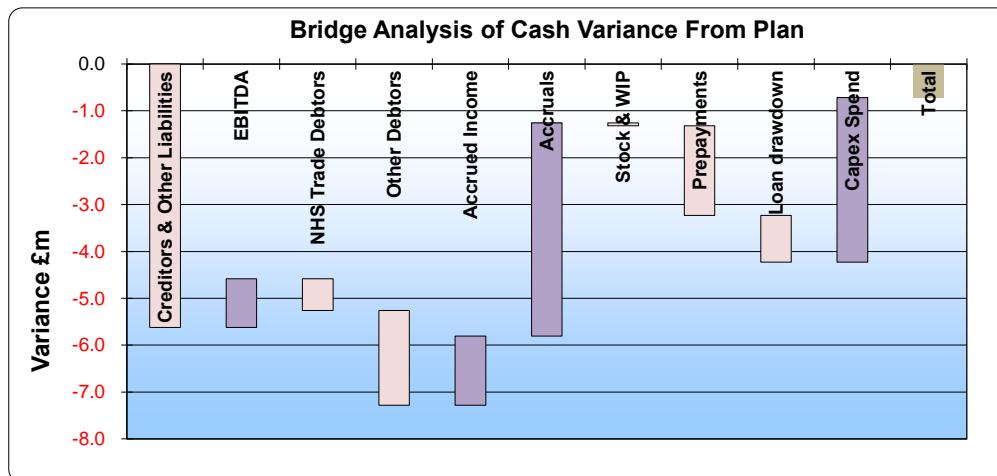
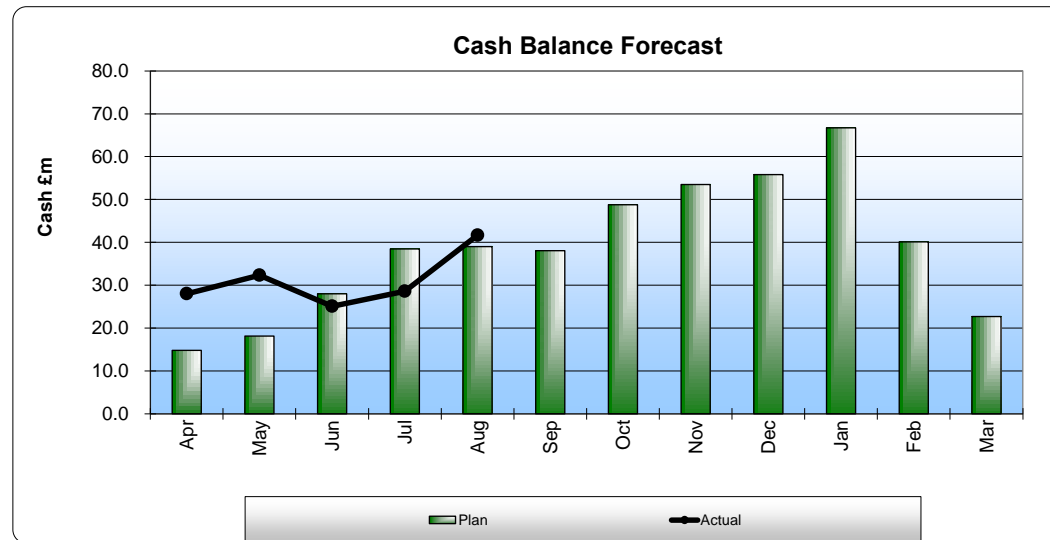
- * Pay budgets are £0.7m favourable, linked to vacant posts.
- * Drugs budgets are £2m adverse, mainly due to pass through costs for drugs excluded from tariff.
- * CIP achievement is £2.9m behind plan.
- * Other budgets are £0.5m favourable.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	58,526	23,948	20,715	0	672	0	2,328	23,715	233	323	
Medical and Dental	30,457	12,550	10,806	0	119	0	2,579	13,505	-955	-702	
Nursing	96,622	40,169	32,678	209	178	2,681	2,556	38,302	1,867	1,551	
Healthcare Scientists	11,809	5,176	3,764	90	107	-3	99	4,057	1,119	252	
Scientific, Therapeutic and technical	15,366	6,313	5,817	27	0	2	98	5,945	368	207	
Allied Health Professionals	25,282	10,477	9,317	44	127	5	89	9,583	894	532	
HCA's and Support Staff	44,413	18,507	16,850	282	55	37	85	17,309	1,198	564	
Chairman and Non Executives	161	67	67	0	0	0	0	67	0	-1	
Exec Board and Senior managers	12,051	4,973	5,591	2	0	0	5	5,598	-625	-334	
Admin & Clerical	36,786	15,172	13,718	120	47	71	107	14,063	1,109	700	
Agency Premium Provision	5,597	2,323	0	0	0	0	0	0	2,323	1,438	
Vacancy Factor	-12,241	-6,846	0	0	0	0	0	0	-6,846	-3,933	
TOTAL	324,828	132,829	119,325	774	1,304	2,794	7,947	132,143	685	597	



Key Messages:

- * The cash position at the end of August was £41.7m, which is approx £3m above plan.
- * This is mainly due to a timing difference in the final monthly 'payables' run, which was delayed due to Bank Holiday processing arrangements, otherwise the cash position would be on plan.
- * Of the outstanding delayed income in last months report, only 2 areas remain outstanding:
- * £0.7m cash receipt from the sale of Groves Chapel, originally planned for June, but now revised to September.
- * £0.5m in relation to CDF invoices for Q1 remains outstanding and is due to be received in September.



Key Messages:

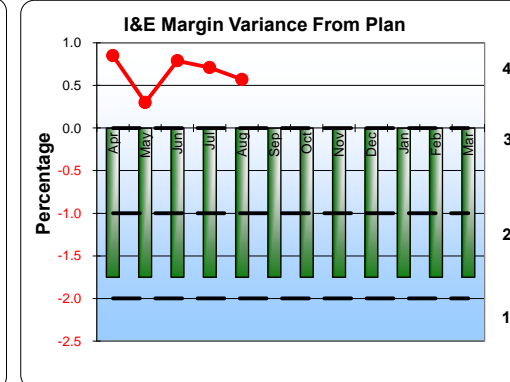
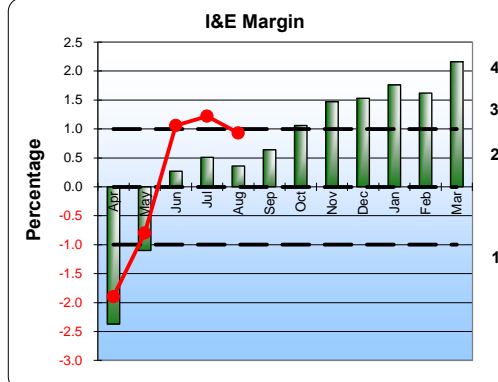
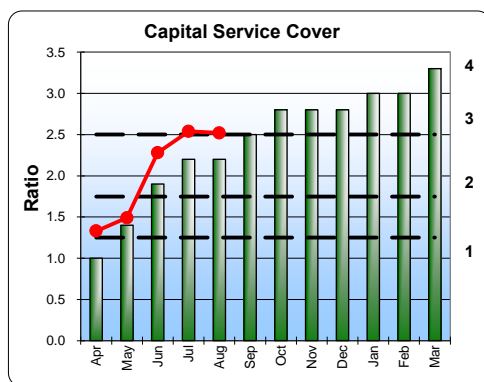
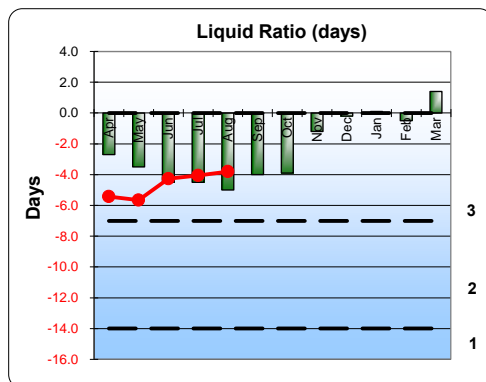
- * The receivables balance at the end of August was £10.9m, which is below plan.
- * The payables balance at the end of August was £10.8m, which is slightly above plan.
- * The Financial Sustainability Risk Rating (FSRR), which is assessed as a score of 4 in August, and is reflective of the I&E position.

Significant Aged Debtors (+6mths)

Harrogate and District NHS FT	£362K
Depuy Ireland	£206K
NHS Property Services	£139K

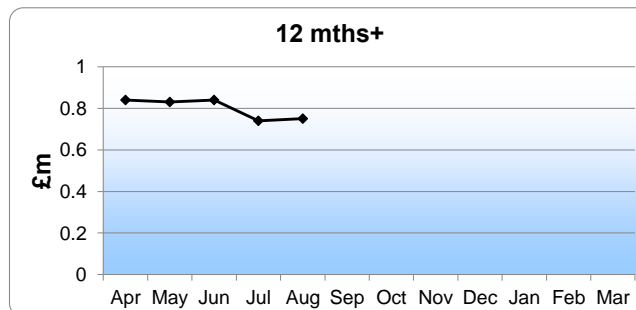
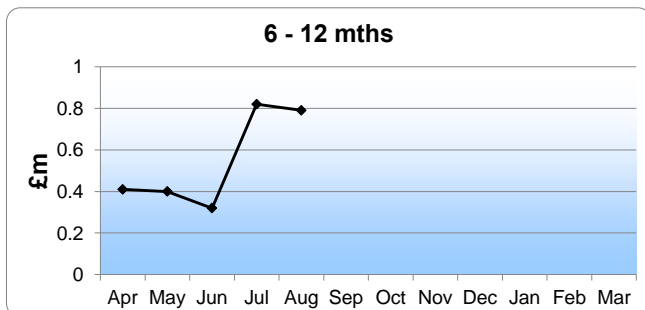
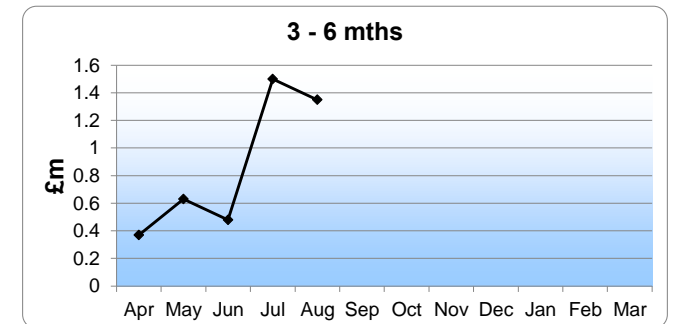
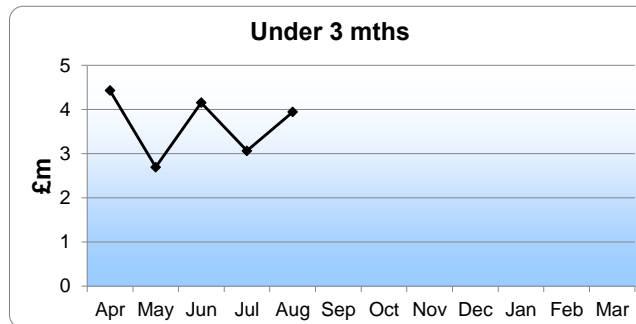
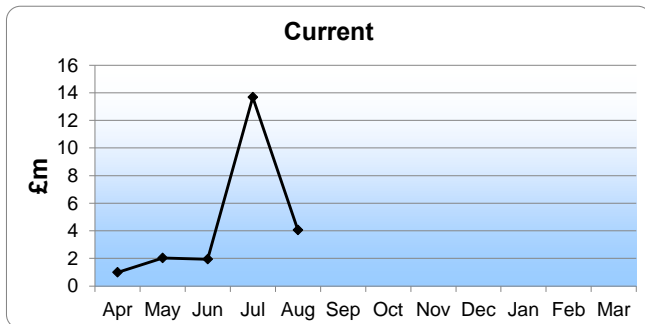
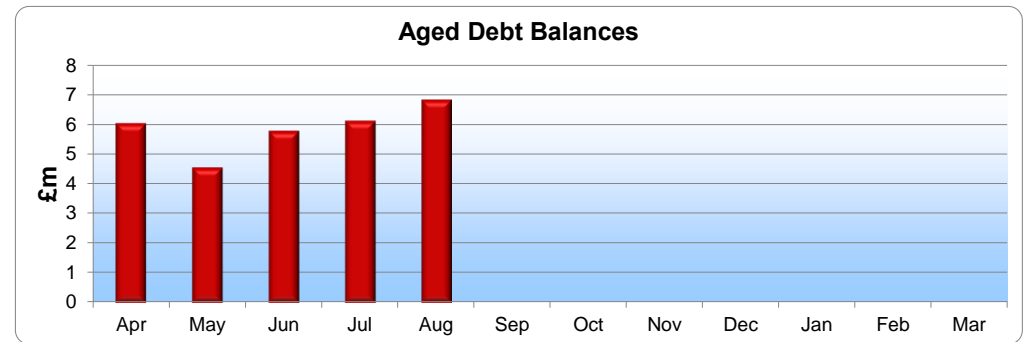
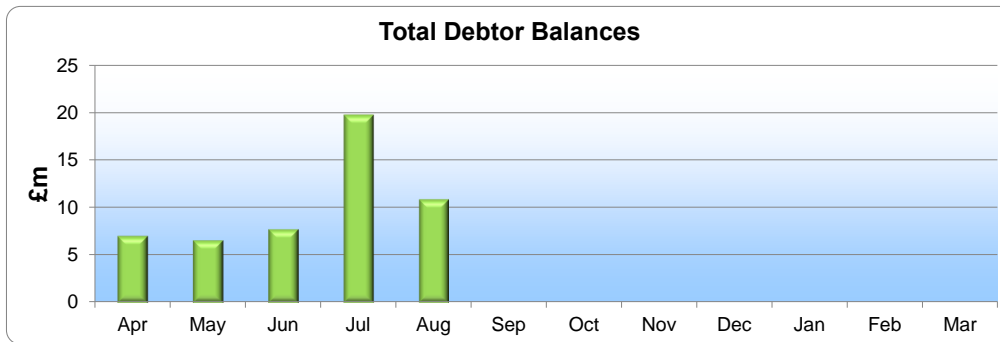
	Under 3 mths £m	3-6 mths £m	6-12 mths £m	12 mths + £m	Total £m
Payables	8.49	0.95	0.64	0.71	10.79
Receivables	7.99	1.35	0.79	0.75	10.88

FSRR Area of Review	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year									
Liquidity (25%)	4	3	3	4									
Capital Service Cover (25%)	4	3	4	4									
I&E Margin (25%)	4	3	4	I&E Margin Variance From Plan (25%)	2	2	4	4	Overall Financial Sustainability Risk Rating	4	3	4	4
I&E Margin Variance From Plan (25%)	2	2	4	4									
Overall Financial Sustainability Risk Rating	4	3	4	4									



Key Messages:

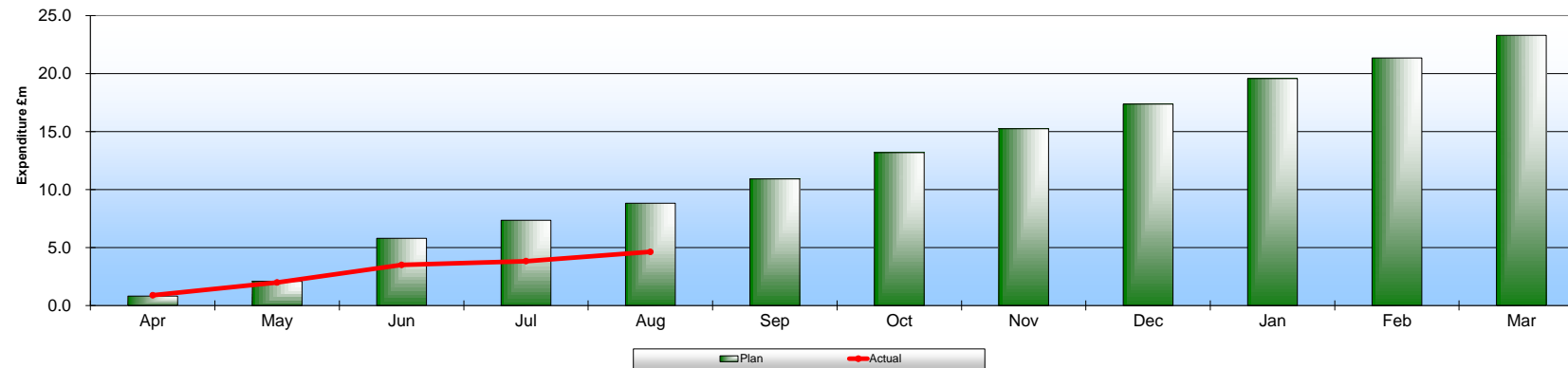
- * At the end of August, the total debtor balance was £10.9m, however £4m of this relates to 'current' invoices not due.
- * Long term debtors remain relatively flat, however we are starting to see progress with some of the long term issues.
- * An example of this is the reduction of the Harrogate FT over 6 months debtor balance.
- * Aged Debt was £6.8m, however £4m of this is under 3 months old.



Key Messages:

- *The capital plan is underspent by £4.2m.
- * This is partly because the purchase of Tampit Lodge has not yet completed and the Radiology equipment replacement plan has fallen behind schedule.
- * These schemes are expected to happen in this financial year.
- * Strategic funding will be spent on the replacement of the Scarborough Estates and Facilities Portakabins plus completion of the Fire Alarm Scheme, the Lift Replacement scheme and the Ambulance Handover project

Capital Expenditure



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
Urology Facilities Malton	1,600	747	1,737	-137	
Purchase of Tenpit Lodge Easingwold	1,000	-	1,000	0	
Theatre 10 to cardiac/vascular	1,100	-	1,000	100	
Radiology Replacement	4,450	-	4,450	0	
Radiology Lift Replacement SGH	640	18	1,135	-495	
Fire Alarm System SGH	640	101	890	-250	
Other Capital Schemes	3,913	1,756	5,233	-1,320	
SGH Estates Backlog Maintenance	750	238	750	0	
York Estates Backlog Maintenance - York	750	119	750	0	
Carbon energy fund SGH BDH	86	390	377	-291	
Medical Equipment	450	128	450	0	
IT Capital Programme	1,600	537	1,600	0	
Capital Programme Management	1,350	572	1,350	0	
Star Appeal	243	12	191	52	
SGH replacement of estates portakabins	732	-	1,132	-400	
Endoscopy Development	3,500	-	3,500	0	
Contingency	500	-	-	500	
TOTAL CAPITAL PROGRAMME	23,304	4,618	25,545	- 2,241	A level of capital creditors is included in the total spend figure.

