York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 29th January 2014**
in: **The Boardroom, The York Hospital**

Time	Meeting	Location	Attendees
8.30am - 9.10am	Non-Executive Director Meeting with Chairman	Critical Care Seminar Room	Non-executive Directors
9.15am – 12.10pm	**Board of Directors meeting held in public**	**Boardroom, York Hospital**	**Board of Directors and observers**
12.15pm – 1.15pm	Board of Directors to consider confidential information held in private	Boardroom, York Hospital	Board of Directors
1.15pm – 2.15pm	Lunch		
1.45pm	Optional visit to see the pharmacy robot	Pharmacy	Non-executive Directors
2.15pm – 2.50pm	Remuneration Committee	Boardroom, York Hospital	Chief Executive and Non-executive Directors
3.00pm – 4.30pm	Acute Strategy discussion	Boardroom, York Hospital	Board of Directors

The core values of the Trust are:

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

These will be reflected during all discussions in the meeting

Restricted – Management in confidence

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

On: **Wednesday 29th January 2014**

At: **9.15am – 12.10pm**

In: **The Boardroom York Hospital**

A G E N D A					
No	**Item**	**Lead**	**Comment**	**Paper**	**Page**
Part One: General **9.15am – 9.45am**					
1.	**Welcome from the Chairman** The Chairman will welcome observers to the Board meeting.	Chairman			
2.	**Apologies for absence** Philip Ashton Sue Rushbrook Anna Pridmore	Chairman			
3.	**Declaration of Interests** To receive any changes to the register of directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chairman		A	7
4.	**Minutes of the Board of Directors meeting** To review and approve the minutes of the meeting held on 27th November 2013.	Chairman		B	11
5.	**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chairman		Verbal	
6.	**Patient Experience** • Film • Patient's Story	 Medical Director Director of Nursing		 Verbal Verbal	

No	Item	Lead	Comment	Paper	Page
Part Two: Quality and Safety 9.45am – 10.40am					
7.	**Quality and Safety Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Patient Safety Dashboard • Medical Director Report • Chief Nurse Report	Chairman of the Committee		C C1 C2 C3	21 27 47 55
8.	**Quarterly report from the Director of Infection Prevention and Control** To receive for approval the quarterly report	Medical Director		D	59
9.	**Quarterly Patient Experience Report** To receive for approval the quarterly report.	Chief Nurse	Mike Keaney	E	63
Part Three: Finance and Performance 10.40am – 11.15am					
10.	**Finance and Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Operational Performance Report • Finance Report • Trust Efficiency Report	Chairman of the Committee		F F1 F2 F3	71 79 93 103
Part four: Workforce Strategy Committee 11.15am – 11.20am					
11.	**Workforce Strategy Committee minutes** To receive an update on the work the Committee is currently undertaking.	Chairman of the Committee		Verbal	

No	Item	Lead	Comment	Paper	Page
Part Four: Equality Act 11.20am – 11.25pm					
12.	**Information for Publication as part of the Equality Act 2010** To approve for publication the information report.	Director of Corporate Development		G To follow	
Part Five: Governance 11.25am - 12.10pm					
13.	**Report of the Chairman** To receive an update from the Chairman.	Chairman		H	111
14.	**Report of the Chief Executive** To receive an update on matters relating to general management in the Trust, Including the Annual Planning process 2014 – 2019.	Chief Executive		I	115
15.	**Francis Report response update** To receive an update report on the Trust's response to the Francis Report	Chief Executive		J To follow	
16.	**Monitor update** To receive an updated view from Monitor following their compliance meeting.	Chief Executive		Verbal	
Any other business					
17.	**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 26th February 2014 in the Boardroom, The York Hospital.				
18.	**Any other business** To consider any other matters of business.				

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

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

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

Disciplinary investigations

York Teaching Hospital NHS
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Additions: **Ms Libby Raper** has been appointed **Chairman** of the Leeds College of Music

Changes:
Deletions:

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

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

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

York Teaching Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors of York Teaching Hospital NHS Foundation Trust, held in public in the Boardroom, The York Hospital, on 27 November 2013.

Present: **Non-executive Directors**

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

Executive Directors

Mr P Crowley	Chief Executive
Mr A Bertram	Executive Director of Finance
Ms P Hayward	Executive Director of Human Resources
Mrs S Holden	Executive Director of Corporate Development & Research
Dr A Turnbull	Medical Director

Attendance: **Corporate Directors**

Mr B Golding	Director of Estates and Facilities
Mrs S Rushbrook	Director – Systems and Networks
Mrs A Pridmore	Foundation Trust Secretary

Observers: 1 members of the public
1 Governor

13/144 Apologies for absence

Apologies for absence were received from Mr M Proctor, Deputy Chief Executive/Chief Operating Officer/ Chief Nurse

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13/145 Declarations of Interests

The Board of Directors **noted** that there were no changes made to the current list of interests declared. The members of the Board of Directors were asked to advise Mrs Pridmore of any further changes.

13/146 Minutes of the meeting held on 30 October 2013

The Chairman of the Quality and Safety Committee asked that it be clarified that the SHMI for the Trust was 102.3 and for the York site it was 100 and for the Scarborough site 110. The reference to the Trust achieving the stated goal of a SHMI of 100 or below was a target set prior to the acquisition of Scarborough and was a York-based expectation.

Ms Hayward asked for minute 13/133 re staff recruitment to be amended to show that the one stop shops will in future include all the checks as part of the day.

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

13/146 Matters arising from the minutes

13/132 Cancer Patient Experience Report

Mrs Holden commented on the report from a Research and Development perspective. She explained that an analysis of the survey had been undertaken and it showed that the Trust had the 2nd highest return in the study and 70% of patients were taken into the studies. She added that there were some studies for which the Trust was not able to recruit, but when the Trust was, it was a good performer. The analysis produced a list of 13 actions that are now being taken forward. Mr Ashton asked what the primary purpose of the Research and Development we participate in was. Mrs Holden explained that its primary purpose is to prove the efficacy of new treatments.

Professor Willcocks asked if periodic updates could be given to patients about what research has been undertaken and the progress. Mrs Holden suggested that a document could be prepared and presented to the Board of Directors on the current studies being undertaken.

The Board agreed it would like to receive a report on the current studies being undertaken.

Action: SH to prepare a document on a six monthly basis for the Board of Directors

13/130.4 Matters arising /13/118 winter monies

In the absence of Mr Proctor, Mr Bertram presented the up-to-date Emergency Department Recovery Plan. Mr Bertram described the work that was being undertaken and reminded the Board that of the available winter monies (£2.06m), the Trust will receive around £1m. Mr Bertram described the actions being taken and the level of work that is going into satisfying the objective of achieving the targets as soon as possible.

13/147 Patient Experience

The Chairman welcomed Ms Preece and Mr Nong to the Board. Mr Nong presented the art work that had been carried out by the renal patients. Mr Nong described the strategy he has adopted and the work he has been doing, along with the benefits to patients.

The Board **noted** the work and benefits to patients.

13/148 Quality and Safety Committee

Ms Raper presented the summary of the deliberations of the Quality and Safety Committee.. Ms Raper highlighted the following points:

Maternity – Caesarean Section procedures

Dr Turnbull confirmed that the Caesarean Section rate at York is slightly higher than the national average. He explained that a Caesarean Section is not seen as a “harm event”, but it does carry risk. The unit also has a rate of birth-related cerebral palsy that falls in the lowest quartile. Some c-sections may be avoided by more active management of labour by

more senior clinicians and the obstetric unit has partial consultant night cover. Choice is also a factor as are decisions regarding vaginal birth after previous c-section. The obstetricians meet weekly to review c-sections and any obstetric complications.

Complaints

Mr Crowley reminded the Board that he had take a personal interest in complaints and had been working with the team for some time looking at the complaints and the systems used. He added that he and the team are looking at how complaints will be managed going forward and the information included in the Clwyd Report. Mr Crowley added that there is a need to reduce the time it takes for a complainant to receive a response from the Trust and to be able to demonstrate more evident ownership in complaints.

Mrs Adams added that she felt the Board needed to have more evidence of where care has improved as a result of a complaint. Mr Crowley reminded the Board that complaints are part of patient experience, which is much wider and captures much richer information that just complaints.

Clostridium Difficile (C-Diff)

The number of cases has risen in November and as at the Board meeting there had been 43 cases to date this year. In October York site saw 4 cases and Scarborough 1. In November up to the date of the Board, York site saw 2 cases and Scarborough 3. He added that there was some evidence of case-to-case transmission on one ward. There had also been some cases of the more harmful 027 strain of C-Diff, although there was no evidence of that strain being transmitted to other patients.

Dr Turnbull reminded the Board of the increased measures and changes to practice that were being put in place. He explained that patients with diarrhea where being isolated and managed more closely. There was very tight control over the use of antimicrobials and it was now a requirement that a Consultant sign off any use of anti-microbials within 48 hours of them being prescribed. A new poster on anti-microbials was published recently that reminds doctors of the importance of the length of a course of anti-microbials. The Trust hosted a visit from other members of Quest recently. This was an opportunity to share good practice in place in other organisations. The event did show that many organisations are facing similar issues to our Trust and struggling with them in the same way. The Trust also received a visit recently from Public Health England on this issue; they did make some suggestions around cohorting patients. This is something the Trust has not done in the past, but is looking at it.

Mr Crowley referred to the NICE guidance around smoking that had been published. He commented that these proposed restrictions are placing restrictions on people's behaviours and their freedoms. This lead into a debate the Board should have around the level of freedom patients should have while in our care; slight restrictions may reduce levels of cross-infection. Dr Turnbull gave an example where this had occurred and added that we already ask the public not to come to hospital to visit patients if they have Norovirus symptoms and we ask patients to confine themselves to their bays if they have infections. The Trust also closes bays when there is an infection in that area.

Mr Rose commented that part of the work of the Board is to balance the financial and non-financial constraints on where the Trust would spend money. In relation to dealing with safety, resource should not be a constraint. Dr Turnbull agreed with the comment and added that the Trust is intending on providing patients with disinfection hand wipes before meals. The Trust had intended on introducing probiotics and the funding had been approved. The

Drugs and Therapeutics Committee had, however, judged the relative benefits and evidence as not sufficient for the probiotics to be introduced. The Board asked if decision by the Drugs and Therapeutics Committee could be reviewed. Dr Turnbull advised that he was in discussion with the Committee.

'Flu uptake

At week ending 15th November 2013 - 40% staff in York and 31% in Scarborough (with an organisation-wide 37%) had received a 'flu vaccine. The electronic system has been put in place so it can be seen if a member of staff has had a vaccine or chosen not to and the reasons why. The Board asked what the closing date was for when the Trust should have achieved 75% of staff receiving a vaccine. Dr Turnbull advised that there is no closing date, but last year it was towards the end of February/ March that the centre stopped collecting the figures.

Family and Friends

Ms Raper commented that the Trust now had the token system in place and the Family and Friends system has been introduced to maternity. The Trust is ahead of the CQUIN target, although there are still some issues to resolve. It was agreed that a further report would be included in the next Board.

Patient Feedback analysis

Dr Turnbull drew the Board's attention to the analysis included in his supplementary paper that related to the revalidation of doctors. He explained that patients have been asked to provide their comments on their interpersonal skills, clinical ability and patient assurance. The current analysis includes 117 doctors and shows that the feedback from patients is very positive.

Falls

Ms Raper raised her concerns about the identification of a falls champion; she commented that she would like to see some more momentum behind the initiative. It was agreed in the absence of Mr Proctor this would be picked up outside the meeting and at the next Board meeting.

The Board thanked Ms Raper for her report and **noted** the comments made.

13/149 Patient Led Assessment of the Care Environment (PLACE)

Mr Golding introduced the paper and explained that this was the first year of a new national inspection programme which had replaced the Patient Environment Action Team (PEAT). He explained that one of the key differences was that this programme had considerably more engagement from patients. A number of teams were formed with 5 or 6 people in each team; these teams undertook the reviews on a site by site basis. An action plan has been produced for each site locally which includes each area visited. The scores were in 4 sections – cleanliness, quality and availability of food and drink, privacy and dignity and condition, appearance and maintenance. St Monica's Hospital scored low across several areas. An additional action plan has been developed around food and hydration which will form part of the catering strategy.

The Board asked Mr Golding if there were any areas of significant concern. Mr Golding confirmed there were no significant areas; there were a lot of actions to complete, but nothing that could not be addressed. Mr Rose asked if his comments included St Monica's. Mr Golding confirmed it did. It is a small site and so any concerns are more obvious because there is not the opportunity to average out the scores. The inspection had also coincided there with a significant on-site building project.

Ms Raper commented that the introduction of PLACE is very welcome and does work well as a comparator across the sites. Mr Crowley agreed with Ms Raper's comments, but added that the Board should take care in drawing conclusions from the report.

The Board **noted** the report and the assurance it gave to the Board on the issues reviewed.

13/150 Finance and Performance Committee

Mr Sweet presented the summary of the deliberations of the Quality and Safety Committee. Mr Sweet highlighted the following points:

Efficiency

Mr Sweet explained that the Trust would now need to make efficiencies of around £2m per month for the rest of the year to achieve the target. He advised that the Finance and Performance Committee were concerned how this would be achieved and how the Trust would be able to achieve it's target in future years as the challenge becomes harder. He reiterated that there was no complacency in the Executive Team around the challenge and confirmed that the progress was under constant review. Mr Bertram added that there is concern around the gap. He explained that there is a planning gap of £4.8m in total – at this stage there are no confirmed plans for £3m and plans totalling £1.8m are classed as high-risk schemes. Mr Bertram advised that two key additional activities have taken place, the first is a review with each of the Finance Managers around efficiency possibilities and the second is a set of panel meetings with the Directorates where they are being challenged to look at how further efficiencies can be made. Mr Bertram added that at present there is a level of income and expenditure surplus, which is supporting the position. The first to follow up ratio work has helped, as directorates are able to convert what would have been a follow-up appointment into seeing new patients.

The Board **noted** that Mr Keaney and Mr Sweet would be meeting with Mr Bertram and Mrs Hollings-Tenant to discuss the progress on efficiencies during December as the Finance and Performance Committee will not be meeting.

Mr Rose asked about the programme for 2014/15. Mr Bertram advised that the new programme could be as large as £29m, but that was a worst case and at this stage did not take into account any income assessments or other adjustments. Mr Bertram felt the programme was likely to be marginally higher than this year's £23.4m programme, after adjustments.

Acute Strategy

Mr Sweet advised that the acute strategy has elements of short-, medium- and long-term thinking included. It is in the intention of the Finance and Performance Committee to concentrate on the shorter-term aspects and ask the Board to review the long-term plan.

The Board discussed the proposal and agreed that the Board should invite the Acute Board to give a presentation to the Board in the near future.

Mrs Holden commented that the Strategic Delivery Group is starting to review the priorities of how this all fits together so that energies can be targeted in the right place.

Mr Ashton commented that he felt the short-/ medium-term strategy should consider the risks to the organisation and ensure they are expressed in a granular enough way on the Corporate Risk Register.

Mrs Holden reminded the Board that Sarah Lovell was co-ordinating and leading the project, not doing the work. Workstreams are being tracked and while there is a sense of progress with some; there are others where the progress is less evident, but there is an order that needs to be followed to ensure the strategy is successful.

Access targets

ED 4 hour target - Mr Sweet advised that the Emergency Department failed on all targets in October and the recovery plan has been discussed with the CCG and presented by Mr Bertram at the Board meeting.

18 weeks – Mr Sweet noted that there were 5 directorates that had consistently failed to achieve the 18 week target. Mr Bertram advised that there is an action plan in place for each of the directorates to improve their achievements.

Mr Sweet noted that there were two patients that had waited more than 52 weeks and he had received assurance that both patients would be addressed. He added that the focus has now moved to patients that have waited more than 36 weeks and work is underway to clear those patients. Mr Bertram added that there is a conflict for the CCG in that they want the improvements, but have affordability issues with the Trust accelerating delivery of the target.

Ambulance

Mr Sweet commented that the penalty regime is now in place; the figures suggest that there has been no real improvement in the flow over the last two quarters, despite the significant work that has been undertaken. This financial year there is a dispensation that any possible penalties will be used to improve the flow, rather than being punitive. Mr Bertram advised that he was not at this stage aware of what the regime would look like for the next financial year. Many of the schemes in the Winter Resilience Plan will support the achievement of the ambulance turn round times.

Finance

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

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

In October it had been assumed that the additional £12m capital related to the Scarborough acquisition would be paid, it was actually paid in November.

The capital programme at the end of October was behind plan. The slippage in the programme was not significant and all schemes are progressing through winter. Mr Bertram confirmed that there had been no delay in schemes on the grounds of protecting the cash position.

Dr Turnbull asked Mr Bertram if he could comment on information he had been told about the CCGs having balanced budgets at the end of this financial year. Given the level of trading, is that possible for them? Mr Bertram advised that the Trust's clinical activity does not map solely to one single CCG; in fact all CCGs and NHS Specialised Services Commissioners are experiencing activity pressure on their contracts.

Mr Bertram said that his understanding is that the pressure on their budgets remains and regular discussions were taking place to understand and discuss options.

The Board asked if the Trust was guaranteed to be paid for the work undertaken. Mr Bertram explained that there were no guarantees but the Trust has in place the NHS standard contract and complies with the principles of Payment by Results. Discussions and negotiations continue around these issues. .

It was agreed that this would be discussed at the Board-to-Board meeting with VoYCCG that is currently being planned for February 2014.

Level 2 stroke accreditation

It was reported that recently the Trust had received a report that strongly recommended giving Scarborough Hospital provisional accreditation, which is excellent progress for the department. The assessors will be reviewing the hospital again in the next financial year. The report commented on the collaboration between York and Scarborough and how successful it had been.

The Board thanked Mr Sweet for his report **noted** the comments made.

Performance reports

Mr Rose asked Mrs Rushbrook to comment on the progress being made to integrate the performance reports into one document/pack. Mrs Rushbrook advised that there had been a recent meeting with the Non-executive Directors and it had been agreed that the phrase "dashboard" was not really appropriate to use. The report would not be a one page document. She explained that she was working towards producing an information report that would bring all the elements together and would be much more of a booklet.

The Board **noted** the comments.

13/151 Quarterly HR Report

Ms Hayward commented that progress on sickness levels had been made at Scarborough. The temporary workforce spend had increased and the majority was medical staff, but some of this additional spend had been incurred as part of the escalation areas. Ms Hayward, referring to the vacancy levels, reminded the Board that there had been a significant increase

in the number of posts introduced to the organisation and, as the Board is aware, the Trust is currently undertaking a significant recruitment campaign to fill the vacancies.

Professor Willcocks commented that she felt the Trust continued to perform above average on sickness. She asked if there had been any issues around the application of the policy. Ms Hayward advised that staff-side had raised a concern that the policy may be being applied too tightly around sickness, so she is reviewing the concern at present.

Ms Hayward advised that in terms of temporary workforce spend, a more detailed piece of work is being undertaken to understand this area. This is work that is being reported through the Workforce Strategy Committee.

It was noted that there had been improvements in the appraisal activity and asked Ms Hayward to comment. Ms Hayward advised that there are now only a small number of outliers and every area has acceptable levels of completed appraisals.

The Board **noted** the report and the comments made.

13/152 Report of the Chairman

Mr Rose presented his report and highlighted the recent conference the Trust had held with Hull. He commented on the success of the conference and he was looking forward to an open and collaborative approach to the continued development of the relationship.

Mr Rose asked the Board to note that the interview Mr Crowley had done with the Bridlington Press would be published the day after the Board.

The Board **noted** the Chairman's report.

13/153 Report of the Chief Executive

Mr Crowley referred to the recent publication of the NICE guidance around smoking. He commented that there was no straight forward answer to the issue and that there would be significant work to complete to implement the guidance, and even then it is unlikely to remove smoking from the perimeter of the site. When the smoking shelters were introduced there had been a consensus that it was the right thing to do and so this will take some time to change.

Mr Crowley advised that the Telemedicine system with Full Sutton Prison would go live on 2nd December with the Emergency Department; the department is looking forward to working in this new way.

Members of staff have received a number of awards recently, including Mrs Holden and Mr Bertram. He asked the Board to join him in congratulating them on their achievements.

Mrs Holden has also been appointed to the Joint HYMS Board, on behalf of the Trust. This demonstrates the increasing partnership arrangements that are developing and is the first time the Trust has been represented on the Board.

The final item Mr Crowley raised was the news that VoYCCG are holding a provider meeting on community services around the future delivery of services. The Ryedale and Richmond CCG are also undertaking the same exercise in Whitby.

13/154 Date and time of Board meetings 2014/15

The dates and times were noted.

13/155 Any other business

There was no other business.

13/156 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 29 January 2014 in the Boardroom, The York Hospital

Outstanding actions from previous minutes

Minute number and month	Action	Responsible office	Due date
13/115 Patient Experience Report (September)	To provide a quarterly report on patient experience to the January 2014 meeting.	Mr Proctor	January 2014
13/134 Dementia Strategy	To include an update on the dementia strategy in his board report on a quarterly basis.	Dr Turnbull	February 2014
13/119 Scheme of Delegation (September)	To consider increasing the authority of the Capital Programme Committee to be undertake during the next stage review	Mr Bertram/ Mrs Pridmore	February 2014
13/120 Quarterly HR Report (September)	To review the information provided to the Board in the quarterly reports.	Ms Hayward	For the next quarterly report
13/120 Quarterly HR Report (September)	To circulate the annual report from the Workforce Strategy Committee	Ms Hayward	By December 2013

Action list from the minutes of the 30 October 2013

Minute number	Action	Responsible office	Due date
13/136 Workforce Strategy Committee	Hold a further discussion on the living wage at the December Board meeting	Ms Hayward	December 2013
13/150 Finance and Performance Committee	Board of Directors to invite the Acute Board to give a presentation on the Acute Strategy	Mr Rose	February 2014

York Teaching Hospital NHS Foundation Trust

Quality & Safety Committee – 21st January 2014, Medical Directors Office, 2nd Floor Admin Block

Attendance: Libby Raper
Jennie Adams
Beverley Geary
Alastair Turnbull

Apologies: Anna Pridmore
Philip Ashton

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1	**Last meeting notes 20th November 2013**		Accepted as a true record.		
2	**Matters arising**		**First to Follow Up –** Still do not know if CCGs will pay for additional activity but there has been agreement that some specialist groups can review where deemed necessary the conditions register. We are just at the cusp of where it would be apparent if additional review is necessary. We are not aware of any patients coming to harm. Libby suggested that the Governors should have an update on this matter.		
3	**Integrated Dashboard for discussion**		**Sis** - We expect the number of SIs to increase due to a decision to report patient falls which result in significant harm as SIs. These are mainly fractured neck of femur injuries or head injuries. We are further developing our initiatives on patient falls reduction and will report progress.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			We will also be reporting category 3 pressure ulcers as SIs from 1st April. **C-diff –** total year to date is 35 at York and 20 at Scarborough, the Trust figure is 55 to date. There was a concern that there was a recent highly virulent strain of O27 on Oak Ward at Scarborough but this was not confirmed by microbiology. The final report from Public Health England suggested we concentrate on the following areas: • Antimicrobials • RCA process • Good medical staff engagement • Isolation • 6 bedded bays • Greater use of HPV • Consider alleviating capacity problems. We have bolted communication doors between wards at York. Oak ward at Scarborough now has some additional patient toilets. **Mortality** - the Trust latest SHMI (embargoed) is 101, this information will be published by the Information Centre on 29th January. This is an average rating but indicates slow and steady progress. **NCIs** - The Nursing Care Indicators Report is not featured this month as the recording is moving from manual to electronic. There will be a nursing dashboard / early warning trigger report in future		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			months. **Staffing** - we will have ward level staffing data published from 1st April 2014. **Clinical effectiveness** - the 'stethoscope' report is a helpful inclusion and it was agreed that this would be included in the report quarterly. **Patient experience** - a review of 'the patient experience' is being undertaken. A complaint is going to the Ombudsman. Analysis of complaints has identified a higher number of complaints from Surgery in Scarborough than would be expected. The review of Senior Nurses and Matrons should promote an opportunity to manage complaints or concerns locally. There has been a slight reduction in the friends and family response rates, although we are achieving our target.		
4	**Quarterly DIPC Report**		Hand hygiene compliance appears very good, but we have agreed with 'GoJo' that they will undertake an independent hand hygiene compliance review. There have been two MRSA bacteraemias recently although one is being contested as RCA, suggests that the bacteraemia was evident prior to the patient being admitted to hospital. There is going to be a review of non-touch aseptic techniques.		
5	**Supplementary**		**Influenza vaccine results –** the Trust has achieved		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Medical Director Report		the 75% vaccination rate for frontline clinical staff. The National analysis of Never Event Report was presented to the Executive Board and assurance sought from CD's on actions locally.		
6	**Supplementary Chief Nurse Report**		The Nursing and Midwifery Implementation plan quarterly report went to Executive Board last month. There will be an update presented to Board of Directors in March. There will be a Nursing Board established which will monitor the implementation of the Nursing and Midwifery Strategy. There was a mock CNST assessment in December and there is a recommendation that we should proceed with the assessment to level 2 in February. The interviews for the Head of Midwifery are scheduled for 31st January. There are still significant nurse vacancies, with some of these as a result of increased posts being created following the staffing review. Despite effort to recruit to these posts the number of vacancies means that we may need to recruit from overseas. An acuity and dependency audit for community staff and community hospitals is about to commence.		
7	**Any other business**		Discussions with the Medical Deanery have identified that we will have a reduced number of trainee doctors allocated in the future. An additional 12 ACPs have been recruited, including some for the community.		

	Agenda Item	AFW	Comments	Assurance	Attention to Board
			Agreed to take forward to Board of Directors: • SIs / patient falls • C.diff • Update on SHMI DIPC report including hand hygiene • Flu vaccine • Friends and Family.		
12	**Date and time of next meeting**		The next meeting will be held on 18 February 2014 at 1.30pm in Meeting Room 1, Park House, York Hospital.		

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York Teaching Hospital NHS
NHS Foundation Trust

Patient Safety and Quality Report

January 2014

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

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Executive summary

- There were no 'Never Events' identified in the Trust during December.

- There was one 'Never Event' identified in the Trust in November.

- Twelve Serious Incidents (SIs) were declared.

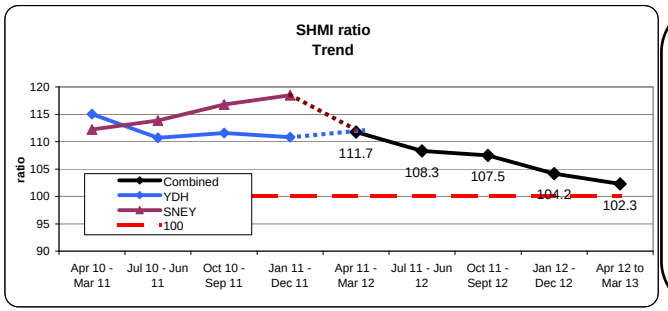
- Eight cases of c. diff were identified in December

- One complaint have been referred to the Ombudsman.

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

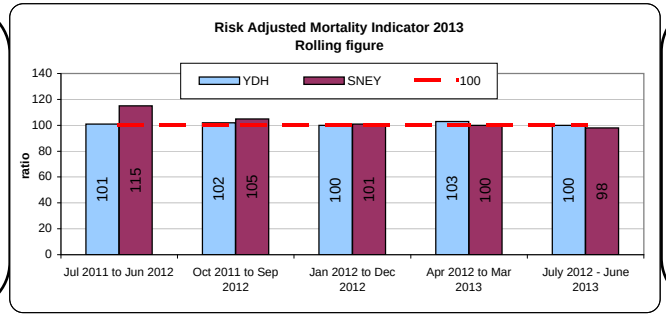
Patient Safety

Mortality



The Trust combined Summary Hospital-level Mortality Indicator (SHMI) for the period April 2012 to March 2013 was published by the Information Centre on the 29th October. The latest figure for combined Trust is 102.3 and continues to represent an overall gradual decrease. The SHMI for the period 1st July 2012 to 30th June 2013 is due to be published on 29th Janury.

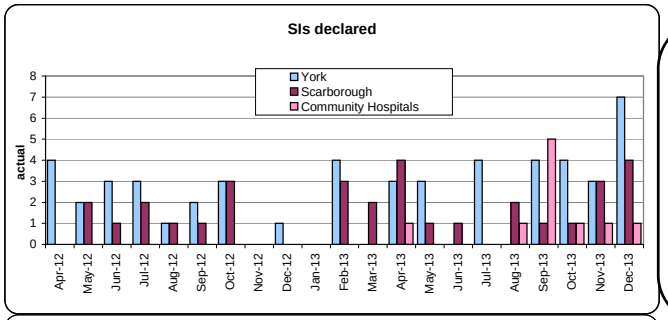
Data source: Health and Social Care Information Centre.



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

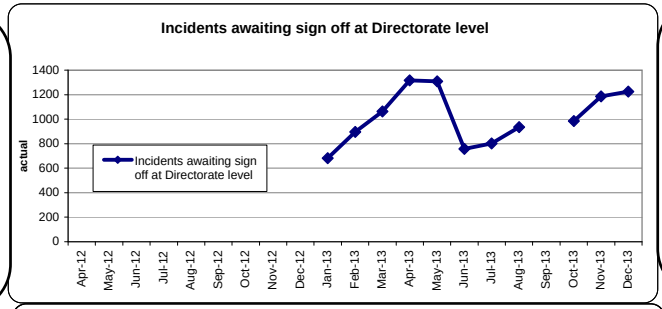
Data source: CHKS - does not include deaths up to 30 days from discharge.

Measures of Harm



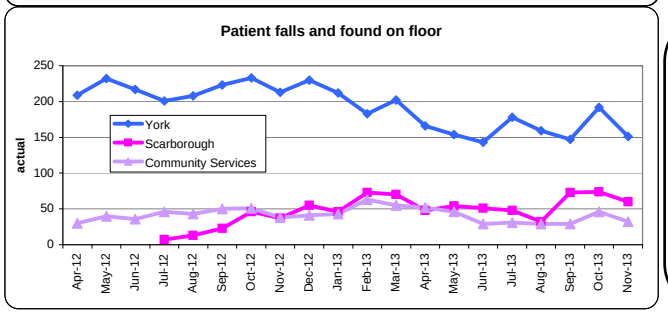
There were 12 serious incidents (SIs) reported in December 2013, seven from York Hospital, four from Scarborough Hospital and one from Community. Seven of these SI's related to severe injury from an inpatient fall. The Trust is now considering all such incidents as potential SIs.

Data Source: Datix



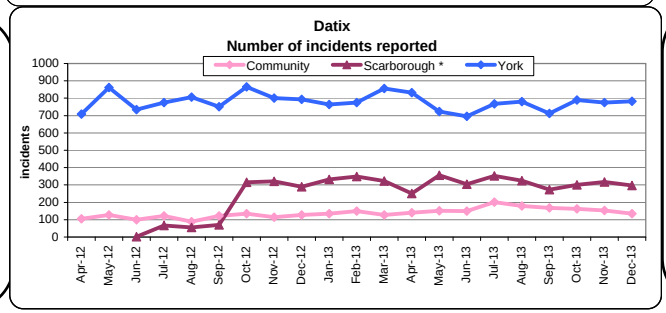
There has been a further increase in the number of incidents awaiting final approval. At the time of reporting there were 1224 incidents awaiting sign-off by the directorate managers.

Data Source: Datix



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

Data Source: Datix

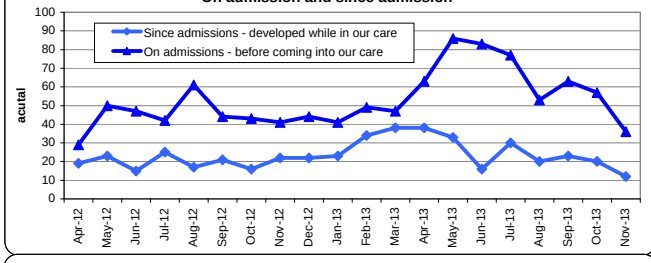


The total number of incidents reported in the Trust during December was 1215.

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

Data Source: Datix

Pressure ulcers - York
On admission and since admission

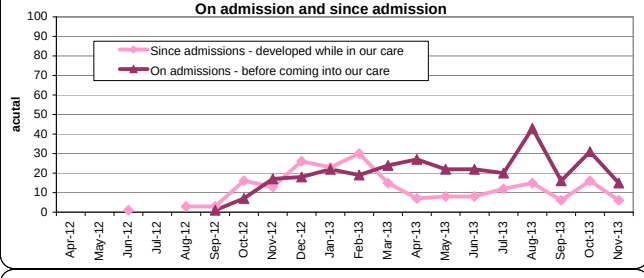


During November a total of 12 pressure ulcers were reported to have developed on patients in York Hospital.

