York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 29 March 2017**

in: **Boardroom, York Hospital, Wigginton Road, YORK, YO31 8HE**

Time	Meeting	Location	Attendees
9.00 – 10.00	Fire Safety Health & Safety Training	Boardroom, York Teaching Hospital	Board of Directors
10.00 – 11.30	Board of Directors meeting held in private	Boardroom, York Hospital	Board of Directors
11.30 – 12.00	Lunch	Boardroom, York Hospital	Board of Directors
12.00 – 15.00	**Board of Directors meeting held in public**	**Boardroom, York Hospital**	**Board of Directors and members of the public**

The values of the Trust are:

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

…with patients at the centre of everything we do

These will be reflected during all discussions in the meeting

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

On: **Wednesday 29 March 2017**

At: **12.00**

In: **Boardroom, York Hospital**

A G E N D A					
No	***Time***	***Item***	***Lead***	***Paper***	***Page***
General					
1.	12.00 – 12.10	**Welcome from the Chairman** The Chair will welcome observers to the Board meeting.	Chair		
2.		**Apologies for Absence and Quorum** • No apologies received.	Chair		
3.		**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	5
4.		**Minutes of the Board of Directors meeting held on 22 February 2017** To review and approve the minutes of the meeting held on 22 February 2017.	Chair	B	11
5.		**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chair		
6.	12.10 – 12.25	**Patient Story** To receive a video presentation about John's Campaign	Chief Executive	Verbal	
7.	12.25 – 12.45	**Chief Executive Report** To receive an update on matters relating to general management in the Trust including an STP update.	Chief Executive	C	21

No	Time	Item	Lead	Paper	Page
Our People and Capability Ambition: The quality of our services is wholly dependent on our teams of staff					
8.	12.45 – 13.05	**Workforce and Organisational Development Committee Issues** To be advised by the Chair of the Committee of any specific issues to be discussed. • Workforce Metrics and Update Report	Chair of the Committee	D	27
9.	13.05 – 13.15	**Staff Survey Report** To receive a report detailing a brief analysis of the Staff Survey Report 2016	Chief Executive	E	39
	13.15 – 13.25	Break			
Our Quality and Safety Ambition: Out patients must trust us to deliver safe and effective healthcare					
10.	13.25 – 13.30	**Modern Slavery and Human Trafficking Act 2015** To consider and approve the draft statement.	Foundation Trust Secretary	F	49
11.	13.30 – 13.50	**Quality and Safety Performance issues** To be advised by the Chair of the Committee of any specific issues to be discussed. • Patient and Quality Safety Report • Medical Director Report • Chief Nurse Report • Safer Staffing	Chair of the Committee	G G1 G2 G3 G4	53 65 99 113 129
12.	13.50 – 14.10	**Organ Donation Update** To receive an update on organ donation within the Trust	Clinical Lead for Organ Donation	H	137

No	Time	Item	Lead	Paper	Page
Our Finance and Performance ambitions: Our Sustainable future depends on providing the highest standards of care within our resources					
13.	14.10 – 14.30	**Finance and Performance issues** To receive the minutes from the meeting and associated key papers: • Finance Report • Efficiency Report • Performance Report	Chair of the Committee	I I1 I2 I3	141 155 173 179
Our Facilities and Environment ambitions: We must continually strive to ensure that our environment is fit for our future					
14.	14.30-14.50	**Environment & Estates Committee** To receive the minutes from the meeting.	Chair of the Committee	J	187
15.	14.50-15.00	**Archways Reconfiguration Update** To receive an update on the reconfiguration following the closure of Archways.	Director of Out of Hospital Care	K	205
Any Other Business					
16.	15.00	**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 26 April 2017 in the Boardroom at York Hospital.			
17.		**Any Other Business** To consider any other matters of business.			

Items for decision in the private meeting:

Clinical Excellence Awards
Financial Plan 2017/18 and 2018/19
Statement in relation to Going Concern

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

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

Register of directors' interests
March 2017

York Teaching Hospital NHS
NHS Foundation Trust

Additions: Jenny McAleese, Non-Executive Director

Changes: No changes

Deletions: No changes

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

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Mr Michael Sweet (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks (Non-Executive Director)	**Member—**Great Exhibition of the North (2018) Board	Nil	Nil	**Chair—Charitable Trustee** **Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust **Chair—**Advisory Board, Centre for Lifelong Learning University of York **Member—**Executive Committee YOPA **Patron—**OCAY **Chairman** - City of York Fairness and Equalities Board **Member –**Without Walls Board	**Director—**London Metropolitan University **Vice Chairman—**Rose Bruford College of HE	Nil

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Jenny McAleese (Non-Executive Director)	**Non-Executive Director**—York Science Park Limited **Director**—Jenny & Kevin McAleese Limited	**50% shareholder and Director**—Jenny & Kevin McAleese Limited	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee**—Graham Burrough Charitable Trust **Member**—Audit Committee, Joseph Rowntree Foundation	**Member of Council**—University of York	Nil
Mr Patrick Crowley (Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Juliet Walters (Chief Operating Officer)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram (Executive Director Director of Finance)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member** of the NHS Elect Board as a member representative	Nil
Mr Mike Proctor (Deputy Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil
Beverley Geary (Chief Nurse)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

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
Mr James Taylor (Medical Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Wendy Scott (Director of Out of Hospital Care)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Sue Rushbrook (Director of Systems & Networks)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Brian Golding (Director of Estates and Facilities)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse is Director of Strategy and Planning at HEY NHS FT	Spouse is a Director at HEY NHS FT and Trus-tee of St Leonards Hos-pice

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York Teaching Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public at York Hospital on 22 February 2017.

Present: **Non-executive Directors**

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

Executive Directors

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

Corporate Directors

Mrs W Scott	Director of Out of Hospital Care

In Attendance:

Mrs L Provins	Foundation Trust Secretary

Observers:

Jeanette Anness - Public Governor – York
Ann Bolland – Public Governor - Selby
Margaret Jackson – Public Governor - York
Lesley Pratt – Healthwatch – York
Michael Reakes – Public Governor – York
John Cooke – Public Governor – York
Sheila Miller – Public Governor – Ryedale & East Yorkshire
Peter Blackeby - Resident

Ms Symington welcomed everyone to the meeting.

17/019 Apologies for absence

Apologies were received from Brian Golding, Director of Estates and Facilities and Sue Rushbrook, Director of Systems and Networks.

17/020 Declarations of interest

No further declarations of interest were raised.

17/021 Minutes of the meeting held on the 25 January 2017

The minutes of the meeting held on the 25 January 2017 were approved as a correct record.

17/022 Matters arising from the minutes

17/012 – Freedom to Speak Up/Safer Working Guardian Report – Ms Raper asked about whether it was accepted format to use forenames in the minutes. It was agreed that there would be a more formal approach in future.

Outstanding Actions – These will be reviewed for the next meeting to ensure they are current.

No further matters arising were discussed.

17/023 Patient Story

Mr Crowley read out elements of a patient letter and the actions that had been taken as a consequence. The letter demonstrated the increasingly diverse population we serve and the need to provide a responsive service. Mr Crowley stressed that the patient story was also about staff being mindful of their actions and how they might be perceived -in a different way to that intended.

17/024 Chief Executive Report

Mr Crowley stated that his report provided some of the context to the current environment and the issues being faced nationally which were unprecedented. He highlighted the 4 hour target and the performance of the Trust together with documented issues, but stated that it was heartening that there has not been a rise in complaints received. He has been overwhelmed by the number of emails and letters received which have in fact complimented staff, together with a recognition of the pressurised environment that staff are working in. He stated that there are elements beyond the control of the Trust including issues with recruitment and finances which were largely as a result of national policy and the Trust's geography.