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	
Depreciation	12,000	4,282	12,000	-	
Loan Funding b/fwd	-	-	-	-	
Loan Funding	7,950	43	7,950	-	
Charitable Funding	755	149	864	- 109	
Strategic Capital Funding	3,566	144	3,866	- 300	
TOTAL FUNDING	24,271	4,618	24,680	-409	

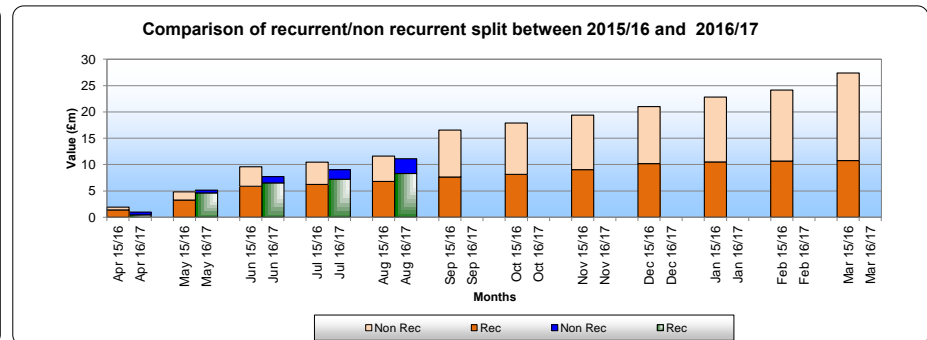
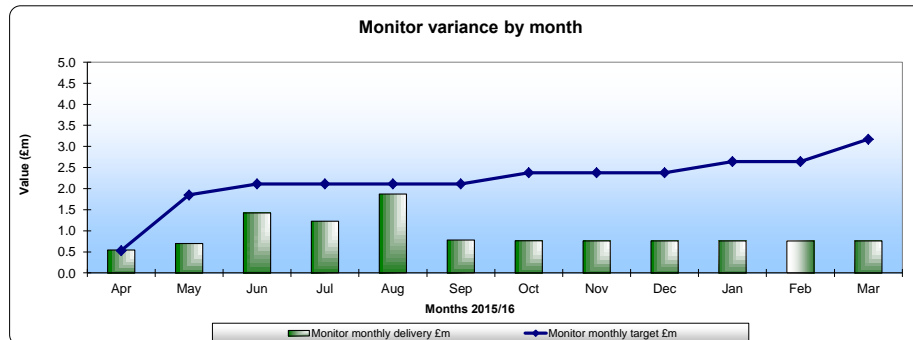
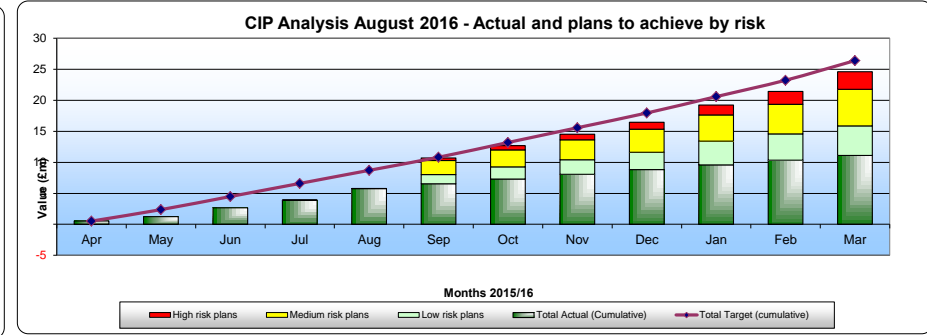
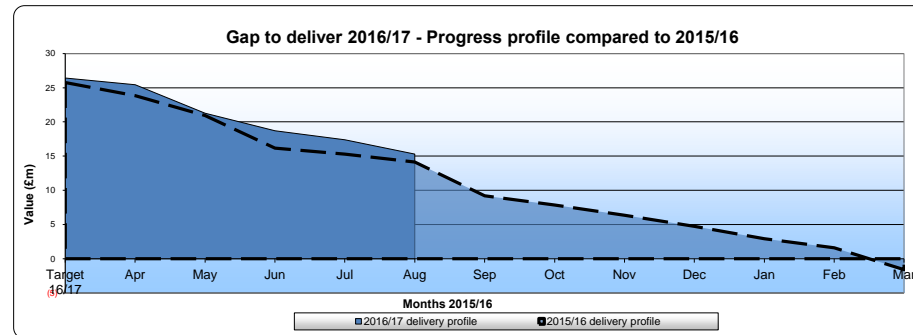
Key Messages:

- * Delivery - £11.1m has been delivered against the Trust annual target of £26.4m, giving a shortfall of (£15.3m)
- * Part year NHSI variance - The part year NHSI variance is (£2.9m).
- * In year planning - The 2016/17 planning gap is currently (£1.8m)
- * Four year planning - The four year planning gap is (£17.9m).
- * Recurrent delivery - Recurrent delivery is £8.3m, which is 31% of the 2016/17 CIP target.

Executive Summary - August 2016	
	Total £m
TARGET	
In year target	26.4
DELIVERY	
In year delivery	11.1
In year delivery (shortfall)/Surplus	-15.3
Part year delivery (shortfall)/surplus - NHSI variance	-2.9
PLANNING	
In year planning surplus/(gap)	-1.8
FINANCIAL RISK SCORE	
Overall trust financial risk score	(2 - RED/AMBER)

4 Year Efficiency Plan - August 2016					
Year	2016/17	2017/18	2018/19	2019/20	Total
	£m	£m	£m	£m	£m
Base Target	26.4	15.5	15.5	15.5	73.0
Plans	24.6	17.3	7.3	5.9	55.2
Variance	-1.8	1.8	-8.2	-9.7	-17.9
%	93%	112%	47%	38%	76%

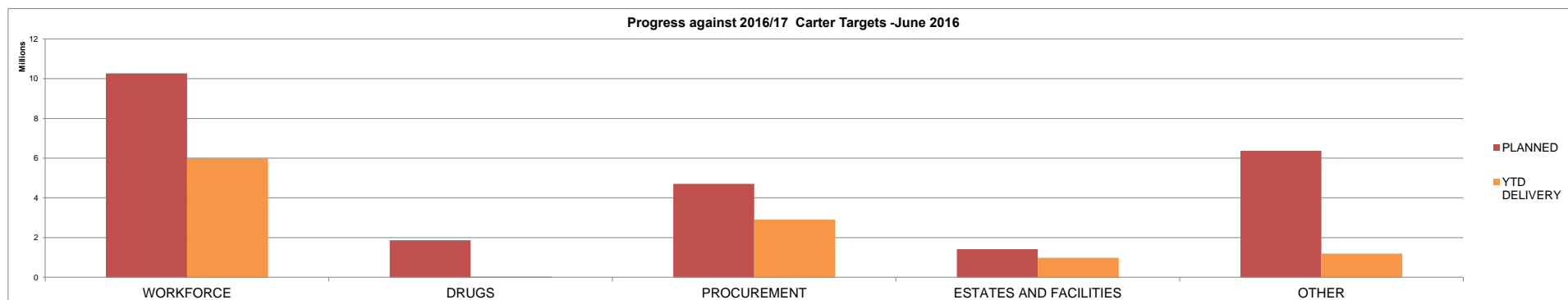
Risk Ratings			
Financial			
Score	July	August	Trend
1	11	8	↓
2	7	7	→
3	7	7	→
4	1	5	↑
5	1	0	↓
Governance			
Score	July	August	Trend
Red	0	0	→
Green	26	26	→



Key Messages:

Work ongoing with Carter Leads to identify key workstreams.
*

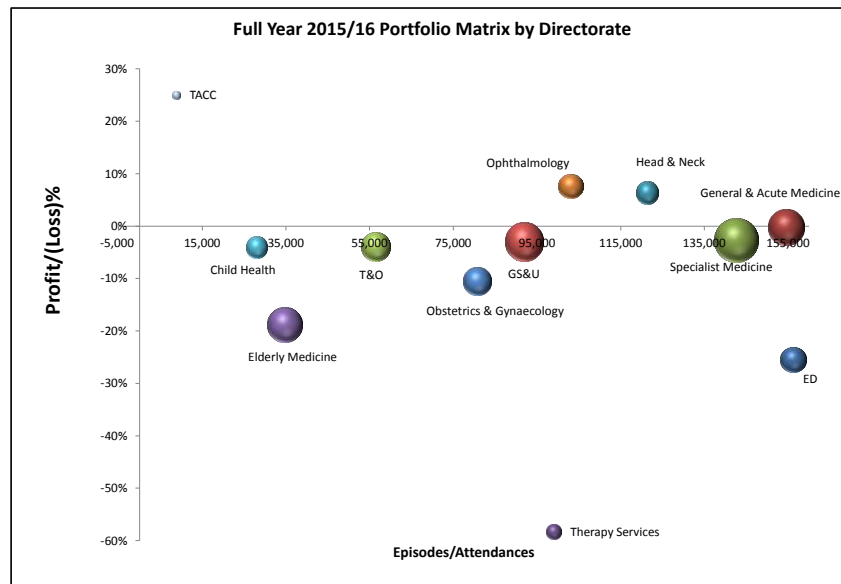
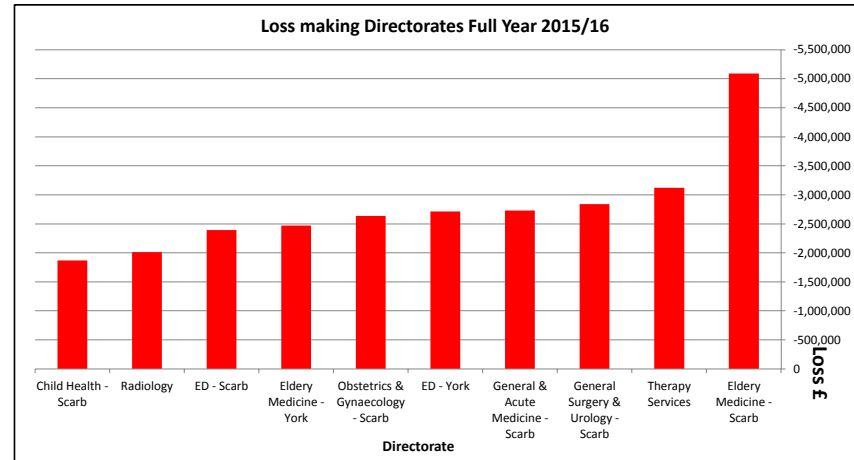
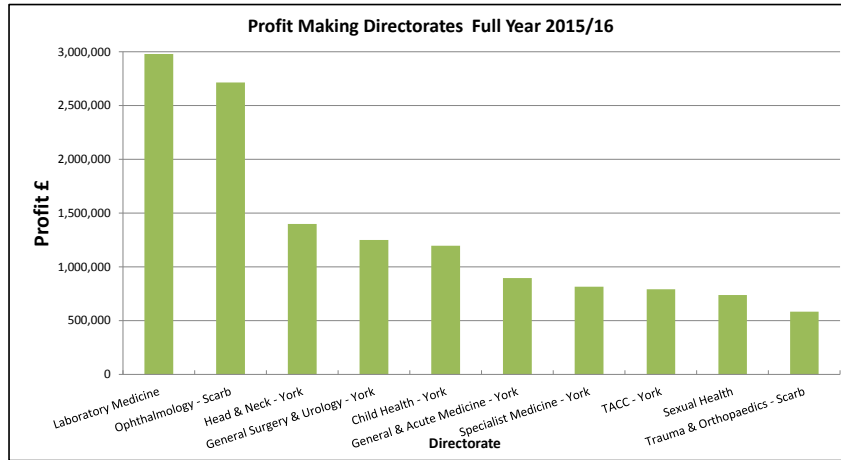
EFFICIENCY PROGRAM - CARTER WORKSTREAM PERFORMANCE AUGUST 2016						
CATEGORY	WORKFORCE	DRUGS	PROCUREMENT	ESTATES AND FACILITIES	OTHER	TOTAL
	£000	£000	£000	£000	£000	£000
2016/17 OVERALL TARGET						26,416
PLANNED	10,261	1,872	4,699	1,421	6,372	24,625
YTD TARGET						2,377
YTD DELIVERY	5,995	46	2,904	981	1,192	11,119
YTD VARIANCE	4,468	-195	2,643	769	1,057	8,741
4 YEAR TARGET						0
4 YEAR PLANS	17,051	6,897	6,728	3,551	20,924	55,152
4 YEAR VARIANCE	0	0	0	0	0	0



WORKFORCE	DRUGS
<ol style="list-style-type: none"> Draft Internal Dashboard set up and is being reviewed by the Workforce Lead. Meeting scheduled for September with Workforce Lead, TAP Programme Director and Efficiency Team to identify key workstreams. 	<ol style="list-style-type: none"> Draft Internal Dashboard set up and is being reviewed by the Pharmacy Lead. NHSI updated Model Hospital Portal with National Pharmacy Dashboard August 16. Meeting to be scheduled with Pharmacy Lead to review.
PROCUREMENT	ESTATES AND FACILITIES
<ol style="list-style-type: none"> Procurement Steering Group set up and three meetings held. Internal Dashboard set up and is being reviewed. Workshop held with Procurement and follow-up scheduled for September. 	<ol style="list-style-type: none"> Work progressing on Internal Dashboard. National Dashboard now live on Model Hospital and being reviewed.

Key Messages:

- * Current data is based on full year 2015/16
- * It is expected that Q1 2016/17 will be completed towards the end of September 2016
- * Our annual mandatory Reference Cost calculation was successfully submitted and signed-off on 28th July 2016



DATA PERIOD	Full Year 2015/16
CURRENT WORK	<ul style="list-style-type: none"> * Q1 2016/17 SLR reports are now the key focus for the team * The Education & Training annual mandatory submission is also a key focus ahead of the September deadline * Work with Directorate teams is currently on-going to improve the quality of consultant PA allocations used within the SLR system for each quarterly reporting period * The SLR team are continuing to work with Directorate teams to improve the quality of outpatient staffing group costs within SLR
FUTURE WORK	<ul style="list-style-type: none"> * Work on the Q2 2016/17 SLR data will commence once the Q1 data is published * Future work around junior doctor PA allocations will improve the quality of the SLR data and also inform the annual mandatory Education & Training cost collection exercise * Planning for the NHSI Costing Transformation Programme will soon begin to ensure that we are prepared for future mandatory reporting requirements
FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	£2.7m

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Board of Directors – 28 September 2016

Efficiency Programme Update – August 2016

Action requested/recommendation

The Board is asked to note the August 2016 position.

Executive Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust’s Efficiency Programme. The 2016/17 target is £26.4m and delivery, as at August 2016 is £11.1m.

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 regulations

There are no references to CQC regulations

Progress of report Finance & Performance Committee

Risk	The Efficiency Programme presents a significant financial risk to the organisation.
Resource implications	The aim of this work stream is to ensure the most effective use of the Trust resources.
Owner	Andrew Bertram, Finance Director
Author	Steven Kitching, Head of Corporate Finance & Resource Management
Date of paper	August 2016
Version number	Version 1

**Briefing note for the Finance & Performance Committee Meeting
20 September 2016 and Board of Directors Meeting 28 September 2016**

Subject: August 2016 - Efficiency and Carter update

From: Steven Kitching, Head of Corporate Finance & Resource Management

Summary reported position for August 2016

Current position – highlights

Delivery - Overall delivery is £11.1m in August 2016 which is (42%) of the £26.4m annual target. This position compares to a delivery position of £11.6m (45%) in August 2015.

Part year delivery is (£2.9m) behind the profiled plan submitted to NHSI.

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

In year planning – There is an in year planning gap of (£1.8m) at August 2016, the comparative position in August 2015 was a gap of (£2.9m).

Four year planning – The four year planning gap is (£17.9m). The position in August 2015 was a gap of (£21.4m). We have a strong planning position for years 1&2 of the plan with £42m (100%) worth of plans identified.

Recurrent vs. Non recurrent – Of the £11.1m delivery, £8.3m (75%) has been delivered recurrently.

Quality Impact Assessments (QIA) – All schemes have been sent out to Directorate teams and self-assessments have been completed. A review of schemes is currently underway with Richard Khafagy, Clinical Lead for the QIA process. The outcomes will be presented upon completion.

Overview

The August 2016 position is encouraging, with a £2.1m delivery improvement reported in month. The in-year planning position has also moved on in the month from a (£2.1m) gap in July to a (£1.8m) gap in August, a £0.3m improvement.

The recurrent delivery position at 75% of total delivery to date is extremely positive and has been driven predominately by the focus on non-recurrent to recurrent conversion. Of the targeted £6m, £4.5m has been delivered at the end of month 5. Table 1 summarises the delivery of non-recurrent to recurrent savings by Directorate.

**Table 1:
Directorate Overview: Conversion of Non-Recurrent to Recurrent CIP**

Non Recurrent to Recurrent Conversions Expected in Q1			
Directorate	NR to Rec Targetted	M5 Achieved	Remaining
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	504,025	504,025	0
CHAIRMAN & CHIEF EXECUTIVES OFFICE	178,745	20,912	157,833
CHIEF NURSE TEAM DIRECTORATE	101,421	101,421	0
CHILD HEALTH	374,050	224,488	149,562
COMMUNITY	143,535	143,535	0
EMERGENCY MEDICINE	15,171	15,171	0
ESTATES & FACILITIES	639,155	639,155	0
FINANCE	144,463	149,580	-5,117
GENERAL AND ACUTE MEDICINE	318,181	318,172	9
GENERAL MEDICINE - SCARBOROUGH	69,461	73,825	-4,364
GENERAL SURGERY & UROLOGY	208,322	208,318	4
HEAD & NECK SPECIALTIES	187,253	187,253	0
LABORATORY MEDICINE	435,771	439,542	-3,771
MEDICAL GOVERNANCE	16,985	0	16,985
MEDICINE FOR ELDERLY	64,478	0	64,478
OPERATIONS MANAGEMENT	61,779	0	61,779
OPHTHALMOLOGY	83,254	83,254	0
ORTHOPAEDICS DIRECTORATE	459,798	0	459,798
PHARMACY	136,994	136,994	0
RADIOLOGY	316,033	238,990	77,043
SEXUAL HEALTH	80,250	0	80,250
SPECIALIST MEDICINE DIRECTORATE	306,079	287,924	18,155
SYSTEMS & NETWORK SERVICES	384,171	384,171	0
THEATRES ANAESTHETICS & CRITICAL CARE	160,292	160,292	0
WOMENS HEALTH	169,737	151,834	17,903
WORKFORCE AND ORGANISATIONAL DEVELOPMENT	276,099	0	276,099
HR			
TOTAL	5,835,502	4,468,856	1,366,646

Carter

Work is on-going with the Carter Leads to identify key work streams and a number of Efficiency Workshops have been held with Directorates to focus on Planning, the impact of this is reflected in the continual improvement in the reduction of the planning gap.

Internal Dashboards are being developed with each of the Leads and these will form part of the reporting pack to the Finance and Performance Committee.

Risk

The key risks in the programme:

- There is an overall planning gap of (£1.8m) in year and a (£17.9m) 4 year planning gap.
- There are 8 Directorates who are risk rated 1 at the end of M5 in terms of planning and delivery, an improvement of 3 directorates compared to July 16. These are shown in Table 2 below.