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

Data Source: Datix

Pressure ulcers - Scarborough
On admission and since admission

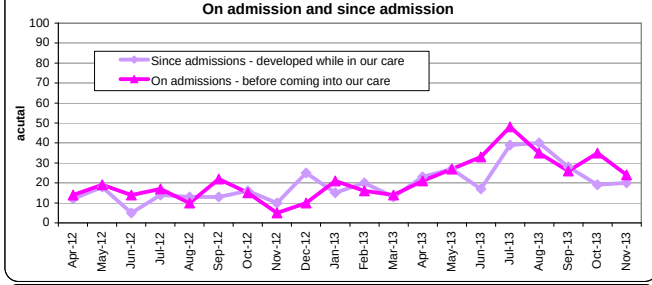


During November a total of 6 pressure ulcers were reported to have developed on patients in Scarborough Hospital.

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

Data Source: Datix

Pressure ulcers - Community
On admission and since admission

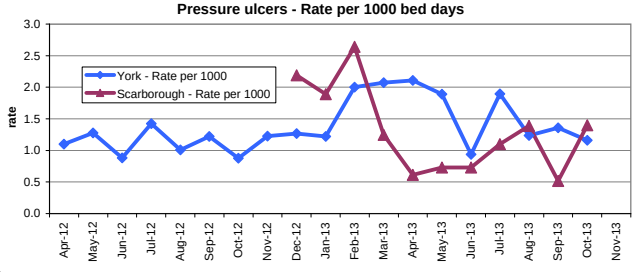


During November a total of 20 pressure ulcers were reported to have developed on patients in our community hospitals or community care.

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

Data Source: Datix

Since admissions
Pressure ulcers - Rate per 1000 bed days

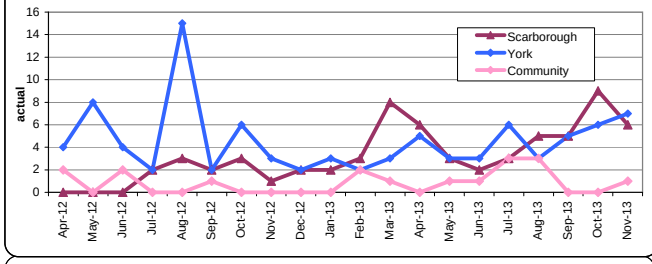


The rate of pressure ulcer development in York Hospital in November was 1.2/1000 bed days.

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

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

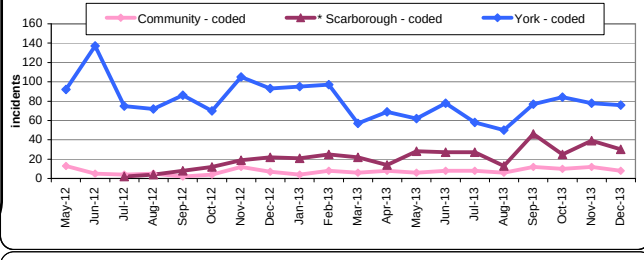
Datix - Degree of harm serious/severe or death



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

Data Source: Datix

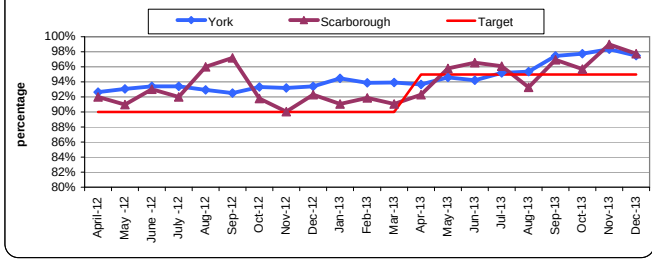
Datix
Category: Medication related issues



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

Data Source: Datix

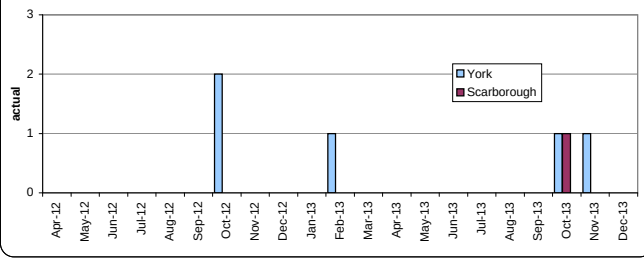
VTE risk assessment



The target of 95% of patients receiving a VTE risk assessment has been maintained during December.

Data Source: Systems & Network Services

Never Events

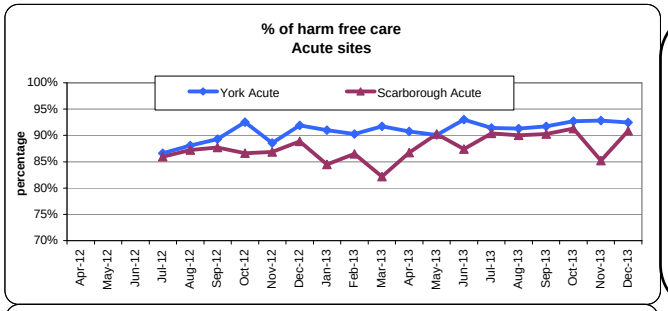


There have been no Never Events identified in December 2013.

One Never Event was identified during November 2013. This relates to a retained foreign object for a patient under the care of Opthalmology at York Hospital.

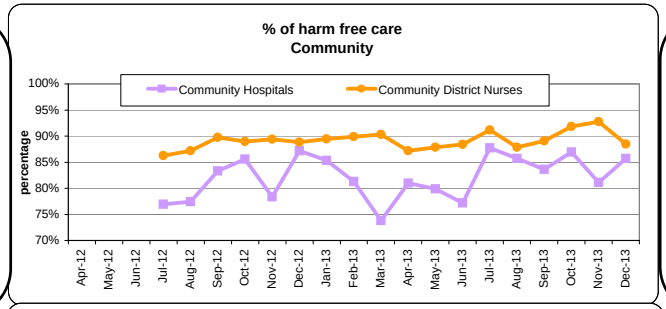
Safety Thermometer

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



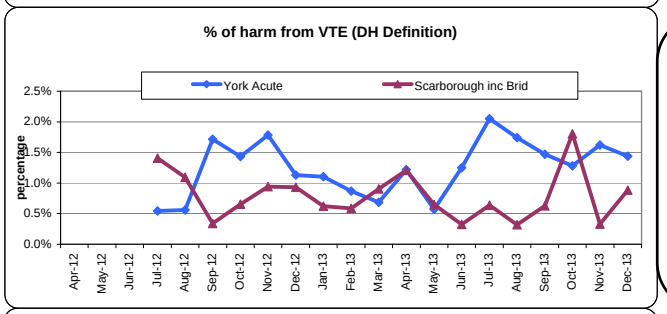
The percentage of patients harm free from pressure ulcers, catheter associated urinary tract infection (CAUTI), falls and VTE is measured as a monthly prevalence score. In December >90 of patients were audited as care 'free from harm' on the acute hospital sites.

Data source: Safety Thermometer



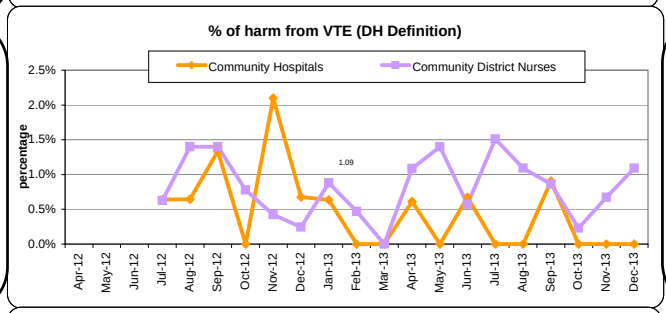
The percentage of patients harm free from pressure ulcers, catheter associated urinary tract infection (CAUTI), falls and VTE is measured as a monthly prevalence score. In December 85.7% of patients in our community hospitals and 88.5% of patients in our care in the community received care 'free from harm'.

Data source: Safety Thermometer



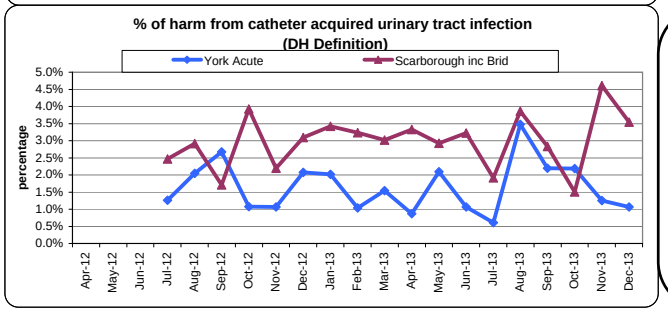
The percentage of patients affected by VTE as measured by the Department of Health (DH) definition, monthly measurement of prevalence, was 1.44 in York and 0.89 in Scarborough acute hospitals in December.

Data source: Safety Thermometer



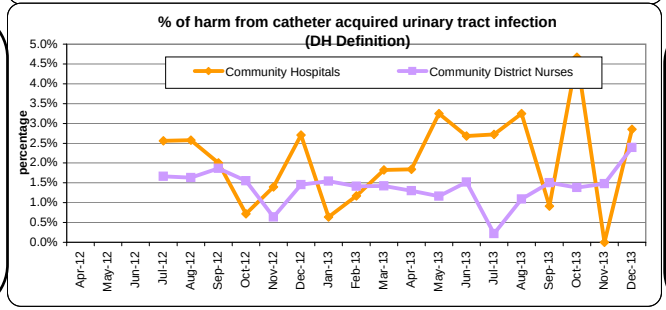
The percentage of patients affected by VTE as measured by the DH definition, monthly measurement of prevalence was 0 in community hospitals and 1.09 in community care in December.

Data source: Safety Thermometer



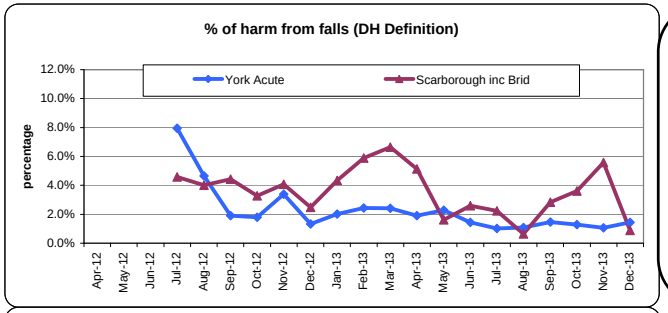
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence, was 1.07 in York and 3.54 in Scarborough acute hospitals in December.

Data source: Safety Thermometer



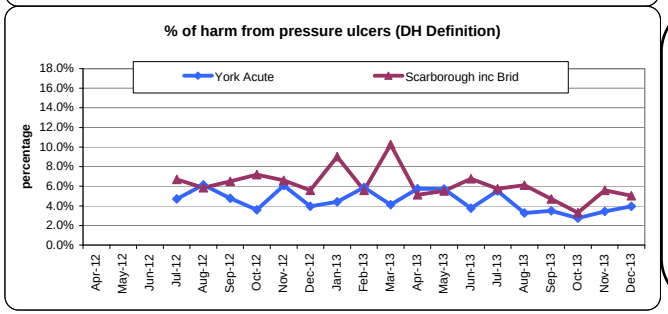
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence, was 2.85 in community hospitals and 2.39 in community care in December.

Data source: Safety Thermometer



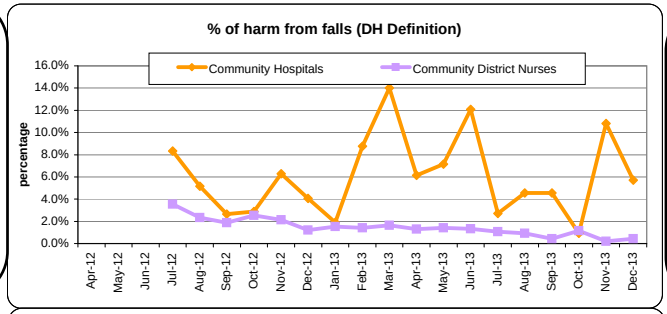
The percentage of patients affected by falls as measured by the Department of Health data definition, monthly measurement of prevalence was 1.43 for York and 0.89 for Scarborough acute hospitals in December.

Data source: Safety Thermometer



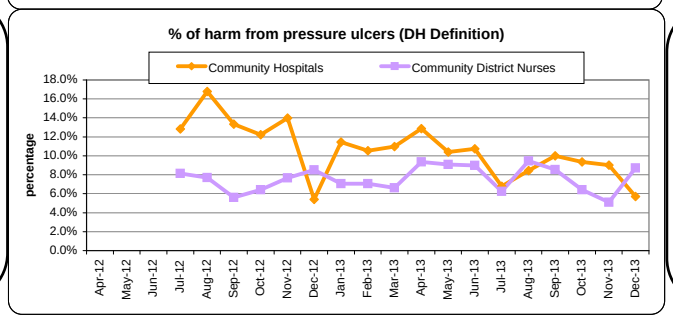
The percentage of patients affected by pressure ulcers as measured by the Department of Health data definition, monthly measurement of prevalence was 3.95 for York and 5.02 for Scarborough acute hospitals in December.

Data source: Safety Thermometer



The percentage of patients affected by falls as measured by the Department of Health data definition, monthly measurement of prevalence was 5.71 in community hospitals and 0.44 in community care in December.

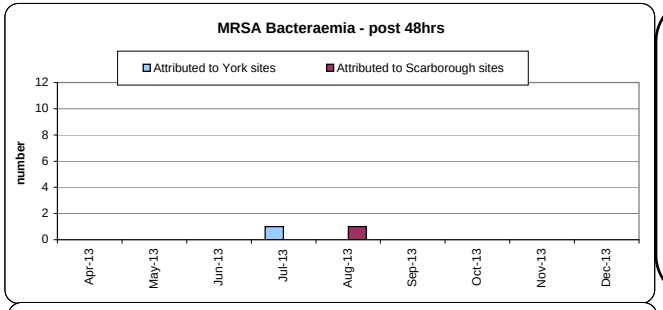
Data source: Safety Thermometer



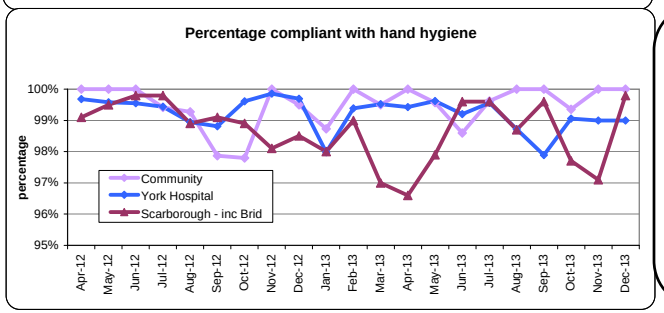
The percentage of patients affected by pressure ulcers as measured by the Department of Health data definition, monthly measurement of prevalence was 5.71 in community hospitals and 8.72 in community care in December.

Data source: Safety Thermometer

Infection Control



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



Hand hygiene compliance is >99% compliance. f

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

Influenza Vaccinations

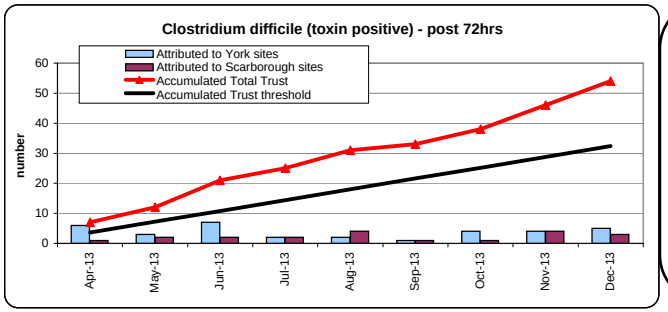
Staff vaccinated against influenza

YORK	% UPTAKE	SCARBOROUGH	% UPTAKE
419 Applied Learning and Research Directorate	42.76	Medicine	67.67
419 Chairman & CEO Directorate	83.33	Clinical support	50.87
419 Child Health Directorate	52.96	Surgery & Critical Care	46.02
419 Child Health Scarborough Dir	0	Womens & Children	44.49
419 COMMUNITY Directorate	26.14	Facilites	38.62
419 Corporate Nursing Directorate	56.86	Headquaters	29.27
419 Emergency Department Dir	53.98		
419 Estates & Facilities Directorate	34.56		
419 Finance Directorate	62.14		
419 General and Acute Medicine Dir	52.09		
419 General Surgery & Urology Directorate	58.43		
419 Head & Neck Specialties Directorate	59.36		
419 Human Resources Directorate	59.86		
419 Laboratory Medicine Dir	43.48		
419 Medical Governance Directorate	50		
419 Medicine For Elderly Directorate	50.74		
419 Operations Management Dir Scarborough	42.86		
419 Operations Management Directorate	45.71		
419 Ophthalmology Directorate	46.6		
419 Orthopaedics & Trauma Directorate	41.84		
419 Pharmacy Directorate	67.48		
419 Radiology Directorate	66.67		
419 Sexual Health Directorate	43.7		
419 Specialist Medicine Directorate	46.42		
419 Systems & Network Services Directorate	59.89		
419 Theatres Anaesthetics & Critical Care	59.96		
419 Therapies	57.48		
419 Womens Health Directorate	49.66		

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

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

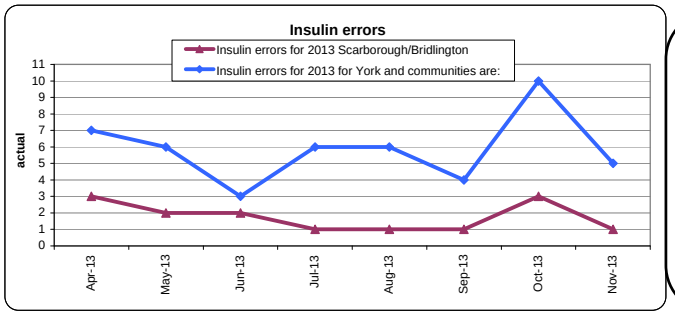
Infection Control



Eight cases of c. diff were identifed in the Trust during December.

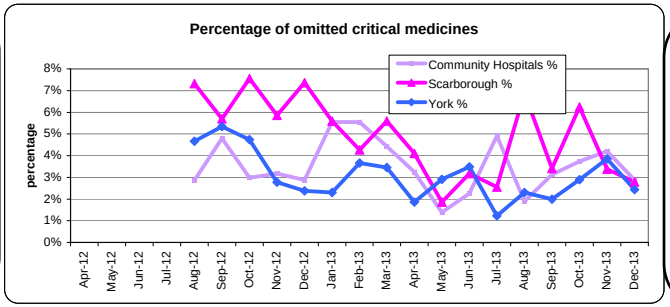
RCA shows inappropriate antimicrobial use a recurring theme in terms of type and duration.

Drug Administration



During November there was a reduction in the number of medication errors involving insulin following a spike in October (December figures are awaiting validation).

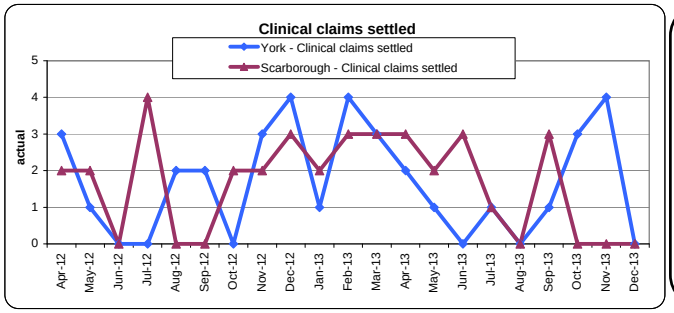
Data Source: Datix



The number of critical medicines which are ommited remains a concern however there has been a reduction in the overall number when compared with the previous two months.

Data source: monthly prevalence

Litigation



No litigation claims were settled during December.

4 claims were settled in November.

Patient Safety Walkrounds

Tuesday 5th November	Duke of Kent / SCBU (Scarborough)	Liz Vincent - Directorate Manager Dr Venkatesh - Clinical Director Sharon Addey - Lead Nurse Jennie Adams - Non Executive Director	Summary of issues: • Recent serious incidents have triggered escalation of concern to Trust Executive Director • No substantive Matron or Band 7 Sister in post and several Band 5 nursing vacancies • Environmental safety issues for patients at risk of self harm/absconding • Several environmental infection hazards • Mixed sex accommodation with privacy and dignity hazards • Patient bathroom facility within staff rest area • Some side-rooms are very small making it difficult to manoeuvre equipment.
Friday 13th December	St Monica's Hospital, Easingwold (York)	Brian Golding- Director Wendy Scott- Director of Community (Now Jenny Carter as of 28/11/13) Geraldine Rook- Matron Philip Ashton- NED	• Under occupancy - Identify patients that could be safely transferred from York Hospital – this is a long standing issue and not one that can be solved locally. • Delayed transfer of care awaiting equipment - Service provided by Harrogate. Continue to raise at contract management board. • Poor environment due to existing layout - - Consider conversion of chapel of rest to storage – work with capital planning team, (body storage to be outsourced as Malton, Whitby and Selby) - Explore linking CCTV to York control room – work with Head of Security, Arthur Tomkins - Explore possibility of gates for out of hours security – work with Head of Security Arthur Tomkins • Failure to decontaminate mattresses - Equipment management contract held by Harrogate. David Biggins, (EME) to arrange immediate In House decontamination of this mattress and prepare business case to transfer this service from Harrogate long term.

Community Hospital Dashboards

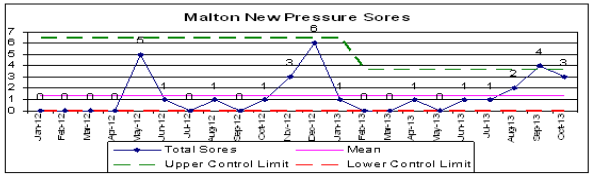
Malton Community Hospital
Patient Safety Dashboard – 16th January 2014

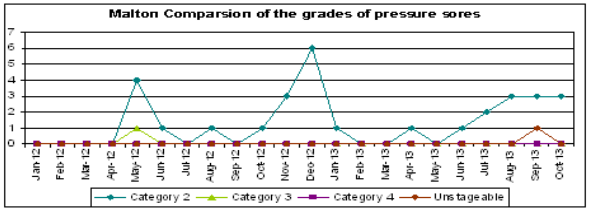
York Teaching Hospital NHS
NHS Foundation Trust

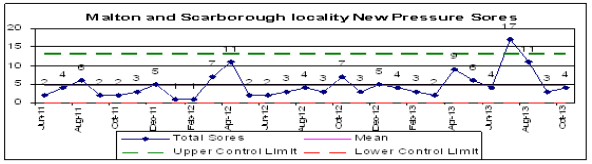
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of incidents reported on - Datix web	17	24	22	25	32	27	20**	20	22			
Number of medication related incidents	1	3	1	1	0	1*	1***	1*	0			
Number of new clinical litigation cases	0	0	0	0	0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

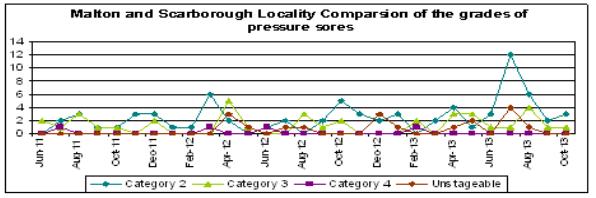
*transferred from Scarborough with no medication and not available at Malton hospital

Pressure Ulcers

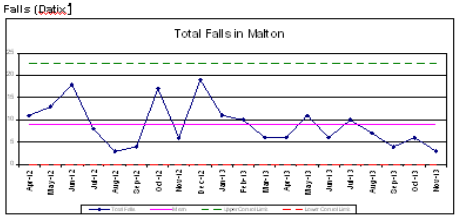


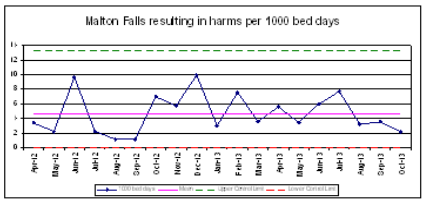






Falls (Datix)





Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Mean falls with harm per 1000 bed days (Trajectory <3.8 per month)	5.6	3.4	5.9	7.7	3.2	3.5	2.2					

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Number of in-hospital deaths	2 (5.4%)	4 (10.3%)	5 (6.6%)	3 (2.5%)	2 (2%)	5 (5.2)	6 (13.3)	5 (12.5)	5 (13.9)			
Number of morality reviews	0	0	3	0	0	0	0*	1	1			

*as of 11/11/2013

Activity	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar14	
	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye
Admissions	21	34	19	16	32	49	43	76	19	72	19	69	21	13	20	10	9	21						
Discharges	23	14	21	19	30	46	40	77	25	75	22	74	26	20	25	15	11	25						
Length of hosp stay – mean *previous yr	26.5 *27	30.3 *NR	24.0 *20.1	24.8 *NR	17.3 *9.1	22.3 *NR	17.5 *NR	20.0 *NR	24.2 *NR	26.1 *NR	19.9 *NR	42.5 *8.8	31.8 *11.8	33.1 *14.8	24.3 *15.1	36.8 *22.3	23.9 *15.3	29 *15.5	*30.5	*16.5	*24.5	*26.8	*19.9	*22.5

NR=No Record on Signal

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

Harm Free Care - Safety Thermometer Prevalence data	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13	
Ward	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye	Fitz	Rye
VTE (% of patients with a VTE)	0%	0%	7% (1 old)	0%	7% (1 old)	0%	7% (1 old)	7% (1 old)	0%	8% (1 old)	0%	0%	0%	0%	0%	0%	20% (3 old)	0%
Falls (% of patients who fell)	17% (3 low harm)	46% (1 low, 3 mod, 3 sev harm)	0%	13% (2 low harm)	23% (3 low harm)	18% (2 mod harm)	14% (1 mod, 1 low harm)	15% (1 no, 1 low harm)	6% (1 low harm)	8% (1 low harm)	42% (1 NH, 3 LH, 2 MH)	0%	14% (2 no harm)	8% (1 no harm)	33% (4 low harm 1 no harm	0%	40% (4 low harm 2 mod harm	0%
Pressure Ulcers (% of patients with a **new** PU- CQUIN)	5% (1 cat 2)	6% (1 cat 3)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	14% (1 cat 2)	0%	0%	7% (1 cat 2)	0%	7% (1 cat 3)
Pressure Ulcers (% of patients with an **old** PU - CQUIN)	5% (1 cat 2)	13% (2 cat 2)	0%	20% (1 cat 2, 2 cat 3)	23% (3 cat 2)	27% (2 cat 2, 1 cat 4)	0%	7% (1 cat 4)	6% (1 cat 2)	16% (1 cat2, 1 cat3)	0%	28% (3 cat2, 1 cat4)	14% (1 cat 2, 1 U)	23% (2 cat2, 1 U)	6% (2 cat 2)	7% (1 cat 2)	0%	0%
UTI (% of patients)	23% (3 new, 1 old)	20% (3 old)	50% (5 new, 2 old)	6% (1 new)	30% (3 new, 1 old)	0%	14% (2 old)	22% (2 new, 1 old)	22% (2 new, 2 old)	8% (1 new)	21% (3 old)	7% (1 new)	7% (1 new)	15% (2 old)	26% (3 old 1 new)	7% (1 old)	6% (1 new)	7% (1 new)
Empty Admin Boxes	41%	20%	28%	6%	7%	63%	28%	69%	28%	33%	7%	43%	7%	23%	6%	21%	26%	7%
Omission code 4	41%	20%	0%	20%	30%	72%	28%	7%	22%	25%	14%	14%	7%	23%	0%	28%	20%	7%
Omitted Critical Medicines	0%	0%	0%	0%	0%	18%	0%	23%	0%	0%	7%	0%	0%	8%	13%	0%	0%	7%

RCA feedback and action planning	RCA for a pressure ulcer highlighted poor documentation standards, staff to undergo training and audit of nursing documentation to take place.

Risk Register

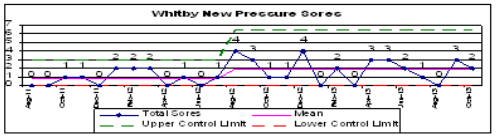
Top 3 Risks on Risk Register	
1.	Community nurses in Scarborough and Ryedale are GP Practice based and have never had access to York Trust IT systems including emails and Horizon, this has been flagged at senior meetings.
2.	Reduced portering cover at Malton hospital resulting in security concerns. – "update from last meeting" work is underway to resolve the issue, now have cover until 8.30pm to review risk concerns over next month.
3.	Incomplete stat. and mandatory training package for community staff specific to their work areas leading to non compliance.

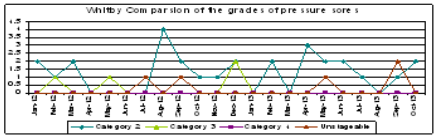
WHITBY Community Hospital
Patient Safety Dashboard – January 9th 2014

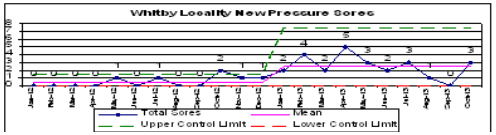
Datix Incident Reporting Whitby Hospital	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan14	Feb 14	Mar 14
Number of incidents reported on Datix web	26	22	19	18	17	14	33	18				
Number of medication related incidents	0	1	3	0	0	0	2	1*				
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0				
Number of formal complaints	0	0	0	0	0	0		0				
Number of Serious Incidents (SI's)	0	0	0	0	1	1**	0	0				
Number of Critical Incidents (CI's)	0	0	0	0	1	0	0	0				

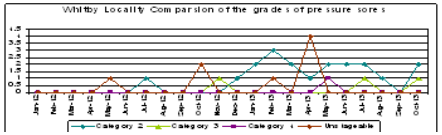
*Awaiting not signed for

Pressure Ulcers

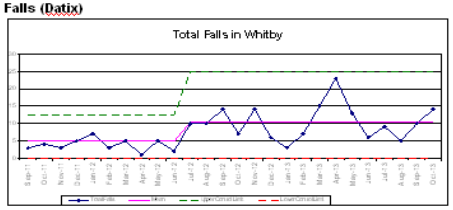


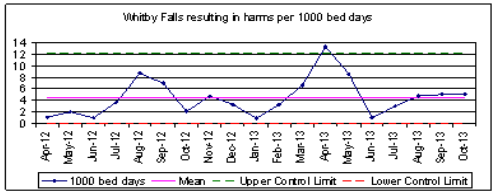






Falls (Datix)





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

Mean falls with harm per 1000 bed days	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
	13	8.6	1	3	4.8	4.5	4.4	4.5	

Meeting on update on progress on the falls action plan – planned for January 2014 with Sister Kathy Davies.