Mr Crowley noted the unprecedented demand being experienced and that the Trust had seen more patients than at the time the MAJAX was declared at Scarborough in January 2015. This coupled with a less resilient workforce and a reliance on temporary and agency workforce have had an effect on performance. However, he stated that this was also about how resilient organisations were in relation to recovery once the position

became less challenged. The focus now is to help services support staff to turn round behaviours which have adjusted to cope with the busy period so that the Trust can demonstrate recovery and increase the rate of recovery. Mr Crowley highlighted that at some points the Trust has been running at over 100% bed occupancy when the optimal level is 85%.

Mr Crowley stated that the financial position at a national level was now much worse and there is a greater sense of urgency around plans and how some of the messages are managed. In relation to the sustainability and transformational plan there is a lot of speculation nationally around some of the challenges, however, it is not clear what is currently being asked and STPS are likely to undergo a process of revitalisation. Mr Crowley advised the board that the Trust is working in an incredibly uncertain environment, and needs to continue to get the best use of its resources and adopt a wait-and-see approach.

Mr Crowley noted that the Vascular Service has received accreditation following a review at national level. He highlighted that York had initially taken a chance on developing vascular services and been criticised for it, however, the Trust was now being increasingly recognised for the work it is doing. Mr Crowley confirmed that this was a twin centre accreditation with Hull.

Mr Crowley stated that the Trust is also involved with a Business School in Manchester and will be hosting a number of Chinese Doctors to help with their development in the months ahead.

Mr Crowley stated that some time has been spent recently quelling anxiety over claims that ED will close in Scarborough, which seems to be on the back of national media coverage about the STPs. He also noted the opening of the Malton Diagnostic Unit which provided more evidence of innovations being driven by clinical teams in order to provide the best services within limited resources.

17/025 Quality & Safety Performance Issues

Mrs Adams stated that the Quality and Safety Committee had welcomed 5 governors to observe the meeting in order to gain assurance around the performance of the Non-executive directors. The Committee had received a presentation from Mr Miller, Deputy Medical Director and Chair of the Clinical Effectiveness Group on the monitoring of clinical audit and NICE guidance and the championing of clinical projects. Mr Miller had noted that the group was taking a more proactive role in clinical governance and clinical leads were being appointed to drive improvements, which had reassured the Committee. Mrs Adams also stated that the Committee had reviewed the items on the action log which were updated and no areas of concern were noted.

Mrs Adams asked Mr Taylor to update the Board on their recent walk round in Radiology at Scarborough. Mr Taylor stated that the walk round had evidenced a number of service and environmental improvements, including the proposed change to the on-call rota, which saw the service outsourced during the evenings, enabling reutilisation of the staff for 7 day service improvements. Elements of the service were also being aligned with York. He noted the improvements to CPD which allowed reports to be accessed on both sites and the plans for the second CT scanner, which were well advanced, but would

require staffing. Mr Taylor stated that some of the plans would improve facilities and also address some of the concerns around privacy and dignity, but it was about making the best use of the resources available. There were also some smaller issues highlighted around transportation and handover and work to recruit both radiologists and radiographers would be enhanced. Mrs Adams stated that the works planned would provide a good use of the strategic capital.

Mrs Adams stated that two risks had been added to the risk register around the training, appraisal and induction of bank staff and the lack of capacity for non-invasive ventilation (NIV) which overlapped with the work of the Workforce and Organisations Development Committee. Mrs Geary stated that the NIV risk would be updated next month as mitigations were being put in place, but were not currently sustainable. She noted that training packages had been put in place and an extra member of staff block-booked to work in that area.

In relation to bank staff, Mrs Geary stated that a full report had gone to the Workforce and Organisational Development Committee which detailed actions being taken to ensure parity for bank staff in relation to appraisal and training. It was also noted that a theme picked up at the Workforce and Organisational Development Committee was that as more and more roles were created and filled, this created gaps in other parts of the organisation. Mrs Geary also highlighted the discussions at the Committee regarding the creation of another ITU bed which would then require 6.5wte to staff it.

Mrs Geary provided the Board with an update on the deterioration in performance around C Dif. The Trust has seen a significant increase in cases between December 2016 and January 2017. These cases were being looked at in detail by the Infection, Prevention Control Team and ribotying had been done for every case together with a post infection review. External partners had also scrutinised the cases and although there was a backlog due to the number of cases, currently 11 showed no lapses in care. The Trust is currently still 10 cases under the threshold, but the contributory factors were seen as the increased number of cases of flu, high bed occupancy and inability to isolate patients. The IPC steering group had been tasked with looking at the art of the possible in relation to the isolation of patients.

Mrs Geary highlighted that C. Dif and MRSA were not the greatest risks. The risk is that this leads to an increase in CPE for which there are no known antibiotics and it is spreading rapidly. She noted that Manchester has problems with CPE and the only way to stop the spread is the use of isolation facilities.

Mr Taylor stated the increase was a symptom of the pressures the Trust was under together with the increased acuity of patients which led to multiple courses of antibiotics being required and that patients became too unwell to be managed in the community and were then admitted to hospital. The increased use of antibiotics then leads to an increased risk of C.Dif. Mrs Adams stated that the Committee was assured by Mr Taylor's continued monitoring of antibiotic usage. Ms Symington asked for an action to be recorded for Mr Golding to talk to the Board about the provision of isolation facilities across the trust.

Action: Mr Golding to be asked to provide a paper on isolation facilities

Mrs Adams noted the Committee had received assurance after reviewing the quarterly pressure ulcer and falls reports and noted not only an increase in reporting, but a reduction in serious harm.

The Committee had also received sight of the Internal Audit Report on Deprivation of Liberty (DoLs). Mrs Geary noted that all deaths of patients with learning disabilities are now followed up with a review and she also provided a list in her report of the actions taken by the Trust following the Chester West issues in 2015 which include targeted education and training, development of a database and a series of mini audits around DoLs management. She noted the current delays with DoLs management outside of the Trust, but this was due to the significant volumes being received by the lead agency. Mrs Geary also noted that her report contained details of the Trust's engagement with the LeDeR Programme which was as a result of one of the key recommendations of the Confidential Enquiry into the premature deaths of people with learning disabilities.

Mrs Adams stated that the Committee had received sight of the Internal Audit Duty of Candour Report which highlighted some of the outstanding actions and the need to continue to raise awareness of this requirement.

Mrs Adams highlighted that there had been a significant spike in SIs in January and this was due to 12 hour trolley waits in ED and the Committee had received assurance about the safety of these patients. Mr Taylor stated that a close watch is kept on the monitoring of the safety of patients in ED using a number of different tools and there has been no recorded harm to the patients involved in the 12 hours trolley waits. Mr Taylor highlighted that the Trust has had to use a full capacity protocol recently which is about managing patients when the hospital is very busy and there are no beds left. This involves putting patients on trolleys in wards and how they are kept safe.

17/026 Developing the York Care Collaborative

Mrs Scott stated that this paper set out information about collaboration with partners together with the ambition to work together in new and different ways. She stated that health and social care were under pressure and that the collaborative is a joint programme board, to better develop relationships. The CAVA GPs have been provided with an area on the hospital site so that they are better able to have conversations with clinical teams and to work more closely with the out of hospital care team. Work is also going on to develop methodology to support momentum and delivery and to work out how value will be added as a result of the collaborative so that benefits can be described and measured.

Mrs Scott noted that the New Models of Care Team were interested and were visiting the Trust on the 9 March to help support and enhance the rigor around the process.