Table 2 - Directorate	Overall Risk Rating M5	% Delivery Month 5
EMERGENCY MEDICINE	1	13%
SEXUAL HEALTH	1	32%
WOMENS HEALTH	1	18%
RADIOLOGY	1	15%
SPECIALIST MEDICINE	1	20%
TACC	1	22%
COMMUNITY	1	21%
OPS MANAGEMENT YORK	1	26%

RISK SCORES - AUGUST 2016 -APPENDIX 1

DIRECTORATE	FINANCE						GOVERNANCE	
	R	RA	A	AG	G	Trend	R	G
EMERGENCY MEDICINE	1	2	3	4	5	→		
RADIOLOGY	1	2	3	4	5	↑		
WOMENS HEALTH	1	2	3	4	5	→		
TACC	1	2	3	4	5	↑		
SPECIALIST MEDICINE	1	2	3	4	5	↑		
SEXUAL HEALTH	1	2	3	4	5	→		
COMMUNITY	1	2	3	4	5	↓		
CHILD HEALTH	1	2	3	4	5	→		
GEN MED SCARBOROUGH	1	2	3	4	5	↑		
HEAD AND NECK	1	2	3	4	5	↑		
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1	2	3	4	5	→		
MEDICINE FOR THE ELDERLY	1	2	3	4	5	↑		
GS&U	1	2	3	4	5	→		
GEN MED YORK	1	2	3	4	5	→		
OPHTHALMOLOGY	1	2	3	4	5	↑		
PHARMACY	1	2	3	4	5	↑		
LAB MED	1	2	3	4	5	→		
ORTHOPAEDICS	1	2	3	4	5	↑		
<u>CORPORATE</u>								
OPS MANAGEMENT YORK	1	2	3	4	5	↑		
MEDICAL GOVERNANCE	1	2	3	4	5	→		
ESTATES AND FACILITIES	1	2	3	4	5	→		
CHIEF NURSE TEAM DIRECTORATE	1	2	3	4	5	↑		
LEARNING ORGANISATIONAL DEVELOPMENT & RESEARCH	1	2	3	4	5	→		
SNS	1	2	3	4	5	↑		
FINANCE	1	2	3	4	5	→		
CHAIRMAN & CHIEF EXECUTIVES OFFICE	1	2	3	4	5	↑		
HR	1	2	3	4	5	↑		
TRUST SCORE	1	2	3	4	5	→		

RISK SCORES - AUGUST 2016 - 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
EMERGENCY MEDICINE	522	1,930	16%	1	13%	1	13%	1	44%	1	4	1
RADIOLOGY	1,693	3,295	30%	1	15%	1	15%	1	23%	1	4	1
WOMENS HEALTH	1,683	3,430	36%	1	18%	1	17%	1	53%	1	4	1
TACC	2,248	6,274	72%	1	22%	1	18%	1	57%	1	4	1
SPECIALIST MEDICINE	3,172	7,189	69%	1	20%	1	20%	2	37%	1	5	1
SEXUAL HEALTH	635	1,329	47%	1	32%	2	0%	1	83%	1	5	1
COMMUNITY	1,099	2,281	83%	1	21%	1	17%	1	107%	3	6	1
CHILD HEALTH	1,072	2,374	100%	3	29%	2	22%	2	54%	1	8	2
GEN MED SCARBOROUGH	871	2,311	80%	1	44%	3	35%	4	60%	1	9	2
HEAD AND NECK	850	2,050	84%	1	45%	3	42%	5	44%	1	10	2
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1,280	3,462	56%	1	45%	3	40%	5	42%	1	10	2
MEDICINE FOR THE ELDERLY	1,513	3,774	104%	3	54%	4	35%	4	55%	1	12	3
GS&U	1,964	5,109	91%	2	63%	5	37%	4	84%	1	12	3
GEN MED YORK	1,846	5,686	81%	1	49%	4	41%	5	109%	3	13	3
OPHTHALMOLOGY	763	2,795	127%	5	54%	4	45%	5	37%	1	15	3
PHARMACY	374	1,065	123%	5	41%	3	41%	5	105%	3	16	4
LAB MED	794	2,881	130%	5	101%	5	82%	5	68%	1	16	4
ORTHOPAEDICS	1,228	3,521	101%	3	70%	5	45%	5	110%	4	17	4
CORPORATE												
OPS MANAGEMENT YORK	205	568	58%	1	26%	1	5%	1	30%	1	4	1
MEDICAL GOVERNANCE	195	533	57%	1	57%	5	5%	1	21%	1	8	2
ESTATES AND FACILITIES	2,701	7,099	75%	1	38%	3	38%	4	79%	1	9	2
CHIEF NURSE TEAM DIRECTORATE	389	730	104%	3	36%	3	27%	3	56%	1	10	2
LEARNING ORGANISATIONAL DEVELOPMENT & RESEARCH	217	627	105%	3	72%	5	29%	3	107%	3	14	3
SNS	750	1,772	109%	3	72%	5	71%	5	47%	1	14	3
FINANCE	417	1,203	106%	3	106%	5	55%	5	37%	1	14	3
CHAIRMAN & CHIEF EXECUTIVES OFFICE	74	186	156%	5	156%	5	104%	5	62%	1	16	4
HR	376	1,007	112%	4	80%	5	59%	5	114%	4	18	4
TRUST SCORE	28,929	74,481	93%	2	42%	3	31%	3	76%	1	9	2

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Public Performance Report

September 2016

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



Access Targets: 18 Weeks

Indicator	Consequence of Breach (Monthly)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	92%	93.8%	94.0%	93.0%	92.5%	92.5%	92.0%	91.6%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	0	0	0	0	0	0	0	0
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	Not applicable	Not applicable	76.3%	77.8%	74.2%	70.6%	70.6%	72.0%	68.1%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	Not applicable	Not applicable	95.1%	95.3%	95.3%	95.5%	95.0%	94.3%	94.6%

Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	May	Jun	Jul
14 Day Fast Track	Not applicable	93%	91.9%	95.2%	93.5%	n/a	93.3%	92.3%	89.6%
14 Day Breast Symptomatic	Not applicable	93%	94.0%	94.8%	95.1%	n/a	98.3%	96.1%	90.0%
31 Day 1st Treatment	Not applicable	96%	99.3%	99.5%	98.6%	n/a	99.0%	100.0%	99.2%
31 Day Subsequent Treatment (surgery)	Not applicable	94%	97.3%	95.5%	96.2%	n/a	88.5%	98.0%	100.0%
31 Day Subsequent Treatment (anti cancer drug)	Not applicable	98%	100.0%	100.0%	99.2%	n/a	100.0%	100.0%	100.0%
62 day 1st Treatment	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	85%	85.1%	84.5%	85.8%	n/a	85.5%	87.2%	85.2%
62 day Screening	Not applicable	90%	92.0%	97.0%	90.4%	n/a	93.3%	89.7%	91.7%
62 Day Consultant Upgrade	Not applicable	85%	50.0%	-	-	-	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	95%	91.5%	87.1%	85.0%	87.3%	87.2%	92.6%	90.5%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	0 > 30min	315	336	624	592	249	186	205
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	0 > 60min	139	190	546	591	219	125	181
Ambulance Handovers over 30 and 60 Minutes by CCG	Ambulance Handovers over 30 and 60 Minutes by CCG	Breach Category	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
	NHS VALE OF YORK CCG	30mins - 1hr	88	91	183	226	87	43	38
		1hr 2 hours	47	74	122	232	72	27	24
		2 hours +	19	18	69	62	17	9	1
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	94	127	184	165	70	73	78
		1hr 2 hours	28	42	128	101	39	37	59
		2 hours +	1	7	40	29	10	10	20
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	82	86	135	117	51	45	50
		1hr 2 hours	23	36	96	89	47	21	37
		2 hours +	1	4	35	22	5	5	14
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	13	10	19	28	13	9	9
		1hr 2 hours	6	2	21	12	7	3	6
		2 hours +	0	0	9	1	1	1	1
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	1	0	2	3	2	0	3
		1hr 2 hours	1	0	2	1	0	0	0
2 hours +		0	0	1	0	0	0	0	
OTHER	30mins - 1hr	37	22	25	53	26	16	27	
	1hr 2 hours	12	6	20	33	18	11	16	
	2 hours +	1	1	12	9	3	1	3	
Total number of patients waiting over 8hrs in A&E	General Condition 9	Q1 - Establish baseline	431	1060	1656	1045	335	147	269
Trolley waits in A&E not longer than 12 hours	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	0 > 12 hrs	1	18	32	7	0	0	0
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	95%	97.1%	98.4%	99.0%	98.8%	99.0%	To follow	To follow

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15
Mortality – SHMI (YORK)	Quarterly: General Condition 9	A banding of "Significantly higher than expected" in SHMI using the "Extract Poisson Distribution" method for deriving upper and lower confidence limits, applied to each sub-group reported	98	99	97	96	95	93	94
Mortality – SHMI (SCARBOROUGH)	Quarterly: General Condition 9		108	109	107	108	107	107	108

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
Minimise rates of Clostridium difficile	<i>Schedule 4 part G</i> Quarterly: 1 Monitor point tbc	48	14	15	15	7	3	3	2
Number of Clostridium difficile due to "lapse in care"	Establish baseline and set trajectory	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	Quarterly: General Condition 9	(TBC)	16	23	33	18	7	8	14
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases	Quarterly: General Condition 9	30	9	10	7	13	2	2	6
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	0	0	0	2	2	1	0	2
Confirmed cases of MRSA Bacteraemia to be notified to commissioner by next working day	General Condition 9	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) of MRSA bacteraemia/SI report to be provided to the commissioner within 21 working days of the case being identified in line with national data capture system	General Condition 9	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) completed	TBC	TBC	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All High Risk (non-day case) Elective admissions are screened for MRSA prior to admission	Quarterly: General Condition 9	95%	85.6%	83.1%	74.0%	65.0%	64.5%	62.2%	64.6%
Emergency admissions are screened for MRSA within 24 hours of admission	Quarterly: General Condition 9	95%	75.1%	74.5%	75.0%	83.4%	84.2%	84.0%	83.9%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Plan (STP)	99%	99.4%	99.1%	99.6%	99.3%	99.3%	99.1%	99.2%
Sleeping Accommodation Breach	£250 per day per Service User affected	0	0	0	3	0	0	0	0
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	0	0	8	4	13	2	0	1
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	0	0	0	0	0	0	0	0
Cancelled operations within 48 Hours of the TCI due to lack of beds	General Condition 9	65 per month	40	182	210	61	3	7	12
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	General Condition 9	95%	97.4%	97.9%	98.4%	98.7%	98.7%	98.6%	98.3%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	99%	99.7%	99.8%	99.9%	99.9%	99.9%	To follow	To follow
All ELECTIVE patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system within 24 hours of admission	General Condition 9	Q1 - 91% Q2 - 91% Q3 - 93% Q4 - 93%	90%	89%	92%	87%	86%	88%	88%
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in General Condition 9 - Trust only to be accountable for Health delays.	Set baseline in Q1 and agree trajectory	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	90%	Annual statement of assurance						
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	180 per month	486	448	482	519	177	172	137
Reduction in number of hospital cancelled first and follow up outpatient appointments for non-clinical reasons where there is a delay in the patient treatment	General Condition 9	Not applicable	2509	2492	2599	2760	878	838	757
% Compliance with WHO safer surgery checklist	General Condition 9	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	476	489	499	2 month coding lag	182	2 month coding lag	2 month coding lag
Readmissions within 30 days – Non-elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	08/09 outturn awaiting figure from CCG	1491	1551	1658	2 month coding lag	515	2 month coding lag	2 month coding lag
Reduction in avoidable transfers within the Trust after 10pm. Excludes transfers for clinical reasons or for patients transferred to a more appropriate ward	General Condition 9	300 per Quarter	258	308	317	235	81	84	62
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	90%	99.1%	99.7%	99.2%	99.8%	99.8%	99.7%	99.8%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	General Condition 9	Best Practice Standards	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced quarterly .						
All Red Drugs to be prescribed by provider effective from 01/04/2016	Recovery of costs for any breach to be agreed via medicines management committee	100% list to be agreed	CCG to audit for breaches						
All Amber Drugs to be prescribed by provider effective from 01/04/2016	Recovery of costs for any breach to be agreed via medicines management committee	100% list to be agreed	CCG to audit for breaches						
NEWS within 1 hour of prescribed time	None - Monitoring Only	None	87.4%	86.9%	85.9%	87.2%	87.1%	87.7%	87.8%

Never Events

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
Never Events	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	1	2	1	1	1

District Nursing Activity Summary

Indicator	Source	Threshold	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Jun	Jul	Aug
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	-	3438	3506	3036	3381	1230	1039	1112
	Community nurse/service	-	1025	1225	1456	1413	488	444	481
	Acute services	-	1182	1357	1193	1422	496	465	461
	Self / Carer/family	-	903	907	805	1012	316	337	359
	Other	-	367	497	407	462	178	155	129
	Grand Total	-	6915	7492	6897	7690	2708	2440	2542
Community Adult Nursing Contacts	First	-	4849	5117	5244	6125	2044	1989	2092
	Follow up	-	52462	58367	70837	82239	25957	27798	28484
	Total	-	57311	63484	76081	88364	28001	29787	30576
	First to Follow Up Ratio	-	32.5	34.2	40.5	40.3	12.7	14.0	13.6
Community Hospitals average length of stay (days)	Archways	-	22.0	22.5	20.9	21.7	22.4	20.9	25.1
	Malton Community Hospital	-	24.3	20.5	19.4	18.8	20.4	19.2	18.9
	St Monicas Hospital	-	19.3	19.3	18.8	16.4	16.1	17.5	24.4
	The New Selby War Memorial Hospital	-	23.6	23.0	20.4	14.1	12.5	16.4	25.4
	Whitby Community Hospital	-	19.2	12.8	0.0	0.0	0.0	39.3	0.0
	Total	-	22.7	21.5	20.0	17.9	17.9	18.8	22.4
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	16	12	13	6	3	3	0
		Emergency	67	80	74	70	24	26	20
	Malton Community Hospital	Elective	56	48	60	56	11	20	25
		Emergency	89	85	88	85	21	32	32
	St Monicas Hospital	Elective	23	21	22	15	5	5	5
		Emergency	35	27	34	29	12	9	8
	The New Selby War Memorial	Elective	76	69	68	97	27	38	32
		Emergency	65	74	74	68	26	20	22
	Total	Elective	131	113	122	174	46	66	62
		Emergency	436	504	295	252	83	87	82

Monthly Quantitative Information Report

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Complaints and PALS												
New complaints this month	58	42	38	28	25	40	46	36	30	33	33	50
Number of cases requiring deadline extension this month	n/a	32	33	30	47	35	20	26	18	35	12	20
Top 3 complaint subjects												
All aspects of Clinical Treatment	30	15	30	24	21	39	49	21	26	18	17	26
Communications/information to patients (written and oral)	8	5	7	9	13	24	21	14	6	12	10	26
Patient Care	-	5	11	11	11	26	22	10	11	7	14	18
Top 3 directorates receiving complaints												
Acute & General Medicine	6	8	11	2	7	7	9	8	8	5	6	7
Emergency Medicine	7	1	2	6	4	4	8	5	3	3	6	7
General Surgery & Urology	11	4	4	7	2	7	5	4	3	1	5	6
Number of Ombudsman complaint reviews (new) ¹	1	0	2	1	0	4	0	2	3	4	2	2
Number of Ombudsman complaint reviews completed												
Number of Ombudsman complaint reviews upheld	0	0	0	1	0	1	0	0	1	0	0	0
Number of Ombudsman complaint reviews partly upheld	0	1	0	2	0	2	1	2	1	3	0	1
New PALS queries this month	631	682	505	450	492	557	443	480	407	387	315	333
Top 3 PALS subjects												
Requests for information and advice	296	309	202	171	196	208	191	200	187	173	n/a	n/a
Any aspect of clinical care/treatment	76	75	66	53	68	89	48	59	55	47	24	34
Communication issues	69	74	50	40	42	48	48	36	25	23	60	60

Serious Incidents												
Number of SI's reported	16	22	19	13	11	28	21	19	12	31	15	17
% SI's notified within 2 working days of SI being identified*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
* this is currently under discussion via the 'exceptions log'												
Compliance with Duty of Candour for Serious Incidents:												
-Verbal Apology Given	6	12	9	6	7	7	8	9	6	20	7	6
-Written Apology Given *	0	2	1	0	0	2	1	1	1	2	0	1
-Invitation to be involved in Investigation								TBC	TBC	TBC	TBC	TBC
-Given Final Report (If Requested)								TBC	TBC	TBC	TBC	TBC

Pressure Ulcers**												
Number of Category 2	34	29	47	36	33	42	52	49	44	32	31	37
Number of Category 3	3	7	4	2	4	3	3	2	6	7	1	4
Number of Category 4	1	3	1	1	1	1		1		1	1	1
Total number developed/deteriorated while in our care (care of the organisation) - acute	27	28	49	38	37	44	57	44	53	37	28	39
Total number developed/deteriorated while in our care (care of the organisation) - community	27	34	33	20	24	25	29	24	20	25	28	26

Falls***												
Number of falls with moderate harm	3	4	4	2	3	7	4	1	4	3	3	3
Number of falls with severe harm	5	3	10	1	4	5	5	5	3	9	3	7
Number of falls resulting in death	0	1	0	1	0	0	0	0	0	0	1	1

Monthly Quantitative Information Report

	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16
Safeguarding												
% of staff compliant with training (children)	80%	81%	82%	82%	82%	84%	85%	86%	86%	85%	86%	86%
% of staff compliant with training (adult)	81%	82%	82%	82%	83%	83%	84%	85%	85%	85%	85%	86%
% of staff working with children who have review CRB checks												
Prevent Strategy												
Attendance at the HealthWRAP training session												
Number of concerns raised via the incident reporting system												
Claims												
Number of Negligence Claims	14	21	21	15	12	12	12	18	16	17	12	10
Number of Claims settled per Month	4	5	10	4	5	1	2	3	6	2	5	9
Amount paid out per month **								£635,000	£66,500	£125,000	£342,500	£989,450
Reasons for the payment								Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

* As not all SIs result in harm there will be instances where no written letter is required. The approach of the Trust is to bring the patient's relatives in to discuss the report and offer a summary if they require this and then apologise to the patient at that point

Note ** and *** - falls and pressure ulcers subject to validation. Falls resulting in deaths are investigated as Serious Incidents and the degree of harm will be confirmed upon completion of investigation.

All falls and pressure ulcer data has is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers.

** one claim in April was settled for a lump sum payment of £450,000 (included in the data) with yearly payments of £145,000 to fund care needs, with the Claimant's life expectancy being between 3 and 5 years. The ongoing care costs are excluded from the above data as they cannot be quantified at present.

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Board of Directors – 28 September 2016

Business Case 2014/15-56: Replacement of General X-ray Equipment in Radiology, Room 4, York Hospital and rooms 3 & 5 Scarborough Hospital

Action requested/recommendation

The Board is asked to approve the business case.