Activity	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar14	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
Admissions	19	18	17	35	11	24	18	27	10	16	7	11	9	14	11	15	9	15						
Discharges	21	19	18	30	10	22	17	26	18	29	10	14	15	30	15	17	19	23						
Mean Length of stay *previous yr	20.6 *0	20.8 *0	28.9 *0	16.0 *0	17.2 *0	15.7 *0	36.5 *0	21.6 *0	33.3 *14.7	23.3 *0	41.8 *0	23.5 *0	42.1 *0	29.1 *16.3	43.9 *15.0	21.3 *13.0	29.3 *21.0	44.6 *16.1	*24.6	*18.9	*14.4	*27.5	*37.4	*15.6
Delayed Transfer of Care	2 - as of 2nd Jan 14																							

IPC	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13		Jan 14		Feb 14		Mar14	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
% compliance with hand hygiene	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100						
% compliance with glove use	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100						
% compliance with bare below the elbow	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100						
CDIFF >72hrs (acquired within Whitby year to date)	1		1		1		0		0		0		0		0		0							

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan14	Feb 14	Mar 14
Number of in-hospital deaths (discharge as died)	6 (12.5%)	2 (3.6%)	3 (7.7%)	9 (16%)	9 (16%)	6 (18%)	4 (6.9%)	5 (11.6%)	1 (1.9%)			
Number of morality reviews	2	0	0	0	0	1	0		1			

York Teaching Hospital NHS
NHS Foundation Trust

Harm Free Care - Safety Thermometer Prevalence data	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
VTE (% of patients with a VTE)	0%	5% (1 new)	0%	11% (2 old)	7% (1 old)	6% (1 old)	0%	0%	7% (1 old)	0%	0%	5% (1 new)	7% (1 old)	5% (1 old)	9% (1 old)	0%	7% (1 old	20% (3 old)
Falls (% of patients who fell)	13% (2 no harm)	10% (2 no harm)	14% (2 low harm)	11% (2 low harm)	57% (1 sev, 3 mod, 4 low)*	12% (2 low harm)	6% (1 no harm)	0%	6% (1 no harm)	0%	0%	6% (1 no harm)	7% (1 mod harm)	0%	0%	7% (1 no harm)	0%	0%
Pressure Ulcers (% of patients with a **new** PU- CQUIN)	7% (1 cat 2)	0%	0%	0%	0%	6% (2 cat 2)	13% (2 cat 2)	0%	0%	10% (2 cat 2)	0%	0%	7% (1 U)	5% (1 cat 2)	9% (1 cat 2)	0%	7% (1 cat 2)	0%
Pressure Ulcers (% of patients with an **old** PU - CQUIN)	0%	10% (2 cat 3)	7% (1 cat 2)	16% (1 cat 3, 2 cat 2)	7% (1 cat 2)	6% (1 cat 4)	6% (1 cat 2)	5% (1 cat 2)	0%	5% (1 cat 2)	7% (1 cat2)	12% (2 cat 2)	7% (1 cat2)	10% (1cat2, 1 cat 3)	0%	5% (1 cat 2)	0%	0%
UTI (% of patients)	26% (4 old)	10% (1 new, 1 old)	14% (2 new)	27% (5 new)	7% (1 new)	12% (2 old)	13% (1 new, 1 old)	21% (4 old)	13% (1 new, 1 old)	5% (1 new)	21% (2 new, 1 old)	6% (1 new)	13% (2 new)	40% (6 new 2 old)	9% (1 old)	10% (1 old 1 new)	7% (1 new)	0%

Safety thermometer – Local measures	Apr 13		May 13		Jun 13		Jul 13		Aug 13		Sept 13		Oct 13		Nov 13		Dec 13	
	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM	Abb	WM
Empty Admin Boxes (% missed doses)	20%	5%	35%	0%	50%	56%	0%	0%	0%	10%	0%	0%	0%	20%	45%	0%	10%	7%
Omission code 4 (% drug not available)	46%	5%	42%	0%	21%	31%	0%	5%	0%	5%	0%	0%	13%	10%	0%	10%	0%	47%
% Omitted Critical Medicines	0%	0%	7%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	7%

RCA feedback and action planning	No RCAs for Whitby site since last meeting

Risk Register

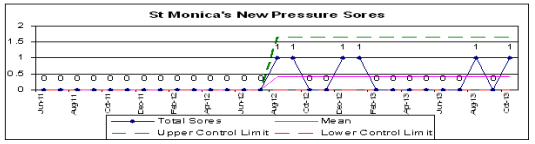
Top 3 Risks on Risk Register	
1.	Failure to meet CQUIN pressure ulcer target
2.	Clinical Governance around MIU.
3.	North York Fire Service work to be carried out following recent review of site.

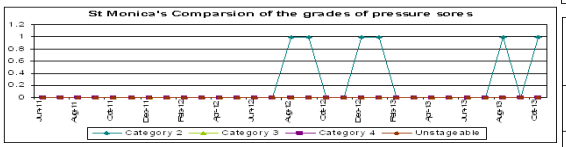
ST MONICA'S Community Hospital
Patient Safety Dashboard – January 9th 2014

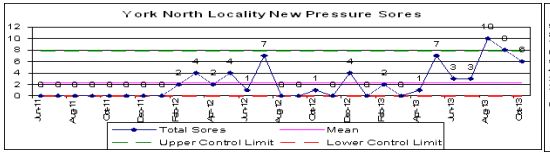
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of incidents reported on - Datix web	2	5	6	4	7	2	3	6	2
Number of medication related incidents	0	0	0	3	0	0	0	2*	0
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0	0
Number of formal complaints	0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

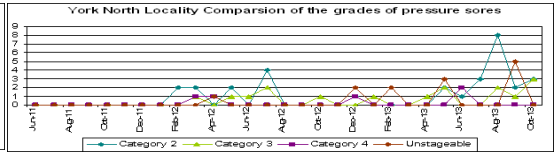
* *amoxicillin prescribed to patient with a penicillin allergy (not given), controlled drugs not sent in sealed bag (all accounted for)*

Pressure Ulcers

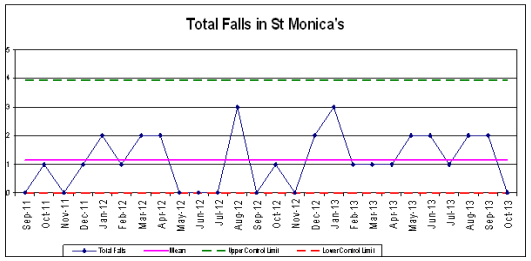


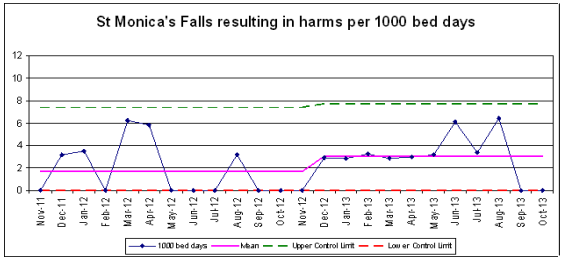






Falls





Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13
Mean falls with harm per 1000 bed days (Trajectory <**1.7** per month)	3.0	3.2	6.1	3.4	3.4	0	0		

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of in-hospital deaths (%)	4 (19%)	1 (5.6%)	5 (41%)	0	1 (7%)	3 (17%)	2(18%)	2(11%)	2(11%)
Number of morality reviews	0	0	1	0	0	3	1	1*	0*

*as of 23/12/13

York Teaching Hospital NHS
NHS Foundation Trust

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Admissions	17	14	12	15	14	19	8	14	18
Discharges	18	14	12	15	14	17	11	17	12
Delayed Transfer of Care	No Information available								
Length of hospital stay – mean *(previous yr)*	24 (40)	13.1 (23)	30 (21)	13.9 (50)	24.3	18.7	20.8	19.4	18.2

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

*Dr 67%

Harm Free Care - Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
VTE *(% of patients with a VTE)*	0%	0%	0%	0%	0%	0%	0%	0%	0%
Falls *(% of patients who fell)*	9% (1 no harm)	33% (3 low harm)	10% (1 low harm)	23% (1 no harm, 1 low harm)	0%	0%	0%	0%	16% (1 no harm)
Pressure Ulcers *(% of patients with a new PU)*	0%	0%	0%	0%	10%	0%	0%	11%	0%
Pressure Ulcers *(% of patients with an old PU)*	0%	0%	0%	0%	0	11%	0%	0%	16% (1 cat 3)
UTI *(% of patients)*	19% (1 old, 1 new)	12% (1 old)	20% (1 old, 1 new)	23% (1 old, 1 new)	30% (3 new)	0%	0%	0%	0%
Empty Admin Boxes	0	10%	0%	20%	20%	22%	9%	11%	50%
Omission code 4	0%	12%	0%	23%	20%	44%	0%	11%	16%
Omitted Critical Medicines	0%	0%	0%	0%	0%	0%	0%	0%	0%

RCA feedback and action planning	No RCA's taken place since the last meeting.

Risk Register

Top 3 Risks on Risk Register	
1.	**Lack of storage space for equipment in St Monica's hospital**
2.	**Mortuary at St Monica's not fit for purpose**
3.	**Staffing at St Monica's below national recommendations for establishment.**

SELBY Community Hospital
Patient Safety Dashboard – December 17th 2013

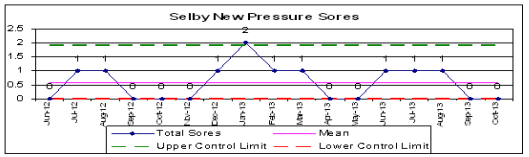
York Teaching Hospital NHS
NHS Foundation Trust

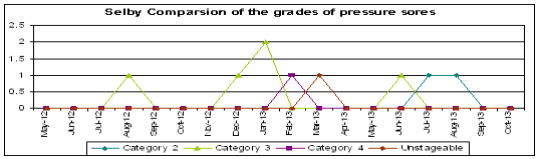
York Teaching Hospital NHS
NHS Foundation Trust

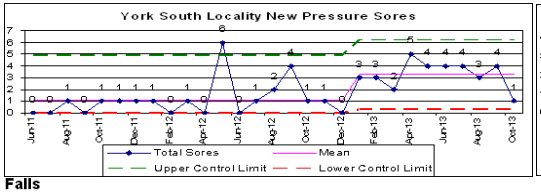
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of incidents reported on - Datix web	15	13	12	20	10	14	17	16	
Number of medication related incidents	1	0	1	3	0	2	4*	0	
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0	
Number of formal complaints	0	0	0	0	0	0	0	0	
Number of Serious Incidents (SI's)	0	0	0	0	0	0	0	0	
Number of Critical Incidents (SI's)	0	0	0	0	0	0	0	0	

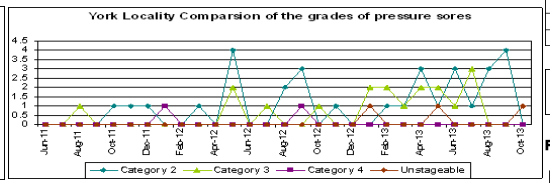
*incorrect dose of diamorphine, methotrexate prescription related, 2 x discharge drugs missing.

Pressure Ulcers

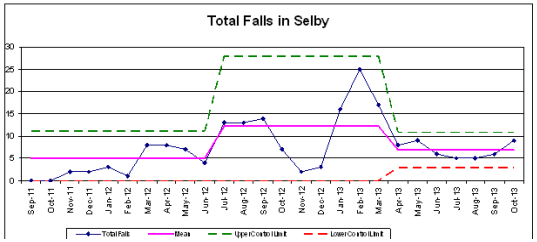


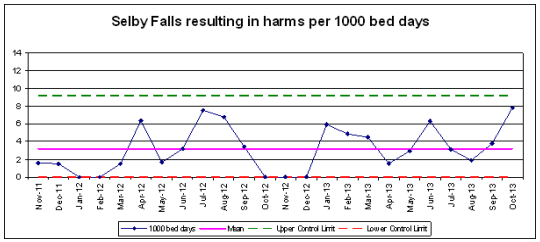






Falls





Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13
Mean falls with harm per 1000 bed days (Trajectory <2.32 per month)	1.5	3.0	6.3	3.0	0	4	8		

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of in-hospital deaths (%)	1 (2.6)	3 (5.7)	3 (5.9)	6 (10)	8 (17)	5 (11)	4 (7.4)	6 (11.3)	
Number of morality reviews	1	3	3	4	8	4	4	3	

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Admissions	39	55	48	61	43	45	62	51				
Discharges	39	53	51	60	47	45	54	53				
Delayed Transfer of Care								2				
Length of hospital stay – mean *(previous yr)*	32 (27)	29 (19)	21 (18)	22.4 (25)	14.3 (20.1)	21.1 (18.9)	15.3 (25.5)	14.7 (17.6)	(24)	(20.7)	(21.7)	(21.8)

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

Harm Free Care - Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Overall Ward Harm free	**90%**	**100%**	**100%**	**95%**	**100%**	**100%**	**100%**	**100%**	**100%**
VTE (% of patients with a VTE)	0%	0%	0%	0%	10% (2 old)	5% (1 old)	0%	0%	4.35% (1 old)
Falls (% of patients who fell)	4% (1 no harm)	10% (1 no harm,1 moderate harm)	5% (1 no harm)	4% (1 no harm)	0%	0%	0%	0%	8.7% (2 no harm)
Pressure Ulcers (% of patients with a new PU)	4%	0%	0%	10%	0%	0%	7%	0%	0%
Pressure Ulcers (% of patients with an old PU)	13%	14%	8%	10%	25%	15%	14%	0%	13.1%
UTI (% of patients)	18% (3 new, 1 old)	23% (3 new, 2 old)	4% (1 new)	10% (1 old, 1 new)	15% (2 old, 1 new)	10% (2 new)	14% (2 new)	9.52% (2 new)	8.7% (2 new)
Empty Admin Boxes	13%	23%	17%	14%	30%	20%	14%	19.5%	13.04%
Omission code 4	0%	4%	0%	0%	10%	0%	7%	0%	0%
Omitted Critical Medicines	4%	4%	0%	4%	5%	5%	14%	4.76%	8.7%

RCA feedback and action planning	No RCA completed since last meeting

Risk register

	Top 3 Risks on Risk Register
1.	Access to temporary staffing for Community Nursing and the IPU to cover sickness, vacancies
2.	Incorrect skill mix identified for IPU
3.	Community Equipment issues- hire costs unfunded

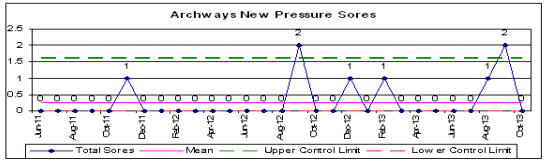
ARCHWAYS Community Hospital
Patient Safety Dashboard – January 25th 2014

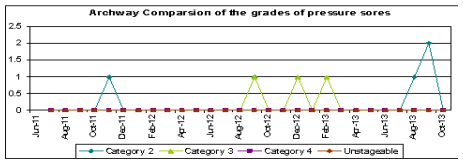
York Teaching Hospital NHS
NHS Foundation Trust

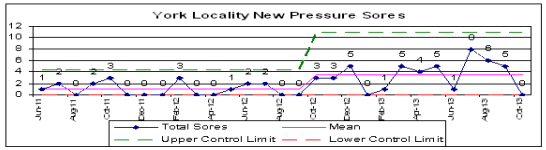
Datix Incident Reporting	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of incidents reported on - Datix web	12	10	8	12	10	10	11	14	12
Number of medication related incidents	0	0	0	0	0	0	0	3*	1*
Number of settled clinical litigation cases	0	0	0	0	0	0	0	0	0
Number of formal complaints	0	0	0	0	0	0	0	0	0
Number of Serious Incidents (SI's)	0	0	0	0	0	0	0	0	0
Number of Critical Incidents (CI's)	0	0	0	0	0	0	0	0	0

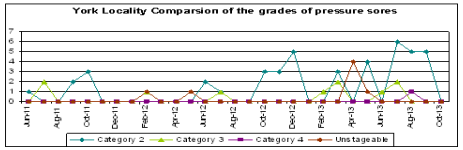
*Bisoporl prescribed at 18.00 but given at 8.00, patient self administered own paracetamol (Nov) * Discrepancy of 6.5mls Oramorph checked register for discrepancy in calc but none found (Dec) *Pt only had one Pramipex he requires 2 tds (Nov) – No harm resulted form any of these errors.*

Pressure Ulcers

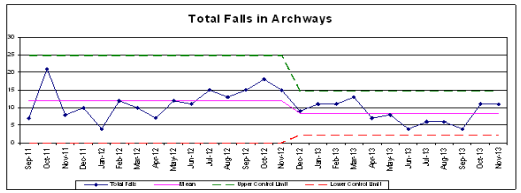


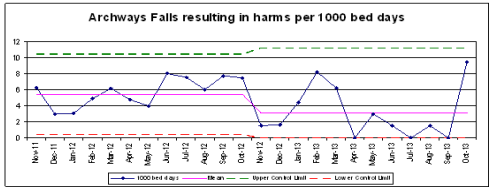






Falls





Target of 20 % reduction in falls over 13/14	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13
Mean falls with harm per 1000 bed days (Trajectory <4.28 per month)	0	2.56	1.5	0	1.5	0	9.5		

Deaths & Mortality reviews	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
Number of in-hospital deaths	1 (3.4%)	0	0	2 (5.6%)	0	1 (4%)	0	1 (3.3%)	0
Number of morality reviews	0	N/A	N/A	1*	N/A	1	N/A	1	N/A

2 mortality reviews received with no hospital name on – could be these?1 allocated

Activity	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14
Admissions	30	22	22	36	33	24	30	34	25			
Discharges	29	29	22	36	33	25	33	30	25			
Length of hospital stay – mean (previous yr)	28 (26)	21 (22)	26 (16)	19.7 (22)	18.7 (27.7)	24.7 (21.4)	24.5 (29.3)	15.2 (23.8)	22.4 (15.8)	(27.6)	(32.7)	(19.6)
DToC										2		

York Teaching Hospital NHS
NHS Foundation Trust

IPC	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
% compliance with hand hygiene	100%	100%	100%	100%	100%	100%	82%*	100%	100%
% compliance with glove use	80%	80%	100%	100%	100%	100%	80%	100%	100%
% compliance with bare below the elbow	100%	100%	100%	100%	100%	100%	87%**	100%	100%
CDIFF >72hrs (accumulative Archways year to date)	0	0	0	0	0	0	0	0	0

*Nurse 80%, support staff 50%, **Dr 50%*

Harm Free Care – Safety Thermometer Prevalence data	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sept 13	Oct 13	Nov 13	Dec 13
VTE *(% of patients with a VTE)*	0%	0%	5% (1 old VTE)	0%	0%	0%	0%	0%	0%
Falls *(% of patients who fell)*	9% (2 no harm)	9%(1 no harm, 1 low harm	0%	0%	10% (2 low harm)	0%	0%	4.7% (1 low harm)	0%
Pressure Ulcers *(% of patients with a new PU- CQUIN)*	0%	0%	0%	0%	0%	4.5%	0%	0%	0%
Pressure Ulcers *(% of patients with an old PU - CQUIN)*	4%	4%	5%	0%	0%	0%	4.5%	14%	5.26%
CaUTI *(% of patients)*	0%	0%	0%	0%	0%	0%	0%	0%	0%
Empty Admin Boxes	28%	55%	15%	6%	10%	18%	0%	4.7%	0%
Omission code 4	9%	22%	0%	12%	5%	4.5%	0%	0%	0%
Omitted Critical Medicines	9%	0%	5%	0%	0%	4.5%	0%	4.7%	0%

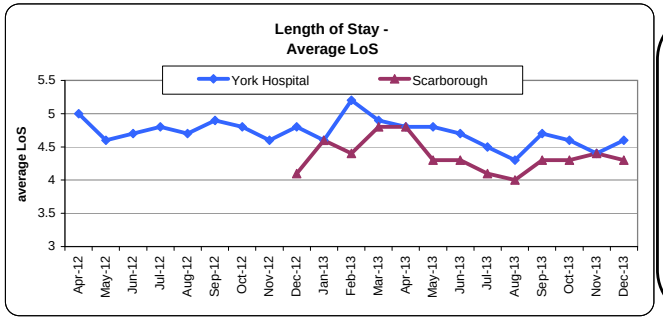
RCA feedback and action planning	No RCA's since last meeting

Risk Register

Top 3 Risks on Risk Register		
	Archways Community Hospital:	Community District Nursing Teams:
1.	EDN not available at Archways	Lack of timely access to palliative carer's from agencies
2.	Environment at Archways is a risk for not being able to easily observe patients.	Lack of timely response to social services requests.
3.	Curtains are Archways are a fire hazard not compliant with fire regulations	

Clinical Effectiveness Dashboard

Clinical Effectiveness



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

Data source: Signal

Corporate Risk Register (Quality and Safety issues)
December 2013
• No new risks have been added to the register this quarter.

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

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

Description	Change	Value Current Period	Value Previous Period	Site Numerator	Site Denominator	Peer 25th Percentile	Peer 75th Percentil	Peer Average	Rating
Data Quality Index (HROv4 based)	Current period is 3% worse than previous period.	93.4	95.9	152,728	163,557	95.5	96.8	95.5	Red
% FCEs with palliative care code	Current period is 3% better than previous period.	0.71%	0.73%	1,128	158,538	0.95%	0.52%	0.71%	Amber
% Deaths with Palliative care code	Current period is 15% worse than previous period.	15.42%	13.42%	312	2,023	21.38%	12.17%	16.87%	Amber
% Sign or symptom as a primary diagnosis	Current period is 9% better than previous period.	11.49%	12.64%	18,209	158,538	11.92%	9.13%	10.12%	Amber
Outpatient DNA Rate	Current period is 4% better than previous period.	6.40%	6.70%	36,919	575,197	9.90%	7.10%	9.00%	Green
Readmissions 7 days	Current period is 5% better than previous period.	2.90%	3.10%	3,830	131,700	3.50%	2.70%	3.10%	Amber
Readmissions 30 Days	Current period is 8% better than previous period.	6.20%	6.70%	8,197	131,700	7.10%	5.60%	6.20%	Amber
Mortality	Current period is 4% better than previous period.	1.56%	1.62%	2,050	131,700	1.47%	1.12%	1.22%	Red
Rates of deaths in hospital within 30 days of Non-elective surgery	Current period is 7% better than previous period.	1.60%	1.70%	140	8,759	1.60%	1.10%	1.40%	Amber
Rates of deaths in hospital within 30 days of Elective surgery	Current period is 3% better than previous period.	0.02%	0.02%	6	26,416	0.04%	0.02%	0.03%	Amber
Discharge to usual place of residence within 28 days of emergency admission from there with a hip fracture	Current period is 12% better than previous period.	51.20%	45.80%	297	580	41.80%	55.70%	48.50%	Amber

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

Data source: CHKS

Maternity Dashboard - York and Scarborough

York Maternity Dashboard:

			Measure	Data source	No Concerns (green)	Of Concern (Amber)	Concerns (Red)	Flag Source	2013 Jan	Feb	Mar	April	May	June	July	August	September	October	November	December	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	CMIS	≤302	302-329	≥330	prev. stats	363	305	286	352	312	291	301	317	275	261	277	274	301
		Bookings <13 weeks	No. of mothers	CMIS	≥90%	76%-89%	≤75%	CQUIN	91%	89%	90%	87%	89%	91%	91%	89%	88%	87%	89%	88%	89%
		Bookings ≥13 weeks (exc transfers	No. of mothers		≥90%	76%-89%	≤75%	CQUIN	when CPD data available												
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	Mat Rec	≥90%	76%-89%	≤75%	CQUIN	when CPD data available												
		Births	No. of babies	CMIS	≤295	296-309	≥310	prev. stats	269	243	260	295	274	241	299	282	296	293	279	285	276
		No. of women delivered	No. of mothers	CMIS					261	236	247	290	269	233	294	271	289	283	274	276	269
	Closures	Homebirth service suspended	No. of closures	Comm. Manager	0-3	4-6	7 or more		4	3	5	1	2	2	0	1	1	6	6	4	3
		Homebirth service suspended	No. of women	Comm. Manager	0	1	2 or more		0	0	2	1	0	0	0	0	0	2	0	0	0
		Escalation Policy implemented	No. of times	Comm. Manager	3	4-5	6 or more		2	3	3	3	1	0	1	0	5	3	3	2	2
		Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0
		SCBU closed to admissions	In utero transfers	Transfer folder	0	1	2 or more		1	1	0	1	1	0	0	2	4	3	0	3	1
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	30.2	30.3	30.3	29.5	30.0	30.5	30.5	30.1	29.7	28.4	28.4	29.8	29.8
		HCA's	WTE	Matron				staffing paper	19.89	17.81	19.14	19.82	18.62	20.62	20.62	19.82	20.02	20.02	20.02	21.01	19.78
		1 to 1 care in Labour		Risk Team				to commence when CPD data available													
		L/W Co-ordinator supernumary %		Risk Team						59	48	46	75	86	65	48	55	48	47	45	57
		Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth	65	76	76	76	76	76	76	76	76	76	76	76	75
		Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10		10	10	10	10	10	10	10	10	10	10	10	10	10
		Supervisor : M/w ratio 1:	Ratio	Rota	15	16-19	20	SHA	13	13	13	13	13	13	13	15	15	13	13	13	13
Clinical Indicators	Neonatal/Maternal Morbidity	Spontaneous Vaginal Births	No. of svd	CMIS	≥65%	64%	≤63%		61.7	61.3	61.5	59.6	56.9	56.8	67.2	62.7	63.5	68.3	64.8	62.1	62.2
		Operative Vaginal Births	No. of instr. births	CMIS	≤15%	16-19%	≥20%	prev. stats	14.9	12.3	15.8	14.9	11.7	17.8	11.7	12.4	8.4	10.9	10.7	12.9	12.9
		C/S Deliveries	Em & elect	CMIS	≤24%	24.1-25.9	≥26%	prev. stats	22.7	26.3	22.7	25.4	31.4	25.3	21.1	24.8	27.7	20.8	24.0	24.5	24.7
		Eclampsia	No. of women	CMIS	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0
		Undiagnosed Breech in Labour	No. of women	CMIS	2 or less	3-4	5 or more	prev. stats	1	1	0	2	1	1	1	4	1	3	3	1	2
		ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	0	0	0	1	2	1	0	1	0	1	1
		HDU on L/W	No. of days	Handover Sheet					27	25	29	28	24	12	21	39	15	25	15	14	23
		P/N Hysterectomies < 7days p/n	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	0	0	0	0	0	1	0	0	0	1	0
		BBA	No. of women	Risk Team - Datix	1	2-3	4 or more	prev. stats	3	1	8	3	1	1	3	7	2	6	4	1	3
		Meconium Aspirate	No. of babies	SCBU sister	0	1	2 or more	prev. stats	0	0	0	0	0	0	0	1	0	0	0	0	0
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	1	0	0	0	1	0	2	1	1	0	0	0	1
	Risk Management	SI's	Total	Risk Team	0	1	2 or more		0	0	0	0	0	0	1	0	0	0	0	0	0
		PPH > 2L	No. of women	Risk Team - Datix	2 or less	3-4	5 or more		4	1	4	2	0	2	2	5	4	7	7	1	3
		Shoulder Dystocia - True	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	RCOG	6	1	6	2	0	2	3	1	3	6	6	3	2
		3rd/4th Degree Tear	% of tears (vaginal b	CMIS	≤1.5%	1.6-6.1%	≥6.2%	RCOG	6.8	6.1	5.5	8.2	4.8	6.1	5.9	4.2	3.7	3.4	6.1	2.8	5.3
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		75	78	81	80	73	80	90	90	90	90	89	99	85
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		31	19	30	37	64	69	69	39	48	55	50	69	48
		Training cancelled	No. of staff affected	Risk Team	0		≥1		0	0	0	0	9	8	44	0	7	1	0	1	0
	New Complaints	Informal	Total	Matron	0	1-4	5 or more		0	0	1	0	2	2	1	1	0	0	1	0	0
		Formal	Total	Matron	0	1-4	5 or more		2	1	2	1	3	1	3	3	1	2	1	2	2
	New Claims		Total	Directorate Manager	0	1	2 or more		1	1	0	0	0	0	1	0	1	0	0	0	0

Scarborough Maternity Dashboard:

York Teaching Hospital NHS
NHS Foundation Trust

			Measure	Data source	No Concern(green)	Of Concern (Amber)	Concerns (Red)	Flag Source	Dec-12	Jan-13	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	IS - Evolution	≤200	201-249	≥250	prev. stats	176	207	159	176	159	102	118	176	112	171	171	37	165	157
		Bookings <13 weeks	No. of mothers	IS - Evolution	≥90%	76%-89%	≤75%	CQUIN	86%	87%	90%	93%	89%	79%	81%	87%	83%	82%	81%	70%		87%
		Bookings <13 weeks (exc transfers etc)	No. of mothers	IS - Evolution	≥90%	76%-89%	≤75%	CQUIN	94%	97%	96%	98%	94%	83%	97%	88%	99%	86%	TBC	96%		94%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers		≥90%	76%-89%	≤75%	CQUIN				awaiting CPD commencment										
		Births	No. of babies	IS - Evolution	≤170	171-189	≥190	prev. stats	152	117	135	120	121	147	108	140	154	135	145	131	123	130
		No. of women delivered	No. of mothers	IS - Evolution	≤170	171-189	≥190	prev. stats	150	116	132	118	120	146	107	140	153	133	142	129	122	129
	Closures	Homebirth service suspended	No. of closures	Comm Team Leader	0-3	4-6	7 or more			0	0	0		0	0	0	0	0	0	0	0	0
		Homebirth service suspended	No. of women	Comm Team Leader	0	1	2 or more			0	0	0		0	0	0	0	0	0	0	0	0
		Escalation Policy implemented	No. of times	Matron	3	4-5	6 or more			2	1			0	0	0	0	0	0	0	0	1
		Maternity Unit Closure	No. of closures	Matron	0		1 or more			2	1	0		0	0	0	0	0	0	0	0	0
		SCBU closed to admissions	In utero transfers	Risk Team	0	1	2 or more			0	0	1	0	0	0	0	0	0	1	1	2	0
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH		44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0	44.0
		HCA's	WTE	Matron				staffing paper		15.79	15.46	17.26	18.55	18.55	18.55	18.55	18.79	18.79	19.59	19.59	19.59	17.36
		1:1 care in labour		IS - Evolution					95%	98%	91%	96%	94%	95%	95%	94%	96%	96%	96%	98%	99%	95%
		L/W Co-ordinator Supernumary %		L/W Manager						0	0								56%	56%		56%
		Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth		40	40	40	40	40	40	40	40	40	40	40	40	40
		Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10	Safer Childbirth		3	3	3	3	3	3	3	3	3	3	3	3	3
		Supervisor : M/w ratio 1:	Ratio	Matron	15	16-19	20	NMC		15	15	15	15	13	13	13	15	15	13	13	13	14
Clinical Indicators	Neonatal/Maternal Morbidity	Sponateous Vaginal Births	No. of svd	IS - Evolution	≥65%	64%	≤63%		77.6%	74.4%	74.1%	75.0%	75.2%	75.5%	76.9%	76.4%	77.9%	70.4%	64.8%	65.6%	69.5%	73.3%
		Operative Vaginal Births	No. of instr. births	IS - Evolution	≤15%	16-19%	≥20%	prev. stats	3.3%	1.7%	4.4%	3.3%	3.3%	4.8%	4.6%	5.0%	4.5%	8.1%	8.3%	6.1%	4.0%	3.6%
		C/S Deliveries	Em & elect	IS - Evolution	≤24%	24.1-25.9	≥26%	prev. stats	17.8%	22.2%	18.5%	20.0%	19.8%	19.0%	17.6%	17.9%	16.2%	20.0%	24.8%	26.0%	27.0%	19.3%
		Eclampsia	No. of women	IS - Evolution	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Undiagnosed Breech in Labour	No. of women	Risk Team	2 or less	3-4	5 or more	prev. stats		0	0			0			1	0	1	1	0	0
		ICU transfers	No. of women	IS - Evolution	0	1	2 or more	prev. stats	1	0	0	0	1	0	1	0	0	1	0	0	0	0
		HDU on L/W	No. of days	Risk Team													0	2	2	5	4	1
		P/N Hysterectomies < 7days p/n	No. of women	IS - Evolution	0	1	2 or more	prev. stats	0	0	0	0	1	0	0	0	0	0	0	0	0	0
		BBA	No. of women	IS - Evolution	1	2-3	4 or more	prev. stats	2	1	2	1	2	1	1	1	4	0	1	0	1	1
		Meconium Aspirate	No. of babies	IS - Evolution	0	1	2 or more	prev. stats	0	0	1	0	0	0	0	0	0	0	0	0	0	0
		Diagnosis of HIE	No. of babies	IS - Evolution	0	1	2 or more	prev. stats	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Risk Management	SI's	Total	Risk Team	0	1	2 or more			0	0			0	0	0	0	0	0	0	0	0
		PPH > 2L	No. of women	IS - Evolution	1 or less	2-3	3 or more		1	0	2	0	2	0	0	0	0	1	0	1	2	1
		Shoulder Dystocia - True	No. of women	IS - Evolution	1 or less	2-3	3 or more	RCOG	1	1	1	0	2	2	1	1	1	0	4	0	0	1
		3rd/4th Degree Tear	% of tears (vaginal b	IS - Evolution	≤1.5%	1.6-6.1%	≥6.2%	RCOG	1.3%	0.9%	3.0%	0.0%	0.8%	2.1%	0.9%	1.4%	2.6%	0.0%	1.4%	0.8%	2.5%	1.3%
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%									67	67	77	85	92	98	81
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%									57	57	53	79	82	90	70
		Training cancelled	No. of staff affected	Risk Team	0		≥1			0	0					0	0	0	0	0	1	0
	New Complaints	Informal	Total	Matron	0	1-4	5 or more			1	0	1	0	1	1	1	0	0	1	3	1	1
		Formal	Total	Matron	0	1-4	5 or more			2	2	2	2	0	1	1	1	0	1	1	1	2
	New Claims		Total	Risk Team	0	1	2 or more			0	0	0	0	2	0	1	0	0	0	0	0	0

How We Think About Variation

Stethoscope

1. Preventing people from dying prematurely
2. Enhancing quality of life for people with long-term conditions
3. Helping people to recover from episodes of ill health or following injury
4. Ensuring that people have a positive experience of care
5. Treating and caring for people in a safe environment and protect them from avoidable harm

A sixth domain has been created "Organisational Context" which contains a number of metrics which look at organisational behaviour and measures useful in interpreting other metrics in the Dashboard.