Mrs Walters stated that this will help to build on progress that is already being made and the Hospital and Community Boards will be reshaped to help accommodate this partnership working.

Ms Raper stated that this was a very positive development and wondered how other partners could be involved. Mrs Scott stated that it was not an exclusive club and the Trust was starting to receive interest from other GPs and organisations such as Tees,

Esk and Wear Valley. She noted that this would be a continual development and it would be further rolled out to the wider community in due course. Mr Crowley stated that it was really important for the Trust as an organisation to provide a capacity and willingness to work with all partners to get the best of the system.

17/027 Workforce Metrics and Update Report

Ms Symington requested a more in-depth strategy be provided in relation to the Trust's approach to recruitment covering the next 5 to 10 years was provided.

Action: Recruitment Strategy to be brought to the Board

Mr Crowley stated that sickness rates had been fairly stable apart from occasional seasonal spikes and that the Trust continued to work hard at supporting staff to return to work. He noted that turnover rates were on a downward trend, but there was still an upward trend in relation to the use of temporary workforce.

One item he raised was that the Trust used salary sacrifice schemes as added value in terms of staff recruitment and retention and these were gradually being eroded. Mr Crowley highlighted that the Trust had no off payroll payments in relation to senior staff.

It was noted in recent media headlines that applications for nurse training had reduced by 25% due to the loss of the bursary scheme, however, it was reported that this was not the case for the York. Mr Crowley stated that the Trust continued to experiment with recruitment open days and one had recently been held in theatres. Ms Symington also stated that there was a general recruitment open day at York Hospital on the 25 March.

Mr Crowley stated that evidentially there is a gap between male and female pay, but that this can be heavily skewed by the medical workforce and further work needs to be done to understand this.

Prof. Willcocks highlighted the 1 in 5 days lost to mental health and that a comprehensive report had been received by the Workforce and Organisational Development Committee about the Trust's psychological health and wellbeing strategy, which was both proactive and reactive. The Committee has also asked for a 6 month follow up on how well the strategy is working.

In relation to recruitment, Prof. Willcocks stated that the nurse training reduction could mean that more people take the higher level apprenticeship route.

Mrs Adams stated that it should be noted that some of the use of temporary staff was also about the use of enhanced supervision due to the higher acuity and more complex patients which were being admitted.

There was a discussion about the trend in relation to staff turnover and Mr Crowley stated that there is a definite downward trend developing.

17/028 Finance and Performance Issues

Mr Keaney stated that in relation to finance and performance, the Trust was not where it would necessarily like to be and the Committee had continued to focus on receiving assurance that the Trust was continuing to provide safe levels of care to patients. He expressed concern over operational challenges, the pressures being faced by staff and the deterioration in the finances, which he asked the respective Executive Directors to brief the Board on. Mr Keaney also asked for Mrs Scott to update the Board regarding the Community Rehabilitation Teams in Scarborough and the retendering exercise in relation to community services.

Mrs Walters stated that there had been a healthy discussion at the Committee around the tough position moving into February which was due to the increased admissions, high acuity of patients and the high bed occupancy levels being experienced. She noted that patient safety was paramount and that the Friends and Family Test continued to provide a good indicator of patient satisfaction and completion of the test had received a higher than average response rate and a level of 84% in relation to satisfaction. Mrs Walters stated that there had not been an increase in the level of complaints and that patients were praising staff and the treatment received despite experiencing prolonged delays.

Mrs Walters stated that an external utilisation management company had been commissioned by the CCGs to come into both Scarborough and York to look at performance. Feedback so far had not raised any red flags, but had highlighted how busy the hospitals were and also that patients experience levels were good. She stated that this was a credit to all those working across the system.

Mrs Walters recognised the current pressures but reminded the board about a number of live initiatives which still need to embed, such as the assessment units. She stated that she had received feedback from one of the Clinical Directors that the Surgical Assessment Unit on Ward 14 was reducing length of stay. Mrs Walters highlighted that the real risk was staff energy levels and this was about relying on leaders at all levels to motivate and encourage their staff and continue to use different types and skills mix of staff. She noted issues with social care funding and domiciliary care packages.

Ms Raper noted the need to embed some of the initiatives, but asked if there was anything else that could be done in terms of providing additional support, for example from the Organisational Development (OD) Team. Mrs Walters stated that operational performance cuts across a significant number of roles especially when driving forward the changes. She stated that OD were already involved.

Mr Keaney highlighted the development of the Acute Medical Model at Scarborough and that it had provided a different, more positive environment and was a sign the Trust was trying to innovate to get better results. Mrs Walters noted that the Acute Medical Model is seen as a shining star at national level and that hopefully this will also drive forward a review of the metrics currently being used, like the 4 hour target.

Mrs Adams asked if there had been any loss of income due to cancelled elective procedures. Mr Bertram noted that there had been a material loss which had impacted on the January position and that this had added to the situation the Trust now faced.

Mrs Scott highlighted that Scarborough & Ryedale CCG had notified the Trust of their intention to put adult community services out to tender and also served formal notice on the Trust that the contract would only run until October. She stated that despite this the timeline was not clear and that the Trust would be expressing concern about this to NHSE and NHSI as it will impact on current plans to develop out of hospital capacity.

Mr Bertram provided the Board with an overview of the really challenging financial position. The Trust is still reporting a surplus, but this is £4.5m short of the planned position. He highlighted the national context of a possible billion pound deficit and that the Trust still intends to deliver a surplus at the end of the financial year.

The key elements of the deterioration in position were in respect of cancelled operations, which reduced income, £1m higher expenditure of which two thirds was down to staffing and the need to open escalation areas. Mr Bertram also noted that the arbitration panel in Scarborough had very much taken a middle ground position which had adversely affected the Trust by £1.2m, together with the loss of £360k due to only receiving 50% of the flu CQUIN as frustratingly only 69% front line staff had been vaccinated (against a target of 75%). The position reached had resulted in the Trust missing its control total and losing £1.13m STP funding.

Mr Bertram stated that he had discussed the position with NHSI last week and it had been accepted. NHSI were also pleased to note the curbs on discretionary spending which had been introduced by the Trust and the plans to recover elective activity.

In relation to the forecast outturn, Mr Bertram stated that the Trust will not hit the £10m control total surplus, which had previously been planned and that will result in the loss of a further £3.4m STP funding. The end of year position will be around the £2m to £4m surplus mark, which will still leave the Trust in a relatively unusual position of posting a surplus.

Mr Bertram stated that the Trust is still under pressure to continue to deliver a surplus next year, but this will be impacted by the loss of the £10m acquisition funding. Scarborough and Ryedale CCG have been told that they will have to pass over £2.5m of additional sustainability funding to the Trust and discussions with NHSI, NHSE and the CCGs regarding QIPP funding will further affect the total. With the QIPP funding and £2.5m sustainability funding the £10m gap reduces to £3.7m, but NHSI have indicated that they are not happy for the Trust to increase the efficiency programme to close the gap. Mr Bertram stated that therefore there are still risks around next year's plan, but it is moving in the right direction.

Mrs Adams asked if the Trust will need additional cash support this year. Mr Bertram stated that he was concerned at the point when he was pulling the report together, however, the Trust has been trading significantly ahead of plan and is looking to receive payment for this from VoY CCG (£9m), S&R CCG (3m), ERY CCG (£2m) and NHSE (£3m).

Mr Keaney asked what the worst case scenario would be for the end of year position. Mr Bertram stated that he did not envisage a material deficit so the worst case scenario would be break even. Mr Keaney stated that this was very reassuring.