Executive Summary

The purpose of the Business Case is to request approval for funding for the purchase of a DR general x-ray machine at York and 2 DR general rooms in Scarborough. This will replace existing ageing (21 years old) equipment currently used to perform a wide range of Radiological examinations for patient diagnostics. The equipment is vital in maintaining a high quality and safe X-ray service for patients at the York site.

The continued technological development of high specification Digital X-ray equipment (DR), along with new software for image processing, means the present equipment falls significantly short on quality when compared to newer models. Replacing this equipment would improve service resilience in the event of equipment failure and have positive implications for service continuity, staff training and maintenance.

The case mix of patients for which this equipment is used includes acutely ill and immobile in-patients, and all age ranges. Deteriorating image quality and system reliability are resulting in an increased frequency of service disruption and downtime, this results in longer waiting times for a number of key diagnostic investigations, which may impact on length of stay for inpatients. The approval of this request will therefore serve to reduce the risk of loss of service due to breakdown and irreparable damage to current ageing equipment. Additionally, a robust technical evaluation of equipment will allow for procurement of the most suitable replacement, in terms of image quality, ergonomics and back-up service. Replacing the current analogue equipment with Direct Digital will also result in lower radiation exposure for patients and faster throughput.

This Business case also includes provision for development of the Scarborough radiology master plan. The Master plan includes provision for a 2nd CT Scanner next door to the X-ray room being replaced and enabling works for this are included as part of this business case. The master plan view is that in the future when the current CT Scanner is replaced it will swap rooms with this new X-ray room this will enable both CT Scanners to be “back to back” and share one control room. Sharing a control room will allow for efficiencies when working such as sharing staff and better time management

for patient flow.

The enabling works to allow this to happen are:

- Upgrade the existing ventilation in the X-ray room which is not compliant for the new X-ray equipment
- Upgrade the 2nd CT Scanner room ventilation which is not compliant.
- Lead line the X-ray room so that in the future the existing CT Scanner can be moved into this room upon its replacement.

It is a better use of capital resource if these works are all completed at the same 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 regulations

There are no references to CQC regulations

Progress of report	This paper has been presented at MERG, CPEG and Corporate Directors
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Risk	<p>The continued provision of a service utilising suboptimal equipment providing substandard images, could potentially lead to a risk, albeit small, of missed or wrong diagnosis for patients.</p> <p>Substandard images increase the rate of patient recall and could result in the use of other more costly imaging methods such as CT and MRI, and in the</p>
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case of CT Scanning, significantly increased exposure to radiation for patient. Repair to the equipment is increasingly difficult and spare parts difficult to source, catastrophic failure of the equipment would loss in capacity. Leading to delays and breaches.

Resource implications	Resources implication detailed in the report.
Owner	James Haselden, Clinical Director - Radiology
Author	Steven Mackell, Directorate Manager - Radiology
Date of paper	August 2016
Version number	Version 2

BUSINESS CASE SUMMARY

1. Business Case Number

2014-15/56

2. Business Case Title

Replacement of General X-ray Equipment in Radiology, Room 4, York Hospital and rooms 3 & 5 Scarborough Hospital

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.

Note: If the Business Case spans more than one Directorate/Department, there is a requirement that consideration be given to joint ownership/authorship, including Financial apportionment and monitoring.

Business Case Owner:	James Haselden, Clinical Director
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Business Case Author:	Steven Mackell, Directorate Manager
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Contact Number:	5563
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4. Issue(s) to be addressed by the Business Case

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

The purpose of the Business Case is to request approval for funding for the purchase of a DR general x-ray machine at York and 2 DR general rooms in Scarborough. This will replace existing ageing (21 years old) equipment currently used to perform a wide range of Radiological examinations for patient diagnostics. The equipment is vital in maintaining a high quality and safe X-ray service for patients at the York site.

The continued technological development of high specification Digital X-ray equipment (DR), along with new software for image processing, means the present equipment falls significantly short on quality when compared to newer models. Replacing this equipment would improve service resilience in the event of equipment failure and have positive implications for service continuity, staff training and maintenance.

The case mix of patients for which this equipment is used includes acutely ill and immobile in-patients, and all age ranges. Deteriorating image quality and system reliability are resulting in an increased frequency of service disruption and downtime, this results in longer waiting times for a number of key diagnostic investigations, which may impact on length of stay for inpatients. The approval of this request will therefore serve to reduce the risk of loss of service due to breakdown and irreparable damage to current ageing equipment. Additionally, a robust technical evaluation of equipment will allow for procurement of the most suitable replacement, in terms of image quality, ergonomics and back-up service. Replacing the current analogue equipment with Direct Digital will also result in lower radiation exposure for patients and faster throughput.

This Business case also includes provision for development of the Scarborough radiology master plan. The Master plan includes provision for a 2nd CT Scanner (Business case No 2015-16/93) next door to the X-ray room being replaced and enabling works are included for this are included as part of this business case. The master plan view is that in the future when the current CT Scanner is replaced it will swap rooms with this new X-ray room this will enable both CT Scanners to be “back to back” and share one control room. Sharing a control room will allow for efficiencies when working such as sharing staff and better time management for patient flow.

The enabling works to allow this to happen are :

- Upgrade the existing ventilation in the X-ray room which is not compliant for the new X-ray equipment
- Upgrade the 2nd CT Scanner room ventilation which is not compliant.
- Lead line the X-ray room so that in the future the existing CT Scanner can be moved into this room upon its replacement.

It is a better use of capital resource if these works are all completed at the same time.

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.

Note: All options must be costed.

Description of Options Considered
1. Carry on service provision with the current ageing equipment: The service continues but with equipment deteriorating, more downtime, higher maintenance costs, reduced diagnostic capabilities and resultant potential clinical risk. Spare parts for the equipment are no longer available which may lead to irreparable equipment failure.
2. Replace the equipment through procurement of modern, up-to-date Digital X-Ray technology providing improved service with enhanced diagnostic capabilities, advanced detectors and software with the capability to undertake new techniques and improved ergonomics resulting in reduced risk to staff of MSK injuries. The installation of new equipment would also require a refurbishment and upgrading of the existing facility.

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 2 is the preferred option.

The main reason for choosing option 2 is the benefits to patients and staff.

Patients

Replacing the equipment will result in significant benefits to patients. DR equipment allows the radiation exposure to the patient to be significantly reduced, the ability of the software to compensate for mismatch in patient size and radiation exposure factor will also reduce the number of repeat exposures, minimising harm to patients.

The ergonomic design of equipment has improved allowing easier access for the patient onto the x-ray bed due to greater flexibility in height adjustment.

The speed of image acquisition is significantly improved meaning the patient will not have to maintain a potentially uncomfortable position for any significant time.

Option 2 is also the preferred option related to the technology refresh that this would bring. New, more technologically advanced equipment provides improved reliability and less downtime leading to improved throughput and reduced waiting times for patients.

Staff

There would be obvious benefits to staff including utilisation of new digital detector technologies resulting in improved image quality, especially in technically difficult patients, affording the operator improved diagnostic accuracy. Newer equipment is also available with power assisted movement minimising the risk of manual handling issues associated with moving large and bulky equipment.

This would require a refurbishment and upgrading of the existing facility.

6.2 Does the Preferred Option address any Risk(s) identified on the Directorate or Department’s Risk Register?

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Please tick

If yes, what is/are the risk(s), and to what extent are they addressed by the Preferred Option?

Risk Reg. No.	Risk	Extent		
		Minimally	Partially	Fully
tbc	Loss of general X Ray service			X
	Misdiagnosis due to poor image quality			X

*Please tick
x1 per risk*

6.3 Other Options

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

Option 1 is rejected for the following reasons:

As spare parts for the equipment are no longer readily available, increasing age will lead to longer periods of “down time”, and inevitably, total equipment failure.

Deteriorating image quality means that the room is not being fully utilised, as certain examinations e.g. chest X-rays are not undertaken here due to the reduced diagnostic quality. This situation will only worsen over time.

This equipment utilises conventional rather than digital image acquisition, which involves a higher patient radiation dose.

The age of the equipment means that it is not as “user friendly” as modern equipment, and puts staff at an increased risk of manual handling problems.

7. Trust’s Strategic Objectives (Currently Under Review)

7.1 Alignment with the Trust’s Strategic Objectives

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

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

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

Strategic Objective	Aligned? Yes/No	If Yes, how is it Aligned?
Improve quality and safety - To provide the safest care we can, at the same time as improving patients’ experience of their care. To measure our provision against national indicators and to track our provision with those who experience it.	Yes	Technological advances and therefore enhanced image quality/resolution leads to improved quality in diagnostics. New detector technologies allow significantly reduced patient radiation exposure and will be evidenced through dose monitoring

		as part of the Radiology QA system.
Develop and enable strong partnerships - To be seen as a good proactive partner in our communities - demonstrating leadership and engagement in all localities.	Yes	Technological advances and therefore enhanced image quality/resolution leads to improved quality in diagnostics. New detector technologies allow significantly reduced patient radiation exposure and will be evidenced through dose monitoring as part of the Radiology QA system.
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	Improved throughput, image quality and accessibility will enhance the overall patient experience. In addition the new equipment will be able to provide back-up to the remainder of the X-ray rooms in Radiology which will improve our ability to deliver an effective service overall. Patient safety is being addressed through lower radiation doses. Improving the ventilation systems will allow for the future improvement of the Radiology department in Scarborough allowing a more efficient higher quality service for general radiology and CT
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.	Yes	Newer technology provides enhanced image quality leading to a decrease in the risk of missed diagnoses for patients. Improved ergonomics decreases the likelihood of work-related MSK injuries for staff. The replacement of ageing equipment and introduction of newer technology in x-ray imaging will result in improvements to service continuity, reliability and resilience for patients. It will be of benefit to all if this is carried out in a planned and scheduled way rather than due to an urgent replacement as a result of catastrophic failure and irreparable damage.

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.

Quality and Safety						
Description of Benefit	Metric	Quantity Before	Quantity After	At 3m	At 6m	At 12m
Reduction of x ray dose	Dose per cm ²	Av for CXR 8-10 mg/cm ²	Av for CXR 4-5mg/cm ²	Av for CXR 4-5mg/cm ²	Av for CXR 4-5mg/c m ²	Av for CXR 4-5mg/cm ²
<p><i>How will information be collected to demonstrate that the benefit has been achieved?</i> Dose records. NB for the business case purposes the dose shown is for one imaging area only for illustration purposes</p>						

Access and Flow						
Description of Benefit	Metric	Quantity Before	Quantity After	At 3m	At 6m	At 12m
<p><i>How will information be collected to demonstrate that the benefit has been achieved?</i></p>						

Finance and Efficiency						
Description of Benefit	Metric	Quantity Before	Quantity After	At 3m	At 6m	At 12m
<p><i>How will information be collected to demonstrate that the benefit has been achieved?</i></p>						

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. It is insufficient to confirm merely that the document has been circulated or that a discussion has taken place.

Date of Review	4th November 2014
Comments by CIT	<p>It feels a bit uncomfortable not having any measurable benefits in. Appreciate is replacement kit but is it possible to include a 'down time' measure and state the manufacturers guaranteed uptime they state as benefit? If not possible then happy to go as is.</p> <p>Radiology response: This case is basically about replacing old equipment with new before problems start to arise with breakdowns etc. The margins in relation to "downtime" with today's technology is negligible. The new equipment will provide a more robust service for patients with improved technology and ergonomics for staff without necessarily producing major changes to efficiencies.</p>

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	Actioned By
Submission to Medical Equipment Resources Group (MERG). Status: Agreement in principle	November 2013	Steven Mackell, Lorraine Ford, Sheila Wilson, Sarah Hogan, Estates
Discussions with key players and stakeholders at various times throughout scheme	Nov 2013 - present	All key players and stakeholders
Development of Business Case	Jun 2014 – July 2016	Steven Baker, Ken Kay, Steven Mackell
Passage through CPEG	July 2016	Steven Mackell, Steven Baker, Ken Kay
Presentation at Corporate Directors	August 2016	Steven Mackell
Presentation at Executive Board	August 2016	Steven Mackell
Supplier product demonstration and technical evaluation	Aug 2014 – Jan 2016	Radiographers, Steven Baker, Ken Kay, Suppliers
Equipment procurement process	April 2016 – September 2016	Steven Mackell, Steven Baker, Ken Kay, Purchasing, Sarah Hogan, NHS Supply Chain
Delivery & installation of equipment and IT and PACS connectivity works	September 2016 – Jan 2017	Supplier, Steven Baker, Ken Kay, Capital Planning, Purchasing,

		S&NS, Tom Skidmore,
Applications training followed by implementation of new equipment for patient examinations and procedures	September 2016 – Jan 2017	Radiographers, Steven Baker, Ken Kay

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
Capital funding not available	Consideration would need to be given to the risk of continuing with the use of sub-optimal equipment with all its implications. Alternatively, activity could be moved to other X-ray rooms although this would result in a reduction in capacity. The potential is always there for irreparable breakdown
Delays in evaluation process, delivery, building works etc.	As above

11. Risk of Not Proceeding:

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

The risks or potential impact of not proceeding with the preferred option would be:

The continued provision of service utilising suboptimal equipment providing substandard images which could potentially lead to a risk, albeit small, of missed or wrong diagnosis for patients.

The outcome of substandard images is a potential increase in the rate of patient recall rate and could also result in the use of other more costly imaging methods such as CT and MRI, and in the case of CT Scanning introduces significantly increased exposure to radiation for patient.

The age of equipment determines that it is unlikely it could be supported through a maintenance contract but also, more crucially, that it is no longer supported by the manufacturers a consequence of which would be no guarantees that parts can be sourced and repairs carried out resulting in substantial service disruption and possible irreparable damage.

The impact from having such a failure would be a dramatic reduction in capacity and costs associated with outsourcing to an external provider.

The impact of not proceeding with the enabling works for future development as part of the proposed master plan for Scarborough radiology would delay any development of the second CT service and

12. Is there a requirement to apply for MSSE funding via the MSSE Committee, linked to this Business Case?

Yes	
No	X

13. 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)

13.1 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

13.2 Executive Job Planning Committee:

The Medical Director/Executive Job Planning 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	
Comments by the Committee	

14. 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. If the Business Case spans more than one Directorate or Department the expected/required close collaboration in such circumstances must be evidenced, and if necessary, joint authorship selected.

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

Stakeholder	Details of consultation, support, etc.
Mandatory Consultation	
Corporate Improvement Team	Peter Bowker – 4 th November 2014 (see Section 8.2)
Radiology Directorate	Radiology project
Laboratory Medicine	N/A
Pharmacy	N/A
AHP & Psychological Medicine	N/A
Theatres, Anaesthetics and Critical Care	N/A
Community Services	N/A
Other Consultation	
Corporate Efficiency Team	Natalie McMillan – 15 th October 2014
Business Intelligence Unit	Neil Wilson/Lynda Provins – 13 th October 2014 (see Section 7.2)
Commissioners	Recent referral patterns and increasing demand would suggest continued support for X-ray imaging in York.
Service Users – Secondary Care	From discussions it is believed there is full support for the success of the Business Case for renewal and upgrade of X-ray equipment for the benefit of service development for the wider Organisation, Service Users and patients.
Radiology Clinical Director, Radiology Consultants, Radiographers, Directorate Manager	Fully supportive of the Business Case for renewal and upgrade of X-ray equipment and the many benefits this will bring for Service Users, patients and staff alike. Further, appreciation that the success of this Business Case is key to future service development in Imaging.
Capital Programme/MERG	Sheila Wilson and her team, through MERG, have approved funding in principle for the equipment and have been supportive of this initiative since formal submission at MERG in November 2013.
CPEG	Approved July 2016 but requires submission to Corporate Directors

15. Sustainability

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

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

Will this Business Case:	Yes/No	If Yes, Explain How
Reduce or minimise the use of energy, especially from fossil fuels?	Yes	The number of repeat x-rays will reduce therefore providing a more efficient service.
Reduce or minimise Carbon Dioxide equivalent emissions from NHS activity?	Yes	Reduced need for repeat x-rays. Reduced the need to call out maintenance team – reducing NHS-related fuel use.
Reduce business miles?	Yes	Less frequent maintenance required – reducing NHS-related fuel use
Reduce or minimise the production of waste, and/or increase the re-use and recycling of materials?	Yes	The old equipment will be decommissioned and recycled.
Encourage the careful use of natural resources, such as water?	No	N/A

16. 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?

Harrogate Hospital depends upon York Radiology for their contingency in the event of equipment breakdown, scheduled maintenance etc. where capacity permits. The installation of DR X-ray equipment at York would allow more scope to provide this.

17. Impact on the Ambulance Service:

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

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

18. Market Analysis:

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

19. Financial Summary

19.1 Commissioning Team Review:

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

Date of Review	
Comments by CT	

19.2 Estimated Full Year Impact on Income & Expenditure:

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

	Baseline	Revised	Change
	£000	£000	£000
Capital Expenditure			0
Income		0	0
Direct Operational Expenditure			0
EBITDA	0	0	0
Other Expenditure			0
I&E Surplus/ (Deficit)	0	0	0
Existing Provisions	n/a		0
Net I&E Surplus/ (Deficit)	0	0	0
Contribution (%)	#DIV/0!	#DIV/0!	#DIV/0!
Non-recurring Expenditure	n/a		0

Supporting financial commentary:

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20. Date of Completion:

25/7/2016

BUSINESS CASE FINANCIAL SUMMARY

REFERENCE NUMBER:	2014/15-56
TITLE:	Replacement of General X-ray Equipment in Radiology, Room 4, York Hospital and rooms 3 & 5 Scarborough Hospital
OWNER:	James Haselden, Clinical Director
AUTHOR:	Steven Mackell, Directorate Manager

Capital

Expenditure	Total	Planned Profile of Change			
	£'000	2016/17 £'000	2017/18 £'000	2018/19 £'000	Later Years £'000
	1,515	1,515	0	0	0

Capital Notes (including reference to the funding source):

The total scheme will cost £1.515k this is split between - York Xray Room 4, Equipment costs of £186k plus building costs of £434k, this is mainly made up of additional ventilation costs of £371k. Scarborough Xray Room 3 & 5, Equipment costs of £370k, building works of £124k and ventilation costs of approx £400k. The scheme is to be funded from a loan from the FTF which has already been approved and included in 2016/17 Capital Plan.