How to Interpret The Charts

Statistical Process Control (SPC) Chart

These charts are constructed using statistical process control (SPC) principles and use control limits to indicate variation from the national mean. The display shows both two standard deviation (95%) control limits and three standard deviation (99.8%) control limits. Values within these limits (the light grey section) are said to display 'normal cause variation' in that variation from the mean can be considered to be random. Values outside these limits (in the light green or orange sections) are said to display 'special cause variation' at a two standard deviation level, and a cause other than random chance should be considered. Values outside these sections (in the dark green or red sections) also display 'special cause variation' but against a more stringent test.

Variation at the two standard deviation level can be considered to raise an alert, and variation at the three standard deviation level to raise an alarm.

York Teaching Hospital NHS Foundation Trust (HES: Quarterly)

Preventing people from dying prematurely

Metric Name	Period	Value	Mean	Chart	Trend
Age/Sex standardised hospital mortality from conditions amenable to healthcare	RY Q1 1314	89.0	100.0		
Age / Sex standardised in hospital mortality in low risk HRGs	RY Q1 1314	87.3	100.0		
Crude in hospital mortality per 1,000 births (inc. still births)	RY Q1 1314	0.63	6.20		
High Level SHMI	RY Q4 1213	102.3	100.0		
Rate of in hospital <75 mortality rate for Cardiovascular / Respiratory / Liver disease per 1,000 admissions	RY Q1 1314	0.12	0.12		

Enhancing quality of life for people with long term conditions

Metric Name	Period	Value	Mean	Chart	Trend
Rate of emergency admissions for ambulatory care sensitive conditions (adult) per 1,000 admissions	Q1 1314	347.7	381.0		
Average LoS for emergency admissions for ambulatory care sensitive conditions (adult)	Q1 1314	6.23	5.93		
Rate of Emergency admissions for asthma, diabetes and epilepsy in <19 per 1,000 admissions	Q1 1314	180.7	223.8		
Average LoS for emergency admissions in <19 for asthma, diabetes, and epilepsy	Q1 1314	1.06	1.56		
Rate of emergency admissions for >65 year olds with Dementia per 1,000 admissions	Q1 1314	126.6	143.4		
LOS for >65 year olds admitted in an emergency with Dementia	Q1 1314	14.2	14.4		
LOS for >65 year olds admitted in an emergency	Q1 1314	10.7	10.3		
LOS for >65 year olds admitted for or with a fall	Q1 1314	6.94	7.43		

York Teaching Hospital NHS
NHS Foundation Trust

Helping people recover from episodes of ill health or following injury

Metric Name	Period	Value	Mean	Chart	Trend
Emergency re-admissions: Percentage within 30 days of an elective admission	Q1 1314	6.85	6.72		
Emergency re-admissions: Percentage within 2 days of an elective admission	Q1 1314	1.38	1.06		
Emergency re-admissions: Percentage within 30 days of a non-elective admission	Q1 1314	13.7	14.2		
Emergency re-admissions: Percentage within 2 days of a non-elective admission	Q1 1314	2.50	2.81		
Elective LoS measure	Q1 1314	0.50	0.52		
Non-Elective LoS measure	Q1 1314	5.78	5.13		
Patient Reported Outcome Measures - Average Health Gain following hip replacement	1213	22.5	20.1		
Patient Reported Outcome Measures - Average Health Gain following knee replacement	1213	18.1	15.4		
BADS Daycase Rate	Q1 1314	82.0	81.3		
Fractured neck of femur operated on within 48 hours	Q1 1314	92.3	74.9		

Ensuring that people have a positive experience of care

Metric Name	Period	Value	Mean	Chart	Trend
Friends and Family Score - In-Patient	Q2 1314	72.7	70.3		
Friends and Family Score - Accident & Emergency	Q2 1314	51.0	53.6		
A&E 4hr Wait	Q1 1314	96.3	94.6		
Diagnostic Waits percentage of patients waiting over 5 weeks	Q1 1314	5.61	6.05		
95th Percentile wait for Inpatient Treatment (RTT)	Q1 1314	26.9	22.4		
Cancellations (on the day) of elective surgery per 1,000 procedures for non-clinical reasons	Q1 1314	8.61	9.14		
Cancer waits - percentage seen within 14 days of GP referral (to first out-patient appointment)	Q1 1314	95.6	95.5		
Cancer waits - percentage waiting less than 31 days from diagnosis to first treatment	Q1 1314	99.3	98.4		
Cancer waits - percentage waiting less than 62 days from GP referral to first treatment	Q1 1314	88.4	87.1		

Treating and caring for people in a safe environment; and protecting them from avoidable harm

Metric Name	Period	Value	Mean	Chart	Trend
Rate of reported patient safety incidents causing at least moderate harm in trusts per 100 admissions	APR12-SEP12	0.11	0.14		
Harm free care	RY Q2 1314	94.7	96.7		
Incidence of patients with pressure ulcers per 100 admissions	RY Q2 1314	1.70	1.19		
Hospital aquired VTE rate	RY Q2 1314	1.01	0.79		
Percentage of admissions who have a VTE Assessment	Q1 1314	94.7	95.4		
Medication errors per 1,000 bed days	APR12-SEP12	3.52	7.24		
MRSA bacteraemia rate per 1,000,000 occupied beds	Q1 1314	0.00	12.2		
C difficile bacteraemia rate per 100,000 occupied bed days	Q1 1314	25.4	15.6		
MSSA bacteraemia rate per 100,000 occupied bed days	Q1 1314	12.1	8.14		

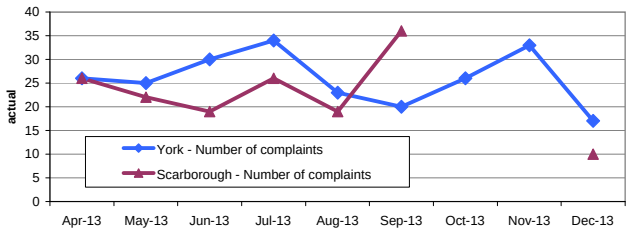
Additional metrics to aid interpretation and understanding of the organisation

Metric Name	Period	Value	Mean	Chart	Trend
Overall depth of coding (mean number of secondary diagnosis)	Q1 1314	3.07	3.62		
Rate of palliative care (Z515) per 1,000 episodes	Q1 1314	7.59	7.73		
Rate of palliative care (main specialty 315) per 1,000 episodes	Q1 1314	0.00	0.45		
Rate of use of integrated palliative care pathway (ICD-10 Z518) per 1,000 episodes	Q1 1314	2.59	4.16		
FTE Nurses per bed days	Q1 1314	1.75	1.89		
FTE Medical Staff per bed days	Q1 1314	0.64	0.85		
Overall sickness rate	Q1 1314	3.36	3.65		
Staff recommendation of the trust as a place to receive treatment	2012	60.3	62.1		
Staff recommendation of the trust as a place to work	2012	60.4	58.7		

Patient Experience Dashboard

Patient Experience

Number of complaints

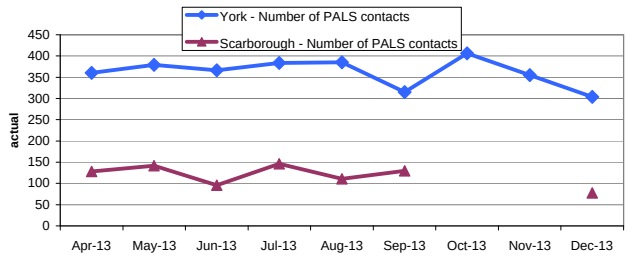


Complaints registered in York relate to York Hospital and Community Services.

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

The gap in the graph is due to outstanding data from Scarborough awaiting validation.

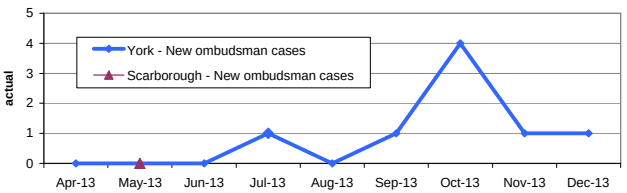
Number of PALS contacts



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

The gap in the graph is due to outstanding data from Scarboroguh awaiting validation.

New ombudsman cases



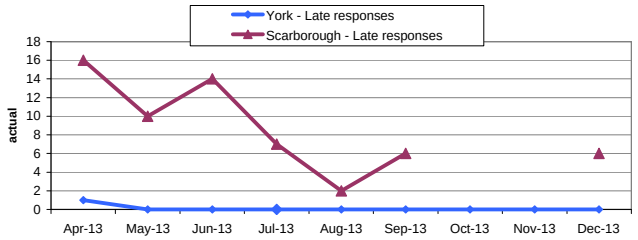
In York during 2012/2013, six complaint cases were referred to the HSO, this represents 1.8% of the total number of complaints received. Since April 2013, there have been eight cases refered to the HSO, four in October.
In Scarborough during 2012/2013, nine cases were referred to the HSO, this represents 3.1% of the total number of complaints received. Since April 2013, three cases have been refered to the HSO.

York Complaints By Subject – December 2013	
Attitude of staff	1
All aspects of clinical treatment	17

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

A breakdown of complaints from Scarborough is outstanding.

Complaints - Late responses



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

The gap in the graph is due to outstanding data from Scarborough awaiting validation.

York Complaints by Directorate December 2013	
Community Services (District Nursing)	1
Elderly Medicine	4
Emergency Medicine	3
Estates and Facilities	1
General Surgery & Urology	4
Obstetrics and Gynaecology	2
Orthopaedics & Trauma	2

Friends & Family Test Results

01 Aug 2013 - 31 Aug 2013

Your Friends & Family Test Score is....	63	Last month your score was....	64

Highest score
Lowest score
Negative score

Top 3 most improved wards this month

Ward	6 Month Average	This Month	Improvement	Trend
A&E Scarborough	27	53	26	
Johnson	50	72	22	
Ward 26	29	50	21	

Top 5 consistently high performing wards

Ward	6 Month Average	This Month	Improvement	Trend
CCU York	100	100	0	
ITU	100	100	0	
Labour Ward - Scarbough	100	100	0	
Selby Community Team - postnatal	100	100	0	
Ash	94	98	4	

Top 5 consistently low performing wards

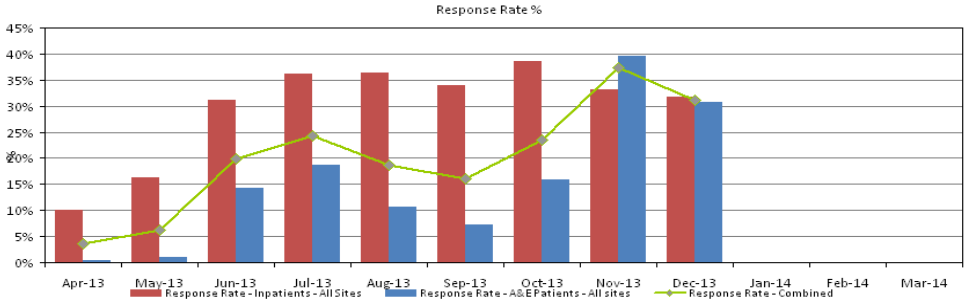
Ward	6 Month Average	This Month	Improvement	Trend
Whitby Community Team - antenatal	0	0	0	
Ward 37	25	0	-25	
A&E Scarborough	27	53	26	
Ward 26	29	50	21	
Selby Community Team - antenatal	45	45	0	

Who responded?

Response Rate	Male or Female	Age Profiles %
Eligible Patients 10072	46%	16-24, 25-34, 35-54, 55-64, >65 (0, 20, 40, 60, 80, 100)
Patient Responses 1988	54%	
20%		

Friends and Family Test

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



	No. Eligible	Responses	Target	Response Rate
Q1	30,369	2,975	15%	9.80%
Q2	29,795	5,933	20%	19.91%
Q3	28,098	8,550	20%	30.43%
Q4				

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

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Grand Total	Eligible	10307	10075	9987	10533	10072	9190	9991	8936				
	Responses	374	623	1978	2560	1887	1486	2358	3342				
	Response Rate	3.6%	6.2%	19.8%	24.3%	18.7%	16.2%	23.6%	37.4%				

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
York IP	Eligible	2301	2236	2126	2267	2177	2128	2312	2122	2074			
	Responses	287	364	528	730	695	629	819	646	649			
Sboro IP	Eligible	1033	1090	1015	1073	910	831	944	834	853			
	Responses	57	180	424	420	370	347	403	281	221			
Brid IP	Eligible	86	91	104	107	102	102	112	118	115			
	Responses	0	15	61	93	95	61	80	93	95			
Combined	Eligible	3420	3417	3245	3447	3189	3061	3368	3074	3042			
	Responses	344	559	1013	1243	1160	1037	1302	1020	965			

		Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
York ED	Eligible	4567	4381	4413	4505	4223	3885	4218	3787	4066			
	Responses	12	63	618	1055	602	250	691	1367	1270			
Sboro ED	Eligible	2320	2277	2329	2581	2660	2244	2405	2075	2063			
	Responses	18	1	347	262	125	199	365	955	615			
Combined	Eligible	6887	6658	6742	7086	6883	6129	6623	5862	6129			
	Responses	30	64	965	1317	727	449	1056	2322	1885			

Emergency Department:

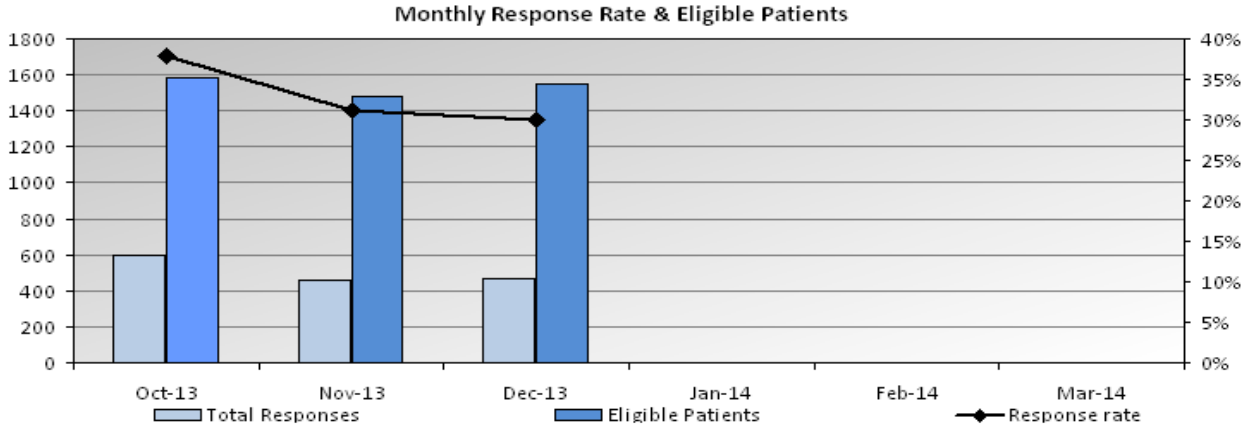
As reported previously our response rate for both our Emergency Departments (ED) has been inconsistent across the first six months of implementation with a 15%+ response rate being achieved in July 2013 and October alone. The response rate for ED combined for November is 39.61% following the implementation of the token system on 1st November 2013.

Hospital	Eligible Patients	Total Responses	Response Rate	Net Promoter Score
York ED	3787	1367	36.10%	40
Scarborough ED	2075	955	46.02%	54
Overall	**5862**	**2322**	**39.61%**	**46**

A token is handed to patients with a card which provides an explanation of the reason for the token and asks the patients to provide feedback on the back of the card. There has been a significant drop in the number of comment cards completed with patients choosing to use their token but not give written feedback. This had always been identified as a risk and as we continue to hand out the comment cards in ED we will now look at other methods for gaining qualitative feedback in ED whilst continuing to encourage patients to use their token. The viewpoint machine has been successful in the past in York ED and the Trust may decide to place a machine in each ED to capture feedback. The purpose of the token system is to allow us to see how many patients are extremely likely to recommend us Vs those patients who wouldn't recommend us. We can, therefore, gain a greater overall understanding of what our patients feel about the service they have received in ED by where the token is placed and the net promoter calculation from this.

Maternity Services:
The second month of national roll-out of FFT across maternity services and the response rate has reduced slightly from October to 31% in November.

Report Month	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	Total Responses	Eligible Patients	Response rate	FFT Score
Oct-13	77.37%	19.13%	2.16%	0.83%	0.17%	0.33%	601	1585	37.92%	74
Nov-13	80.00%	17.39%	1.74%	0.43%	0.22%	0.22%	460	1477	31.14%	78
Dec-13	75.43%	21.98%	1.72%	0.65%	0.22%	0.00%	464	1546	30.01%	73



Friends & Family Roll-out:
Draft guidance has been released for roll-out to Outpatients and Day Case patients during 2014/15. The Friends and Family Steering group will oversee the roll-out during the next financial year with pilots possibly being run in the Eye Clinic and one of our community hospitals ahead of full implementation.

Healthwatch York:
The Trust has now responsed to the report on Access to health and social care services for Deaf people written by Healthwatch York and which contained a number of recommendations for the Trust. The recommendations will be taken forward via the Equality and Diversity group which had set-up (prior to the Healthwatch report), an Access to Services sub group to look at the issue of access for other groups of patients who experience difficulties such as those who are blind or partially sighted. The PPI Specialist will feedback to Healthwatch York on a quarterly basis through their Assembly.

Patient and Public Forums
In response to feedback from service users, customer care sessions have been held in December and January for the Child Health Directorate.
The sessions have been attended by registered nurses and have focussed on using feedback to improve the patient experience.
Staff have reviewed complaints, concerns and compliments from their own areas and have been encouraged to come up with suggestions and ideas in response to "one thing I/my ward could do differently to improve the expereince for our patients and their families."

Following a request similar sessions will be delivered in January for the Oncology outpatient department.

C2

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 January 2014

Medical Director's Report

Action/Recommendation

The Board are asked to:

- note the learning from RCA following severe injury to patients from falls
- be aware of the 'Never Events Report' and the actions taken.

Summary

This report provides an update from the Medical Director on current patient safety issues.

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

Implications for equality and diversity

No implications for equality and diversity.

Reference to CQC outcomes

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

Progress of report	This report is only written for the Board of Directors.
Risk	No additional risks indicated other than those reported on the 'Risk Register' item.
Resource implications	None identified
Owner	Dr Alastair Turnbull, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	23rd January 2014

Board of Directors – 29 January 2014

Medical Director's Report

1. Introduction

In the report this month:

1. Consultant appointments
2. Patient Safety Strategy - update
3. Never Events report

2. Consultant appointments

Dr Ioannis Trigonis joined the Trust in December as a locum consultant in oncology.

3. Patient Safety Strategy - update

Inpatient Falls

The number of patient falls for hospital patients which result in severe injury is a major concern for the Trust.

Since April 2013, there have been 20 inpatient falls that have resulted in severe harm.

All 20 incidents resulted in fractured neck of femur and two patients died shortly after sustaining the injury; one during the post operative phase and one before surgery.

Of the 20 severe falls:

- 4 occurred on Ward 37, York Hospital
- 3 occurred on Ryedale Ward, Malton Hospital
- 2 occurred at White Cross Court
- 2 occurred on Waters Ward, Bridlington Hospital.

Following Root Cause Analysis (RCA) investigation of these incidents the following themes have been identified:

- Falls intervention care plans not in place prior to incident despite patient being identified at high risk of falls
- Previous falls had occurred however no additional interventions had been implemented
- Falls risk not highlighted at staff handover
- Lying and standing BP not completed
- COMFE frequency not increased despite high risk or previous falls
- Falls Patient Information Leaflets not available / not given
- Unable to nurse close to nurses station due to ward layout (WXC and Bridlington)
- Reduced staffing levels.

Eleven of the 20 incidents (55%) were associated with the need for the toilet and some of these patients had not had the 2 hourly comfort round checks within the 6 hours prior to the incident occurring. These checks are designed to be proactive in responding to the needs of patients. It is

well recognised that patients with mobility problems will try to mobilise alone to the toilet before using the calls bells, despite being asked to do so by nursing staff. Similarly it is also known that a frequent proactive offer to escort to the toilet will reduce the incidence of falls.

Nine patients were in bed prior to the fall and bedrails were in situ for eight of these patients. Of the eight in bed with bedrails in situ, seven patients had dementia, agitation and /or general confusion documented as medical factors that may have contributed to the fall which could contraindicate the use of bedrails.
Of the 11 patients that were not in bed prior to the fall, three were not wearing appropriate footwear at the time of the incident.

4. Never Events Report (NHS England)

Provisional quarterly publication of never events reported as occurring between 1 April 2013 and 30 September 2013
This report provides a provisional summary of never events that have occurred between 1 April 2013 and 30 September 2013.

Further reports will be issued each quarter, with each report updating the earlier quarters as incidents are locally investigated and more accurate information becomes available. By April 2014 updates will be published monthly. These reports will always be subject to change, for example when an incident is subsequently downgraded following an investigation and this is recorded on the Strategic Executive Information System (STEIS) accordingly.

Never events
Never events are serious, largely preventable patient safety incidents that should not occur if existing national guidance or safety recommendations had been implemented by healthcare providers. For more detail on never events, see:
www.england.nhs.uk/ourwork/patientsafety/never-events/
In April 2013, NHS England became responsible for the never events policy framework. Never events data for 2013/14 to date has been collected from the National Reporting and Learning System (NRLS) and STEIS by the Patient Safety Team at NHS England.

IMPORTANT NOTES on the provisional nature of these data
To support learning from never events, NHS England is committed to early publication. But because never events are made as soon as possible before local investigation is complete, all data are subject to change.
This provisional report is drawn from the STEIS system, and includes all Serious Incidents where the date of the incident was between 1 April 2013 and 30 September 2013 and where on 21 October 2013 they were designated by their reporters as never events.

Summary
At the time data for this report was extracted on 21 October 2013, 168 Serious Incidents on the STEIS system were designated by their reporters as never events with a reported incident date between 1 April 2013 and 30 September 2013. Of these 168 incidents:

- 150 appeared to meet the definitions of a never event in the *2013/14 list of never events* and the actual date of incident fell between 1 April 2013 and 30 September 2013. This number is subject to change as local investigation takes place. Two of the incidents were subsequently flagged by the provider as having been downgraded following further consideration and do not count as never events.

- Five appeared to meet the definitions of a never event but the actual date of incident was clearly prior to April 2013. These were all apparent retained foreign objects recently discovered when the patient underwent further surgery or x-ray examination. The dates of the original surgery range from 2009 to March 2013. Subsequently one of these was flagged as having been downgraded following further consideration so does not count as a never event

- One additional Serious Incident appeared to relate to a private patient (not in receipt of NHS funded care)

- Twelve additional Serious Incidents did not appear to describe circumstances that met any definition of a never event in the *2013/14 list of never events*.

More detail is provided in the tables below.

Never events 1 April 2013 and 30 September 2013 by month

Month in which never event occurred	**Number**
Apr	26
May	28
Jun	31
Jul	28
Aug	22
Sep	13
Total	**148**

Note as described above an additional 18 incidents either cannot be matched to a type of never event (12 incidents), or did not affect a patient receiving NHS funded care (1 incident), or occurred prior to 1 April 2013 (5 incidents) and 3 were downgraded.

Serious Incidents that meet definitions of a never event with additional detail

Type *and brief description* **of never event**	**Number**
Retained foreign object post-operation	**69**
vaginal swab or tampon	*27*
Surgical swab	*11*
Throat pack	*4*
specimen retrieval bag	*3*
eyelid pledget (small swab used to deliver medication or lift eyelid off eye surface)	*2*
Retained tip of laser sheath (vascular procedure)	*1*
PICC line migrated internally	*1*
Corrugated drain	*1*
screw tab (still attached to the pedicle screw)	*1*
drill guide block	*1*
femoral line guidewire	*1*
Oral swab	*1*
guide plate on internal fixation device	*1*
Radio-opaque item (detail missing in report)	*1*
hemofiltration access guidewire	*1*
Retained trocar in dialysis line insertion	*1*
Humeral disc (shoulder replacement)	*1*
Specimen excised during surgery retained	*1*
Introducer sheath of vascular catheter	*1*
Surgical glove unintentionally retained within intentionally retained vaginal pack	*1*
surgical swab retained in open (unsutured) wound after trauma surgery	*1*

needle	*1*
chest drain guidewire	*1*
Tip of an irrigation bulb syringe	*1*
no detail given	*1*
central line introducer	*1*
Oral or throat swab retained and coughed out in recovery	*1*
Wrong site surgery	**37**
Wrong tooth	*4*
Wrong skin lesion excised	*3*
Wide excision to wrong scar (more than one scar from previously removed skin lesions)	*2*
Incision to wrong finger	*2*
Wrong skin lesion biopsied	*2*
Lucentis injection to the incorrect eye	*1*
Wrong side gum incison	*1*
Cardiac procedure performed on wrong patient	*1*
repair of small umbilical hernia instead of epigastric hernia	*1*
correct site, incorrect procedure in ophthalmology	*1*
Wrong fallopian tube removed for ectopic pregnancy	*1*
Procedure (unspecified) to wrong foot (left instead of right)	*1*
Wrong side thoracostomy incision	*1*
Wrong side femoral artery cannulated for angiogram (left instead of right)	*1*
wrong spinal disc level	*1*
Lumbar puncture performed on wrong infant	*1*
Fallopian tube removed instead of appendix	*1*
Wrong level lumbar decompression	*1*
Wrong toe amputated	*1*
Wrong nephrostomy tube replaced (left instead of right)	*1*
Wrong type of laser eye surgery	*1*
wrong patient underwent colonoscopy	*1*
wrong procedure (wrist instead of thumb)	*1*
Wrong patient underwent fluoroscopy examination	*1*
Wrong patient had surgical intervention (unspecified) due to incorrect results filed in notes	*1*
Wrong patient underwent prostatectomy due to earlier biopsy slides mislabelled within laboratory	*1*
Procedure to wrong finger	*1*
Wrong side diagnostic thoracoscopy (left instead of right)	*1*
Wrong side eye laser (right instead of left)	*1*
Wrong implant/prosthesis	**21**
incorrect lens inserted in ophthalmic	*10*

surgery	
incorrect knee prosthesis	*4*
Incorrect cup size (hip surgery)	*3*
Wrong size spacer in knee replacement	*1*
Wrong plate (ankle fracture)	*1*
Incorrect femoral head (hip surgery)	*1*
Incorrect type of cochlear implant	*1*
Inappropriate administration of daily oral methotrexate	**7**
Methotrexate given daily in error for 2 days	*1*
Weekly dose prescribed daily and taken daily for 3 days	*1*
Weekly dose prescribed but incorrectly dispensed as daily; number of days taken unclear	*1*
Weekly dose given 4 times within one week	*1*
Incorrect dose and frequency but detail unclear	*1*
Weekly dose given daily; number of days not stated	*1*
Weekly dose given on 2 consecutive days	*1*
Misplaced nasogastric tube causing death or severe harm	**5**
Feeding into the lungs	*5*
Maladministration of potassium-containing solutions causing death or severe harm	**2**
Occurred before or in theatres; detail unclear	*1*
Occurred in intensive care unit; detail unclear	*1*
Transfusion of ABO incompatible blood components causing death or severe harm	**2**
Patient given A positive blood instead of O positive blood	*1*
A negative blood given to B negative patient	*1*
Overdose of Midazolam during conscious sedation causing death or severe harm	**1**
Respiratory arrest during conscious sedation	*1*

Clinical Directors have been requested to ensure that this Never Event Report is discussed at Directorate Governance meetings and to provide assurance that there are safety processes in place to minimise the risk of such incidents occurring.

5. Recommendations

The Board are asked to:

- note the learning from RCA following severe injury to patients from falls
- be aware of the 'Never Events Report' and the actions taken.

Author	**Diane Palmer, Deputy Director of Patient Safety**
Owner	**Dr Alastair Turnbull, Medical Director**
Date	**23rd January 2014**

C3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 January 2014

Chief Nurse Report – Quality of Care

Action requested/recommendation

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

Summary

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

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

Implications for equality and diversity

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

Reference to CQC outcomes

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

Progress of report	Executive Board.
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Mike Proctor, Chief Nurse
Author	Beverley Geary, Director of Nursing
Date of paper	January 2014
Version number	Version 1

Board of Directors – 29 January 2013

Chief Nurse Report – Quality of Care

1. Key priorities

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

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

The work-plan against year one of the strategy is progressing well. Following discussions with Matrons and other senior nurses there has been an agreement that individual areas should identify risks and determine priorities for their wards and clinical areas.
This will be done in collaboration with the Ward Sisters and formulate the implementation plan for year 2 of the strategy.

2. Senior Nursing Restructure

As previously reported we have recently undertaken a wide consultation regarding a restructure of the Matron and Lead Nurses. The period of consultation was extended at staffs request and ended on Monday 6th January.

Changes to the original proposed structure were undertaking following staff feedback and individual meetings will begin shortly and continue over the next moth.
Selection processes are planned for February with the new teams – reporting to the Chief Nurse Team; in post by 1st April 2014.

Information of the consultation, new structure and timetable in detailed in a separate paper.

3. Nursing Board

In order to provide assurance around all aspects of the nursing agenda to the Board, and to afford executive overview and insight a new nursing board will be established in the early part of the year.

The objective of the Nursing Board is to raise the profile of the nursing agenda and priorities; across all disciplines' and to allow challenge and support from the executive team.

In addition, the Board aim to :

- Monitor progress of the delivery of the N&M strategy
- Afford collaborative decision making and prioritisation
- Give the opportunity for the Directors team to influence nursing strategy and challenge the priorities
- Gain assurance on the delivery of quality patient care

- Highlight areas where development is needed and be informed of the challenges and solutions
- Receive high level data on quality of care in individual areas
- Gain oversight and information of national nursing agenda and the potential local implications
- Discuss in detail nursing workforce implications
- Receive information from the Patient Experience Committee and influence the development of the PE strategy and monitor it's delivery.

The Board will be chaired by the Chief Executive and terms of reference will be approved at the first meeting which is planned for late January 2014.

3. Patient Experience

Priorities of the Chief Nurse Team have been reported to the executive board over the past months and Directors' will be aware of the key focus of Patient Experience in all of the current; and planned work-streams.

In order to develop a Patient Experience Strategy and to establish an accompanying work plan the Chief Nurse Team are planning to undertake a review of the process and function of the patient experience team. This will include the complaints process and the sharing of lessons learnt alongside the function of patient and public involvement across all sites.

In addition, the terms of reference of the review; which will be led by an Assistant Director of Nursing with the support of a Non Executive Director include:

- Understand the current complaints policy and how this links to patient experience rather than a complaints process.
- Determine trends, responses, actions and outcomes. Identify areas of good practice in order to share across the organisation.
- Identify any gaps in the complaints process and patient experience.
- Review the organisational structure of the service.
- Conduct a training needs analysis and establish the training and education requirement for all complaints responders
- Review how national and local data from patient surveys, friends and family is shared publicly and Trust wide.
- Assess compliance against the Clwyd report "*A review of the NHS Hospitals complaints system, putting patients back in the picture"*, Parliamentary and Health Service Ombudsmen "*NHS Governance of Complaints Handling",* "*The NHS hospital complaints system, a case for urgent treatment?"* and *"Designing good together, transforming hospital complaint handling".*

The aim is to complete the review by March 2014in order to report to the Patient Experience Group. Findings and recommendations' from that group will be presented to the Nursing Board and implementation of any plans will begin quickly once approved.

4. Patient Safety

Falls.
A detailed report on falls RCA's with recommendations' is tabled in a separate paper and will be presented by the Medical Director who until recently has led this work through the Patient Safety team.

Falls that result in harm are now reportable as Serious Incidents and in order to focus this key area of risk in the clinical areas; the leadership of work to reduce falls will be transferred to the

Chief Nurse team. The falls policy is currently under review and in collaboration with the Patient Safety Team we plan to scrutinise the organisational governance and support around falls reduction.

In the coming months a Trust steering group will be established to oversee the delivery of a falls reduction plan, this will give an organisational approach and provide consistency, reduce duplication of effort and address any areas where there are gaps or risks.

The memberships of site specific groups and Directorate groups will be reviewed and members co-opted in order to give the best possible multi-disciplinary approach to the work.
A communication and launch event to publicise the new approach will take place in the spring

Finally, a falls reduction plan with key outcome measures' will feature in year 2 of the Nursing and Midwifery strategy.

Updates and progress will be detailed in future Chief Nurse reports.

5. Midwifery

As part of the preparation to gain CNST revalidation a mock assessment was conducted on the 3rd and 4th December.

The team of a group of (internal) senior midwives and was led by the Head of Midwifery. Overall the findings were positive however, whilst we have seen significant improvement in recent months – mainly as a result of the introduction of the 'notes champions'; documentation in records remains an area of challenge.

Work continues to deliver the action plan and there will be an additional inspection by an external group; lead by the midwifery risk manager from Harrogate ahead of the official assessment on 21st January 2014.

This focused work towards achieving level 2 CNST assessment on 27th and 28th February 2014 remains a priority within the Directorate.