Mr Sweet stated that the Committee had reviewed the Board Assurance Framework at their meeting. He stated that the recommendation was for 2.3 to remain red, but that the word care should be removed so as not to conflict with the work of the Quality and Safety Committee. This was approved by the Board.

In relation to risk 2.4, that the Trust fails to plan with ambition, the Committee felt that this should go from amber to green in light of plans for Bridlington, the new endoscopy and VIU units. It was also highlighted that the Malton Diagnostic Unit and Vascular improvements fell into this category. The Board discussed whether this was as a Trust or STP and it was decided that this risk was about the Trust and that there was plenty of evidence to support the change. The Board approved the change of 2.4 from amber to green.

17/029 2015/16-91 – Scarborough Estates, Facilities and Procurement Modular Accommodation Replacement Project

Mr Bertram stated that he had two points to make in relation to the modular accommodation paper. The first was that this was a must do for the Trust as the accommodation in his view was squalid and it was wrong to expect staff to survive another winter in the current buildings. The second was that he had sought further reassurance following receipt of the business case in respect of the cost. He stated that in relation to the last paragraph at 20.2, he could assure the Board that market testing had taken place together with independent verification. The buildings being put in place were modular buildings and he gave the example of the A & E accommodation at York.

Mrs Adams thanked Mr Bertram for his comments as she had also been concerned about the cost. Mr Bertram also explained that Kier were the Trust's Procure21+ partners and had been through a very robust process to get to that position. He noted that Kier will not supply the units, but have gone through a competitive tender process on behalf of the Trust. Mr Sweet also noted that the Trust could still go out to elements of competitive tender instead of using the Procure21+ system if required.

The Board approved the business case.

17/030 Any other Business

Board Assurance Framework – Ms Symington stated that she had considered the discussions today and felt that all the strategic ambitions in the BAF had been covered in the meeting with triangulation of the risks.

No further business was discussed.

17/031 Date and Time of next meeting

The next meeting of the Board will be held on Wednesday 29 March 2017 in the Boardroom at York Hospital.

Outstanding actions from previous minutes

Minute number and month	Action	Responsible office	Due date
17/025	Provision of a paper on isolation facilities	Mr Golding	May 2017
17/027	Recruitment Strategy to be provided to the Board	Mr Crowley	May 2017
17/012	Parity of other staff groups with junior doctors in relation to exception reporting criteria (20 mins) to be added to the work programme.	Mrs Provins	Added to May agenda
16/158	ED and Community Developments	Mrs Walters Mrs Scott	June 2017
16/140	Mr Taylor to provide antibiotic monitoring in his next report	Mr Taylor	April 2017
16/112	The Board to receive the refreshed Equality and Diversity objectives	Mr Golding	Changed - May Public Board
15/087 Diverse Workforce	A proposal around investment in training for specialist and middle grade doctors in the future to be presented to the Board when developed	Mr Taylor	April 2017
16/057 Communications Strategy Update	Present a further update on the Communications Strategy at the November Board meeting	Mrs Brown	April 2017

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Chief Executive's Report

Action requested/recommendation

The Board is asked to note the report.

Summary

This report provides an overview from the Chief Executive.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC outcomes.

Progress of report	Board of Directors
Risk	No risk.

Resource implications	No resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	March 2017
Version number	Version 1

Board of Directors – 29 March 2017

Chief Executive's Report

1. Chief Executive's Overview

North West Academic Health Science Network visit: Feedback

We recently hosted visits to York and Scarborough Hospital from the North West Academic Health Science Network's Utilisation Management Team.

We have now received more detailed feedback following this review, and I want to share my thoughts based on that feedback. We expect to receive a more detailed written report during April.

These visits were commissioned by the three main Clinical Commissioning Groups for York Trust's services (NHS Scarborough and Ryedale, NHS Vale of York and NHS East Riding) to review emergency and urgent care, clinical pathways and operational processes.

The team reported without exception that everyone was hardworking, committed and caring, nonetheless they were clear that if we continue to work in the same way the system will not be sustainable, which I am sure we all recognise. This cannot wait until next winter, and we need to act now.

As a system we must develop a common purpose for the management of acute and emergency care, and set this as our collective priority. I am determined that we move away from our Emergency Departments (ED) being the place that patients wait for other services to respond, both inside and outside the hospital.

The Utilisation Management Team's observation was that the systems in York and Scarborough are too hospital-centric, and current commissioning approaches perpetuate this. The key to changing this in the future is for our commissioners to work with us to provide services outside of the hospital setting to enable us to achieve 85% bed occupancy (75% at Scarborough).

We are already going in the right direction with the introduction of Assessment Units which enable the assessment and treatment of patients to happen within specialities and outside of the ED setting. It is important that these are used to maximum effect rather than having patients awaiting and receiving assessments unnecessarily in the EDs.

I was concerned to hear in the feedback that there continues to be a fragmented approach to patient flow at ward level, typified by a disconnect between clinical decision making and operational support. Staff may not recognise this or feel that it is the case, however we must take this at face value and what is important is how we respond. We are all individually responsible for changing this culture, and I am sure we all recognise that further work is required to deliver more effective patient flow through the hospitals and into services outside acute care settings.

The view is that we should aim for a system that adopts a 'Primary Care first' approach at all levels. From a hospital point of view we have made a good start by implementing this

(streaming/navigator) at the front door of both of our Emergency Departments but further progress is required to embed this. It is also important to recognise that this is not a philosophy wholly shared by the College of Emergency Medicine at this time.

Growing demand is increasing our bed days at the acute hospitals, however the introduction of assessment units and ambulatory care has increased zero length of stay, which has helped to mitigate this, and we have a relatively positive position on delayed transfers of care. Nonetheless, we should continue to focus on implementing 'discharge to assess' as our primary method of assessment for patients with complex care needs who do not need to be in hospital.

It should go without saying that workforce planning is an essential element for the whole system, and we must continue to lead this if we are to succeed. I was not surprised to hear, given the fact that we have experienced significant operational pressures for many months, that there is a culture of staff "expecting it to be tough" and in some ways this contributes to this being our continued reality, even though pressures are reducing. This last point is consistent with the messages that have been sent out to all Trusts and local authorities by NHS England and NHS Improvement on how we 'bounce' back and get A&E performance back on track. Organisations are increasingly judged by their ability to respond and the speed of their recovery as the situation improves, and this is something we must embrace.

Looking forward to 2017/18, the Government's mandate to NHS England has been published for the year ahead. The mandate outlines the Government's objectives for NHS England (and therefore the NHS), along with its budget.

NHS England will work with NHS Improvement to ensure overall financial balance in the NHS. To support this, £1.8bn of NHS England's budget will be allocated through the sustainability and transformation fund.

The key deliverables for Trusts such as ours as set out in the mandate are:

- Continue to roll out seven-day services in hospitals.
- Deliver aggregate A&E performance in England above 90% in September 2017, with the majority of trusts meeting 95% in March 2018.
- Meet agreed standards on A&E, ambulances, diagnostics and RTT
- Achieve the 62-day cancer waiting times standard, and maintain performance against the other cancer waiting times standards.
- Reduce NHS-related delayed transfers of care.

In a statement commenting on the mandate, NHS Providers' Chief Executive Chris Hopson expressed his concern at the health service's ability to meet these obligations without additional support.

He says that "the gap between demands on the health service and the resources available in the coming year remains unbridgeable. We estimate that this year NHS trusts are on course to have a collective deficit of £800-900 million pounds. Given the pressures the health service faces, just reproducing that financial performance would be a stretching target."