Revenue

	Total Change				Planned Profile of Change			
	Current £'000	Revised £'000	Change		2016/17 £'000	2017/18 £'000	2018/19 £'000	Later Years £'000
			£'000	WTE				
(a) Non-recurring								
(b) Recurring								
Income								
NHS Clinical Income	0	0	0	0	0	0	0	0
Non-NHS Clinical Income	0	0	0	0	0	0	0	0
Other Income	0	0	0	0	0	0	0	0
Total Income	0	0	0	0	0	0	0	0
Expenditure								
Pay								
Medical			0					
Nursing			0					
Other (please list):								
Executive Board & Senior Managers			0					
Support Staff			0					
WLIs			0					
			0					
	0	0	0	0.00	0	0	0	0
Non-Pay								
Drugs			0					
Clinical Supplies & Services			0					
General Supplies & Services			0					
Other (please list):								
Establishment Expenses			0					
			0					
			0					
	0	0	0		0	0	0	0
Total Operational Expenditure	0	0	0		0	0	0	0
Impact on EBITDA	0	0	0	0.00	0	0	0	0
Depreciation	0	94	94			94	94	94
Rate of Return	0	24	24			24	24	24
			0					
Overall impact on I&E	0	-118	-118	0.00	0	-118	-118	-118
								+ favourable (-) adverse
Less: Existing Provisions	n/a	118	118			118	118	118
Net impact on I&E	0	0	0		0	0	0	0

Revenue Notes (including reference to the funding source):

There are no additional costs to revenue expenditure apart from a possible saving in 2016/17 for a maintenance contract, the cost of which is yet to be established.

	Owner	Finance Manager	Board of Directors Only
			Director of Finance
Signed	James Haselden, Clinical Director	Sarah Hogan	
Dated			

BUSINESS CASE - ACTIVITY & INCOME

Activity

	Total Change			Planned Profile of Change			
	Current	Revised	Change	2014/15	2015/16	2016/17	Later Years
Elective (Spells)			0				
Non-Elective (Spells)							
Long Stay			0				
Short Stay			0				
Outpatient (Attendances)							
First Attendances			0				
Follow-up Attendances			0				
A&E (Attendances)			0				
Other (Please List):							
Best Practice Tarriff #NOF			0				
			0				

Income

	Total Change			Planned Profile of Change			
	Current £'000	Revised £'000	Change £'000	2014/15 £'000	2015/16 £'000	2016/17 £'000	Later Years £'000
NHS Clinical Income							
Elective income							
Tariff income			0				
Non-Tariff income			0				
Non-Elective income							
Tariff income			0				
Non-Tariff income			0				
Outpatient							
Tariff income			0				
Non-Tariff income			0				
A&E							
Tariff income			0				
Non-Tariff income			0				
Other							
Tariff income	0	0	0				
Non-Tariff income			0				
	0	0	0	0	0	0	0
Non NHS Clinical Income							
Private patient income			0				
Other non-protected clinical income			0				
	0	0	0	0	0	0	0
Other income							
Research and Development			0				
Education and Training			0				
Other income			0				
	0	0	0	0	0	0	0

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Board of Directors – 28 September 2016

Patient Led Assessments of the Care Environment (PLACE) Results 2016

Action requested/recommendation

The Board of Directors is asked to note and discuss the contents of the published PLACE results in the attached report. The paper was seen by the Environment & Estates Committee at its meeting in September.

Executive Summary

This paper sets out the process and the results of the Patient Led Assessments of the Care Environment (PLACE) which took place between 17th February and 13th May this year in all 9 of our properties with inpatient facilities. All the assessments were self assessments with external validators being used and a result is provided against 6 areas: Cleanliness; Food & Hydration; Privacy, Dignity & Wellbeing; Condition, Appearance & Maintenance, Dementia and Disability. Section 8 of the attached report details the scores for each property against the national averages.

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 regulations

Outcome 5 – Nutritional Needs

Outcome 8 – Cleanliness

Outcome 10 – Safety and Suitability of environment

<http://www.cqc.org.uk/content/regulations-service-providers-and-managers>)

Progress of report	Environment and Estates Committee - 15 September 2016
Risk	There may be external interest in local and national scores.
Resource implications	No direct resource implications.
Owner	Brian Golding, Director of Estates and Facilities
Author	Carol Birch, Head of Estates and Facilities – Community
Date of paper	September 2016
Version number	Version 1

Directorate of Estates and Facilities

PLACE Results 2016



Content

1	Context	2
2	Process	2
3	Assessment Process	2
4	Results	3
5	National Results	4
6	Regional Comparisons	4
7	York Teaching Hospital NHS Foundation Trust Results	5
8	Individual Site Results	7
9	Public Access to Results	25
10	Action Plans	25
11	Feedback for Patient Assessors and Governors	25

1 Context

The PLACE results were published on 10th August 2016.

2 Process

The Patient Led Assessments of the Care Environment (PLACE) took place between 17th February and 13th May 2016 on all of the Trust in-patient sites.

All of the assessments were self-assessments with an external validator being used for five sites – St Helens, Malton, York, Archways and Bridlington. The external validators used were Ross Mitchell and Stuart Kelly both from Harrogate District Foundation Trust and Lesley Pratt from Health Watch York.

Carol Birch – Head of Estates & Facilities – Community and Wendy Dale – York Domestic Manager were able to reciprocate and attended the assessments at Harrogate Trust.

Members of Trust Board of Governors were eligible to act as `patient assessors` within their Trust since their primary role is to represent the interests of patients/public.

In-house training was delivered by Carol Birch prior to the assessments to ensure the assessment process was understood by the patient assessors and Trust staff involved in the assessment process. Carol Birch also attended a workshop with Health Watch York to support with the content of their training and it is hoped that the Trust and Health Watch York will jointly deliver PLACE training prior to the 2017 assessments.

3 Assessment Process

PLACE teams consisted of the mandatory 50% patient assessors and leads from Facilities, Matrons and the Infection, Prevention and Control team.

The minimum 25 per cent of wards, departments and non-ward areas with varying age and condition was met which allowed the PLACE teams to make informed judgements about the areas visited.

4 Results

At the end of the process, each hospital/ unit which has undertaken an assessment is provided with a result against each of the six areas of the assessment namely Cleanliness; Food and Hydration; Privacy Dignity and Wellbeing, Condition Appearance and Maintenance, Dementia and Disability.

This result is calculated by reference to the score (points) achieved expressed as a percentage of the maximum score (points) which could have been achieved had every aspect of the assessment they undertook achieved the maximum score.

With the exception of the assessment of food, the maximum score for any question is 2.

The food assessment is split into two components – an Organisational component which addresses the catering services provided by the organisation, and an assessment of ward based practice and the quality (taste, texture and temperature) of the food provided. The questions in the Organisational section are scored according to a weighting algorithm which reflects the relative importance of each question. To allow for the fact that different hospital types answer a slightly different number of questions there are three weighting algorithms. All questions in the Ward-based component have a maximum score of 2 with the exception of Food Taste which from 2015 uses the weighted methodology.

Participating organisations and others who may use these data will be able to benchmark their performance or the performance of particular types of organisations.

For the purposes of comparison, a national average of scores from all participating hospitals/ units has been calculated. This average is weighted to take account of the fact that hospitals vary in size and that in larger hospitals not all areas are assessed. The weighting factor used in this calculation is bed numbers. Bed numbers are used since they are common to all organisations, whereas some premises in which assessments are undertaken do not have wards e.g. certain mental health/learning disabilities units and Treatment Centres.

The calculation used to produce the National Average is:

The sum of [Each site's score (points) multiplied by the number of beds in that site]

The total number of beds in all assessed sites

5 National Results

The number of assessments undertaken was 1,291 compared to 1,333 in 2015.

This table details the national highest, lowest scores and national average across the five domains.

DOMAINS	HIGHEST SCORE	LOWEST SCORE	NATIONAL AVERAGE SCORE
Cleanliness	100%	73.9%	98.1%
Condition, Appearance and Maintenance	100%	67%	93.4%
Privacy, Dignity and Wellbeing	100%	42.3%	84.2%
Organisational Food	100%	30.9%	87.%
Ward Food	100%	37.5%	89%
Dementia	100%	35.8%	75.3%
Disability	100%	44%	78.8%

The national average for cleanliness in 2016 was 0.5% higher than in 2015.

The national average for Organisational Food in 2016 was 0.2% lower than in 2015.

The national average for Ward Food in 2016 was 0.3% lower than in 2015.

The national average for Condition, Appearance & Maintenance in 2015 was 3.3% higher than in 2016.

The national average for Privacy, Dignity & Wellbeing in 2015 was 1.9% lower than in 2016.

The national average for Dementia in 2015 was 0.8% higher than in 2016.

A comparable result of the national average for Disability is not available for 2015 as this domain has only been introduced from 2016 onwards.

6 Regional Comparisons

The table below details the comparisons across the five domains for the Commissioning Regions.

Region	Cleanliness	Condition, Appearance & Maintenance	Privacy, Dignity & Wellbeing	Food & Hydration	Dementia	Disability
North of England Commissioning Region	98.5%	94.4%	86.1%	88.5%	74.3%	74.3%
South of England Commissioning Region	98%	92.8%	83.9%	88.1%	75.8%	75.8%
Midlands and East of England Commissioning Region	97.8%	92.9%	83.8%	87.4%	75.4%	75. %4
London Commissioning Region	97.9%	93.3%	81.6%	88.9%	75.2%	75.2%
Multiple	97.7%	92.3%	84.1%	89.8%	78.7%	78.7%

7 York Teaching Hospital NHS Foundation Trust Results

The table below details the final results (%) for York Trust organisation scores against the national averages.

	Cleanliness	Condition, Appearance & Maintenance	Privacy, Dignity & Wellbeing	Food	Org Food	Ward Food	Dementia	Disability
National Average Score (%)	98.06%	93.37%	84.16%	88.24	87.01%	88.96	75.28%	78.84%
York Trust (%)	99.48% ↑	97.31% ↑	81.85% ↓	89.21 ↑	87.72% ↑	89.68 ↑	75.35% ↑	78.03% ↓

Cleanliness

8 sites scored above the national average. St Helens score was 1.03% below.

Condition, Maintenance & Appearance

Scores across 7 of our sites are above the national average and scores have improved compared to the 2015 assessments.

Overall we are above the national average score which is pleasing given the age and variety of our estate.

Food & Hydration

Scores within this area have shown significant improvements which is due to the introduction of the new catering service and A la Carte menu.

All sites scores above the national average with the exception of Scarborough which was 9.47% below. This was due to a combination of areas within the ward food section, e.g. food taste, protected mealtimes not observed, availability of allergen information.

Privacy, Dignity & Wellbeing

Privacy, dignity and wellbeing scores are again down nationally. Locally we are making improvements as and when opportunities arise. Scores in this domain are highly influenced by the form of the built environment.

Dementia

This is only the second year that Dementia has been assessed and we have made improvements to score above the national average. Capital developments include dementia awareness and there is further work in relation to signage, clocks, etc that are being addressed. It is anticipated that this score will increase gradually over the coming years.

Disability

The disability domain is new to the 2016 assessment and does not constitute the full range of issues but focuses on a limited range with strong building/environment related aspects.

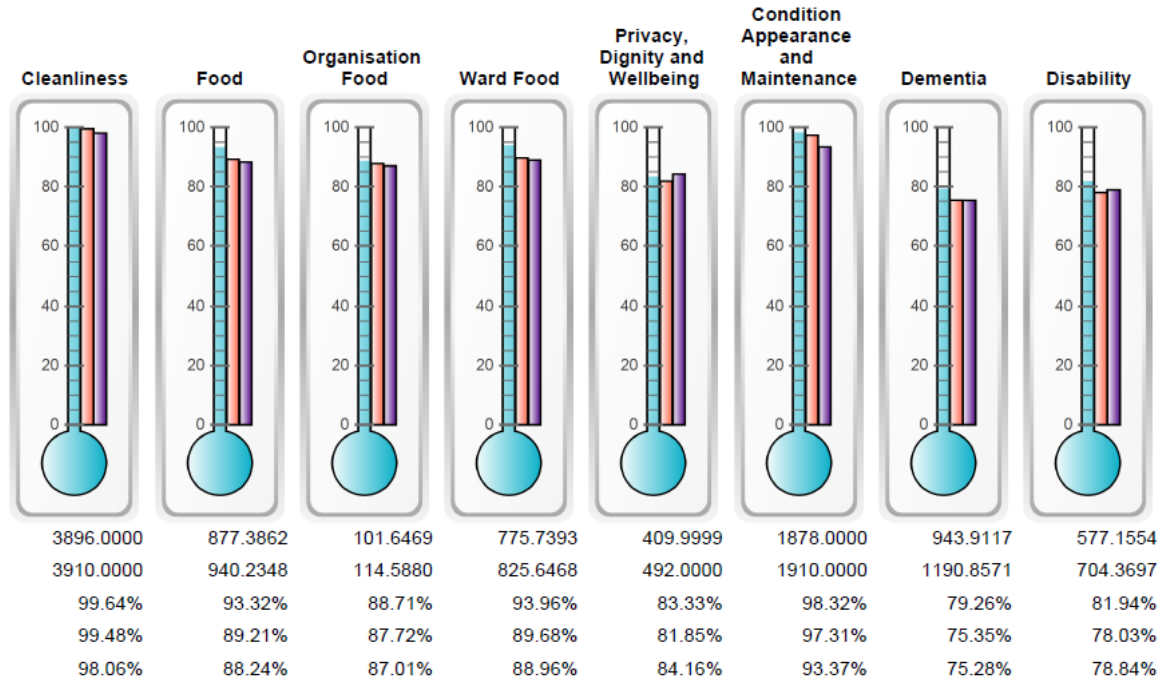
We score just below the national average by 0.81%.

Sites scoring above the national average are York, St Monica's and White Cross Court.

8 Individual Site Results

York Hospital

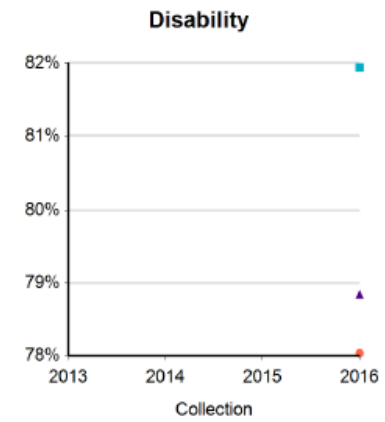
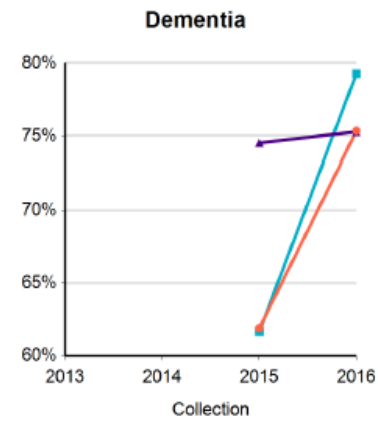
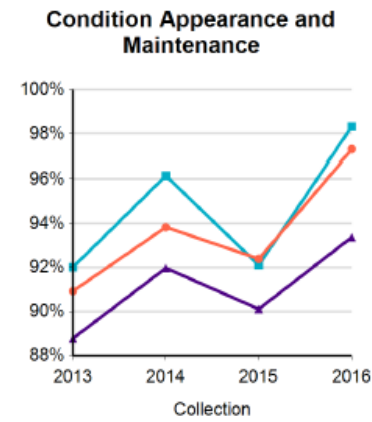
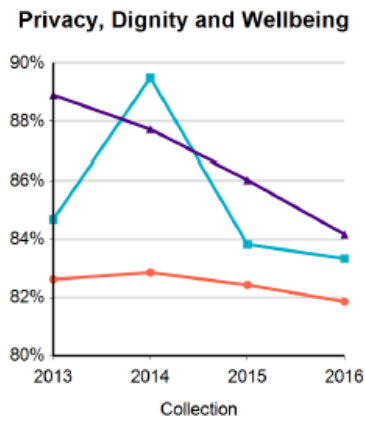
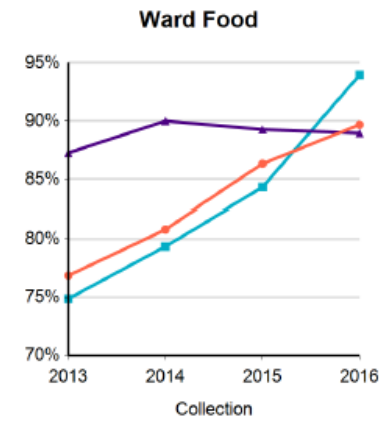
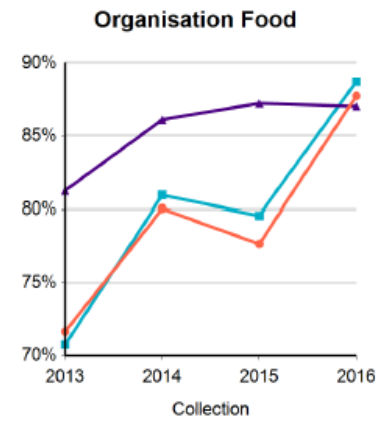
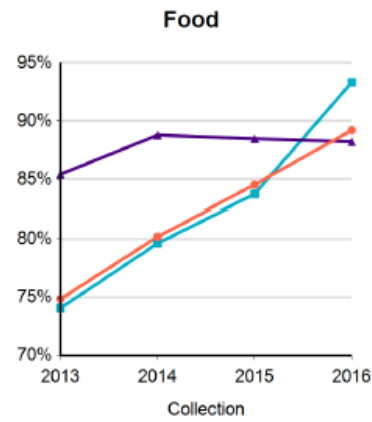
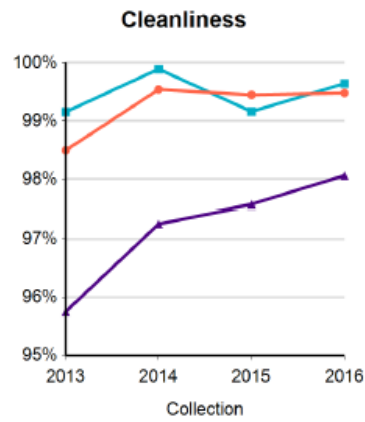
YORK HOSPITAL- Collection: 2016



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YORK HOSPITAL

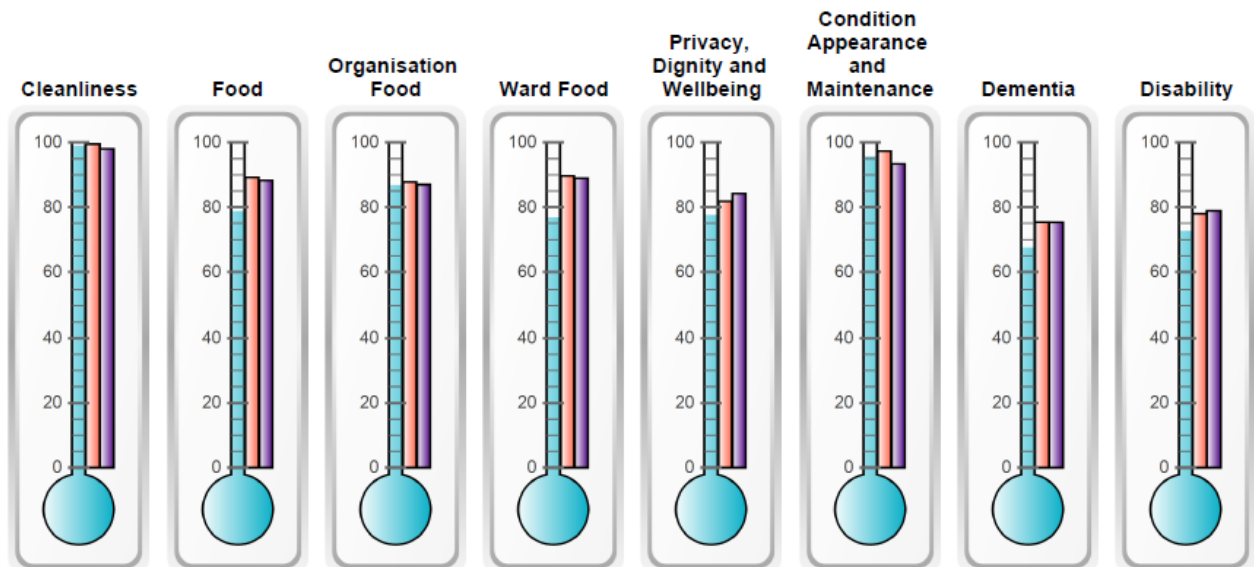
Site Scores Organisation Average National Average