The LSA report has been received into the Trust and will be summarised and presented to Board in the next report.

Recommendation

The board is asked to approve receive the progress on the Nursing and Midwifery strategy and the current work-streams of the Chief Nurse Team for information

Author	**Beverley Geary, Director of Nursing**
Owner	**Mike Proctor, Chief Nurse**
Date	**January 2014**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 January 2014

Director of Infection Prevention and Control (DIPC) Report, Quarter 3

Action requested/recommendation

The Board of Directors is asked to note this report and any specific actions for Clinical Directors, Directorate and Clinical Managers. The report summarises Healthcare Associated Infection incidence across the Trust.

Summary

Throughout Q3 the Trust has experienced a period of increased incidence of *C.difficile* infection (CDI) for which our detailed reduction strategy has been amended to include enhanced measures aimed at reducing incidence via the CDI Operational and Hospital Infection Prevention Steering Groups. This and our CDI policy has been shared with CCG and CSU colleagues. During December 5 wards were closed with confirmed Norovirus. Control measures are reviewed and monitored at each outbreak, a significant change this year is the lock down of ward link doors to prevent wards being used as thoroughfares and limit airborne spread.

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

Implications for equality and diversity

No implications for equality and diversity.

Reference to CQC outcomes

Registered providers of health care must ensure that systems are in place to manage and monitor the prevention and control of infection if they are to comply with the legislation.

Ref: Health and Social Care Act 2008 – Code of Practice for health and adult social care on the prevention and control of infections and related guidance

Dec 2009 (The Hygiene Code).

Progress of report	CQC Registration Patient Safety Objectives.
Risk	No risk.
Resource implications	The cost and operational impact of HCAIs together with improvement and financial penalties that may be incurred from external regulation (CQC, Monitor) and Commissioners.
Owner	Dr Alastair Turnbull, Medical Director and Director of Infection Prevention and Control (DIPC)
Author	Vicki Parkin, Deputy DIPC
Date of paper	January 2014
Version number	1

DIPC QUARTERLY INFECTION PREVENTION REPORT FOR TRUST BOARD. Q3 2013 - 2014									
Parameter		**Annual threshold/ target**	**Q1**	**Q2**	**Oct**	**Nov**	**Dec**	**YTD**	**Q3 TREND**
MRSA Bacteraemia attributable to Trust	York sites		0	1	0	0	0	1	
	Scarborough sites		0	1	0	0	0	1	
	Trust	0	0	2	0	0	0	2	
MSSA Bacteraemia attributable to Trust	York sites		8	5	0	1	1	15	
	Scarborough sites		2	4	0	3	0	9	
	Trust	30	10	9	0	4	1	24	
E Coli Bacteraemia attributable to Trust	York sites		15	20	5	7	5	52	
	Scarborough sites		3	7	6	4	6	26	
	Trust	Not set	18	27	11	11	11	78	
Clostridium difficile Associated Diarrhoea attributable to Trust	York sites	26	16	5	4	4	5	34	
	Scarborough sites	17	5	7	1	4	2	19	
	Trust	43	21	12	5	8	8	54	
CDI per 100000 bed days attributable to Trust	York sites		26.44	8.18	20.13	20.74	22.7	17.26	
	Scarborough sites		17.14	23.92	9.93	41.09	30.01	20.53	
	Trust		23.41	13.28	16.7	27.56	24.98	18.32	
CDI Post Infection Review	York sites requested		12	11	10	7	10	50	
	York sites complete		7	7	8	3	4	29	
	Scarborough sites requested					7	4	11	
	Scarborough sites complete					1	1	2	
Elective MRSA admission screening	York sites	100%	90%	Not available	Not available	Not available	Not available	90%	
	Scarborough sites	100%	89%	90%	86%	83%	Not available	87%	
	Trust	100%	90%	90%	86%	83%	Not available	87%	
Emergency MRSA admission screening	York sites	100%	79%	Not available	Not available	Not available	Not available	79%	
	Scarborough sites	100%	93%	89%	89%	91%	Not available	91%	
	Trust	100%	86%	89%	89%	91%	Not available	89%	
Ventilator acquired pneumonia	York sites		0	2	0	0	0	2	
	Scarborough sites		1	0	0	1	1	3	
	Trust		1	2	0	1	1	5	
CVC associated infections in ICU	York sites		1	0	0	0	0	1	
	Scarborough sites		0	0	0	Not available	Not available	0	
	Trust		1	0	0	0	0	1	
Trust attributed CAUTI (Safety Thermometer data)	York sites		9	9	5	1	5	29	
	Scarborough sites		9	2	0	3	2	16	
	Trust		18	11	5	4	7	45	
Hand hygiene compliance	York sites	100%	100%	100%	99%	99%	99%	99%	
	Scarborough sites	100%	98%	99%	98%	97%	100%	98%	
	Trust	100%	99%	100%	99%	98%	100%	99%	

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 January 2014

Patient Experience Report

Summary

This report provides a detailed update from the Patient Experience Team

Action/Recommendation

The Board is asked to discuss and note the report and is encouraged to discuss areas of specific interest.

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

Implications for equality and diversity

No implications for equality and diversity.

Sustainability assessment

Not applicable.

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 written for the Board of Directors
Risk	No additional risks indicated
Resource implications	None identified
Owner	Beverley Geary, Director of Nursing
Author	Wendy Brown, Lead Nurse Patient Experience
Date of paper	9 January 2014

Version number	Version 1

Board of Directors – 29 January 2014

Patient Experience Quarterly Report

1. Introduction

Patient Experience is a key element of quality alongside providing clinical excellence and safe care.

The Patient Experience Report aims to present a rounded picture of patient experience and as such, provides information on all aspects of experience, i.e. positive feedback and concerns and complaints.

The report presents a wide range of information from different sources, including the following:
- Complaints
- PALS activity
- NHS Choices Feedback
- Friends and Family Test

The different methods of feedback have their strengths and weaknesses. Using all methods of information available enables the Trust to better understand the patient's experience of the services offered and delivered, and is beneficial to help prioritise areas for improvement.

2. Overview

The top positive and negative themes show similar results to previous quarters. The report details those themes below as well as giving examples of what patients and their families using our services actually told us about their care.

	York	Scarborough	total
New complaints Q3 (October – December 2013	75	49	124
Q3 Last year October –December 2012	80	75	150

These figures represent a 20% decrease in the number of complaints received in the same period last year.

The Trust responds to the majority of complaints within 30 days, this meets the NHS Complaints regulations. However there were a significant number of late responses in the last quarter - 25 responses due in Quarter 3, were not responded to within the agreed time frame. All 25 late responses were to complaints received on the Scarborough site.

In total 14 response dates were extended, 11 on the Scarborough site and 3 on the York site

Elderly Medicine, Emergency Medicine, Surgery & Obstetrics and Gynaecology are the areas that have received the highest number of complaints in Quarter 3.

3. Top themes raised through complaints in Quarter 3

The complaints received by the Trust often relate to more than one theme and are generally multifaceted and complex. They often tell a story about the journey the patient has made while under our care. Listed below are the key themes and most regular areas of complaint.

All aspects of clinical care and treatment
Examples include:

- Patient had to wait over an hour for her call bell to be answered.
- Patient experiencing extreme pain, offered paracetamol which made very little difference. Waited long time to see a doctor
- Patient suffered known complication from Cataract surgery but felt clinician was not competent & should have been supervised. Still experiencing problems & not given a follow up appointment.
- Issues around order and supply of food, and patient not being fed when he could not feed himself. When family asked was patient not being fed they were told staff were too busy or too short staffed.
- Hygiene issues. Patient not turned (should have been turned every two hours)
- Concerns re delay to medical assessment and diagnosis

Work is underway to establish a system where by all aspects of clinical care and treatment can be more specific and provide more informative information about what is included in this theme.

Communication/information
Examples include:

- The admitting person did not introduce herself or explain what was happening.
- Inadequate information giving for patients and relatives about their care.
- Changes to plan of care not explained to patient
- Child was not shown the ward facilities and not offered single sex accommodation.

Attitude of Staff
Examples include:

- Standard of customer care skills from audiology reception
- References to staff talking about being short staffed or under pressure in front of patients/visitors

Staff groups featuring in complaints include:

- Nursing staff
- Medical Staff including Consultants
- Domestic staff
- Porters
- Administrative staff

The fact that issues relating to communication and attitude are frequently commented on by Patients and their relatives highlight their importance in the overall experience.
In the last quarter customer care sessions have taken place in Child Health as well as in a number of administrative teams for front of house staff, aiming to make improvements in relation to attitude and communication.

Patient Experience sessions focussing on Professional Values and Compassion are included in induction sessions for all newly appointed nursing staff.

Complaints by Directorate in Quarter 3

Directorate	York	Directorate	Scarborough
Child Health	4	Medicine	23
Elderly Medicine	15	Surgery	19
Emergency Medicine	10	Clinical Support	2
Medicine (General & Acute)	8	Facilities	0
Specialist Medicine	3	Women & Children	4
General Surgery & Urology	9		
Head and Neck & Ophthalmol	6		
Obstetrics & Gynaecology	10		
Orthopaedics and Trauma	4		
Anaesthetics, Theatres & Critic care	1		
Community Services (District Nursing)	2		
Estates and Facilities	2		
Radiology	1		

Where poor experience is reported, actions are then taken to ensure improvements are made. The report shows some surprising pockets of high level of complaints specifically around surgery. Work is underway to understand why there is such a high level.

4. Examples of learning and action plans

A relative had concerns about his parent's care in the Emergency Department. The investigation showed that pain assessment scores are not always recorded in Triage. The agreed action was for staff to ensure pain scores are recorded for all patients presenting in Triage with pain of any origin.

Training programme to be led by Clinical Educator in ED.

Concern was raised that the falls check list sticker was not being completed once patient identified as high falls risk. The agreed action was for the Falls Group work to be continued and for the implementation of a falls champion on every elderly ward.

A patient's relative was unhappy with their attendance at the Emergency Department, issues included reception service and system, and lack of information for different clinics/areas. The agreed action includes ongoing awareness updates for staff regarding effective customer care, and review and improvement to public/patient information – the relative and patient have been invited to contribute to this.

Following patient and relative feedback the Elderly Directorate are trialling a ward based Catering Service Operative (CSO). The CSO provides the patient food and beverage services and assists patients with the completion of their menu. Prior to the trial catering staff were only present on the ward at mealtimes. Beverage rounds were provided by health care assistants and water jugs replenished by the domestic services team.

The trial is being conducted over a six month period and is continuously evaluated. The pilot is looking at the impact on the patients' experience as well as the impact on the patients' nutritional status.

Early feedback from patients has been so positive that the directorate are planning to extend the trial to wards 26 and 35.
Comments from patients include *Love the sandwich round*
Excellent Service
Love it

Feedback from nursing staff is also very positive; staff have more time to help patients. Early feedback from the Catering Service Operatives is also very positive focussing on improved job satisfaction, and what they like most about this new aspect of their role. The service operatives on ward 23 say the new role has improved their job satisfaction they really enjoy communicating and spending time with the patients, being able to understand their nutritional requirements and being able to deliver these on a regular basis, offering patients snacks and drinks, throughout the day.

The Catering Service Operatives involved can really see the contribution they are able to make to improving the patients' experience.

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

There were 7 new Ombudsman's cases in Quarter 3 (6 on the York site and 1 on the Scarborough site)

The HSO delivered its decision on 2 complaints, which were partly upheld. (1 York & 1 Scarborough)

The PHSO partially upheld one complaint due to the Trust failing to give the complainant an accurate fact based explanation for the failings in care. The other complaint was also partially upheld due to clinical care.

6. Positive feedback

The Trust constantly receives positive feedback from patients and relatives, during the last quarter 1733 letters, cards and emails were recorded by the Patient Experience Team.

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

This feedback is very important and supports the customer care training staff are given.

7. Patient Advice & Liaison Service (PALS)

The Trust handled 1338 PALS contacts in Quarter 3. Of these 307 were handled on the Scarborough site and 1031 were handled on the York site.

PALS themes in this period include:

York site:

- Concerns raised regarding discharge arrangements across the Trust.
- High number of calls relating to blood taking services and associated waiting times.

Patient feedback was one of the drivers for the recent changes to the blood taking service at York Hospital which has been much improved following a complete refurbishment of the

phlebotomy suite. The changes have seen the service become more streamlined and has reduced congestion at peak times.

Scarborough site:

- Out Patient appointments
- Car Parking (patients and their relatives complain of difficulty in finding somewhere to park)

In response to patient feedback relating to access for patients and visitors a Park and Ride scheme has been introduced.

Staff are currently being offered park and ride facilities to and from Scarborough Hospital to ease parking problems while the new car park is under construction. The Trust is offering staff the opportunity to park at the Seamer Road car park and to use a shuttle bus that will travel back and forth from the park and ride site to the main reception approximately every nine minutes.

The Seamer Road car park has been chosen as it is well lit, has waiting rooms and good security arrangements. Staff are being encouraged to take advantage of this scheme and it is hoped that the initiative will improve the situation for all concerned.
Patients and visitors are also able use the service.

8. Patient Feedback
NHS Choices Feedback

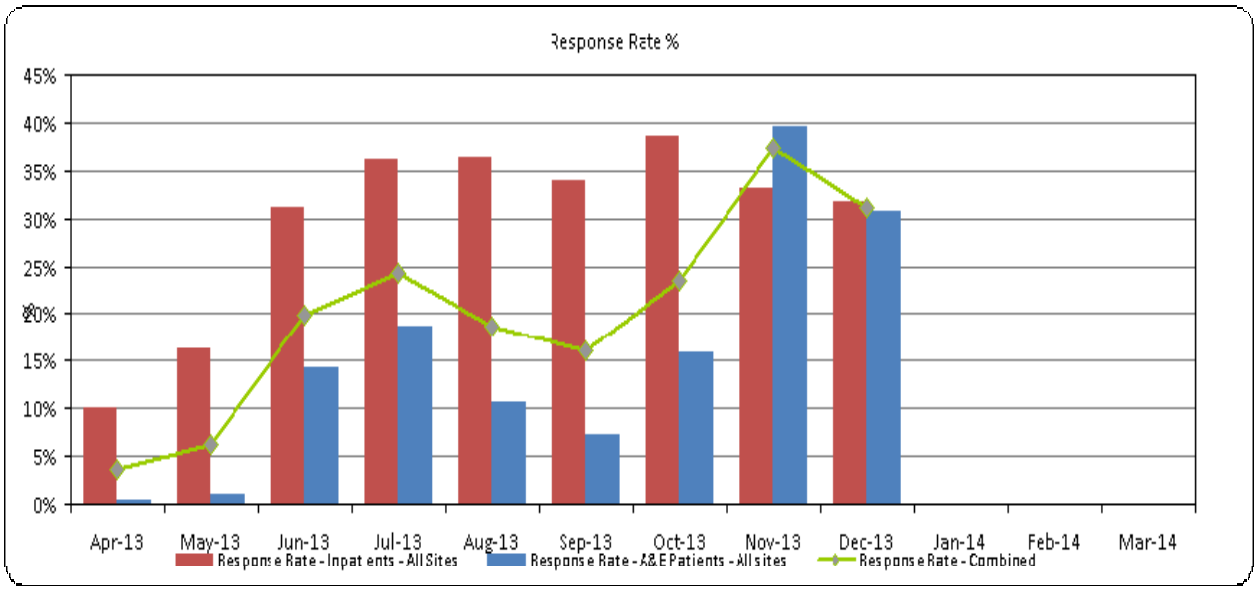
There are a number of ways patients and relatives or carers can provide feedback to Trust. The NHS Choices website provides and excellent opportunity for patients, their carers and families to freely comment on any aspect of services provided by the Trust. In house, the Trust has the Friends and Family system and where every possible staff encourages patients and relatives or carers to talk to members of staff at the time of their treatment, so any issue can be resolved immediately or any compliment can be passed on in real time. The Trust uses all this data to help us improve the services we provide.

Patients using the NHS Choices website in Quarter 3 gave York and Scarborough Hospitals an overall rating 4.5 stars, i.e. Extremely likely to recommend

The comments made by patients have been used in the organisation as part of the training material to improve the delivery of care. The comments act as a very valuable source of reflection and they are fed back at individual ward level where applicable and can provide a useful insight into priorities for action and improvement for ward teams. Where service users post negative comments they are invited to contact our PALS service to discuss their experience.

9. Patient & Public Involvement (PPI) activity

NHS Friends and Family Test - Response Rate



The Friends and Family test continues to be implemented across the Trust. The CQUIN framework for 2014/15 has a number of schemes relating to The Friends and Family Test (FFT) including roll out to community services, outpatients and day case patients as well as a separate scheme which will see the Trust implement the FFT to staff on an ongoing quarterly basis from 1st April 2014.

The FFT Project Steering group continues to oversee the delivery of the FFT and is now developing a project plan to implement across the Trust ahead of the CQUIN target of October 2014.

10. Conclusion

The importance of ensuring the patient experience is right cannot be over estimated and the work that goes in to making that happen is extensive. This report has provided a snapshot of the work undertaken by the Patient Experience Team and the valuable intelligence received from patients, relatives and carers. The comments we receive from patient influence the way we deliver service and for that to continue the Trust must continue to encourage and gain feedback from patients, both good and bad.

11. Recommendation

The Board is asked to discuss and note the report and is encouraged to discuss areas of specific interest.

Author	**Wendy Brown, Lead Nurse Patient Experience**
Owner	**Beverley Geary, Director of Nursing**
Date	**January 2014**

Finance and Performance Committee – 21 January 2014 Room 1 Post Grad Centre YH

Attendance: Mike Sweet, Chairman
Libby Raper (for Mike Keaney)
Debbie Hollings-Tennant
Lucy Turner
Andrew Bertram
Graham Lamb

Observing: James Fox, Finance Trainee

Apologies: Mike Keaney
Liz Booth
Anna Pridmore

	Agenda Item	AFW	Comments	Assurance	Attention to Board
1	**Last Meeting Notes Minutes Dated 19 November 2013**		The notes were approved as a true record of the meeting.		
	Matters arising		GL confirmed the NYCC contract had now been signed and returned to the trust. MS confirmed the discussion at the Board meeting had approved the view that the F&P committee would consider matters of immediate operational performance and that the Acute Strategy would be managed through the full Board meeting, with appropriate briefings and presentations to be agreed.		
2	**Operational Report**		MS asked for clarification as to what "Performance Notice" meant in contract terms. LT and AB explained that this is a formal process under the contract obliging the Trust to meet with the CCG to agree a formal action plan to remedy specified poor performance. There was a structured improvement		

Agenda Item	AFW	Comments	Assurance	Attention to Board
Operational Report continued		process to accompany the notice and should the Trust fail to comply then the CCG has the power to ultimately withhold funds until we comply. These notices are occasionally used and are appropriately managed by the Trust and the CCG. No payment consequences have ever needed to be invoked. LT highlighted the areas where there were concerns about performance. 18 Weeks – The three RTT targets have been met for Q3. There remain individual specialty failures and these are all the subject of action plans. The Trust failed to hit zero 36 week waiters at the end of Q3 but again has agreed improvement trajectories. These issues are the subject of detailed discussions with the CCGs as significant acceleration of work by the Trust will cause affordability issues for the CCGs. The 6 week diagnostic target has not been met for December. Particular non-recurrent issues have been prevalent including absence of key staff and a short term MRI failure. The Q4 target is expected to be met. LT advised of 3 MSA (Mixed Sex Accommodation) breaches as a result of an overrunning theatre list on the Dales unit. A full RCA has been completed. Discussion took place around the issue of the level and approach to reporting patient cancellations. LT confirmed the work done to ensure all cancellations (whenever made) were captured and reported and LT provided an overview of the work identified and now underway following the switch in Scarborough from IPM to CPD. The transfer of clinics and subsequent data cleansing exercise had resulted in the need for practices to change. These changes have now been implemented in most areas with the plans to deliver	The Committee took assurance from the clarity of the report being presented and the fact that the challenges were being recognised and addressed.	Mike Proctor to update the Board on the corrective action.

Agenda Item	AFW	Comments	Assurance	Attention to Board
Operational Report continued		full roll out in place. LT reported a Q3 ED target fail for both “all types” and for “type 1” attendances. This was in line with expectations previously reported to the committee and Board. The group were reminded of the improvement work underway and LT reported a Q4-to-date position of slightly ahead of the 95% target. LT reported on the latest Ambulance Handover position. The committee were reminded of the agreement to reinvest any and all fines this year. Performance improvements were noted for January to date. AB confirmed that new staff for the ambulance handover area were being recruited and the physical environment was anticipated to come on line in April. First: follow up ratio – AB updated the group as to the work in this area. The review meetings for the conditions registers are being arranged now the CCGs have identified lead GPs. These meetings will consider whether the Trust has drawn the safety line appropriately in terms of the level of follow up care it provides and they will also consider the scope for future investment and pathway design to reduce follow up care further. Based on discussions and agreements with the CCGs the Trust is expecting fair payment for work done against the conditions registers and is currently pursuing a formal contract variation to reflect the register agreement. The Committee asked AB to comment on the position in relation to the flu jab update in the context of the national winter money for next year. AB confirmed that OH figures showed an excess of 75% of eligible front line staff had received the vaccination – a level		Mike Proctor to update the Board on the latest position and corrective action. Mike Proctor to update the Board on the latest position and corrective action.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Operational Report continued		that meets the DH requirement for 2014/15.. C-Diff – the Trust continues to be challenged on the number of C-Diff cases with 54 reported against a trajectory profile of 32 (43 in full year terms). Should the CCGs choose to invoke the penalty regime the current financial impact would be £1.1m, significantly affecting cash flow and the Trust's ability to make quality and safety investments. AB explained that in the new national contract for 2014/15 the c diff per case financial penalty has dropped from £50k to £10k, suggesting the DH has recognised the current disproportionate penalty regime. This matter is at the discretion of the CCG.		See Q&S report
3	**CQUIN**	2.12 2.13	Commissioning for Quality and Innovation (CQUIN) – The Committee received an update of the position with risk CQUIN targets. LT identified that the Trust did have some challenges to achieving the targets relating to pressure ulcers, Consultant post-take ward rounds within 12 hours, care of the deteriorating patient and length of stay. Other targets are still challenging, but LT felt the Trust was at this stage making good progress to achieve them. Our final Q3 position was in the process of being assessed. Full delivery was expected. A full assessment of likely Q4 performance was now underway. This will be provided to the F&P committee at the next meeting. LT updated the committee as to the CQUIN PMM that had taken the place the previous day and summarised the improvement actions underway to ensure all steps were being taken to hit delivery. The targets for Q4 were particularly challenging in some	Progress is being made in the achievement of the targets, although it is clear that there are still some challenges to overcome	Mike Proctor to update the Board on the latest position.

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	CQUIN Continued		areas and the group considered the scope for failure in this regard. Some financial risk exists in relation to delivery and as Q4 progresses the committee and Board will be kept updated.. Discussion of the 14/15 National CQUIN targets was held over until the February meeting.		
4	**Finance Report**	2.15 3.1 3.11	GL presented an overview of the finance report. He reported an I&E surplus of £0.9m, some £2.2m behind plan. The main issues contributing to the variance from plan related to the current levels of fines and penalties being incurred. These are reported as £1.8m. In addition, despite excellent progress in month with the CIP delivery, overall the Trust is currently £1.1m behind the delivery profile plan. AB commented that overall resources were being managed satisfactorily and the main issue affecting I&E target delivery was that of the contract penalties. His assertion was that these are non-recurrent in nature and therefore the underlying performance of the Trust is one of managing broadly to plan. The committee felt this was an important message and recognised that contract performance improvement is required if the Trust is to stop further ongoing contract penalties being incurred. In the short term the fact that the Trust has attracted these penalties compromises cash resources that would have been available for capital programme investment from delivery of the planned I&E surplus position. GL summarised the income position as £5.1m ahead of plan. The Committee asked about the ability of the CCG and Specialist Commissioners to pay for the additional activity. Mr Bertram advised that the issue remains a risk and has been included on the	The Committee was assured that the discussions about the additional work being undertaken are openly being discussed with the CCG, Contract Management	Andrew Bertram to provide more information if required

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Finance Report Continued		Corporate Risk Register. Discussions continue within the Contract Management Board.	Board and the Trust resulting in significant efforts being made to mitigate any risks.	
4			MS asked for an update on the position in relation to the new obligations on the CCG with regard to the non-elective 70% threshold savings (i.e, the 30% non-elective tariff) . GL explained the latest Monitor guidance in this regard places obligations on the CCG to review whether the threshold level remained appropriate and to provide transparency of investment of the savings. How this will be enacted is still the subject of discussions with the CCGs.		Andrew Bertram to update the Board on the financial impact of the 30%marginal rate threshold for non-elective work.
4			MS asked whether the updated capital forecast for 2013/14 approved at the December Board meeting had been accepted by Monitor. AB confirmed it had. The committee noted there were no issues to report in relation to progress to date against the revised trajectory. It was agreed that the2012/13 Key Financial Indicator comparison report provided by Grant Thornton would be brought to the F&P in the near future.		
5	**Efficiency Report**	3.1 3.9	DHT presented the report and highlighted the marked performance improvement evident in December. The committee noted the new format report and DHT invited any format improvement comments from the committee or Board. DHT reported 85% delivery to December with £3.4m left to deliver in Q4. Plans exist to exceed the in-year requirement. The committee noted the improvement in the recurrent delivery with 49% now delivered. This represented a downward trend on non-recurrent reliance. DHT confirmed more work was still to be done to push this further and this was underway with	The Committee was assured by the performance of the CIP, but recognised there was still work needed to achieve the Trust's planned position.	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Efficiency Report Continued		the Directorates. DHT reported on the efficiency panel discussions now considering 2-5 year directorate plans. This work is looking to assure progress but also to consider the role corporate wide delivered schemes can play. This work is in preparation for delivery of the planning documents to the Board later in the year. The committee received feedback on a recent workshop that had taken place with the Obs & Gynae directorate. This was attended by MS and LR. DHT provided an update on the Governance assessment process to protect against Q&S impacts. Of note to the committee was that Corporate Nursing and ED (York) had not completed their assessments but DHT confirmed these would be completed shortly. The committee discussed the way the risk ratings work to gain further assurance around the robustness of the process. MS summarised by saying there has been a marked improvement in December and this is to be recognised and congratulated. The review work with each directorate has proved successful in moving delivery forward. The committee discussed the size of the forward challenge and noted that in years 2 to 4 the new CIP requirement totalled £48.2m and to date the Trust had identified plans/opportunities totalling £39.1m. The committee recognised that this requirement excluded any non-recurrent carry over, estimated to be around £10m, and noted that the forward analysis excluded future non-recurrent items that will arise. Concern was expressed about the size of challenge and the relentless nature of the programme over a	The Committee gained significant assurance from the description that DHT gave around the formulation of the risk matrix for each scheme and the strength of the evidence that is required before a Directorate can receive a green rating in terms of the quality and safety impact of CIP schemes.	

	Agenda Item	AFW	Comments	Assurance	Attention to Board
	Efficiency Report Continued		significant time period, recognising that the current year is year 4 of the original 4% per annum saving.		
6	**Reference Costs 2012/13**		AB advised that the Trust had now received it's reference cost index following the recent national exercise. AB reminded the committee that for 2011/12 (as a single Trust) the Trust's RCI was 96. For 2012/13 (as a combined Trust) the Trust's RCI has increased by a single point to 97. The committee expressed surprise at this position. AB confirmed this RCI included the transition support for the acquisition which makes the efficiency of the Trust, relative to other providers, all the more notable. No action is taken with the data but the relevant position is noted and will be fed through to the contract negotiations with the CCG.		
7	**Any Other Business**		None discussed.		
8	**Next meeting**		The next meeting will be on Tuesday 18 February at 9:30am in Room 6 of the Post Grad Centre, York Hospital		

York Teaching Hospital NHS
NHS Foundation Trust

Performance Headlines 2013/14 – December

Access

18 weeks: Continued reduction in patients waiting over 36 weeks for their treatment. The trust will not hit the contractual requirement of zero patients waiting more than 36 weeks by the end of Q3

Zero patients waited over 52 weeks for treatment in December.

The Trust has achieved all 18 week targets on aggregate in December.

6wks Diagnostic: The Trust has not met this target in December. There are ongoing issues with sonography staffing at the Bridlington site and there has been a technical issue with the MRI scanner at the Scarborough site.

Sleeping Accommodation Breaches: 3 breaches occurred as a result of one incidence in Dec. These were on the Dales Unit at the Scarborough Site, caused by an am LA list overrunning in to a male GA list in the afternoon.

Recording of Expected Discharge Date (elective): the Trust continues to fall behind the 95% trajectory for this indicator by Q4, however there has been a slight improvement on the Nov position.

Reduction in number of hospital cancelled first and follow up OPAs for non clinical reasons (Scarborough): performance has worsened against baseline and is not on trajectory for delivery of 10.7% by Q4. Further investigation with Patient Access to identify the cause is ongoing.

ED: failed All Types and Type 1 targets on both sites. The Trust has given a commitment to Monitor and the CCGs to improve performance and deliver all actions agreed in the recovery plan.

Ambulance Handover : deterioration in recording of compliance target and significant increase in number of handovers taking over 30 mins and 60 mins,

CQUINS

Pressure ulcers: Community results have remained variable throughout Q3 but it is likely that they will meet their Q4 reduction target. There is significant risk that acute services will not achieve their Q4 reduction target (financial value of £225k if acute target not met).

Dementia: the Trust has failed the case finding question target in December but has delivered the 90% target for Q3 as a whole.

Care of the deteriorating patient: For the time, both sites have achieved the clerking in 4hrs 80% target in quarter. Both sites have met the Q3 requirement of improvement above the baseline for 4hrs clerking and 12 hrs PTWR. There is a significant risk that the 12 hour post take review target will not be achieved by the end of Quarter 4 (financial value of £360k if 12hr Q4 target not met)

NEWS: This target has been achieved for Q3. Actions are currently being taken to ensure delivery of the higher threshold required for Q4 (financial value of £175k if Q4 not met).

Elderly length of stay: Currently above trajectory at Scarborough and York sites, however measure will be for Q4 length of stay only. Continued reduction beyond required target Los at rehab beds should be noted.

Quality and Safety

Cdiff: Cumulative YTD position of 54 against a YTD trajectory of 32 and a total yearly target of 43.

Finance Penalties

Key Performance Indicators
April - December 2013/14 (approximate value)

18 weeks: £313,193
52 weeks: £105,000
Cdiff: £1,100,000
MRSA: £9,860
EMSA: £6,750
ED 12 hour trolley wait: £1,000
ED 4 hour target: £142,127

Total: **£1,677,930**

Monitor Issues

Quarter 3:
Actual

ED: 95% target:
18 weeks: 92% incomplete pathway – 1 month fail in quarter
Cdiff: over YTD trajectory

Potential

14 day Breast Symptomatic – reporting one month behind so end Q3 position not yet finalised

Cancer: Ongoing concern regarding Symptomatic Breast target due to patient choice and reduced radiology cover at Scarborough site. It is looking likely that this target will not be achieved for Q3. The 62 day target for NHS screening has also not been met, but it likely that this target will be met for the Quarter.			