<u>Stroke performance</u>

I am delighted to share the news that in the latest national data that has been published for stroke performance (SSNAP) we have achieved an overall rating of 'B' for the Trust. Board members will recall that we centralized the stroke pathway for the Trust in 2015 at a time when we were unable to recruit sufficient numbers of specialist staff to support a full acute

stroke service on both sites. The work done since that date by the whole team across both sites cannot be overstated, and to achieve this rating (the highest we have ever seen as a Trust) is a fantastic achievement and will clearly have been of benefit to our patients.

Major Trauma Network

Chris Long, Chief Executive at Hull and East Yorkshire Hospitals and Chair of the Major Trauma Network has written to me to highlight the exemplary leadership being demonstrated by Dr Phil Dickinson, Consultant in Critical Care and Clinical Lead for the network.

Chris wanted me to highlight to board members the value of Dr Dickinson's leadership in this field and the coherence and discipline he has brought to the network in his time in the role. Having one of our clinicians in a high profile role such as this is a real asset to our Trust and I would echo Chris's words regarding Dr Dickinson's contribution to the network and to major trauma care in the region.

Recognition of excellent sustainability reporting

We have received notification that the Trust has been recognised as having excellent sustainability reporting for the 2015/16 financial year by NHS Improvement, the Health Finance Managers Association (HFMA) and the Sustainable Development Unit for NHS England and Public Health England. Forty Trusts and Forty CCGs have been selected.

As you will be aware we have sought to become NHS leaders in terms of our sustainability strategy, and this news is particularly timely as we have just opened our third energy centre, this time at Scarborough Hospital, following in the footsteps of Bridlington and York Hospitals.
The centre will achieve guaranteed savings of £512,000 in the first year - a 31% reduction on current energy bills and operating costs. Over the course of 15 years the guaranteed savings will be in excess of £9 million.

BAF at a glance

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

2. Recommendation

The Board is asked to note the report.

Author	**Patrick Crowley, Chief Executive**
Owner	**Patrick Crowley, Chief Executive**
Date	**March 2017**

York Teaching Hospital NHS
NHS Foundation Trust

Board Assurance Framework – At a glance.

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

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

York Teaching Hospital NHS Foundation Trust

Board of Directors – 29 March 2017

Workforce Report – March 2017

Action requested/recommendation

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

Summary

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

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

Outcomes 12, 13 & 14

Progress of report	Board of Directors
Risk	No risk

Resource implications	There are Human Resources implications identified throughout this report.
Owner	Patrick Crowley, Chief Executive
Author	Polly McMeekin, Deputy Director of Workforce
Date of paper	March 2017
Version number	Version 1

Board of Directors – 29 March 2017

Workforce Report – March 2017

1. Introduction and background

This paper presents key workforce metrics up to February 2017 (where available). The narrative will detail trends and any actions which are being taken to address specific issues. Of particular note:

- The monthly sickness absence rate in January was 4.76%, an increase from 4.50% in December, and further continuing the sharp seasonal sickness absence increase since September 2016.
- Cumulative annual absence rates have remained fairly static between 4.13% and 4.15% over the past eight months.
- Demand for temporary nurse staffing continues to be very high with requests reaching the equivalent of 411.70 FTE staff in February 2017.
- The temporary nurse staffing bank fill rate increased again in February supporting the effectiveness of the nurse bank winter incentive scheme.
- February's appraisal compliance rate stood at 74.9%.

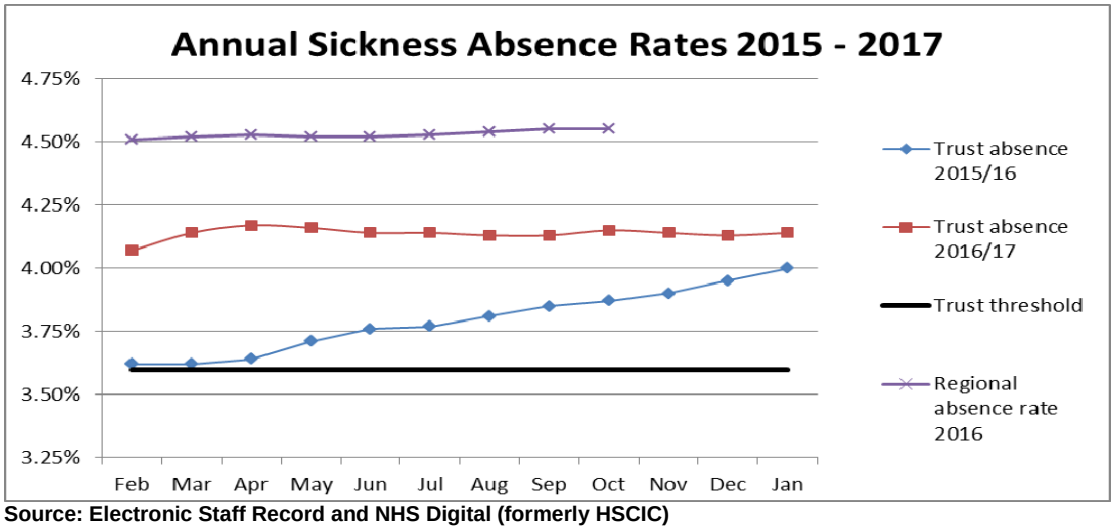
2. Sickness Absence

Sickness absence rates

The graph below compares the rolling 12 month absence rates to the Trust's locally agreed threshold and to the regional (Yorkshire and Humber) sickness absence rates. In the last 8 months the Trust's cumulative annual absence rate has remained static between 4.13% and 4.15%.

The Trust absence rate continues to compare favourably with sickness absence across the region. There is a delay in the publication of the regional data and currently only data up to October 2016 is available. In the year to October 2016, the regional annual absence rate was 4.55% compared to a Trust rate of 4.14%.

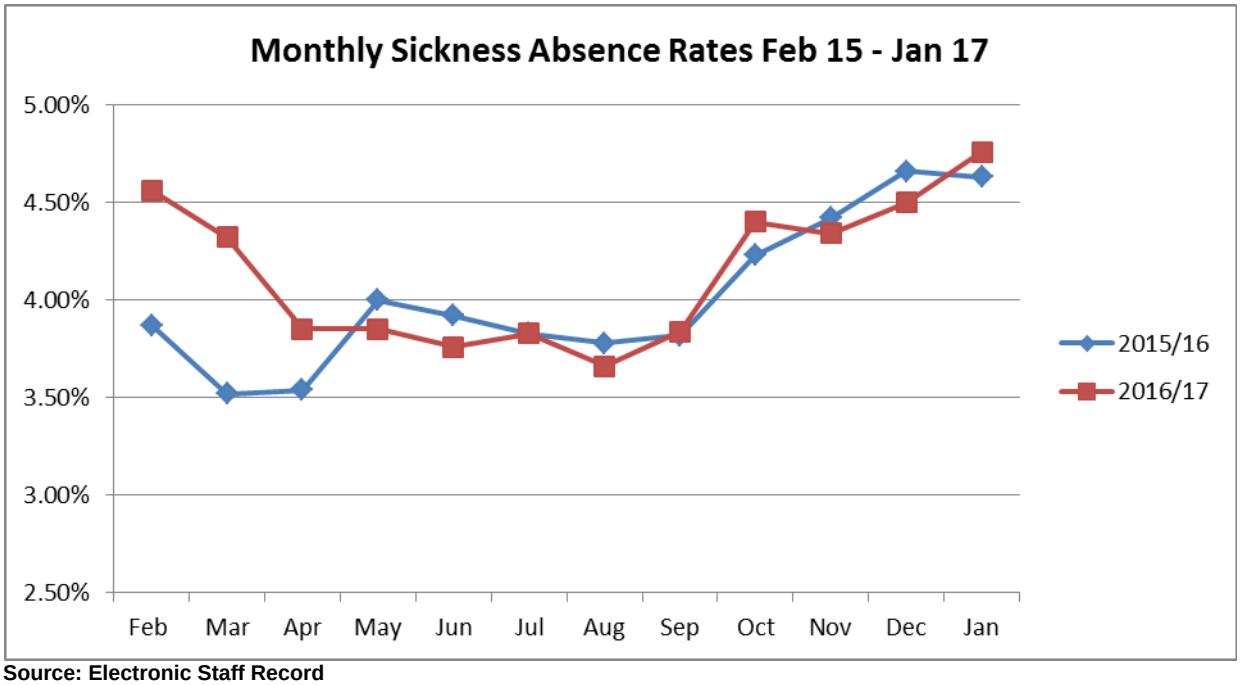
Graph 1 – Annual sickness absence rates



Source: Electronic Staff Record and NHS Digital (formerly HSCIC)