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Scarborough Hospital

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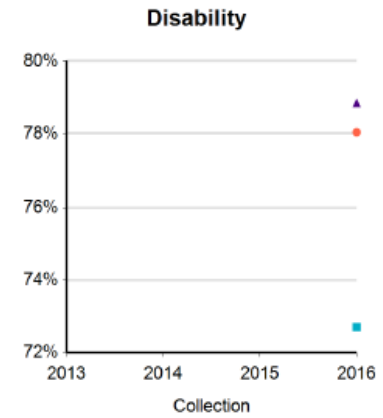
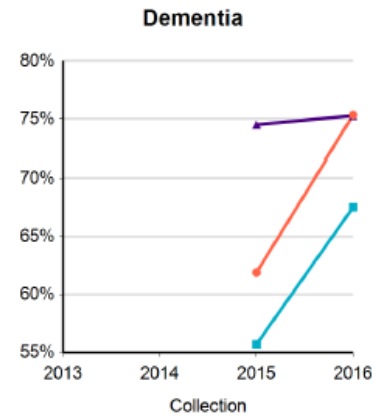
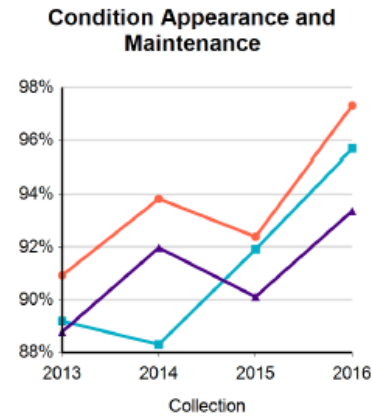
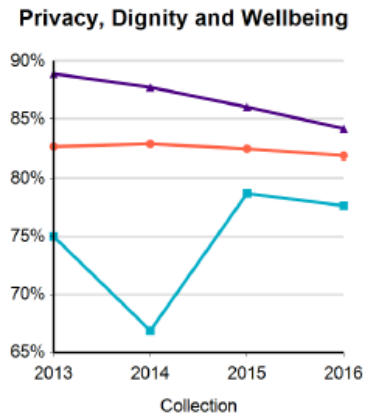
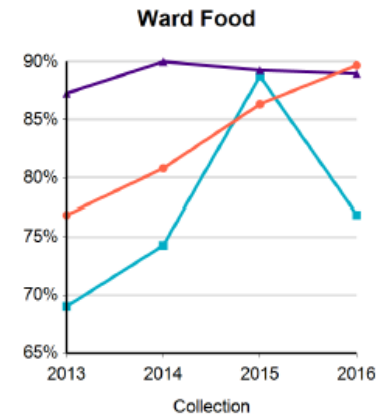
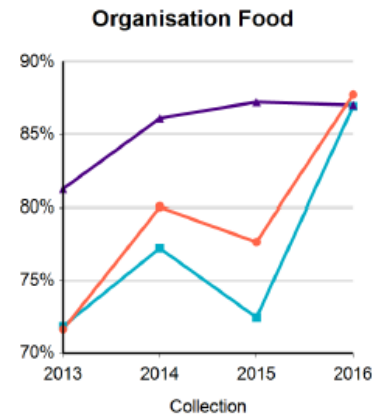
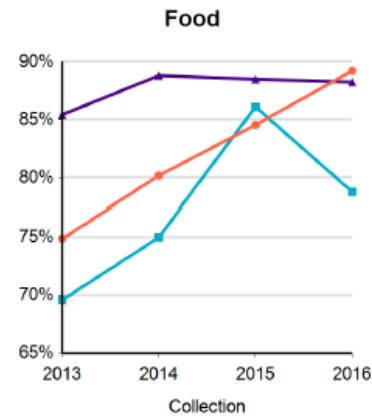
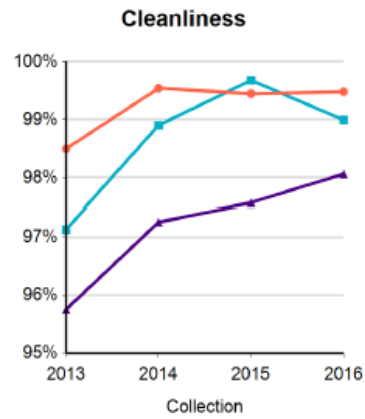


	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	3538.0000	476.2182	99.5838	376.6344	307.5000	1709.0000	552.9117	398.6554
Available Score (Actual)	3574.0000	604.5375	114.5880	489.9495	396.0000	1786.0000	818.8571	548.3697
Site Score	98.99%	78.77%	86.91%	76.87%	77.65%	95.69%	67.52%	72.70%
Organisation Average	99.48%	89.21%	87.72%	89.68%	81.85%	97.31%	75.35%	78.03%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

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SCARBOROUGH HOSPITAL

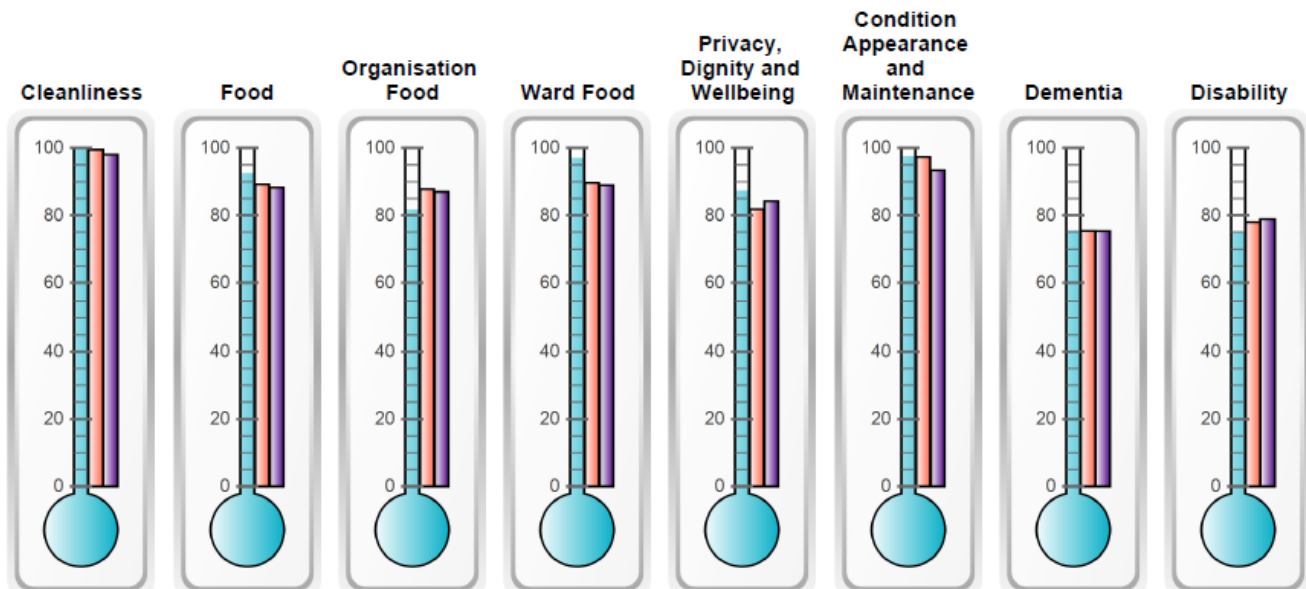
Site Scores Organisation Average National Average



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Bridlington Hospital

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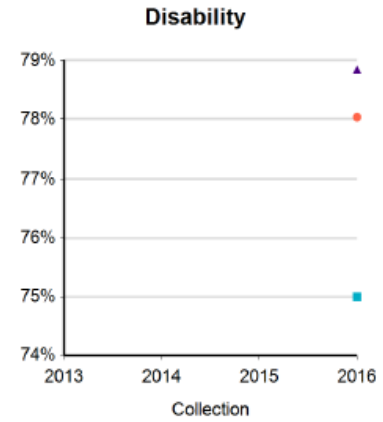
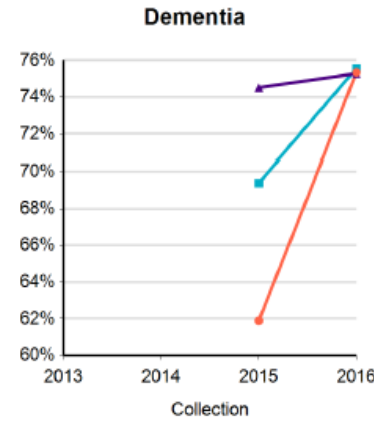
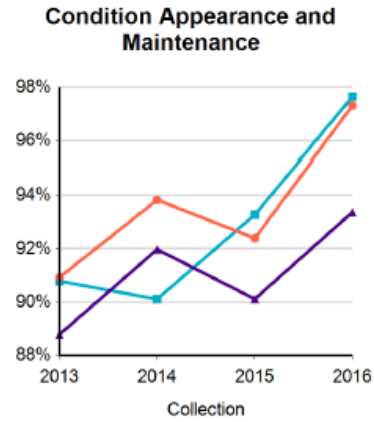
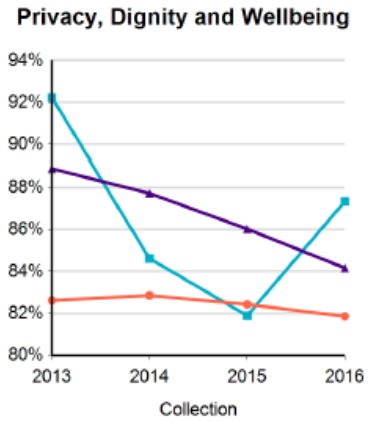
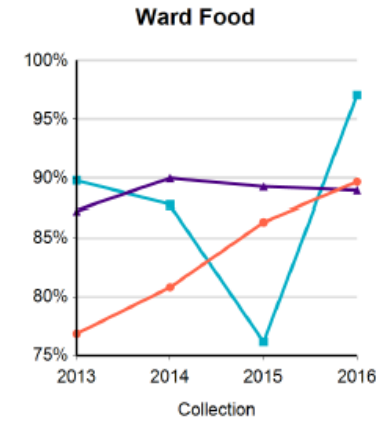
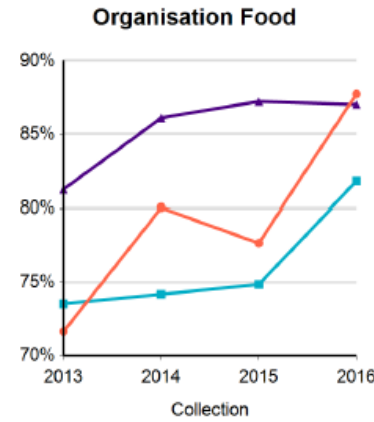
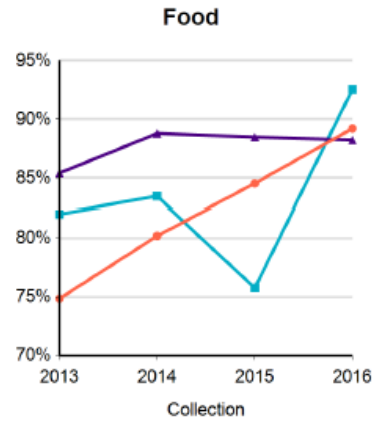
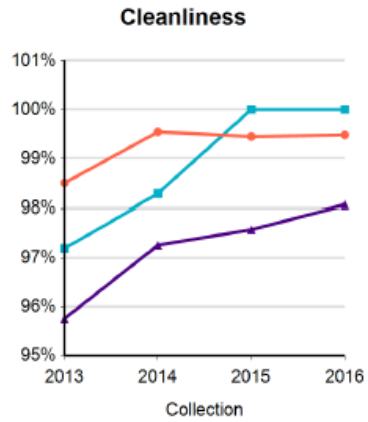


Achieved Score (Actual)	1442.0000	358.0418	93.7225	264.3193	181.6666	703.0000	370.9117	216.2646
Available Score (Actual)	1442.0000	386.9073	114.5880	272.3193	208.0000	720.0000	490.8571	288.3697
Site Score	100.00%	92.54%	81.79%	97.06%	87.34%	97.64%	75.56%	75.00%
Organisation Average	99.48%	89.21%	87.72%	89.68%	81.85%	97.31%	75.35%	78.03%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

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BRIDLINGTON HOSPITAL

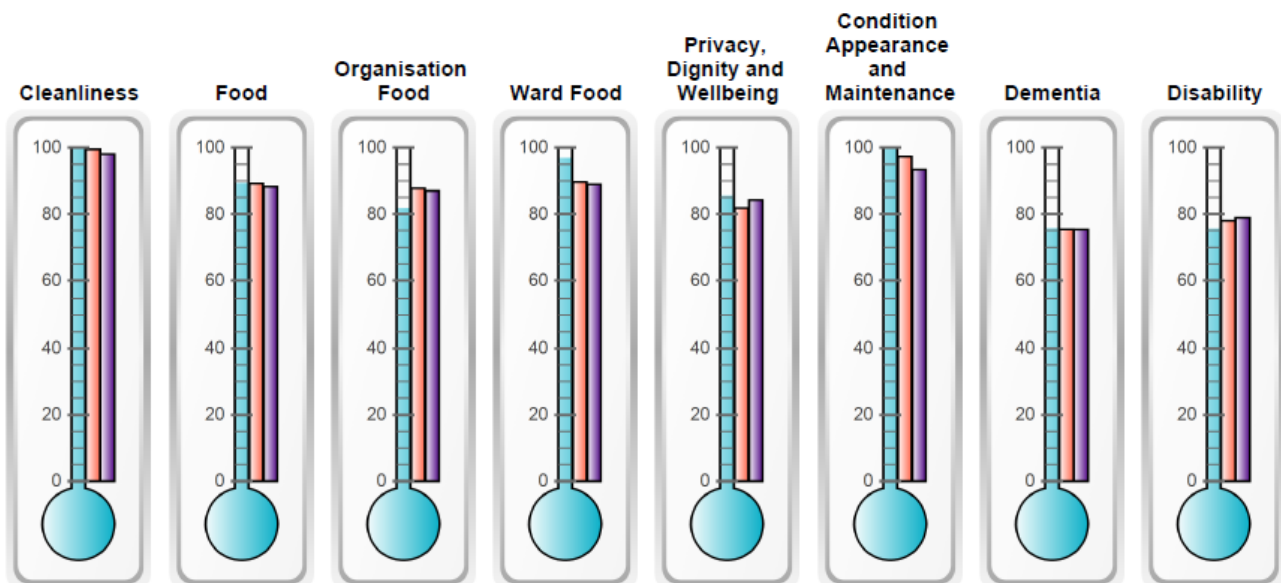
Site Scores Organisation Average National Average



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The New Selby War Memorial Hospital

THE NEW SELBY WAR MEMORIAL HOSPITAL- Collection: 2016

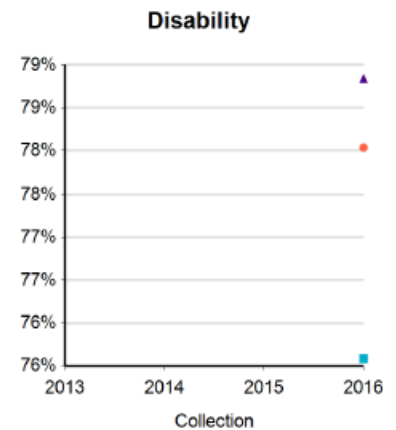
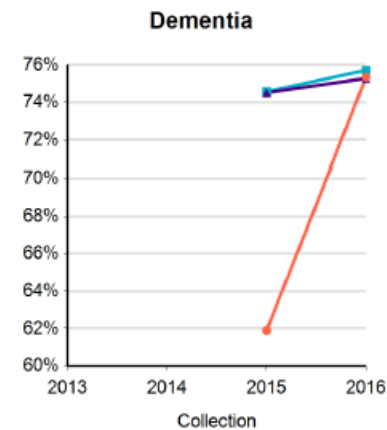
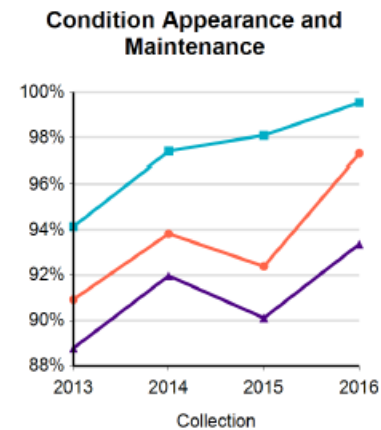
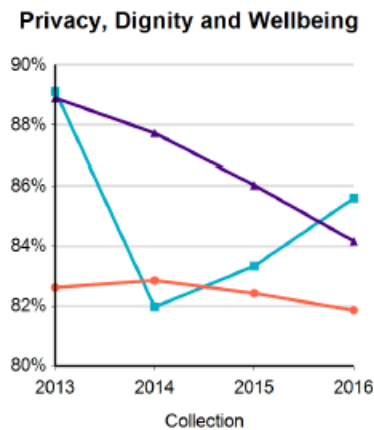
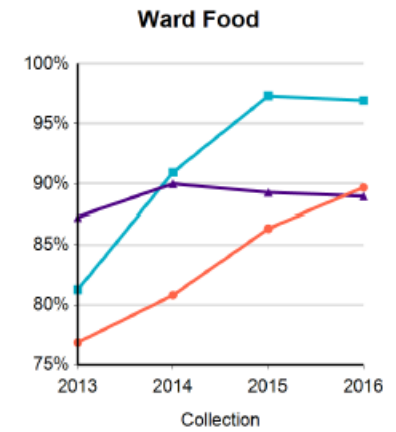
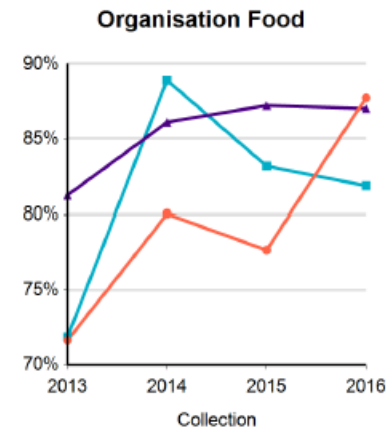
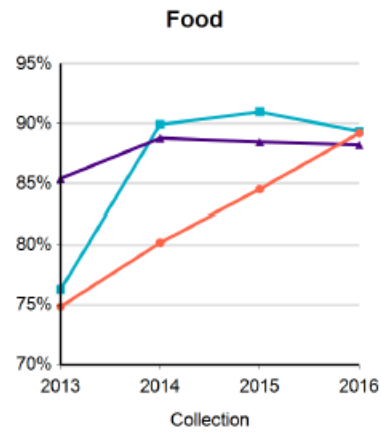
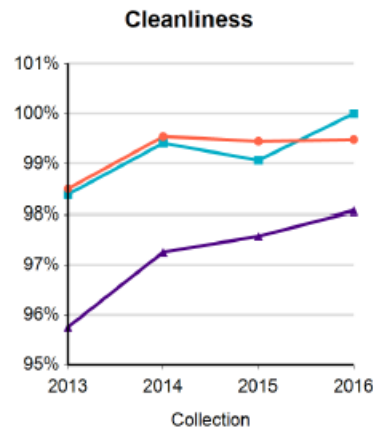