Performance Headlines 2013/14 - December

Indicator	Section	Page
18 Weeks		
Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	Access	1
Zero tolerance RTT waits over 52 weeks	Access	1
Zero tolerance RTT waits over 36 weeks by Q3	Access	1
% of patients seen within 18 weeks for direct access audiology	Access	1
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	Access	1
Inpatients		
Sleeping Accommodation Breach	Access	1
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice	Access	1
No urgent operation should be cancelled for a second time	Access	1
All patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system on admission within 48 hours at York hospital and Scarborough hospital	Access	1
Delayed transfers of care: number of bed days	Access	1
Hospital admissions where the patients' ethnic group was recorded in electronic patient records	Access	1
Percentage of emergency admissions where A&E attendance in previous 24 hours and patient discharged from A&E	Quality & Safety	7
% Compliance with WHO safer surgery check list	Quality & Safety	7
Readmissions within 30 days – Elective	Quality & Safety	7
Readmissions within 30 days – Non-elective	Quality & Safety	7
Number of medication errors affecting CYP (under 19yrs old)	Quality & Safety	7
Number of medication errors causing serious harm affecting CYP (under 19yrs old)	Quality & Safety	7
Discharge Notifications		
Immediate Discharge letters – 24 hour standard: York Hospital	Quality & Safety	9
Immediate Discharge letters – 24 hour standard: Scar/Brid hospitals	Quality & Safety	9
Immediate Discharge Letters (IDLs) handed to patients on Discharge	Quality & Safety	9
Percentage of IDLs that meet the minimum quality for IDLs (SIGN standard)	Quality & Safety	9
Quality of ED IDLs - York	Quality & Safety	9
Quality of ED IDLs - Scarborough	Quality & Safety	9
Outpatients		
Trust waiting time for Rapid Access Chest Pain Clinic	Access	2
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons - YORK	Access	2
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons- SCARBOROUGH	Access	2
North Yorkshire Commssioners Only - First: Follow Ratios will be capped at 1:2.1 for Q1, 1:1.5 for Q2. This is subject to the Speciality Review which once complete if a revision is required to the ratio it will be applied prospectively	Access	2
Outpatient clinics cancelled with less than 14 days notice	Access	2
Provider failure to ensure that 'sufficient appointment slots' are available on Choose & Book	Access	2

Indicator	Section	Page
Emergency Department	Access	
Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Access	2
A&E: % attendances at Type 1 units where the patient spent four hours or less in A & E from arrival to transfer, admission or discharge	Access	2
	Access	2
	Access	2
Recording of **compliance** with patient handover arrangements in A&E	Access	2
All handovers between ambulance and A & E must take place within 15 minutes	Access	2
All handovers between ambulance and A & E must take place within 15 minutes	Access	2
Trolley waits in A&E	Access	2
A&E: % attendances for cellulitis and DVT that end in admission	Access	2
A&E: % re-attending (unplanned)	Access	2
A&E: % left department without being seen	Access	2
A&E: 95th percentile for time to initial assessment	Access	2
Service experience - any worsening in the aggregate score of national patient survey	Access	2
Monthly report to show patient satisfaction score for A&E department	Access	2
Cancer		
Percentage of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	Access	3
Percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	Access	3
Percentage of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	Access	3
Percentage of patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	Access	3
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	Access	3
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regime	Access	3
Percentage of patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	Access	3
Percentage of patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	Access	3

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

Indicator	Section	Page
CQUINS		
1.1 Friends & Family Test - Phased Expansion - Delivery of Friends and Family rollout for maternity services	CQUINS	4
1.2 Friends and Family Test - Increased Response Rate - Provider achieving an increase in response rate that improves on Q1 and is 20% or over	CQUINS	4
1.3 Friends and Family Test - Improved performance on the Staff Friends and Family Test - Provider having a better result in 2013/14 compared with 2012/13 (70.4), or remaining in the top quartile	CQUINS	4
2 NHS Safety Thermometer - Improvement	CQUINS	4
Reduction in prevalence of the number of patients recorded as having a category 2-4 pressure ulcer (old or new)	CQUINS	4
3.1a Dementia - Number of patients >75 admitted as an emergency who are reported as having known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question	CQUINS	4
3.1b Dementia - Number of above patients reported as having had a diagnosis assessment including investigations	CQUINS	4
3.1c Dementia - Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners	CQUINS	4
3.2 Dementia - Clinical Leadership10/09/2013 named lead clinician and submit training plan to be delivered by March 2014	CQUINS	4
3.3 Dementia - Supporting Carers of People with Dementia - monthly audit 6 monthly - Report on feedback from Carers to Commissioners	CQUINS	4
4.1 VTE Risk Assessment	CQUINS	5
4.2 VTE Root Cause Analysis	CQUINS	5
5.11 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of admissions through AMU and	CQUINS	5
Cherry	CQUINS	5
5.12 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of all acute medical, elderly	CQUINS	5
medical and	CQUINS	5
5.2 Care of the Deteriorating Patient at York and Scarborough Hospitals - Identification, Response & Management - Adults (excluding Obstetrics, ICU/HDU, SCBU,	CQUINS	5
Day Cases, Children and Paediatrics). - Number of patients who have observations recorded producing NEWS score within 1 hour of prescribed time - No of patients with NEWS score trip with escalation of care within 15 minutes to appropriate clinician. - Quality of escalation response - Trust to produce a quaterly report on actions taken and improvements made to care pathways	CQUINS	5
5.3 Full implementation of NEWS and PAWS across both York and Scarborough Hospitals by Q4, excluding Paediatrics, SCBU, Obstetrics, ICU/HDU and Day Cases.	CQUINS	5
6a: A reduction in the average length of stay in the acute elderly medicine bed base of York	CQUINS	6
6b: A reduction in the average length of stay in the acute elderly medicine bed base of Scarborough Hospitals	CQUINS	6
6c: A reduction in the average length of stay in the acute elderly medicine bed base of the rehab beds at White Cross Court and St Helen's	CQUINS	6
7.1 Effective Discharge - Self-Management Care Plans on Discharge: Q1 Clinical Engagement, Q2 Implementation, Q3 & Q4 Rollout	CQUINS	6
7.2 Effective Discharge - Nursing Assessments - 80% of patients to have a combined nursing risk assessment on emergency admission with a LoS greater than 24 hrs - 100% of these assessments should be made available to the NCT via access to CPD	CQUINS	6
8.1 Respiratory - Asthma - bi-annual audit of patients attending ED with asthma discharged	CQUINS	6
home with completed care bundle	CQUINS	6
9 Level 2 Accreditation to be achieved at Scarborough Hospital by end of Q3	CQUINS	6

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Oct	Nov	Dec	Q3 Actual
18 Weeks								
Percentage of admitted patients starting treatment within a maximum of 18 weeks from referral	**Monthly:** **Specialty fail:** 37.5% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice **Quarterly:** 1 Monitor point	**90%**	90.2%	90.4%	91.4%	90.8%	90.0%	90.8%
Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	**Monthly:** Specialty fail: 12.5% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice **Quarterly:** 1 Monitor point	**95%**	95.0%	95.3%	95.1%	95.7%	96.4%	95.7%
Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	**Monthly:** Specialty fail: 50% of Contract Month Elective Care 18 Weeks Revenue for specialty Performance Notice **Quarterly:** 1 Monitor point	**92%**	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Zero tolerance RTT waits over 52 weeks	£5000 per patient waiting over 52 weeks	**0**			2	0	0	
Zero tolerance RTT waits over 36 weeks by Q3	Performance Notice (VoY)	**0**			193	177	170	
% of patients seen within 18 weeks for direct access audiology	Performance Notice	**95%**	99.9%	99.9%	100.0%	100.0%	99.9%	100.0%
Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	2% of revenue from provision of service line	**99%**	99.0%	99.3%	99.4%	99.0%	98.5%	99.0%
Inpatients								
Sleeping Accommodation Breach	£250 per patient per day	**0**	0	24	0	0	3	3
All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice	Non payment of costs associated with cancellation and non payment or reimbursement of re-scheduled episode of care	**0**	1	0	0	0	0	0
No urgent operation should be cancelled for a second time	Non payment of costs associated with cancellation and non payment or reimbursement of re-scheduled episode of care	**0**	0	0	0	0	0	0
All patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system on admission within 48 hours at York hospital and Scarborough hospital	Exception Report to be provided where the target failed in any one month (ER)	**95% by Q4 (Elective)**			83.3%	83.3%	84.2%	
Delayed transfers of care: number of bed days	Performance Notice	**None - indicator to inform 14/15**			432	492	to follow	
Hospital admissions where the patients' ethnic group was recorded in electronic patient records	Performance Notice (VoY)	**End Q3 >88%** **End Q4 >90%**			90.6%	89.6%	89.0%	89.8%

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Oct	Nov	Dec	Q3 Actual
Outpatients								
Trust waiting time for Rapid Access Chest Pain Clinic	Performance Notice (ER)	**98%**			100.0%	100.0%	100.0%	100.0%
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons - YORK	Performance Notice (ER)	**York Baseline 11.1% to achieve 10.74% By Q4**			10.5%	9.5%	10.0%	10.0%
Reduction in number of hospital cancelled first and follow up outpatient appointments for non clinical reasons- SCARBOROUGH	Performance Notice (ER)	**Scarborough baseline 11.2% to achieve 10.7% by Q4**			15.6%	15.0%	16.3%	15.6%
North Yorkshire Commssioners Only - First: Follow Ratios will be capped at 1:2.1 for Q1, 1:1.5 for Q2. This is subject to the Speciality Review which once complete if a revision is required to the ratio it will be applied prospectively	£	**1:1.5 (Q2 on)**	2.06	1.85	1.87	1.84	1.86	1.86
Outpatient clinics cancelled with less than 14 days notice	Performance Notice (VoY)	**Baseline 258 End Q2 <258 End Q3 <254 End Q4 <250**			175	163	153	
Provider failure to ensure that 'sufficient appointment slots' are available on Choose & Book	Performance Notice ER and VOY	**>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%**			1.5%	11.6%	1.6%	5.0%
Emergency Department								
Percentage of A & E attendances where the patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**95%**	96.3%	94.1%	94.2%	92.6%	93.2%	93.4%
A&E: % attendances at Type 1 units where the patient spent four hours or less in A & E from arrival to transfer, admission or discharge	Performance Notice	**Q1 90%; Q2 90%; Q3 95%**	York: 95.0% Scar: 95.1% Total: 95.1%	York: 93.2% Scar: 88.6% Total: 91.5%	York: 92.5% Scar: 91.1% Total: 92.0%	York: 89.5% Scar: 90.7% Total: 89.9%	York: 90.6% Scar: 91.1% Total: 90.8%	York: 90.9% Scar: 91.0% Total: 90.9%
Recording of **compliance** with patient handover arrangements in A&E	£5 per patient from Q3 onwards	**Q1 90% Q2 90% Q3 95%**	82.3%	83.7%	94.9%	93.8%	88.1%	92.3%
All handovers between ambulance and A & E must take place within 15 minutes	£200 per patient waiting over 30 minutes from Q3	**> 30min**	595	762	230	217	252	699
All handovers between ambulance and A & E must take place within 15 minutes	£1000 per patient waiting over 60 minutes from Q3	**> 60min**	135	284	99	76	105	280
Trolley waits in A&E	£1000 per breach	**> 12 hrs**	0	1	0	0	0	0
A&E: % attendances for cellulitis and DVT that end in admission	Quarter: Performance Notice	**> 12/13 Avg**	17.0%	17.3%				23.7%
A&E: % re-attending (unplanned)	Quarter: Performance Notice	**> 5%**	3.0%	3.2%	3.4%	3.0%	2.9%	3.1%
A&E: % left department without being seen	Quarter: Performance Notice	**> 5%**	3.0%	4.7%	4.7%	4.6%	3.7%	4.3%
A&E: 95th percentile for time to initial assessment	Quarter: Performance Notice	**>15mins by end Q2**			81	79	80	
Service experience - any worsening in the aggregate score of national patient survey	Annual: Performance Notice							
Monthly report to show patient satisfaction score for A&E department	Performance notice	**none**			50	46	38	

Contracted Performance Requirements 2013/14: Access Targets

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Oct	Nov	Dec	Q3 Actual
Cancer (one month behind due to national reporting timetable)								
Percentage of patients waiting no more than two months (62 days) from urgent GP referral to first definitive treatment for cancer	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**85%**	88.2%	89.4%	94.1%	87.9%	not available yet	
Percentage of patients waiting no more than 62 days from referral from an NHS screening service to first definitive treatment for all cancers	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**90%**	98.7%	90.5%	94.7%	91.8%	not available yet	
Percentage of patients waiting no more than 62 days for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)	**Monthly:** 2% of revenue from provision of service line	**85%**	none	100.0%	100.0%	100.0%	not available yet	
Percentage of patients waiting no more than one month (31 days) from diagnosis to first definitive treatment for all cancers	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**96%**	99.3%	99.3%	98.3%	99.5%	not available yet	
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is surgery	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**94%**	95.3%	97.8%	92.9%	100.0%	not available yet	
Percentage of patients waiting no more than 31 days for subsequent treatment where that treatment is an anti-cancer drug regime	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 1 Monitor point	**98%**	100.0%	99.5%	100.0%	100.0%	not available yet	
Percentage of patients referred urgently with suspected cancer by a GP waiting no more than two weeks for first outpatient appointment	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 0.5 Monitor point	**93%**	95.6%	94.2%	96.8%	95.3%	not available yet	
Percentage of patients referred urgently with breast symptoms (where cancer was not initially suspected) waiting no more than two weeks for first outpatient appointment	**Monthly:** 2% of revenue from provision of service line **Quarterly**: 0.5 Monitor point	**93%**	94.7%	93.1%	88.3%	79.9%	not available yet	

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Oct	Nov	Dec	Q3 Actual	Comments
N1: Friends and Family Test [To improve the experience of patients in line with the domain 4 of the NHS Outcomes Framework]										
1.1 Friends & Family Test Phased Expansion - Delivery of Friends and Family rollout for maternity services		0.0375%	£135,000	Milestones for delivery: End Oct and End March 2014						
1.2 Friends and Family Test - Increased Response Rate Provider achieving an increase in response rate that improves on Q1 and is 20% or over	Q1: 15% Q4: 20%	0.0500%	£180,000	9.8%	19.9%	23.6%	37.4%	31.0%	30.3%	
1.3 Friends and Family Test - Improved performance on the Staff Friends and Family Test Provider having a better result in 2013/14 compared with 2012/13 (70.4), or remaining in the top quartile		0.0375%	£135,000							
N2: Safety Thermometer										
2 NHS Safety Thermometer - Improvement Reduction in prevalence of the number of patients recorded as having a category 2-4 pressure ulcer (old or new)	2.9%	0.0625%	£225,000	5.4%	4.6%	3.0%	4.0%	4.4%	3.8%	Acute
	7.46%	0.0625%	£225,000	9.9%	8.6%	7.3%	6.3%	8.7%	7.3%	Community
N3: Dementia										
3.1a Dementia - Number of patients >75 admitted as an emergency who are reported as having known diagnosis of dementia or clinical diagnosis of delirium, or who have been asked the dementia case finding question	90%	0.0750%	£270,000	94.0%	92.5%	92.0%	92.8%	86.2%	90.3%	
3.1b Dementia - Number of above patients reported as having had a diagnosis assessment including investigations	90%			97.6%	99.2%	98.4%	98.9%	100%	99.1%	
3.1c Dementia - Number of above patients referred for further diagnostic advice in line with local pathways agreed with commissioners	90%			99.0%	100.0%	98.0%	98.6%	100%	98.9%	
3.2 Dementia - Clinical Leadership10/09/2013 named lead clinician and submit training plan to be delivered by March 2014		0.0125%	£45,000	Reported twice (pre-April 2013, March 2014)						
3.3 Dementia - Supporting Carers of People with Dementia - monthly audit 6 monthly - Report on feedback from Carers to Commissioners		0.0375%	£135,000		6 monthly reporting					

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Oct	Nov	Dec	Q3 Actual	Comments
N4: VTE										
4.1 VTE Risk Assessment	95%	0.1250%	£450,000	95.0%	96.1%	97.1%	98.6%	97.6%	97.8%	
4.2 VTE Root Cause Analysis				96.2%	81.5%	71.4%	80.0%	to follow		Q2 provisional as still within '90 day rule'
N5: Care of the Deteriorating Patient										
5.11 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of admissions through AMU and Cherry will be reviewed within 4 hours of admission	Q4: 80%	0.4000%	£1,440,000	80.3%	88.4%	80.7%	79.5%	85.0%	81.7%	York
	Q4: 80%				74.1%	78.4%	81.6%	79.9%	80.0%	Scarborough
5.12 Care of the Deteriorating Patient on Acute Medical Assessment Units at York and Scarborough Hospitals - Admissions - 80% of all acute medical, elderly medical and orthogeriatic patients to have a Consultant post take ward round consultation within 12 hours of arrival.	Q4: 80%			68.5%	71.5%	71.2%	73.9%	77.6%	74.1%	York
	Q4: 80%				52.9%	54.4%	61.6%	65.6%	60.6%	Scarborough
5.2 Care of the Deteriorating Patient at York and Scarborough Hospitals - Identification, Response & Management - Adults (excluding Obstetrics, ICU/HDU, SCBU, Day Cases, Children and Paediatrics). - Number of patients who have observations recorded producing NEWS score within 1 hour of prescribed time - No of patients with NEWS score trip with escalation of care within 15 minutes to appropriate clinician. - Quality of escalation response - Trust to produce a quaterly report on actions taken and improvements made to care pathways	Q2 70% Y&S; Q3 80% Y&S; Q4 90% Y&S	0.4000%	£1,440,000	64.7%	65.5%	79.1%	77.9%	76.0%	77.7%	1hr Obs
	Q2-4				Quarterly audit	Quarterly audit				Quality of escalation response
5.3 Full implementation of NEWS and PAWS across both York and Scarborough Hospitals by Q4, excluding Paediatrics, SCBU, Obstetrics, ICU/HDU and Day Cases.		0.1000%	£360,000	Implementation plan agreed by Q2		Full implementation by Q4				

Indicator	Target	Weighting	Financial Value	Q1 Actual	Q2 Actual	Oct	Nov	Dec	Q3 Actual	Comments
N6: Reduce Length of Stay on Elderly Medicine Bed Base										
6a: A reduction in the average length of stay in the acute elderly medicine bed base of York	100% 9 days; 75% 9.2 days; 50% 9.5 days	0.0500%	£180,000	9.62	10.84	10.10	10.40	9.82	10.10	
6b: A reduction in the average length of stay in the acute elderly medicine bed base of Scarborough Hospitals	100% 10 days; 75% 10.16 days; 50% 10.32 days	0.0500%	£180,000	11.17	10.71	10.46	13.72	11.85	11.89	
6c: A reduction in the average length of stay in the acute elderly medicine bed base of the rehab beds at White Cross Court and St Helen's.	100% 50 days; 75% 51.17 days; 50% 52.3 days	0.1000%	£360,000	53.14	48.79	51.31	38.69	39.70	43.53	
N7: Effective Discharge										
7.1 Effective Discharge - Self-Management Care Plans on Discharge Q1 Clinical Engagement, Q2 Implementation, Q3 & Q4 Rollout	Q4: 60%	0.2500%	£900,000	Implementation plan agreed by Q2		to follow				
7.2 Effective Discharge - Nursing Assessments - 80% of patients to have a combined nursing risk assessment on emergency admission with a LoS greater than 24 hrs - 100% of these assessments should be made available to the NCT via access to CPD		0.0500%	£180,000	Implementation plan agreed by Q2		Full implementation by Q4				
N8: Respiratory										
8.1 Respiratory - Asthma - bi-annual audit of patients attending ED with asthma discharged home with completed care bundle	75%	0.0500%	£180,000	Q2 baseline only						Under 19
	75%									Over 19
N9: Stroke Accreditation										
9 Level 2 Accreditation to be achieved at Scarborough Hospital by end of Q3		0.5000%	£1,800,000	Interim accreditation achieved						

Contracted Performance Requirements 2013/14: Quality and Safety

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Oct	Nov	Dec	Q3 Actual
Infection Prevention								
Rates of Clostridium difficile	*Schedule 4 part H (confirm calc)* **Quarterly:** 1 Monitor point	**> 43 annual**	21	12	5	8	9	21
Zero tolerance MRSA - **NO LONGER A MONITOR TARGET FROM OCT 2013**	Non payment of inpatient episode **Quarterly:** 1 Monitor point	**0**	0	2	0	0	0	0
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	Non payment of inpatient episode (VoY)	**30 annual**	10	9	0	4	2	6
Mortality								
Mortality - HSMR - to maintain or improve against the 12/13 outturn position	Performance Notice (ER) with the exception of any imposed financial penalty (VOY)	**>= 12/13**						
Mortality - SHMI - to maintain or improve against the 12/13 outturn position	Performance Notice (ER) with the exception of any imposed financial penalty (VOY)	**>= 12/13**	1.04	1.02				not yet published
Number of Inpatient Deaths	none - monitoring only	**none**			139	181	186	
Inpatients								
Percentage of emergency admissions where A&E attendance in previous 24 hours and patient discharged from A&E	Performance Notice - (VoY) with the exception of any imposed financial penalty for breaches at Scarborough Hospital	**Baseline 3.8%** **End Q2 <3.8%** **End Q3 <3.4%** **End Q4 <3%**			2.6%	3.2%	3.0%	
% Compliance with WHO safer surgery check list	Non-compliance of any areas will require RCA and Remedial Action Plan £500 penalty if not achieved within 3 consecutive months (ER)	**95%**	Written assurance					
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn** **awaiting figure from CCG**	394	310	99	to follow	to follow	to follow
Readmissions within 30 days – Non-elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn** **awaiting figure from CCG**	1267	1076	333	to follow	to follow	to follow
Number of medication errors affecting CYP (under 19yrs old)	Performance Notice (ER)	**none**						
Number of medication errors causing serious harm affecting CYP (under 19yrs old)	Performance Notice (ER)	**none**						
Stroke/TIA								
Proportion of stroke patients who spend >90% of their time on a stroke unit	Performance Notice (ER)	**80% (York)**	86.0%	89.1%	94.9%	96.8%	to follow	to follow
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours of first contact with a health professional	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	**60% (VoY)** **75% York (ER)**	74.5%	78.8%	75.0%	79.3%	to follow	to follow
Percentage of patients presenting with stroke with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter for anti-coagulation	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	**60%**	70.8%	81.8%	77.8%	88.9%	to follow	to follow
Percentage of patients and carers with joint care plans on discharge from hospital. Percentage of patients with confirmed stroke who have a copy of their joint care plan on discharge from hospital subject to exceptions included in guidance (except patients RIP or who refuse a health/social care assessment/intervention)	Performance Notice (ER) with the exception of any imposed financial penalty for breaches at Scarborough (VoY)	**85% by Q4 for York site only (ER)**						
% of stroke patients scanned within 24 hours of hospital arrival	Performance Notice	**100%**	86.9%	82.0%	83.7%	84.6%	to follow	to follow

Contracted Performance Requirements 2013/14: Quality and Safety

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Oct	Nov	Dec	Q3 Actual
Maternity								
Women who see a midwife or maternity healthcare professional by 12 weeks and 6 days of pregnancy	Performance Notice	**90%**	91.6%	93.3%	92.1%	91.4%	to follow	to follow
Number/percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service – subject to patient consent	Performance Notice	**100% (VoY) 95% (ER)**	100.0%	100.0%	100.0%	100.0%	to follow	to follow
Percentage of maternity patients recorded as smoking at delivery that are referred to a smoking cessation service– subject to patient consent	Performance Notice (VoY)	**90% offered a referral, 100% of those consenting referred VoY and ER**	100.0%	100.0%	100.0%	100.0%	to follow	to follow
% of women initiating breast feeding.	Performance Notice	**60%**	68.3%	71.5%	71.2%	70.1%	to follow	to follow
Number of term babies admitted to NICU or SCBU	Performance Notice	**none**	29	40	9	8	to follow	to follow
Number of adverse midwifery/obstetric related incidents	Performance Notice	**none**	0	0	0	0	to follow	to follow
Number/percentage of women recorded as smoking by 12 weeks and 6 days	Performance Notice	**none**	202	225	63	27	to follow	to follow
Number of babies born between 32 and 36 weeks	Performance Notice	**none**	65	63	24	20	to follow	to follow
Number of babies born between 28 and 31 weeks	Performance Notice	**none**	4	10	1	3	to follow	to follow
Number of babies born between 24 and 27 weeks	Performance Notice	**none**	4	5	2	0	to follow	to follow
Number of babies born under 24 weeks	Performance Notice	**none**	0	0	0	0	to follow	to follow
Number of babies put to the breast within 1 hour of birth (Breast feeding initiation report)	Performance Notice	**none**	641	932	312	286	to follow	to follow
Discharge Notifications								
Immediate Discharge letters – 24 hour standard: York Hospital	Quarterly: Performance Notice (VoY) £3k per quarter (ER)	**90% - Q2 92% - Q3 93% - Q4**		65.3%	67.9%	68.5%	71.0%	69.1%
Immediate Discharge letters – 24 hour standard: Scar/Brid hospitals	Quarterly: Performance Notice (VoY) £3k per quarter (ER)	**30% - Q2 60% - Q3 90% - Q4**		32.5%	35.7%	36.8%	37.6%	36.7%
Immediate Discharge Letters (IDLs) handed to patients on Discharge	Quarterly: Performance Notice (VoY)	**98%**	Written assurance					
Percentage of IDLs that meet the minimum quality for IDLs (SIGN standard)	Quarterly: Performance Notice (VoY) £7k per quarter (ER)	**90% Q4**						
Quality of ED IDLs - York	Quarterly: £6k per quarter (ER)	**Q1: 80% Q2: 83% Q3: 85% Q4: 90%**	Quarterly audit of 60 Pts		Quarterly audit of 60 Pts			
Quality of ED IDLs - Scarborough	Quarterly: £6k per quarter (ER)	**Q2 - 30% Q3 - 60% Q4 - 90%**	Quarterly audit of 60 Pts		Quarterly audit of 60 Pts			

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 January 2014

Finance Report

Action requested/recommendation

To note the contents of this report.

Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 31st December 2013.

At the end of December, there is an Income and Expenditure surplus of £0.9m (after restructuring costs of £0.7m) against a planned surplus for the period of £3.1m, and an actual cash balance of £24.4m. The Income and Expenditure position places the Trust behind it's Operational plan.

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

Implications for equality and diversity

None directly identified.

Reference to CQC outcomes

No reference to CQC outcomes.

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

Date of paper	January 2014
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Briefing Note for the Finance & Performance Committee Meeting 21 January 2014
Briefing Note for the Board of Directors Meeting 29 January 2014

Subject: December 2013 Financial Position (Quarter Three)

From: Andrew Bertram, Finance Director

Summary Reported Position for December 2013

The attached income and expenditure account shows an actual £0.9m surplus of income over expenditure. This is £2.2m behind the Trust's operational plan of an expected surplus of income over expenditure of £3.1m.

This represents a broadly static surplus position over recent months. Whilst our position remains positive in terms of maintenance of expenditure at a level lower than income receipts we have not made any improvement against our failure to hit plan.

In summary terms the variance to plan can be mostly explained by our triggering of contract penalties. The most material of these is the pessimistic view of c diff penalties I have reported this month. At the close of the reporting period there were 54 cases against the pro-rata trajectory of 32 cases (43 cases in full year terms). In year we are, therefore, 22 cases at £50k per case adrift of our trajectory. This totals a penalty, if applied by the CCGs, of £1.1m.

Of note is that the position includes restructuring costs of £0.7m relating to redundancy and MARS and donated income of £0.5m. Both are excluded in Monitor's assessment of our position.

Income Analysis

The income position is based on coded and costed April to November activity and an estimate has been used for December (based on reported activity levels but using average specialty costs). At this stage overall income is assessed to be £5.1m ahead of plan.

This remains of concern in terms of CCG affordability. The position is openly discussed with the CCGs in the Contract Management Board and the associated Finance and Performance Subgroup meetings.

The Board are well aware of the position in relation to contract penalties. In the December position we are assuming penalties of £0.6m with a further risk of £1.1m from c diff. An analysis of these is included in the finance report.

We have significantly reduced the number of follow up patients the Trust has seen under the CCG's QIPP initiative. The Board are aware of the work done to establish Condition

Registers at specialty level in order to evidence the need for secondary care follow up. These registers are now routinely used and embedded in practice. We are now seeking formal agreement to reflect the Condition Registers in our contract as a basis for payment, as agreed with the CCGs prior and during the follow up initiative work. The reported income position assumes fair payment for work done in good faith and in line with the registers. We are now in the process of clinically reviewing the registers with the CCGs and seeking to identify future year QIPP and CIP initiatives. Whilst this QIPP has undoubtedly been successful, the pressure on CCG finances will require further action. This remains a source of debate within the CCGs but also through the Collaborative Improvement Board.

Expenditure Analysis

Pay is reported as £1.7m overspent. Of note is that there has been no significant deterioration in the position this month. This is the net position after release of reserves for escalation areas and other agreed developments. Pressures in the main relate to premium costs associated with the continued and necessary use of temporary staff plus costs associated with higher than planned levels of extra contractual work necessary to meet access targets.

The balance of the pay cost pressure is not easily attributable to a single issue but is varied in nature. These pressures form part of the PMM discussions with directorates. A notable pressure area is agency staff to support unplanned increased Chlor Cleans on site (£130k) as part of our infection control strategy. There is likely to be further pressure from infection control improvement issues as we consider further expansions of Chlor cleans, alternative cleaning products and the potential extended use of HPV cleaning techniques.

Drug costs are over spent by £2.5m with this almost exclusively relating to pass through drug costs excluded from tariff (particularly high cost rheumatology and oncology drugs). There is corresponding additional income in this regard. There are no operational drug pressures to report in terms of regular tariff funded drug expenditure. Pressure in this budget area is causing Specialist Commissioners significant concern and this is reflected in a material growth pressure nationally as well as that experienced locally.

Clinical supplies and services are overspent by £252k. This is primarily due to pressure on excluded from tariff devices for which there is a direct income charge. There are no issues I would wish to bring to the Board's attention.

The report shows that the CIP programme is impacting adversely on the position by £1.1m. This represents a significant improvement from that reported in recent months and is dealt with in the CIP report. This continues to place pressure on the reported income and expenditure position but is being compensated for by additional income and slippage on planned developments.

Contracting Matters

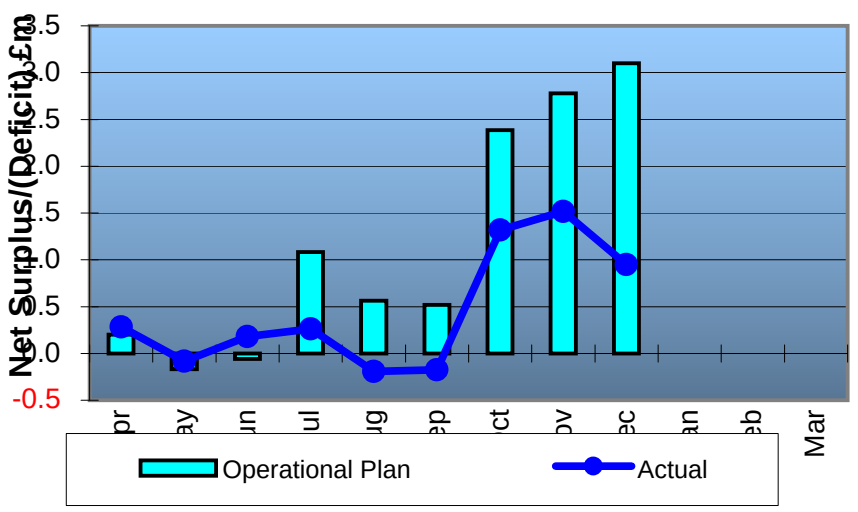
There are no contracting issues I would wish to bring to the Board's attention.

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

High Level Overview

* A net I&E surplus for the period of £0.9m means the Trust is £2.2m behind plan.
* CIPs achieved at the end of December total £19.9m. The CIP position is running £1.1m behind plan.
* Contract penalties of £0.6m have been incurred for 18-wks, A&E, 52 wk breaches and other issues. 22 c diff cases are reported above pro-rata trajectory incurring a penalty of £1.1m if invoked by the CCGs.
* Cash balance is £24.4m, and is £7.7m behind plan.
* Capital spend totalled £8.1m, and is marginally ahead of revised plan.
* The old style provisional Monitor Financial Risk Rating is 3, which is on plan.
* The provisional Continuity of Service Risk Rating is 4.