The graph below shows the monthly absence rates from February 2015 to January 2017. The monthly absence rate of 4.76% in January 2017 was an increase from the previous month's absence rate of 4.50% and also slightly higher than in the same month the previous year (the absence rate in January 2016 was 4.63%). The steep incline in the monthly sickness absence rate since September continues into January and is attributable to seasonal variation.

Graph 2 – Monthly sickness absence rates



Source: Electronic Staff Record

Sickness absence reasons

The top three reasons for sickness absence in the year ending January 2017, based on both days lost (as FTE) and number of episodes are shown in the table below:

Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
MSK problems, inc. back problems – 20.19% of all absence days lost	Gastrointestinal – 21.41% of all absence episodes
Anxiety/stress/depression – 19.13% of all absence days lost	Cold, cough, flu – 18.57% of all absence episodes
Gastrointestinal – 10.29% of all absence days lost	MSK problems, inc. back problems – 11.00% of all absence episodes

In January 2017 the number of sickness episodes due to the reason of 'Gastrointestinal problems' decreased by a quarter of that of the previous month (from 434 episodes in December to 327 episodes in January). The number of episodes due to 'Cold, Cough, Flu – Influenza' increased from the previous month by 13.7% (from 454 episodes in December to 516 episodes in January). However, since September, the number of episodes due to this reason has increased overall by 194.9% and this is contributing significantly to the increase in the overall monthly sickness absence rate since September. The number of episodes due to 'Musculoskeletal problems' remained at the same level as the previous month (with 153 episodes in January and 156 episodes in December).

<u>Health and Wellbeing CQUIN for 2017/18</u>

'Musculoskeletal problems (MSK)' and 'Anxiety/stress/depression' remain the top two sickness reasons in terms of FTE days lost and these form part of a new health and wellbeing CQUIN

introduced for 2017/18. The CQUIN will be measured by comparing the responses in the 2017 Staff Survey against the baseline 2015 results to 3 questions:-

Q9a Does your organisation take positive action on health and wellbeing?
Q9b In the last 12 months have you experienced MSK problems as a result of work activities?
Q9c In last 12 months have you felt unwell as a result of work related stress?

The Trust is required to see a 5% improvement in 2 out of 3 of these questions over two years. So far, between 2015 and 2016 we have achieved a 5% improvement to question 9a, a 3% deterioration to question 9b; and a 1% improvement to question 9c.

A comprehensive communication plan is being drafted to ensure staff receive regular information raising their awareness of what is available to support their health and wellbeing within the Trust. This will include a range of methodologies to address the challenges posed by geography (our staff work across many sites, including those not operated by the Trust e.g. GP Surgeries / Health Centres) and technology (many staff do not have access to computers in their role). This plan will be discussed at the Health & Wellbeing Steering Group in April.

The Trust already has an established Mental Health strategy and the MSK (Staff) strategy is being submitted to the Health & Wellbeing Steering Group in April. For directorates above the Trust average absence levels (currently 20%) for either Mental Health or MSK related issues an action plan will be required to address this. Likewise, where a directorate's compliance with mandatory training for either conflict resolution or manual handling falls below 85%, they will be required to devise an action plan to increase compliance to 85%.

Staff Health and Wellbeing will be included in all supervisors' and managers' appraisals and they will be required to record the sickness % for their team, evidence what they have done to support staff health and wellbeing, as well as the appraisal compliance rates for their team.

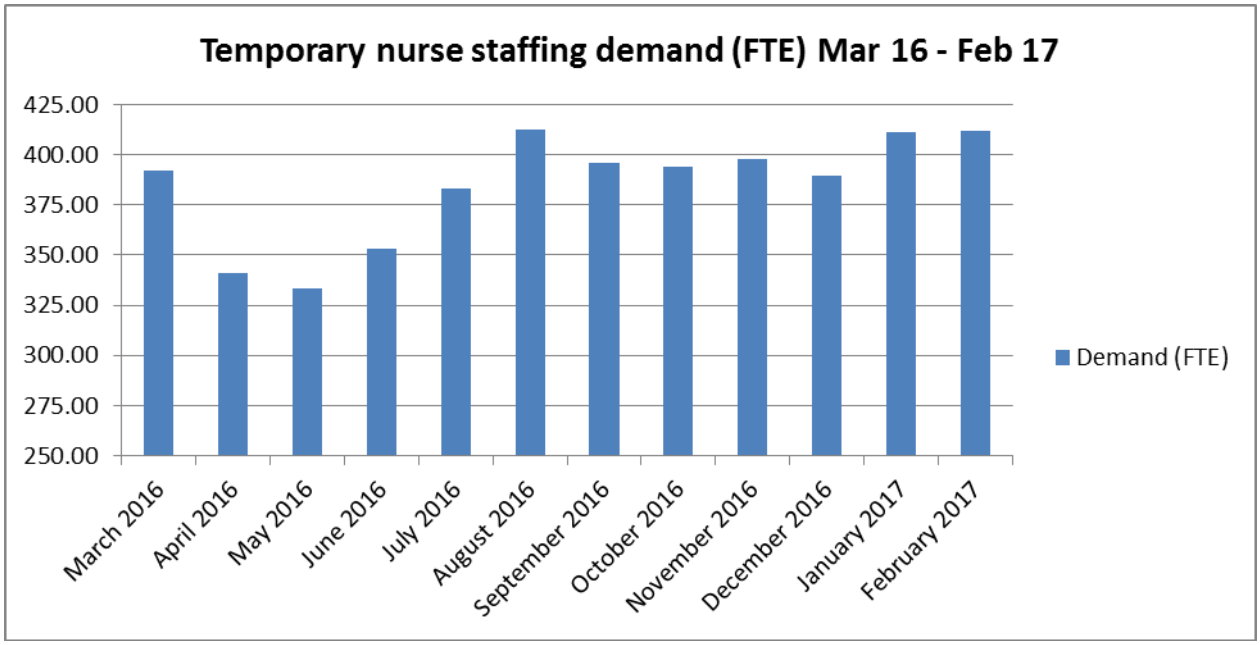
The Trust has bid to continue to be part of the Healthy Workforce Programme in 2017/18 and if successful the focus will be on further developing the educational and preventative measures to support improved Health and Wellbeing with both Mental Health and MSK. A particular focus will be on developing appropriate training for managers.

3. Temporary Nurse staffing

Demand for temporary nurse staffing (Registered Nurses (RNs) and Health Care Assistants (HCAs)) in the last year has on average equated to around 385 Full Time Equivalent (FTE) staff per month. However, demand since August 2016 has been much higher and demand in February 2017 increased to its second highest level in that period to 411.70 FTE. Demand overall in February 2017 was 19% higher than demand in the same month of the previous year (demand in February 2016 was 345.52 FTE).