	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	740.0000	204.1006	93.7855	110.3151	101.0000	432.0000	238.4117	160.5209
Available Score (Actual)	740.0000	228.4031	114.5880	113.8151	118.0000	434.0000	314.8571	212.3697
Site Score	100.00%	89.36%	81.85%	96.92%	85.59%	99.54%	75.72%	75.59%
Organisation Average	99.48%	89.21%	87.72%	89.68%	81.85%	97.31%	75.35%	78.03%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

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THE NEW SELBY WAR MEMORIAL HOSPITAL

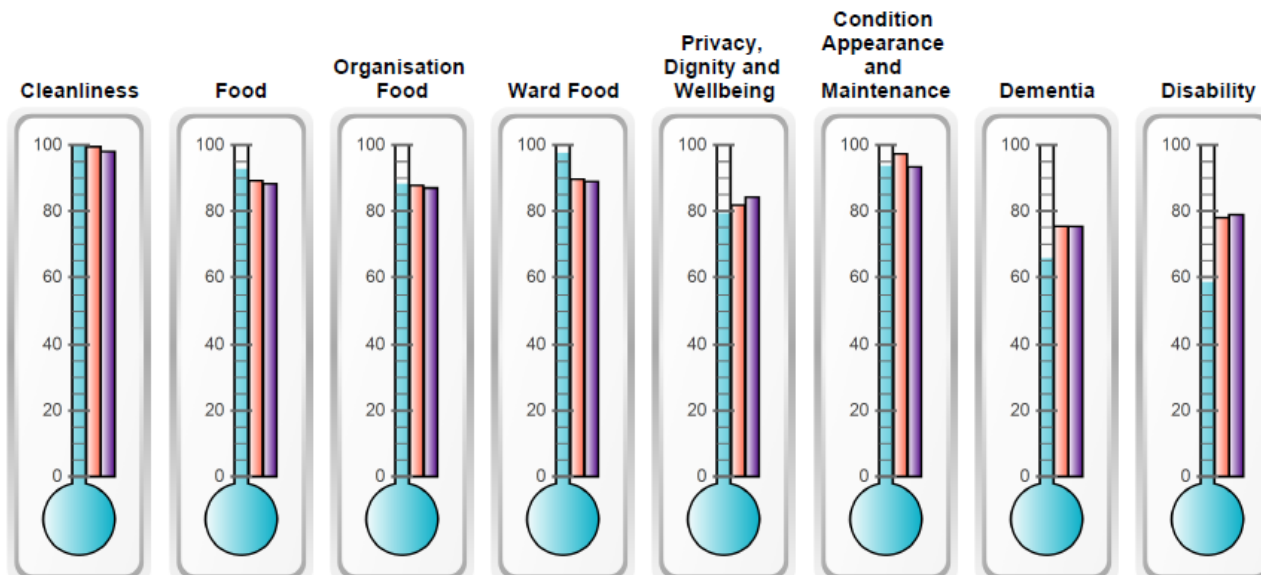
Site Scores Organisation Average National Average



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Malton and Norton Hospital

MALTON AND NORTON HOSPITAL- Collection: 2016

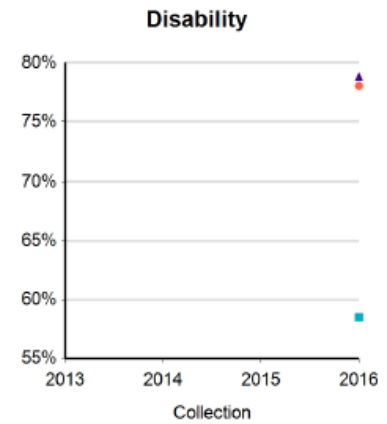
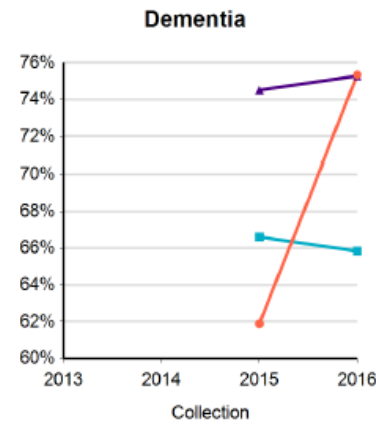
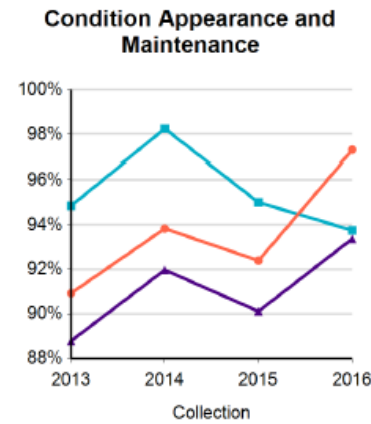
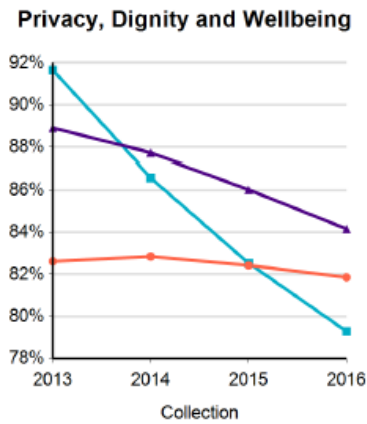
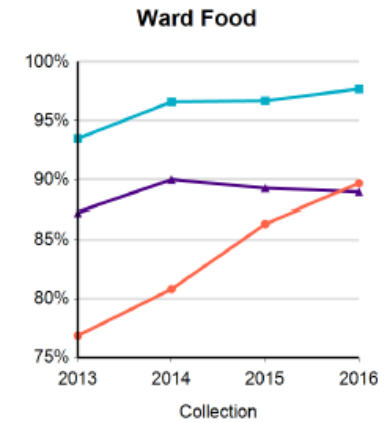
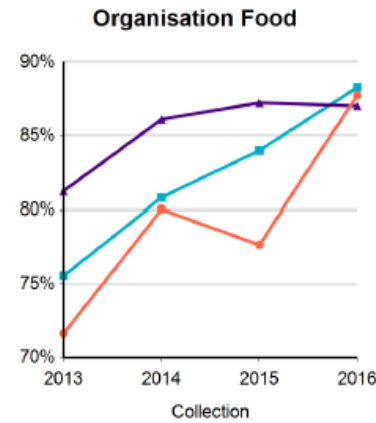
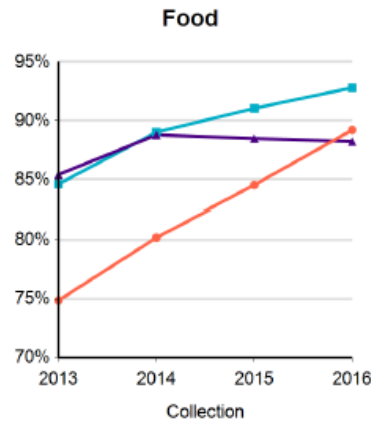
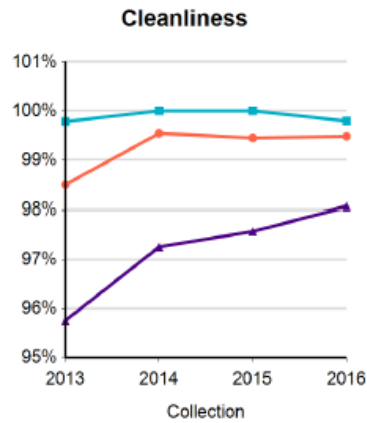


Achieved Score (Actual)	966.0000	204.7308	101.1426	103.5882	111.0000	510.0000	224.4117	145.2772
Available Score (Actual)	968.0000	220.6216	114.5880	106.0336	140.0000	544.0000	340.8571	248.3697
Site Score	99.79%	92.80%	88.27%	97.69%	79.29%	93.75%	65.84%	58.49%
Organisation Average	99.48%	89.21%	87.72%	89.68%	81.85%	97.31%	75.35%	78.03%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

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MALTON AND NORTON HOSPITAL

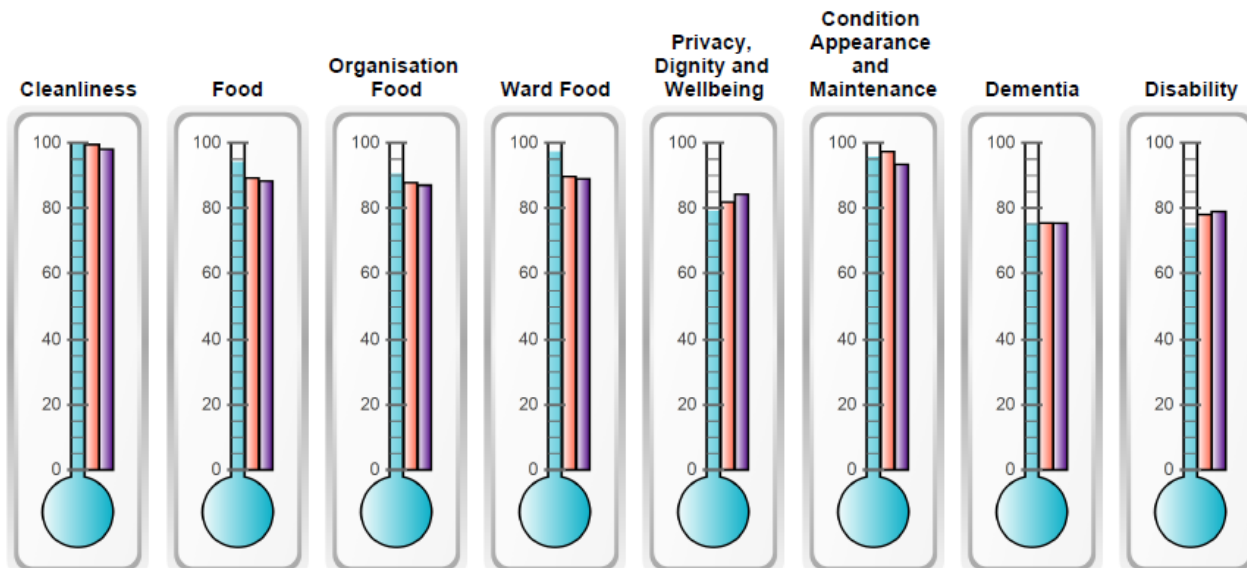
Site Scores Organisation Average National Average



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Archways Intermediary Care Unit

ARCHWAYS INTERMEDIATE CARE UNIT- Collection: 2016

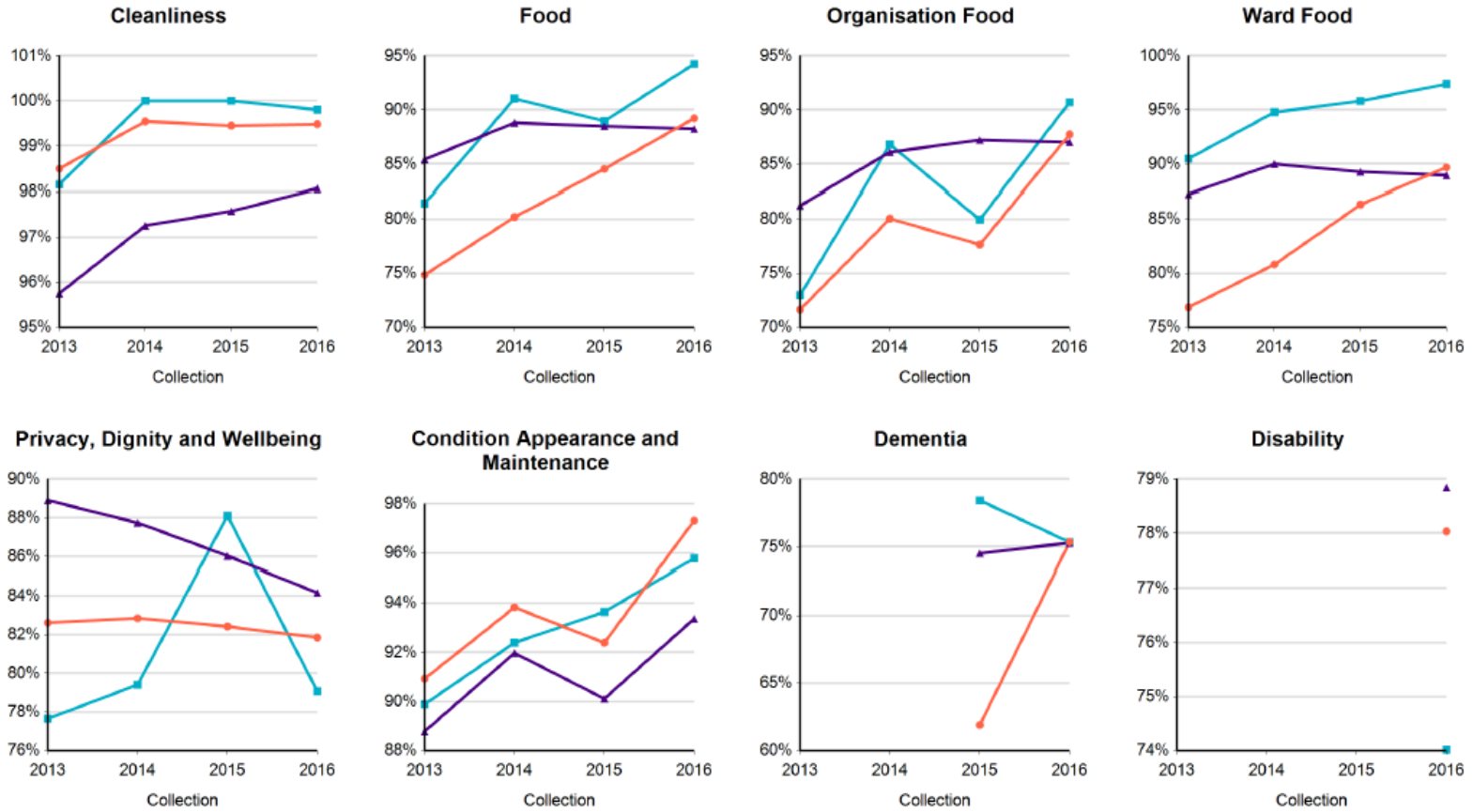


Achieved Score (Actual)	503.0000	229.9032	103.9158	125.9874	68.0000	318.0000	178.4117	121.6554
Available Score (Actual)	504.0000	243.9661	114.5880	129.3781	86.0000	332.0000	236.8571	164.3697
Site Score	99.80%	94.24%	90.69%	97.38%	79.07%	95.78%	75.32%	74.01%
Organisation Average	99.48%	89.21%	87.72%	89.68%	81.85%	97.31%	75.35%	78.03%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

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ARCHWAYS INTERMEDIATE CARE UNIT

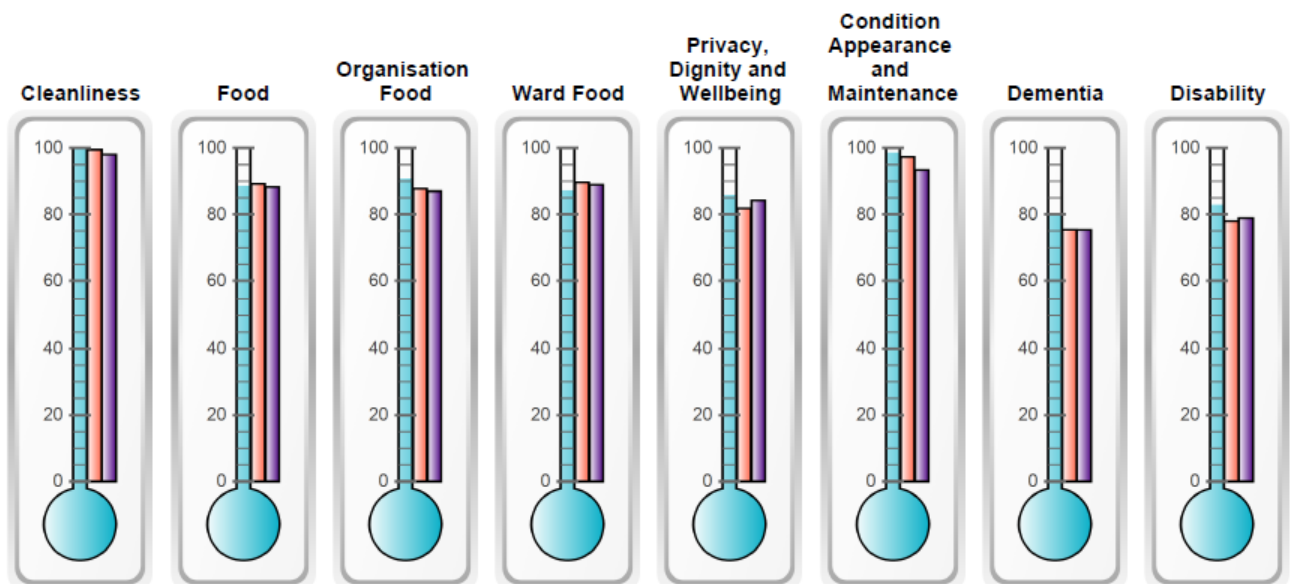
Site Scores
Organisation Average
National Average