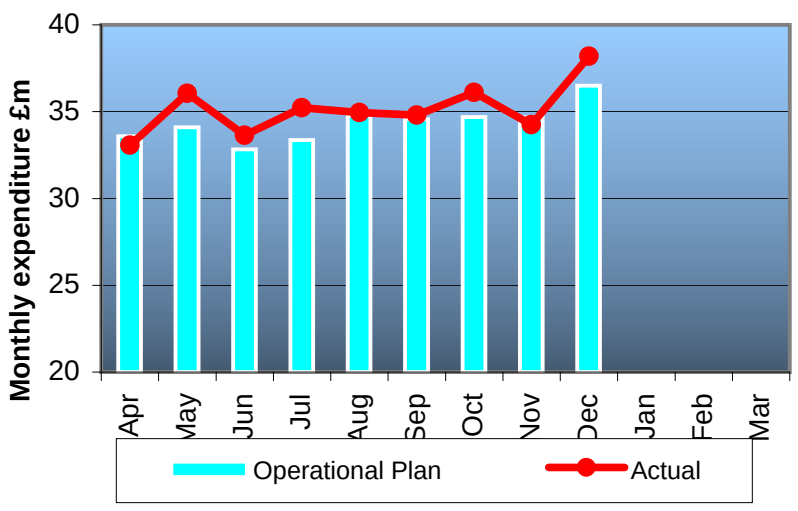
Net Income & Expenditure



Key Period Operational Variances

	Plan £m	Act.£m	Var. £m
Clin.Inc.(excl. Lucentis)	275.9	283.2	7.3
Clin.Inc.(Lucentis)	7.7	4.4	-3.3
Other Income	41.0	42.1	1.1
Pay	-214.4	-216.1	-1.7
Drugs	-26.2	-28.7	-2.5
Consumables	-30.9	-31.1	-0.3
Other Expenditure	-37.6	-40.5	-2.9
	15.6	**13.4**	**-2.2**

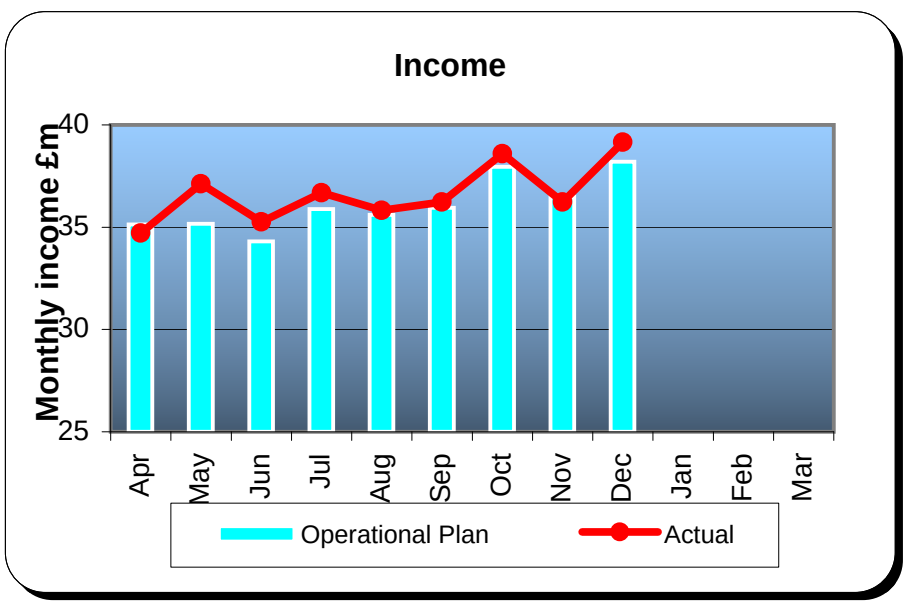
Expenditure



At the end of December there is an adverse variance against operational expenditure budgets of £7.3m. This comprises:-

- Operational pay being £1.7m overspent.
- Drugs £2.5m overspent, mainly due to pass through costs linked to drugs excluded from tariff.
- Clinical supplies £0.3m overspent.
- Other costs are £1.0m overspent relating to miscellaneous issues, offset by slippage on planned investments
- Restructuring costs are £0.7m overspent
- CIPs are £1.1m behind plan

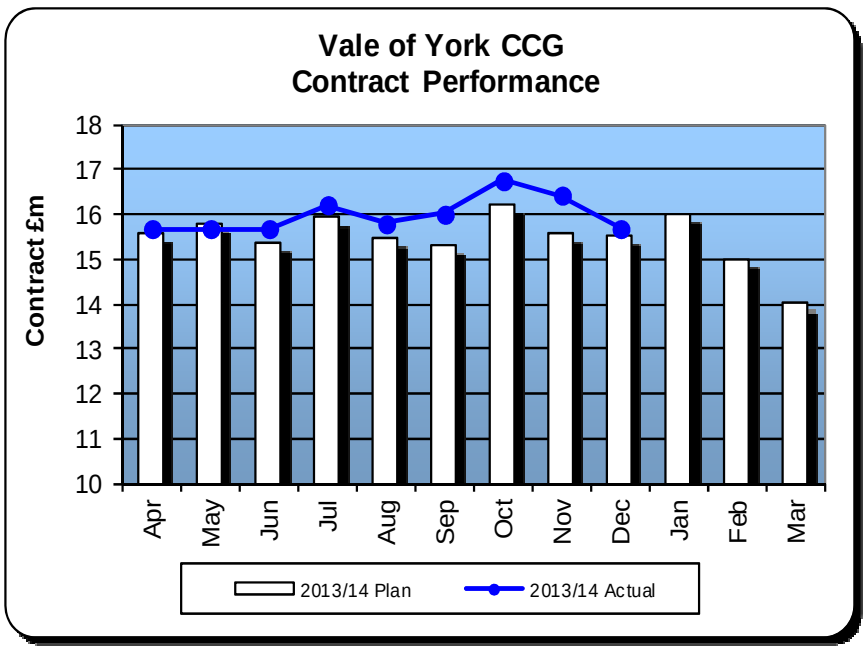
Income



At the end of December income is ahead of plan by an estimated £5.1m. This comprises:

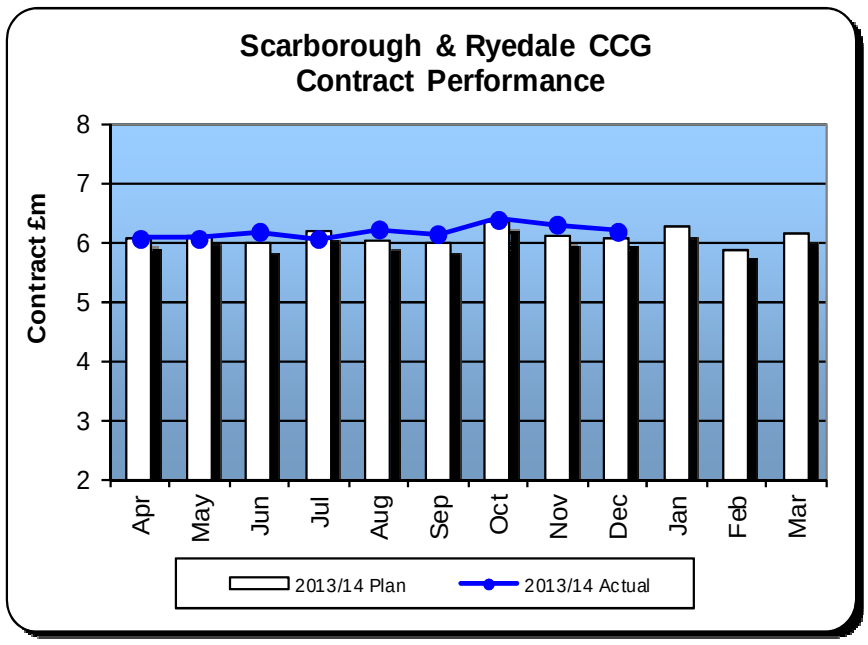
- Elective and day case income are ahead of plan by £1.3m.
- Non elective income is £0.5m below plan.
- Community income is marginally ahead of plan by £0.3m.
- Out patient income is behind plan by £0.3m
- A&E is ahead of plan £0.4m.
- Other clinical income is ahead of plan by £3.4m.
- Other income is £1.1m ahead of plan

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



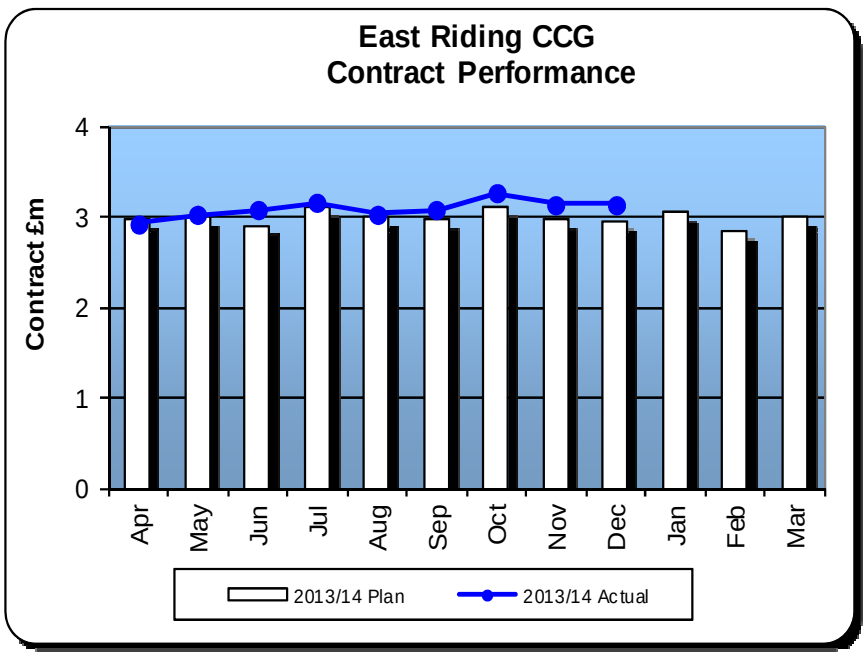
The contract value is £185.7m.

The contract is ahead of plan by £3.1m and includes estimates for the month of December



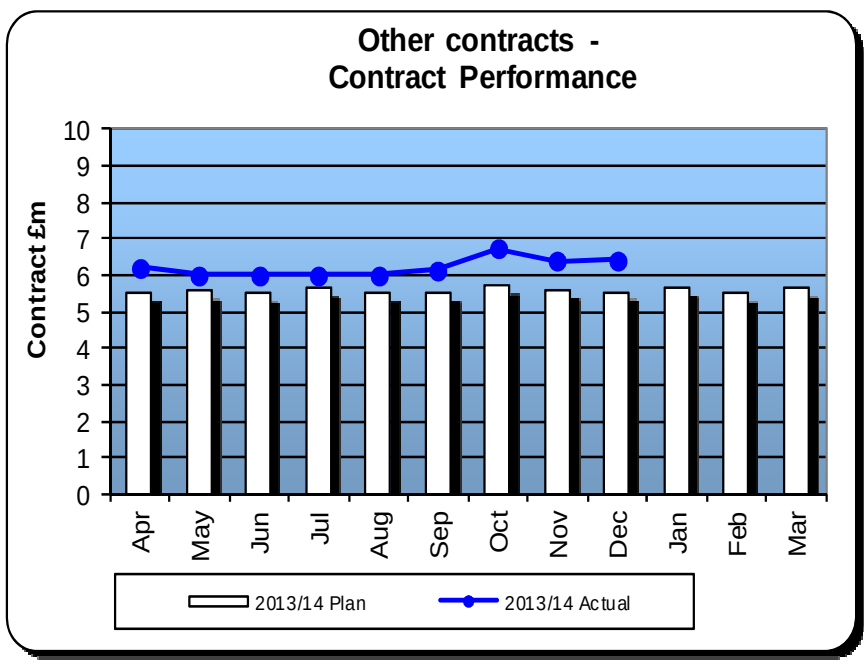
The contract value is £73.1m.

The contract is ahead of plan by £0.7m and includes estimates for December



The contract value is £35.8m

The contract is ahead of plan by £0.9m, and includes estimates for December.



The total contract value is £67.0m

These include the smaller CCG contracts, NHS England (both public health services and prescribed specialist services), and Local Authority contracts. Overall contracts are ahead of plan by an estimated £5.8m. Prescribed specialist services are £4.4m ahead of plan, and Hambleton, Whitby and Richmondshire CCG is £0.5 ahead of plan. These positions include estimates for December.

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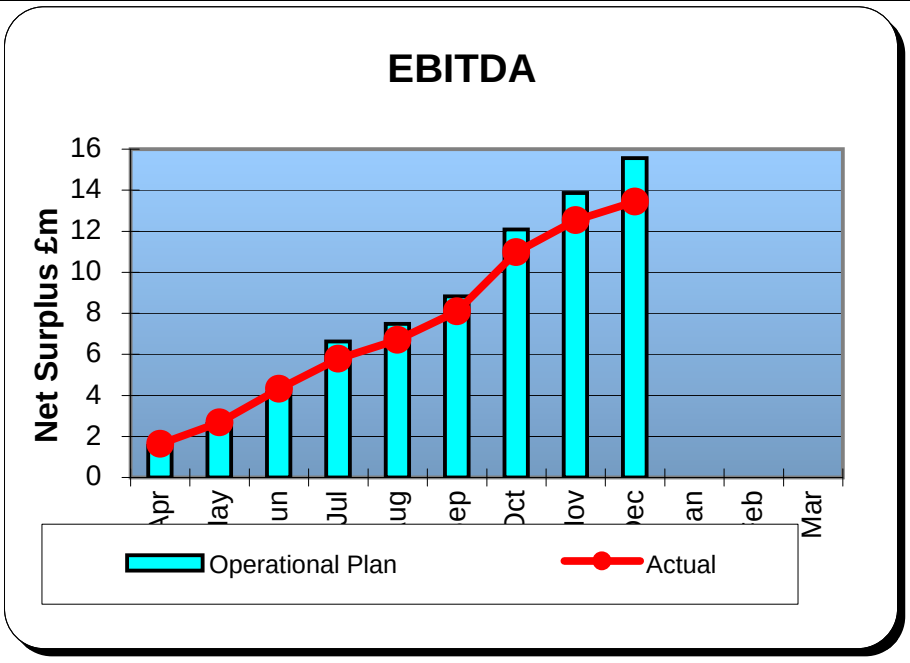
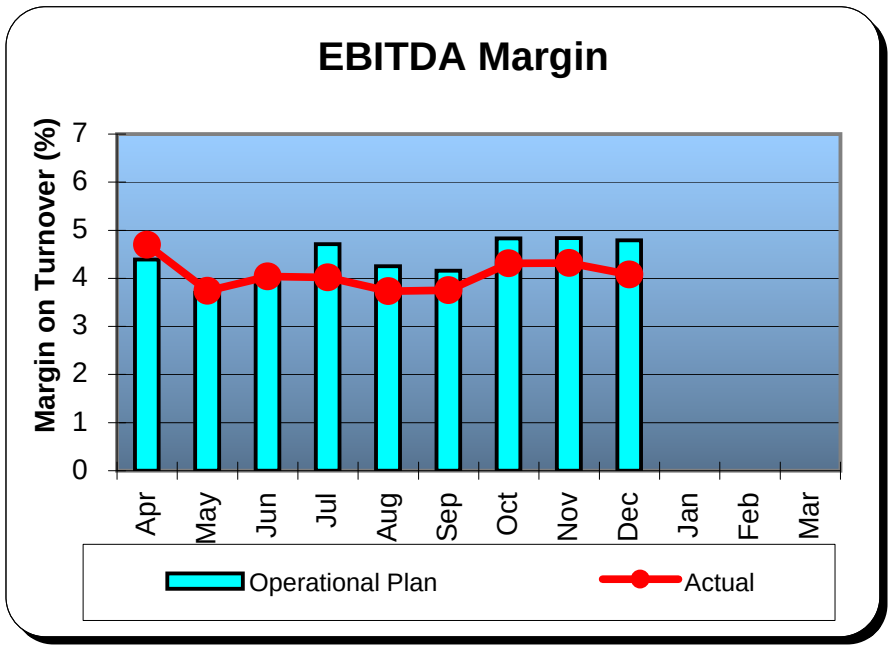
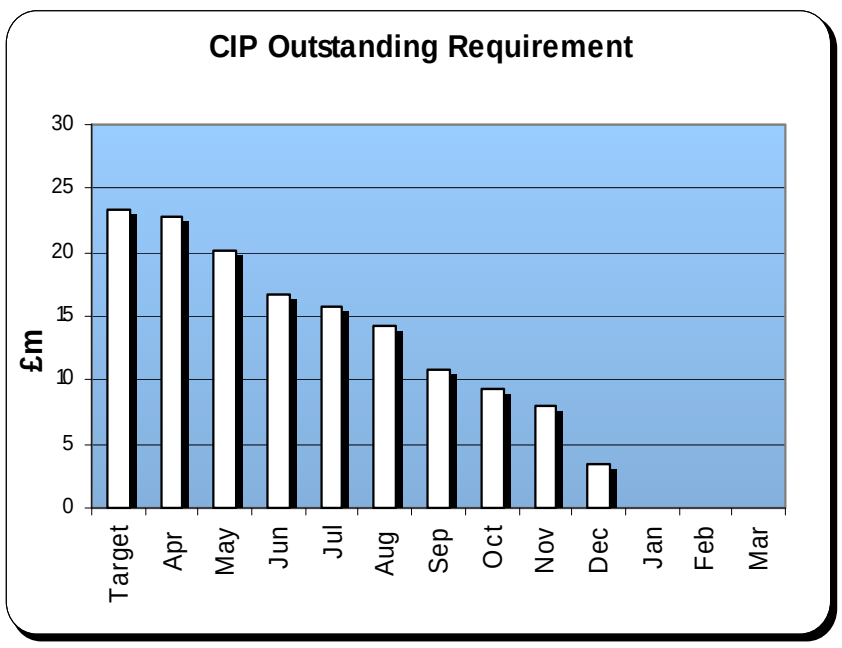
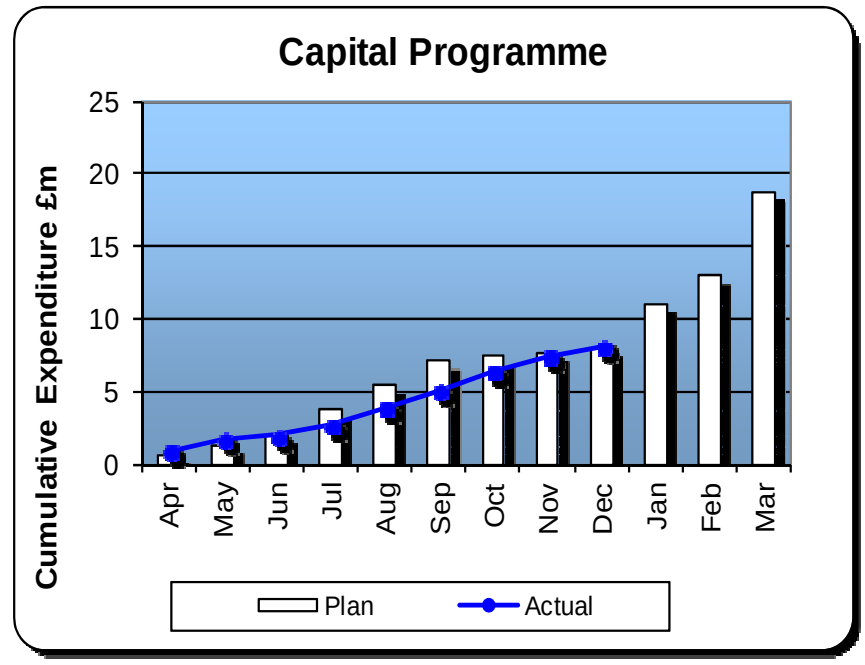




Actual EBITDA at the end of December is £13.4m (4.08%), compared to operational plan of £15.6m (4.79%), and is reflective of the overall I&E performance.



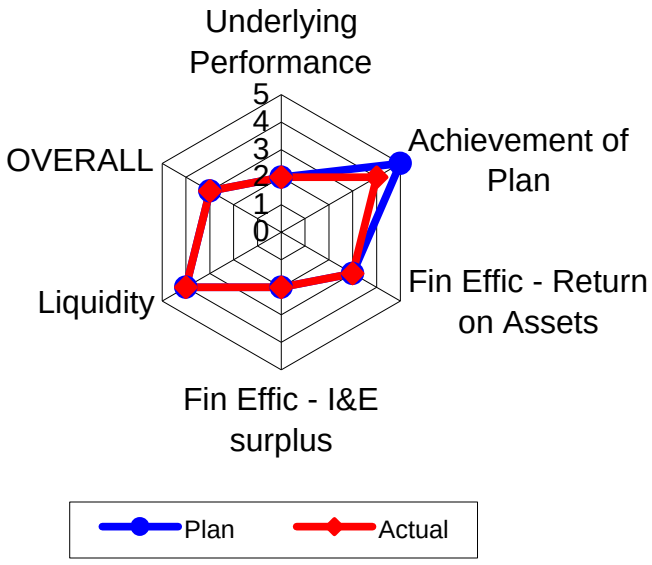
The full year efficiency requirement is £23.4m. At the end of December £19.9 m has been cleared.



Capital expenditure to the end of December totalled £8.1m and is £0.8m ahead of plan.

Capital schemes with significant in year spend to date include the pharmacy robot now complete, the maternity theatre upgrade at SGH, upgrade of ward kitchens in York, 2nd CT scanner replacement, the carbon & energy scheme.

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

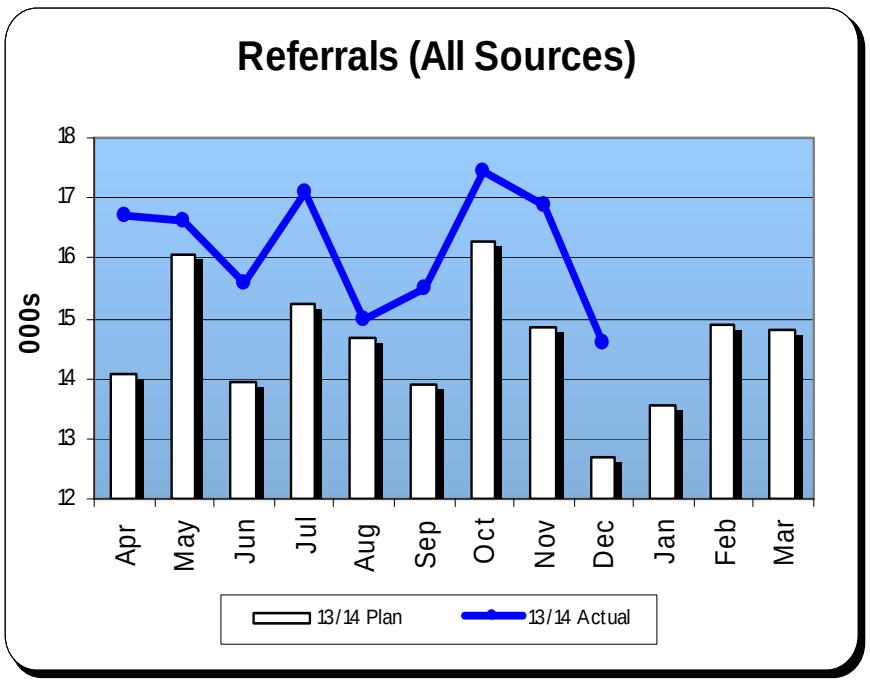


The Trust's provisional overall FRR for the year to date is 3, which is in line with the plan submitted to Monitor.

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

Continuity of Service Risk Rating (CoSSR):

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



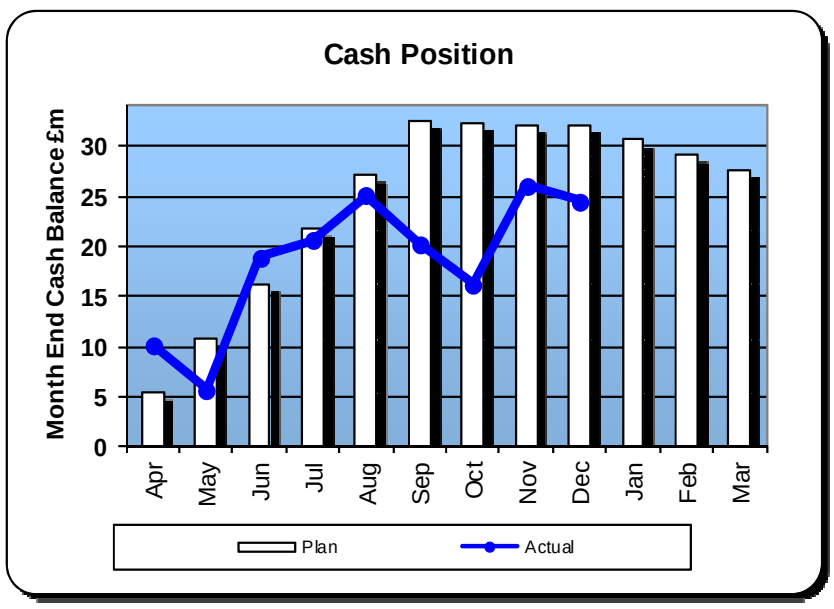
Annual plan 174,884 referrals (based on full year equivalent of 2012/13 outturn)

Variance at end of December: +13,774 referrals (+10%)

GP referrals +9,481 (+12%)

Cons to Cons referrals +211 (+1%)

Other referrals +4,082 (+12%)



The cash balances at the end of December totalled £24.4m, and is £7.7m behind plan. The position includes the £12m transitional income support for the whole year received in June.

Monitor Liquidity Ratio					
Risk Rating	5	4	3	2	1
Days Cover	60	25	15	10	<10
Trust Actual Days		38			

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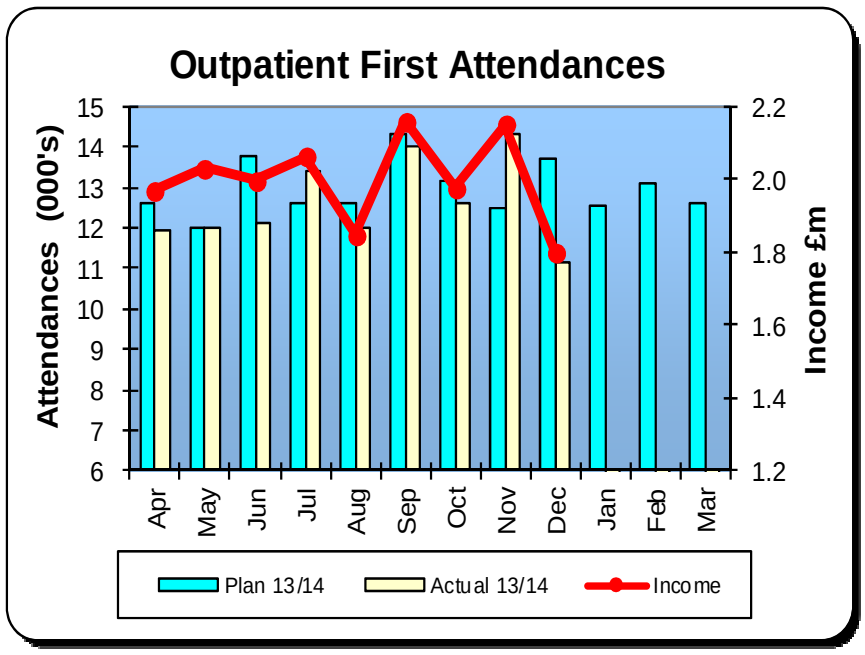
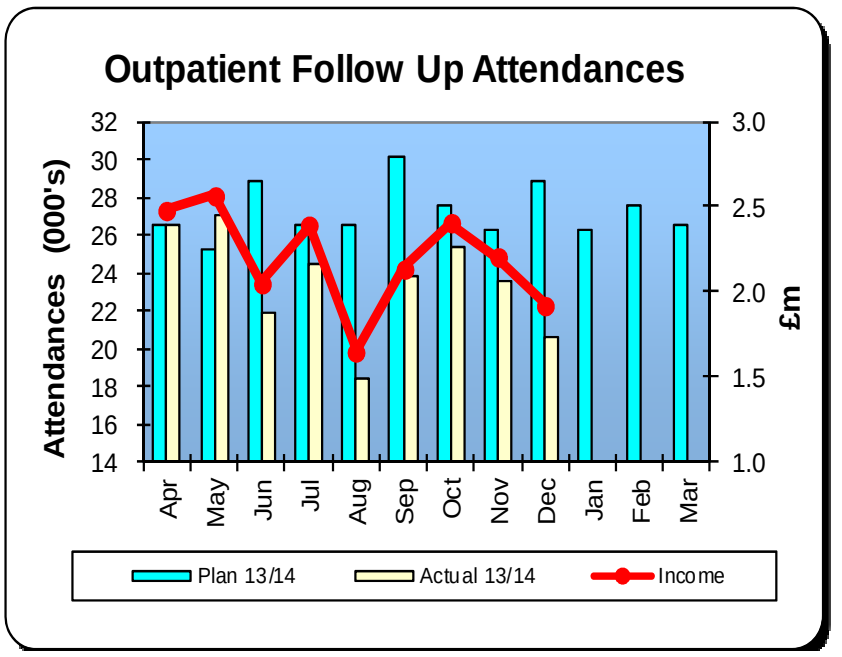


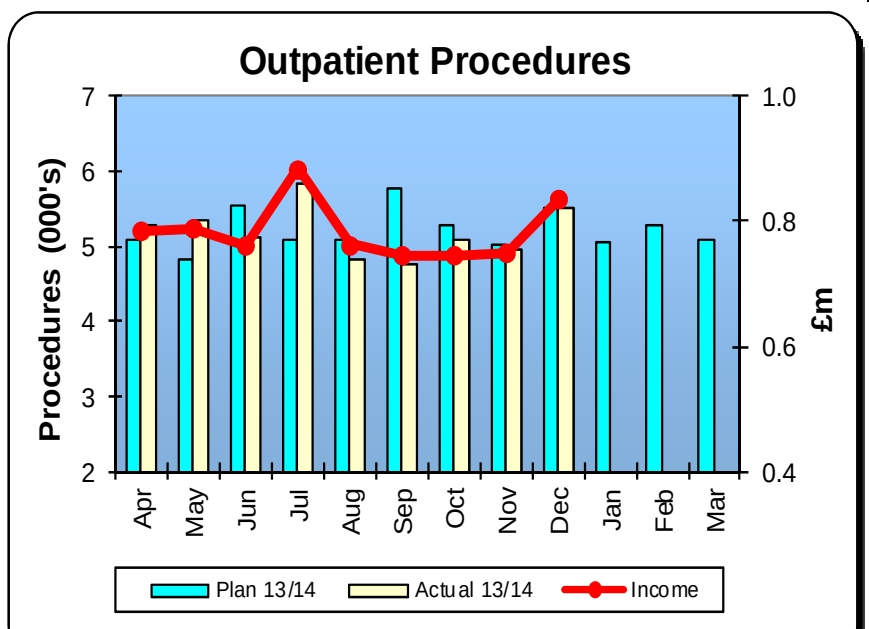
Annual Plan (Attendances) 155,566
Variance at end of December: -3,710 attendances (-3%).

Main variances: Opthalmology -2,713 (-18%), ENT -810 (-12%), Gastroenterology -530 (-13%), Cardiology +2,770 (-25%)



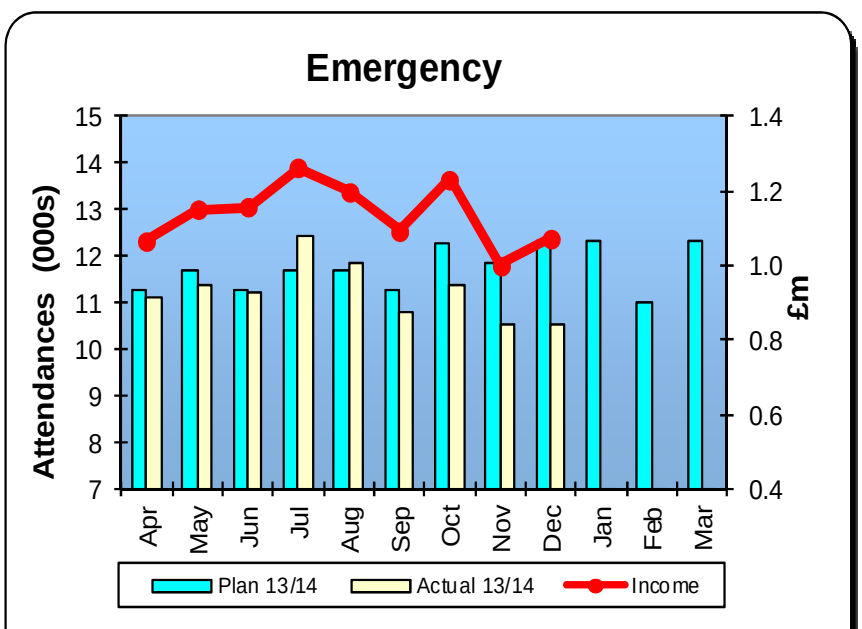
Annual Plan (Attendances) 326,649
Variance at end of December: -34,650 attendances (-14%).

Main variances: General Surgery -2,958 (-16%), Urology -2,140 (-23%), Opthalmology -18,708 (-32%), Anaesthetics -3,183 (-51%), and Medical Oncology +5,397 (+50%)



Annual Plan (Procedures) 62,554
Variance at end of December: -505 procedures (-1.1%).

Main variances: ENT +895 (+14%), Orthodontics +1,463 (+27%), Trauma and Orthopaedics +140 (+81%), Cardiology -259 (-6%), and Gynaecology -1,159 (-27%).



Annual Plan (Attendances) 140,970
Variance at end of December: -4,103 attendances (-3.9%).