Demand for RNs exceeded that for HCAs in February with RN demand exceeding 200 FTEs for the second month in a row (demand was 213.40 in February 2017 and 215.01 FTE in January 2017). There was only a small increase in HCA demand from the previous month (198.30 FTE in February 2017 compared to 195.99 in January) but HCA demand in February 2017 still exceeds the figure for the same month in the previous year at a rate of 28.7% (demand for HCAs was 141.41 FTE in February 2016).

Graph 3 – Temporary Nurse Staffing Demand



Source: HealthRoster

The most predominant reasons for making requests for temporary nurse staffing in February 2017 were:

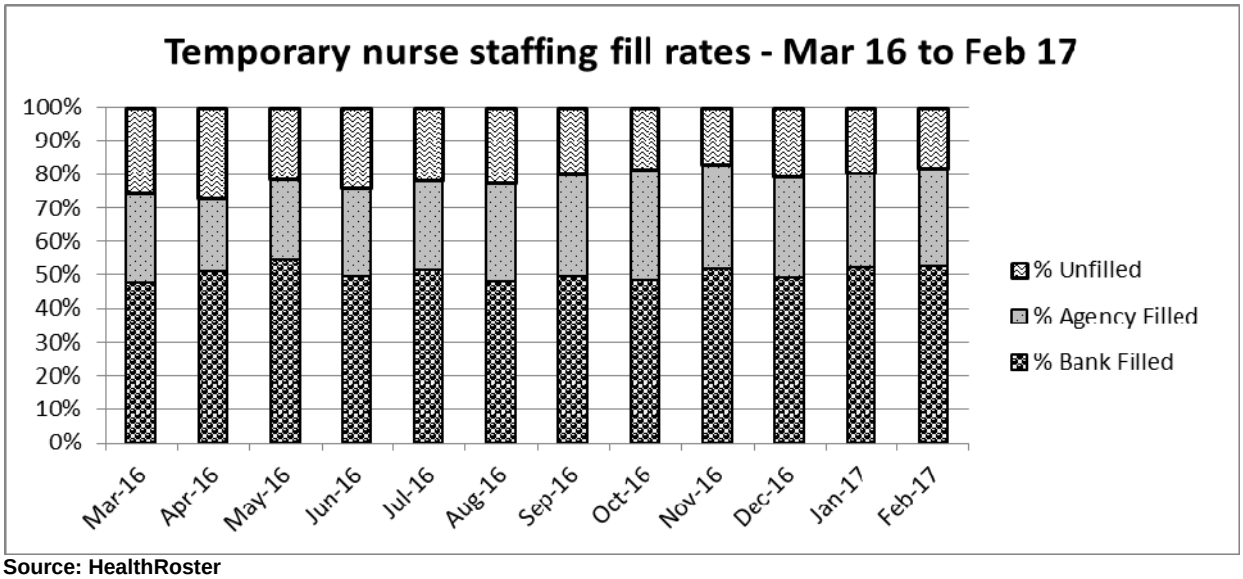
- Vacancies – accounting for 48.5% of requests
- Sickness – accounting for 18.4% of requests
- Enhanced patient supervision (1:1 specialing) – accounting for 11.1% of requests

The proportion of shift requests due to the reason of sickness reduced slightly in February 2017 (from 19.5% of requests in January to 18.4% in February) whilst the proportion of shift requests made due to vacancies increased slightly (from 46.7% of all requests in January to 48.5% in February). A total of 11.1% of requests were made with the reason of enhanced patient supervision in February 2017. This was a significantly higher proportion than in the same month of the previous year (2.8% of requests in February 2016).

Graph 4 below shows the proportion of all shifts requested that were either filled by bank or agency or were unfilled. Overall, bank fill rates made up more than half of all requests and increased marginally in February compared to January (from 52.25% to 52.56%). Agency fill rates also increased slightly from 28.12% in December to 29.46% in January. There has been an improvement in the overall bank fill rate since December (when bank staff made up 49.36% of all requests) and this, particularly with demand also increasing significantly over this period, indicates the positive impact of the winter incentives that the Trust has offered to staff undertaking work on the Nurse Bank over the winter period. The period in which incentives are being offered has now been extended until May 2017.

Bank fill at the Scarborough site (64.90%) remains higher than at the York site (47.21%) whilst the agency fill rate at the York site (36.40%) remains much higher than at the Scarborough site (13.45%). The agency fill rate at both sites had increased from the previous month (in January 2017 the agency fill rate was 12.62% at Scarborough and 34.68% at York).

Graph 4 –Temporary Nurse Staffing Fill Rates



Source: HealthRoster

4. NHS Improvement Agency Rules

As part of further efforts to drive down locum and agency spend, NHS Improvement has announced a change to its agency rules which will take effect from 1 April 2017. From this date, Trusts are directed that they should not be using agencies to employ individuals who are substantively employed elsewhere in the NHS. Instead, organisations will have to engage NHS workers through staff banks or overtime arrangements. This rule will apply to all staff groups but we anticipate will have a far greater impact on nursing than any other staff group.

The Trust has written to agencies with instructions not to supply NHS workers for locum/agency shifts from this date. Other NHS Trusts in the region have taken the same course of action. The introduction of this rule combined with enforcement of the IR35 regulations is expected to significantly reduce the supply of agency workers. The priority for the Trust is to attempt to move workers to its staff banks, while it continues to try and quantify the impact of these changes. Further guidance from NHS Improvement is expected shortly.

5. Medical Staffing

Following a significant recruitment drive led by the Medical Staffing team, seven doctors have been offered substantive posts in the Elderly and General Medicine directorates. The success of this campaign has been due to a number of factors including: advertising 2 year fixed term posts rather than in line with the current trainee rotation; offering multispecialty rotations; taking into consideration individual preferences and offering flexible incentives such as supporting doctors with relocation costs, paying fast track visa fees and offering free (Trust) accommodation during the first 2/3 weeks at the Trust.

The team has also engaged more with recruitment agencies to source doctors, and whilst there is a “finder’s fee” attached to this, this is significantly lower than the hourly rate agency costs being paid to cover the gaps. Overall, the team has reduced their recruitment timelines and provided much more flexibility with regards to shortlisting and conducting interviews.

Future plans are to introduce the CESR programme for Emergency Medicine initially, and then to roll this out formally across the rest of the Trust. Other Trusts have fully established CESR doctor rotas and waiting lists which show that this approach can be successful.

As a result of the success of the substantive recruitment across the Elderly and General Medicine directorates, from April 2017 the number of agency locums across these directorates will reduce from 9 FTE to 2 FTE. These locums were all above the NHS Improvement capped rate and worked approximately 20 shifts each per month. This will therefore result in 45 fewer breaches being reported a month from April to NHS Improvement in these two directorates.

Junior Doctor Contract - Exception Reporting

Since 7 December the Trust has received a total of 55 submitted exception reports from 90 doctors currently on the new contract. The 55 reports came from 12 doctors, 7 in December and 38 in January and 10 in February:

- 21 - General Surgery & Urology - York
- 13 - General & Acute Medicine - York
- 18 - General & Acute Medicine - Scarborough
- 3 - Child Health (across both sites)

No exception reports have resulted in guardian fines, but 9 have resulted in payment to the Doctor for additional hours worked (a total of 9.75 hours claimed with a value of £125.93). 32 resulted in time owing in lieu being approved (a total of 35 hours claimed), and 4 resulted in neither time owing in lieu or additional hours (two were “Clear Trainee Choice” and two were “Other Solutions”).