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White Cross Court

WHITECROSS COURT- Collection: 2016

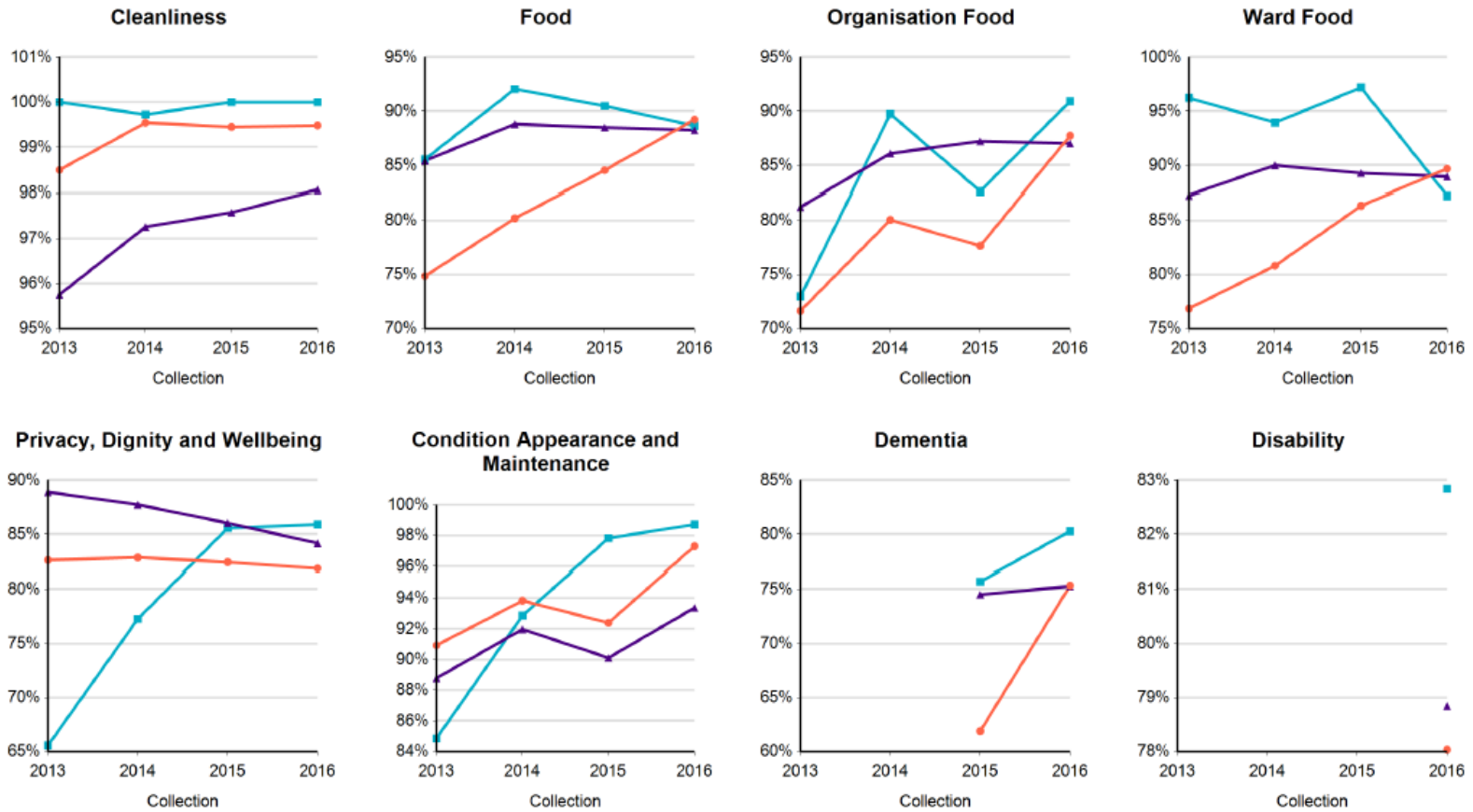


Achieved Score (Actual)	512.0000	264.4998	104.1679	160.3319	67.0000	306.0000	156.4117	109.6554
Available Score (Actual)	512.0000	298.4367	114.5880	183.8487	78.0000	310.0000	194.8571	132.3697
Site Score	100.00%	88.63%	90.91%	87.21%	85.90%	98.71%	80.27%	82.84%
Organisation Average	99.48%	89.21%	87.72%	89.68%	81.85%	97.31%	75.35%	78.03%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

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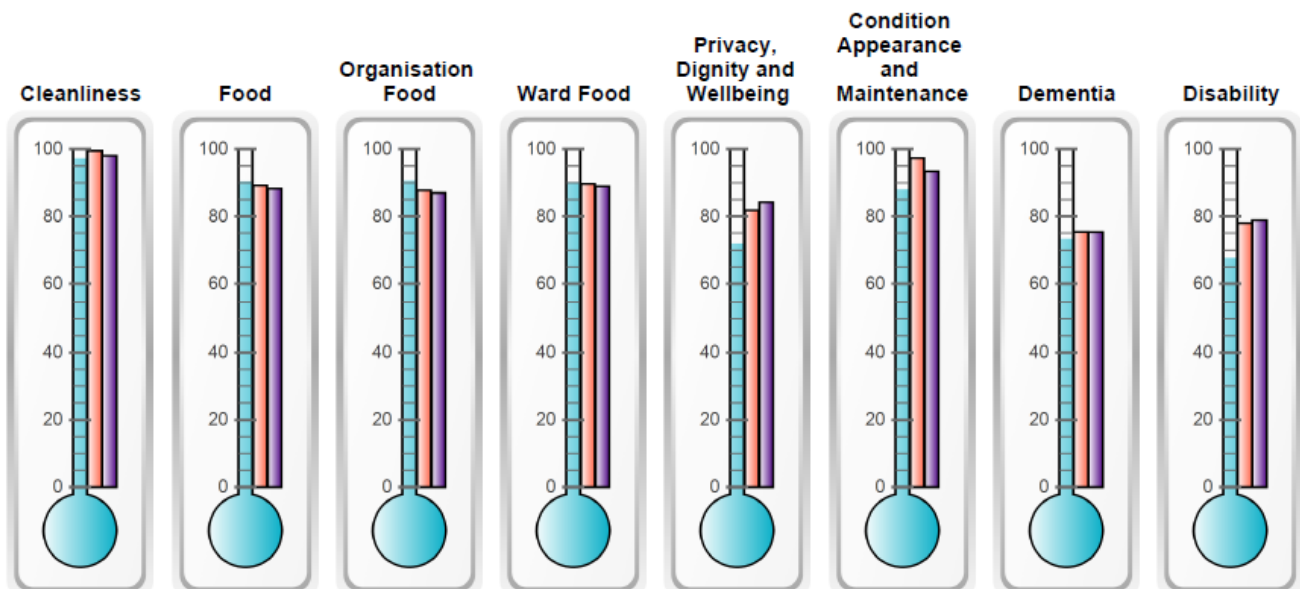
WHITECROSS COURT

Site Scores Organisation Average National Average



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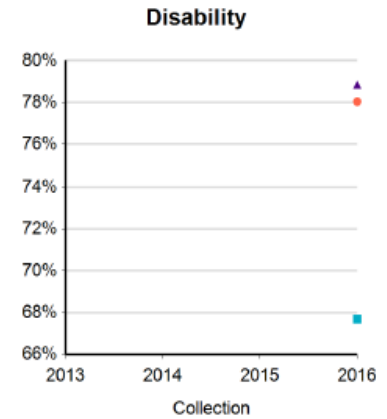
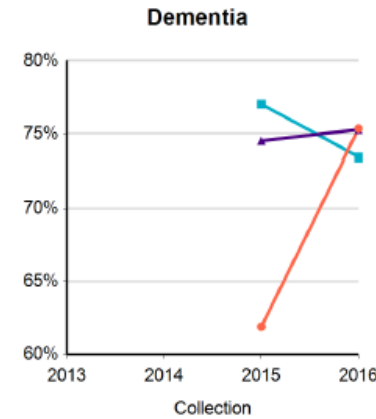
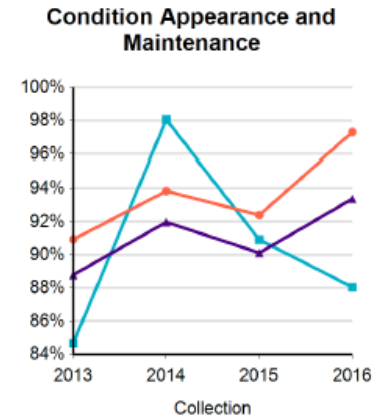
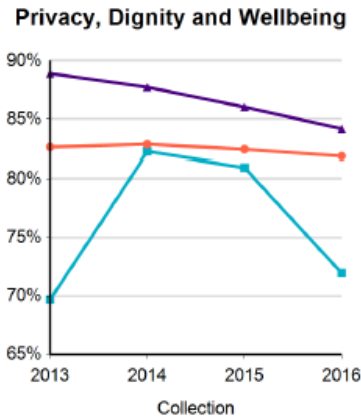
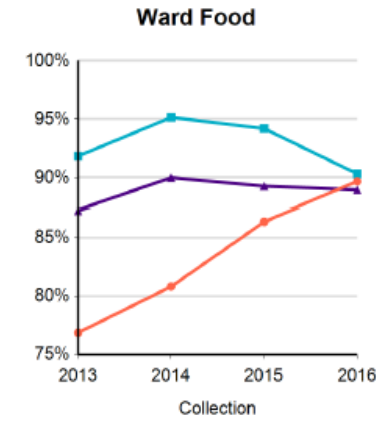
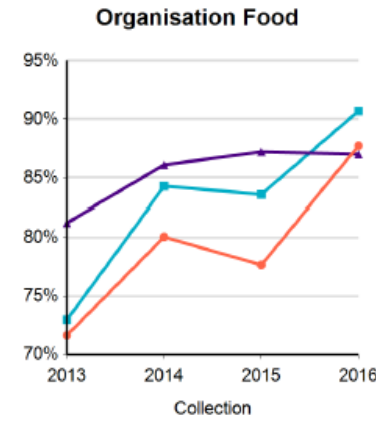
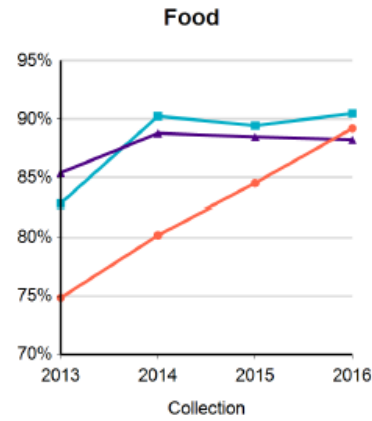
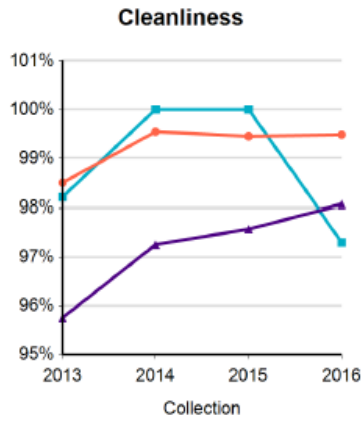
ST HELEN'S- Collection: 2016



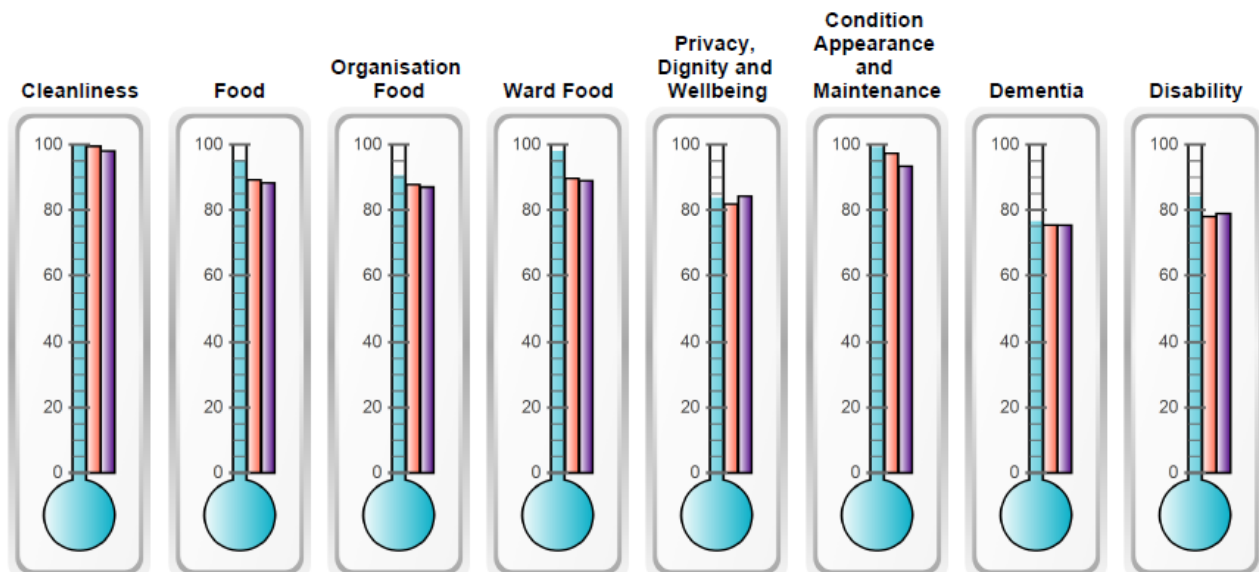
Achieved Score (Actual)	432.0000	224.1763	103.9158	120.2605	59.0000	243.0000	150.4117	93.6554
Available Score (Actual)	444.0000	247.7476	114.5880	133.1596	82.0000	276.0000	204.8571	138.3697
Site Score	97.30%	90.49%	90.69%	90.31%	71.95%	88.04%	73.42%	67.68%
Organisation Average	99.48%	89.21%	87.72%	89.68%	81.85%	97.31%	75.35%	78.03%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

ST HELEN'S

Site Scores Organisation Average National Average



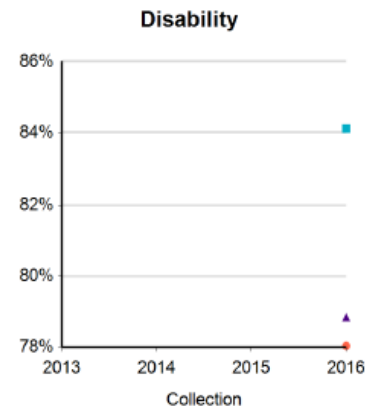
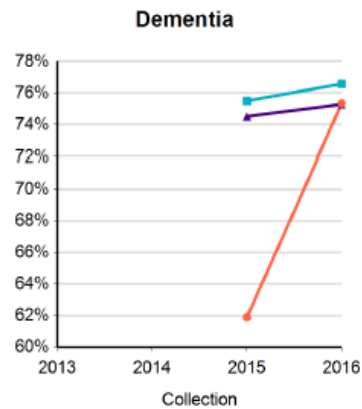
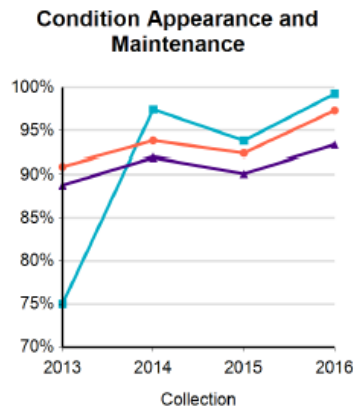
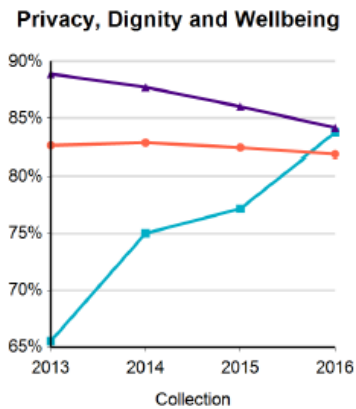
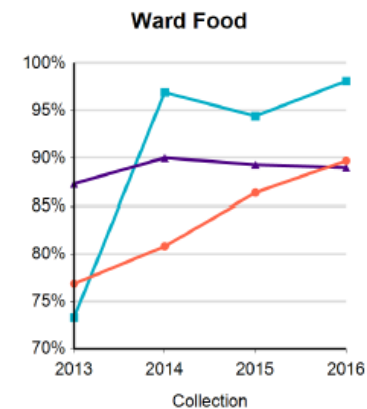
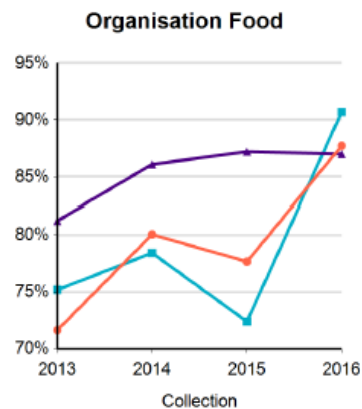
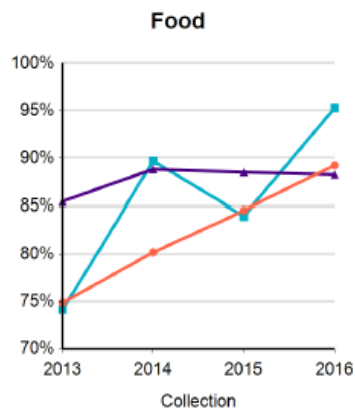
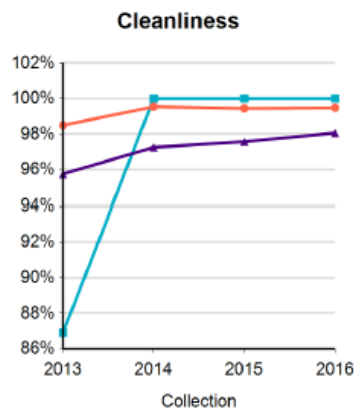
ST MONICAS HOSPITAL- Collection: 2016



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	428.0000	284.2645	103.9158	180.3487	67.0000	258.0000	158.4117	109.6554
Available Score (Actual)	428.0000	298.4367	114.5880	183.8487	80.0000	260.0000	206.8571	130.3697
Site Score	100.00%	95.25%	90.69%	98.10%	83.75%	99.23%	76.58%	84.11%
Organisation Average	99.48%	89.21%	87.72%	89.68%	81.85%	97.31%	75.35%	78.03%
National Average	98.06%	88.24%	87.01%	88.96%	84.16%	93.37%	75.28%	78.84%

ST MONICAS HOSPITAL

Site Scores Organisation Average National Average



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9 Public Access to results

The public are able to view York Teaching Hospital Trust's 2016 PLACE results through Health and Social Care Information Centre's (hscic) website.

10 Action Plans

A total of 57 action plans were completed which were circulated to the individual wards and departments within 10 days of the assessments taking place. These will be tracked on a monthly basis by Facilities until all possible actions are closed out.

11 Feedback for Patient Assessors and Governors

The patient assessors and governors are to be invited to attend feedback sessions during October 2016 which will be facilitated by Carol Birch. This will allow the 2016 assessment process, scores and action plans to be discussed and identify how any improvements can be made for the annual 2017 assessments and to review progress of the action plans.

The future numbers of Patient Assessors and Governors will need to be maintained and reviewed. The Head of Estates & Facilities – Community will continue to work with the Patient Experience Team to ensure adequate numbers are available for the 2017 assessment period and that adequate training is delivered.

The Head of Estates & Facilities – Community will continue to work closely with local Trusts to agree reciprocal arrangements for Peer Review/External Validation.