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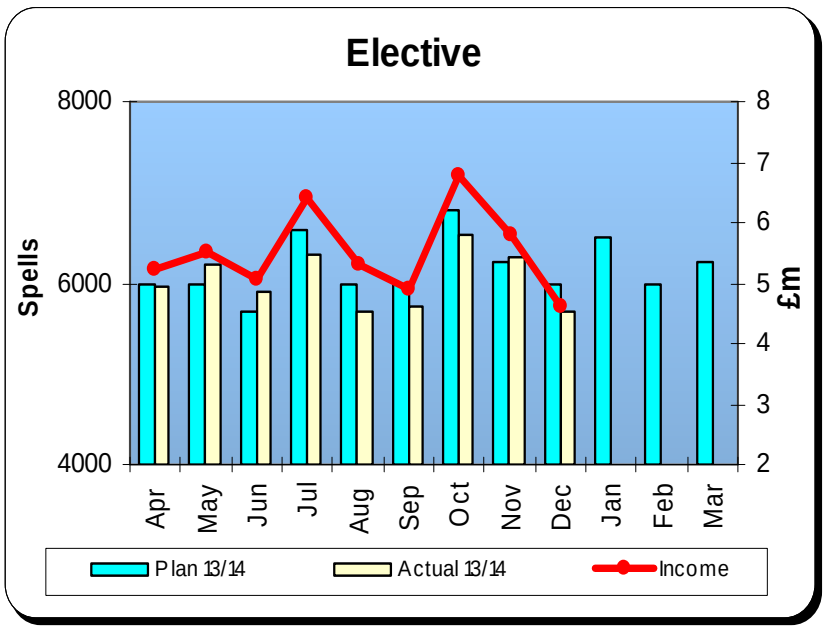
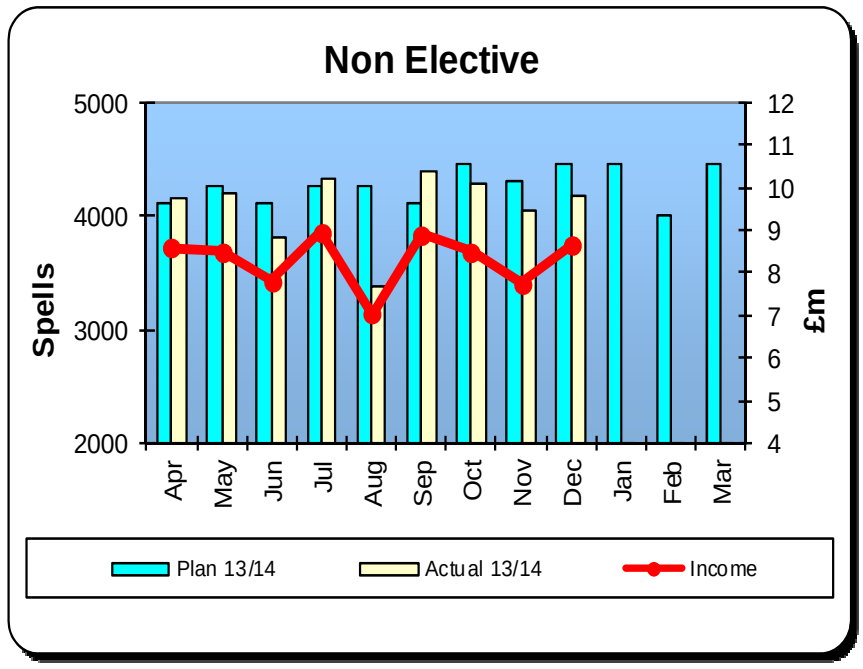
Financial Report for the Period 1 April 2013 to 31 December 2013



Annual Plan (Spells) 74,033
Variance at end of December: -1,486 spells (-2.7%): inpatient -425; daycase -1,061

Main variances: General surgery -674 (-9%), Urology +340 (+4%), Gastroenterology -1,616 (-16%), and Haematology +649 (+22%).



Annual Plan (Spells) 51,245
Variance at end of December: -1,877 spells (-5%).

Main variances: Cardiology +802 (+73%), Thoracic Medicine +989 (+50%), and Trauma & Orthopaedics +376 (+19%). Medical Oncology -72 (-36%) Paediatrics -675 (-11%)

Contract Penalties

Other Penalties	YTD Actual	Penalty £000	Comments
52 week breaches	21	105	£5k penalty per breach per month. 12 GenSur (York); 3 GenSur (Scar); 2 Ophthal (Scar); 2 Gynae (York). 1 Urology (York), 1 Urology (Scar).
18 week breaches:			Figures are estimates and awaiting confirmation.
- Admitted (90% target, weighting 37.5%)	n/a	109	GenSur £25k; Gynae £34k; Anaes £8k: Rheum. £3k, Urology £8k.Haematology £4k, T&O £12k, Max Fac £6k..
- Non-admitted (95% target, weighting 12.5%)	n/a	121	Gen Sur £35k; Urology £24k Anaesthetics £10k, Gastro £22k, T&O £6k, Rheumatology £8k cardilogy £3k.
- Incomplete pathways (92% target, w'ting 50%)	n/a	54	GenSur £19k; Gynae £6k; Urology £13k; T&O £10k; Opthalmology £2k,
- Estimate for December	n/a	29	An estimate for the month of December has been included.
MRSA	2	10	Penalty is the HRG income.
EMSA/Trolly wait	27	8	EMSA breaches in VIU (19 = £6k); Trolley wait (1 = £1k)
A&E Performance	n/a	142	Faliure to admit, transfer or discharge patients within 4 hours of arrival. Target 95%, actual provisional position at November is 92.30%. Penalty 2% of cost in quarter. An estimate has been applied for December.
		578	

F3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 January 2014

Efficiency Programme Update

Action requested/recommendation

To note the contents of the report.

Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. Delivery in December has improved significantly however the Monitor variance still remains behind plan by (£1.1m). There is a planning surplus of £0.9m for the current year.

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

Implications for equality and diversity

There are no implications for equality and diversity.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Finance and Performance Committee
Risk	The Efficiency Programme presents a significant financial risk to the organisation.
Resource implications	The aim of this work stream is to ensure the most effective use of the Trust resources.
Owner	Andrew Bertram, Director of Finance
Author	Steve Kitching, Deputy Head of Corporate Efficiency
Date of paper	January 2014

Board of Directors – 29 January 2014

Efficiency Position Update at December 2013

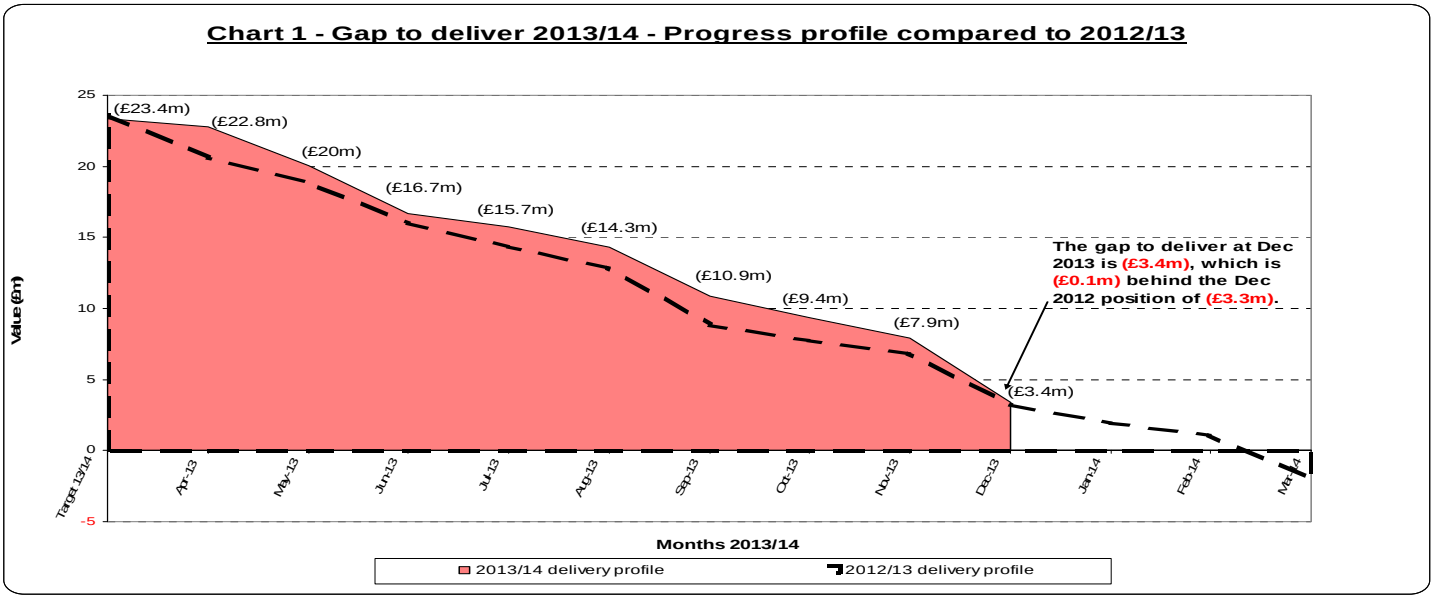
1. Executive Summary

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

See table 1 and chart 1 below.

Table 1 – Executive Summary – December 2013	Total
	£'m
TARGET	
In year target	**23.4**
DELIVERY	
In year delivery	**19.9**
In year delivery gap	**(3.4)**
Part year delivery gap - Monitor variance	**(1.1)**
PLANNING	
In year planning surplus/(gap)	**0.9**
FINANCIAL RISK SCORE	
Overall Trust financial risk score	**4 (Amber/Green)**

Position – current year vs. 2012/13



Governance	Risk to delivery
Current month Of the 32 Directorates and Corporate HQ functions 30 areas have completed their governance assessments as at December 2013.	**Current month** The current planning surplus is £0.9m however if high risk plans are removed the planning surplus reduces to £0.8m. The assessed risk has improved by £0.1m in the month.
Last Month In November 2013, 30 areas had completed their governance assessments.	**Last Month** In November 2013, the planning surplus was £1.7m, if high risk plans are removed the surplus decreases to £0.7m.

2. Introduction and background

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme for December 2013. This includes;

3.1 Progress against the Monitor Plan
3.2 Analysis of full year delivery
3.3 Further plans and in year risk
3.4 Four year planning.
3.5 Financial risk rating
3.6 Governance risk assessment.

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

3.1 Trust plan to Monitor

The combined position is **(£1.1m)** behind the Trust plan to Monitor as at December 2013; see Tables 2 & 3 and chart 2 below. The position has improved significantly in December 2013.

Table 2	YTD November	December 2013	**Total YTD**
	£m	**£m**	**£m**
Trust plan	**15.6**	1.9	**17.5**
Achieved	**12.3**	4.1	**16.4**
Variance	**(3.3)**	**2.2**	**(1.1)**

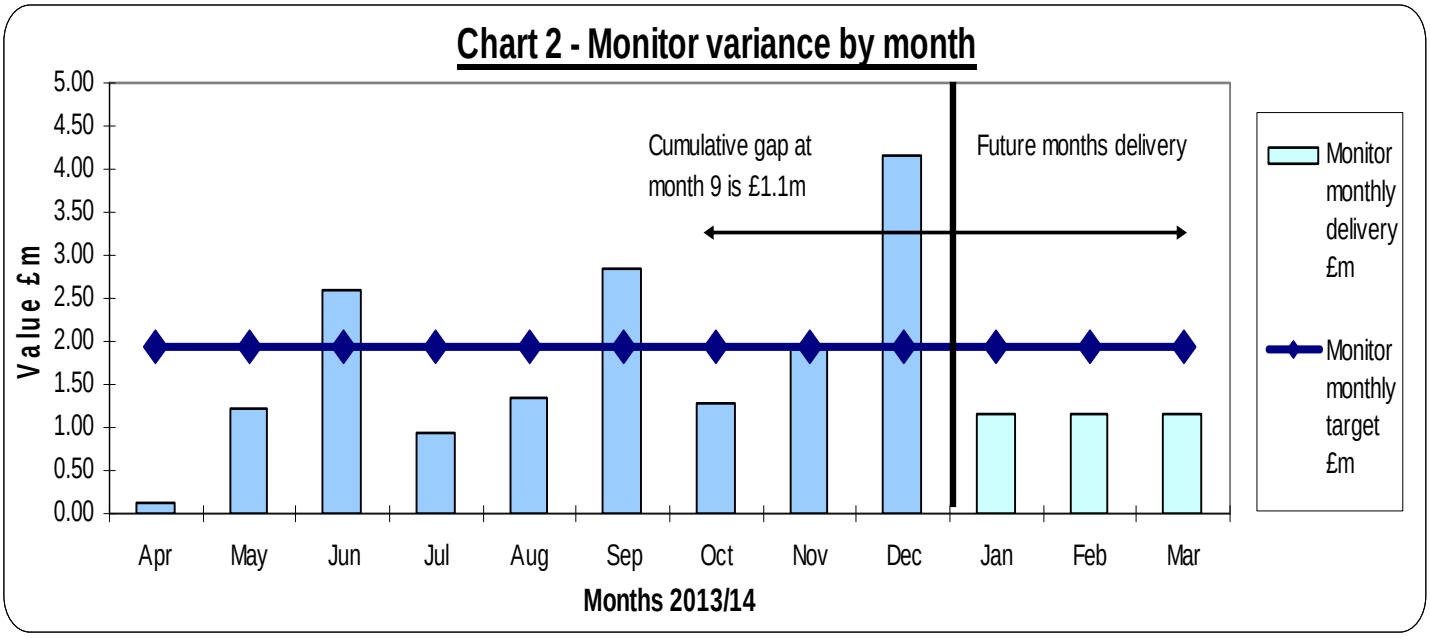


Table 3 – Monitor variance by month and cumulative variance

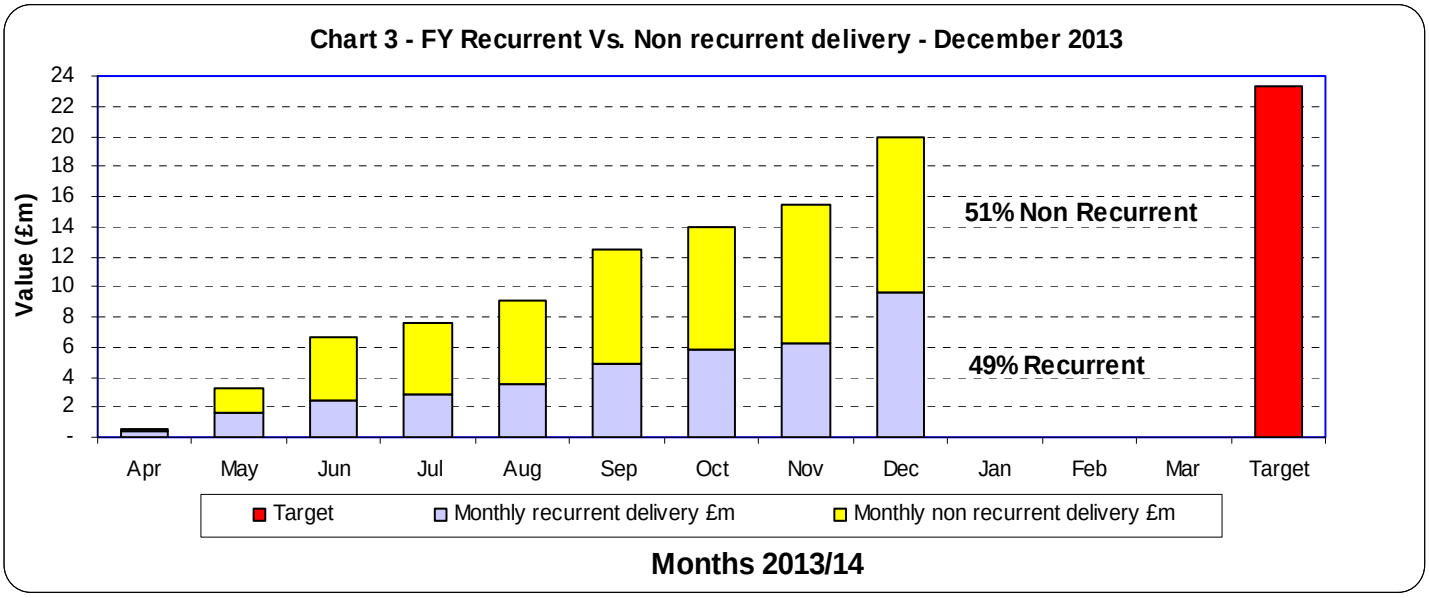
Months	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total 13/14
Monthly delivery £m	0.14	1.22	2.59	0.94	1.34	2.86	1.29	1.93	**4.15**	1.17	1.17	1.16	**19.95**
Monthly target £m	1.95	1.95	1.95	1.95	1.95	1.95	1.95	1.95	**1.95**	1.95	1.95	1.95	**23.36**
Variance £m	-1.81	-0.73	0.65	-1.01	-0.60	0.91	-0.66	-0.02	**2.20**	-0.78	-0.78	-0.78	-3.42
Cumulative variance	-1.81	-2.54	-1.89	-2.90	-3.50	-2.60	-3.25	-3.27	**-1.07**	-1.85	-2.63	-3.42	

3.2 Full year position summary

As at December 2013, **£19.9m** has been achieved in full year terms against the plan of £23.4m (see Table 4 below).

Table 4	Nov 2013	Dec 2013	Change
	£m	£m	£m
Expenditure plan – 13/14	23.4	23.4	0
Target – 2013/14	**23.4**	**23.4**	**0**
Achieved - recurrently	6.3	9.7	3.4
Achieved - non-recurrently	9.1	10.3	1.2
Total achieved	**15.4**	**19.9**	**4.6**
Gap to achieve	(7.9)	(3.4)	4.6
Further plans	9.6	4.3	(5.3)
(Gap)/Surplus in plans	**1.7**	**0.9**	**(0.8)**

The December 2013 position is made up of £9.7m (49%) of recurrent and £10.3m (51%) non-recurrent schemes. This compares with £9.6m (47%) recurrent and £10.8m (53%) non-recurrent at December 2012 - see chart 3 below.



3.3 Further planning and assessed risk to delivery

Further plans have been formulated amounting to £4.3m, which gives a surplus planning position of £0.9m. Plans are summarised in Table 5 below.

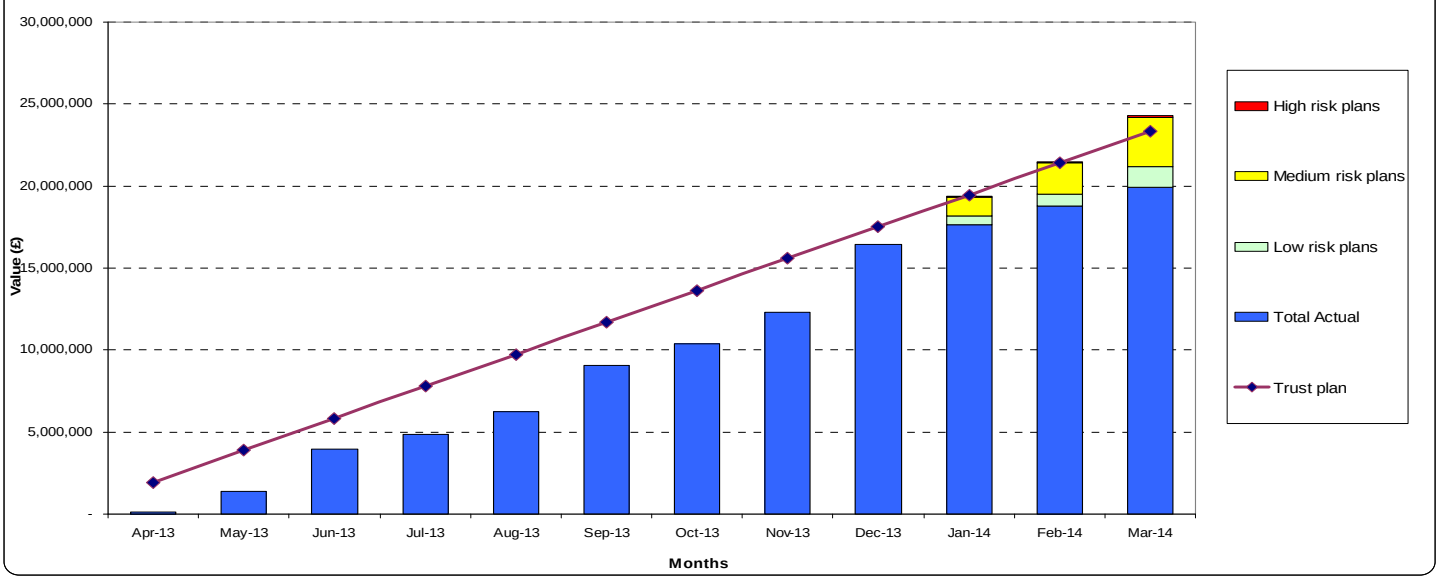
Table 5 – Further plans 2013/14

Risk	Gap Full Year	Plans - Recurrent	Plans - Non Recurrent	**Plans Total**	Surplus in plans
	£m	**£m**	**£m**	**£m**	**£m**
Low		0.6	0.6	**1.2**	
Medium		2.7	0.2	**3.0**	
High		0.1	0.0	**0.1**	
Total	**(3.4)**	**3.5**	**0.9**	**4.3**	**0.9**

Directorate plans are each assigned a risk rating.

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

Chart 4 - December 2013 - Actual delivery and further plans to achieve by risk



Significant work is continually carried out to re-assess, remove or re-profile plans to ensure an up to date position. If high risk plans are removed then the over planned position reduces to **£0.8m**.

3.4 Four year planning

Directorates are required to develop four year plans and Table 6 below summarises this position. There is currently a shortfall of (£8.1m) over 4 years on the base target.

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

Table 6 - 4 Year efficiency plan summary – December 2013

Year	2013/14	2014/15	2015/16	2016/17	Total
	£m	£m	£m	£m	£m
Base target	23.4	16.4	15.9	15.9	**71.5**
Plans	24.3	21.9	8.9	8.3	**63.4**
Variance	**0.9**	**5.5**	**(7.0)**	**(7.6)**	**(8.1)**

It should be noted the current base target for 2014/15 is currently £16.4m, however, if the current level of non recurrent delivery of £10.3m is added the target will increase to £26.7m.

3.5 Finance risk rating

In year delivery is marginally behind the same point last year with £19.9m (85%) delivered in December 2013 against £20.4m (86%) in December 2012.

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

The overall trust risk rating is 4 which is an amber/green risk.

3.6 Governance risk rating

The governance rating, detailed in Appendix 1, is currently work in progress and is in the process of being implemented. The majority of areas have now self assessed their schemes, only 2 remain, and a full review with the Clinical Efficiency Lead is now almost completed.

To enable a green rating to be achieved, the Directorate must have assessed 100% of their in year efficiency plans against the Trust Risk Assessment System. A red rating represents <80% of plans assessed. This process should be carried out quarterly.

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

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

3. Conclusion

Delivery in December 2013 is behind plan with £19.9m (85%) of full year schemes being delivered against the Trust plan of £23.4m; this compares with £20.4m (86%) in December 2012. This progress is behind our Monitor profile by (£1.1m) in month 9.

We currently have a planning surplus in year of £0.9m, which has declined slightly from the previous month's position. The overall surplus if high risk plans are removed reduces to £0.8m.

The 4 year planning position highlights a shortfall in base plans of (£8.1m); which is broadly in line with the November 2013 position and is considered high risk.

4. Recommendation

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

Author	**Steve Kitching, Deputy Head of Corporate Efficiency**
Owner	**Andrew Bertram, Director of Finance**
Date	**January 2014**

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York Teaching Hospital NHS Foundation Trust

Board of Directors – 29 January 2014

Chairman's Items

Action requested/recommendation

The Board of Directors is asked to note the report.

Summary

This paper provides an overview from the Chairman.

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

Implications for equality and diversity

There are no implications for equality and diversity.

Reference to CQC outcomes

There is no reference to CQC outcomes.

Progress of report	This paper is only written for the Board of Directors
Risk	No risks
Resource implications	No resource implications
Owner	Alan Rose, Chairman
Author	Alan Rose, Chairman
Date of paper	January 2014
Version number	Version 1

Board of Directors – 29 January 2014

Chairman's Items

1. Strategy and Context

Members of the Board are meeting with colleagues from Hull and North Lincolnshire this month to continue discussions of how clinical alliances and other collaborations can improve patient care and the sustainability of the healthcare arrangements in our region. We also have a similar meeting planned with the Vale of York Commissioning group in February. This will enable us to be assured that the emerging shorter- and medium-term plans we are all working on are as aligned as possible – as is requested by NHS England and Monitor. The meeting will also enable us to address the impact and future of commissioning approaches vis-à-vis referrals, follow-ups, integration of services with social care and the potential tendering of services.

Competition policy continues to be a moving feast in the health service -- attracting attention and pressure from a variety of sources, including legislative arenas. Most of us believe that the required rationalisation in the health service can only be progressed if a more flexible set of policies and guidelines are adopted regarding the collaboration between Trusts and potentially other organisations too. The key is to keep patient safety, experience and outcomes to the fore, backed by commissioner support and compelling cases of improved sustainability across the elements of the system that will be affected.

2. Governance & Governors

At Board this month we will begin the transition to allocating more discussion time (in main Board and/or in private strategy sessions) to the key strategic themes that are driving the activity and thinking of the Trust. As you know, we are seeking a tighter alignment between the Board agenda, the assurance framework, the key corporate risks, the focus of the NEDs and the key concerns of the executive team. This month, in the afternoon, we will have an important update on the acute strategy. In future months we will build-in sessions on elective strategy, integration of services, our alliances and other strategic strands. Bear with us as we engineer this transition.

We know from the staff survey, the listening exercise and our Governors that we need to work extra hard to communicate our intentions and the key strands of our service development to the communities we serve, including patients, staff and other stakeholders. We are planning a series of public communication events – probably in conjunction with the appropriate HealthWatch organisations, in a number of the communities we serve – probably in March. (dates and venues to be circulated ASAP).

John Roberts, one of our Staff Governors, is resigning after being offered the excellent opportunity to study for a PhD at one of our local universities – we wish him congratulations and good luck in this. As we have "lost" a couple of our Staff Governors in recent months, we are looking to refresh this role, give it a higher profile and more clearly lay-out what it is for and how we can make it work alongside staff-side channels and "the line". Staff Governors are an important component in our broader Foundation Trust governance. This is especially so as the future is likely to bring strategic challenges and decisions for the Trust and our local healthcare systems that will require Governor approval and/or oversight.

Our elections for Lead Governor are underway, with three candidates. We will announce the result in early February.
3. Recommendation
The Board of Directors is asked to note the report.

Author	**Alan Rose, Chairman**
Owner	**Alan Rose, Chairman**
Date	**January 2014**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 January 2014

Chief Executive Report

Summary

The Board is asked to note the report.

Action

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

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

Implications for equality and diversity

No implications for equality and diversity.

Sustainability assessment

None directly identified at this stage.

Reference to CQC outcomes

This report references the CQC recent visits and the results of those visits

Progress of report	This report is written for the Board of Directors.
Risk	No additional risks indicated.
Resource implications	None identified.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	January 2014

Version number	Version 1

Board of Directors – 29 January 2014

Chief Executive Report

I am sure you appreciate how busy the organisation has been leading up to and over the Christmas period that was compounded by I believe record levels of beds "closed" due to Norovirus in the middle of December. We have experienced high levels of ED attendances and non-elective admissions and this has adversely affected our 4-hour performance on both sites (as a symptom of whole-system failure) and at times compromised the quality of care we have been able to provide. I would like to thank everyone for the hard work and commitment demonstrated throughout this period to maintain good access to all our services, and now into January, as without that the community would certainly be a poorer place. We will be hearing about the Trusts Acute Strategy from Mr Alexander, Liz Booth and Sarah Lovell in the afternoon session of the Board and clearly this takes on an ever greater significance as the pressures continue to build on our services and infrastructure.

The demand for elective services overall continues to grow and we are fragile at times particularly with regard to our 18 weeks performance which can also be compromised by the continued increase in non-elective demand. In that light it is pleasing to report that throughput was maintained throughout this period in York and enhanced in Scarborough wit the introduction of a day unit/ESA. We are also pushing ahead with the more rapid development of Bridlington Hospital as an elective centre, primarily to reduce pressure on the Scarborough hospital, and are planning to transfer elective orthopaedics to the site by May (if not before).

As you know "Dispatches" filmed in the York ED during December and are currently working towards a screening date in mid-February. They were overwhelmed by the welcome and support they received from the team and we anticipate an opportunity to review the programme shortly before it is broadcast. Lucy Brown will of course keep us all informed as things firm up.

Listening Exercise

Can I thank Jennie for her helpful appraisal of the listening exercise which enhanced the previous work led by Lucy Brown and built on the discussion we had at last months Board. I am awaiting the outcome of the Staff Survey before we further articulate our response but I have already announced that we are planning a series of public and internal communication events to set out our plans and priorities for the coming year and beyond. This is not just a response to the exercise and survey but also one vehicle for reinvigorating the objectives and purpose underpinning the acquisition of Scarborough and integration of community services as well as our broader strategy with regard to Hull, Harrogate and other partners.

Annual Planning

Our annual planning process is now well under way. An important aspect of this is an explicit requirement to ensure our plan reconciles with those of our commissioners and the corporate team have already met with VOYCC to set out how we might do this. I am happy to brief you more fully when we meet but it should be noted that the planned Board to Board

in February is likely to be a key part of this process. I have attached a briefing note for your information that sets out in summary Monitors requirements and timetable.

Flu Vaccination

You will recall that the Secretary of State announced his intention to link the uptake of the flu vaccination by front line staff to future resources and in particular any release of winter pressures funding next year. I am pleased to report that the latest figures show that the Trust has achieved 78.6% uptake of the vaccination for this staff group as defined centrally. The uptake amongst all staff is approximately 50% which compares well with much of the service but clearly gives us room for improvement next year.

CQC Report for Scarborough Hospital

The CQC have published their final report on the unannounced visit to Scarborough Hospital on 13 December. The inspection was a follow up visit to an earlier inspection in July when it had highlighted some areas of concern in the emergency department. I am pleased to report that the CQC was satisfied that improvements had been made and that the hospital now meets the standards required. I would like the Board to join me in recognising the contribution of staff in helping meet these standards.

The final report is attached to my report.

CNST

A mock CNST assessment was undertaken on 3rd and 4th December by Liz Ross, Head of Midwifery accompanied by Hilary Farrow & Louvain Shaw, Risk Managers for Maternity.

The purpose of the day was to assess the Trust position for level 2 CNST assessment on 27th and 28th February 2014 and to enable a practice run through for all involved. The day ran smoothly from an organisational perspective. There was learning in how best to present evidence and how prepared and knowledgeable each standard lead is required to be.

The evidence presented was of a good standard, however there is still work to be done on evidencing some guidelines.

Record keeping on both sites has improved significantly with 'notes champions' in place, these staff will be available during the week prior to the assessment to help support staff ready for the 'live' audit of records on the assessment days.

Maternity services feel confident they are above a level 1 assessment and are hopeful with continued preparation work to achieve a successful level 2 assessment.

The lead Risk Manager for CNST in Maternity has recently left the Trust, therefore, the current risk management team is supported to continue work towards achieving the standards.

The NHSLA have outlined their plan forward from April 2014. They are ceasing risk management assessments and developing a 'Safety and Learning service' which will provide real time data relating to claims to focus on improving outcomes, learning from claims, reducing harm and improving patient and staff safety. This will be an outcome based

approach, they expect to see a reducing in claims and harm from learning from claims and making changes in practice.
1. Recommendation
The Board is asked to discuss and note the report and is encouraged to discuss areas of specific interest.

Author	**Patrick Crowley, Chief Executive**
Owner	**Patrick Crowley Chief Executive**
Date	**January 2014**

Annual Plan

Monitor has released the latest annual plan guidance and template documents. The process this year has changed significantly. In the past the Trust completed its Annual Plan in relative isolation of any plans that were made by other local health partners. The Trust would take into account the Joint Strategic Needs document and the commissioning intentions,.

The revised approach introduces a whole system ethos which provides the opportunity for the delivery of healthcare services to be planned in a way that includes all contributors to the system and necessitate all parties understanding and being part of the decisions about the use of the Better Care Fund (formally called the Integration Transformation Fund). The opportunity to improve strategic planning at foundation trust level is significant and will help to ensure that the planning of services is on a system wide basis rather than elements of the service.

Monitor's expectation is that an interactive process of engagement between foundation trusts and local health partners will be formed and it will become central to the development of a robust strategic plan.

Trusts are required to submit financial plans covering five years for the first time. The first two years, along with appropriate financial and operational commentary, will be due on **4 April 2014**. A further three years financial data with the Trust's strategic commentary, corporate governance statement, supporting validation and governor development and membership report will need to be submitted by **30 June 2014**.

The operational plans will set out how the Trust intends to deliver appropriate high quality and cost –effective services for patients over the next two years. The plans will be required to outline projected activity, pressures and performance that will ensure that services to patients remain of a high quality and resilient.

The strategic plan is expected to be a comprehensive summary of the Trust's strategy, the analysis which underpins this and the plans to implement them. Monitor expects the plans to demonstrate the extent of the Trust's ambition for patients and outline the practical ways in which key services will be transformed to lead to better quality care at a reduced cost and the investment that is required to support this transformation

Sue Holden, Director of Corporate Development and Research and Andrew Bertram, Finance Director will lead the various aspects of this process.

Anna Pridmore
Foundation Trust Secretary
January 2014