The remaining 10 are still open cases (8 are overdue a resolution and 2 are within timescales).

By the end of the year there will be over 300 doctors on the new contract and therefore it is expected that the number of exception reports will become significantly higher.

6. Recruitment

Nursing Associate Recruitment

Following the successful bid to be part of the HEE pilot programme to develop Nursing Associate roles the Trust has recruited sixteen individuals to commence in post from 5th April 2017. The new role will work alongside care assistants and registered nurses to deliver hands-on care, focusing on ensuring patients continue to get the compassionate care they deserve. Its introduction has the potential to transform the nursing and care workforce. These Band 3 trainee roles will work supernumerary – guaranteeing that the trainees get the best opportunity to learn and develop during the two year foundation degree programme.

HR has supported the Chief Nurse Team and Communications to market this new role, then delivered a robust and exciting recruitment process in order to find the right candidates for the places on offer. With support from the University, Governors, key nursing volunteers and HR, shortlisted candidates attended a bespoke Assessment Centre that included a written assessment and a group exercise. Those that passed the Assessment Centre then had an interview with a four person panel. Despite the tight timescales, all 16 successful candidates will be ready to commence in post on 5 April 2017.

York NHS & Adult Social Care Recruitment & Careers Event

The York NHS & Adult Social Care Recruitment and Careers Event is scheduled for 25 March 2017. This has involved working collaboratively with City of York Council and Skills for Care to enable the NHS to support adult social care providers in recruiting to fill vacancies. This will involve signposting people who may not be suited to working in the fast paced acute hospital setting to opportunities outside the NHS.

There are 29 stands at the event, including the Trust Governors, Volunteering Service, Theatres, Recovery, Nursing (including Nurse Preceptorship, Elderly, Critical Care, Renal, General Medicine and Older Peoples Services), Radiology, Ophthalmology, ED, Bank Nursing, Domestic Services, Allied Health Professionals, Clinical Work Based Learning, York Apprenticeship Hub, Skills for Care (5 stands), Staff Benefits, Recruitment and Unison & Unite.

Three further events are planned for 2017 using the same approach; two at Scarborough Hospital and one more event in York.

Radiology Open Day

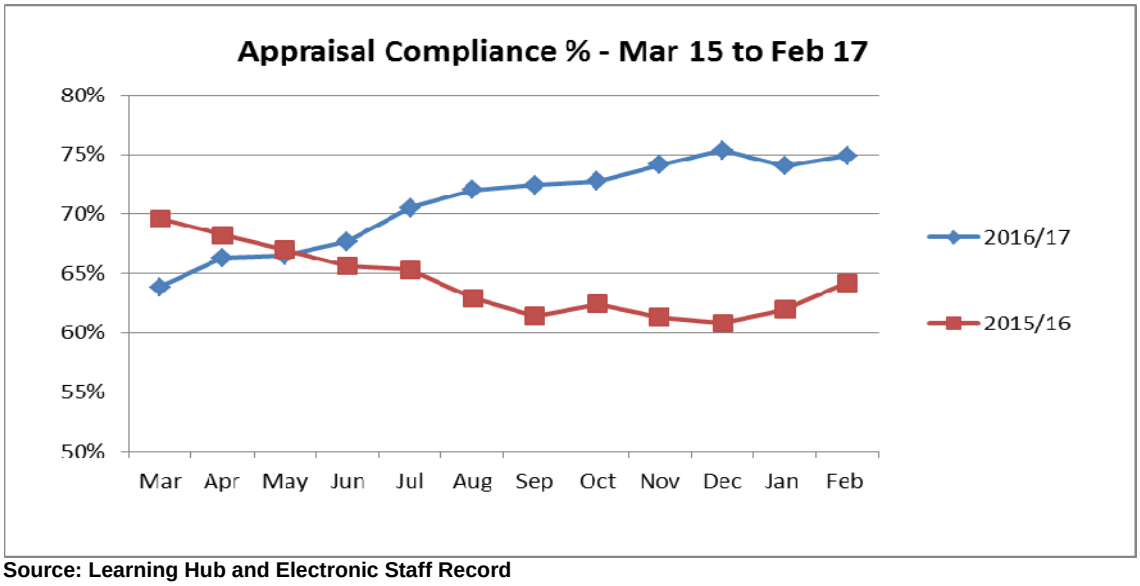
A Scarborough Radiology Open Day was held on 25 February to recruit to 5.2WTE vacancies. The event was well-promoted on Facebook and attracted around a dozen visitors, the majority of whom were Radiographers. It was also attended by a number of people who were considering careers in Radiography.

Following the Open Day six individuals have been appointed three of which are students due to qualify in September 2017.

7. Appraisals and Talent Management

The graph below shows appraisal completion compliance from March 2015 to February 2017.

Graph 5 – Appraisal Compliance %



Source: Learning Hub and Electronic Staff Record

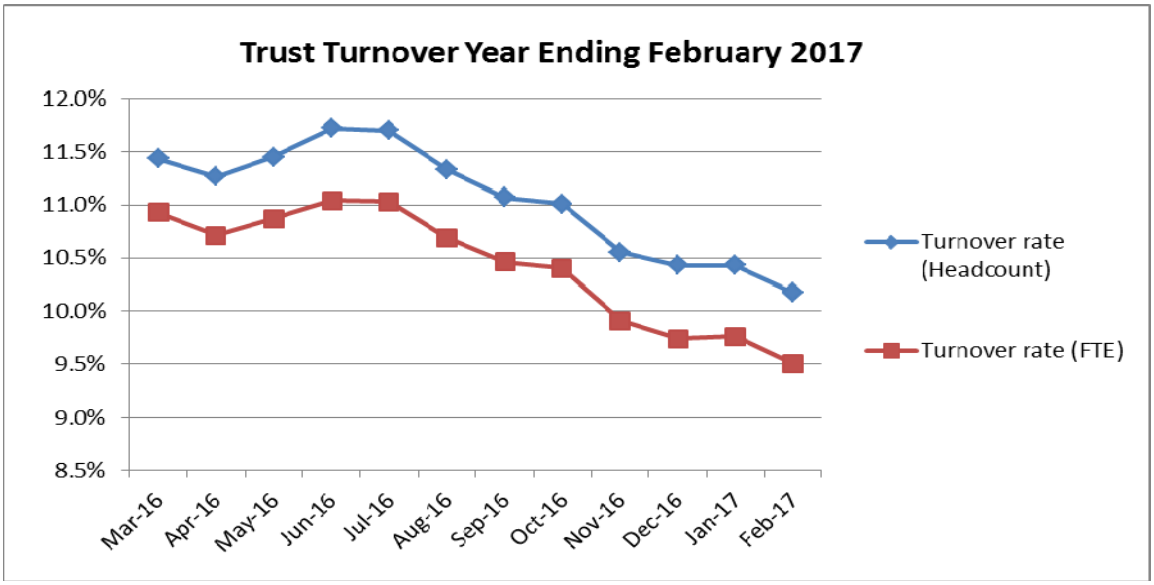
The overall Trust appraisal activity increased slightly in February 2017 from 74.0% to 74.9% following a dip in January which was likely due to the level of activity operationally across the Trust during December and January.

Directorate management teams are being supported to continue to deliver appraisals in line with national and Trust expectations. The Trust is also in the early stages of development of talent management strategy. The aim is to have an inclusive model of succession planning and talent management, which challenges the traditional idea that only staff with a 'fully performing' or above average appraisal score being identified for future development.

8. Turnover

Turnover in the year to the end of February 2017 was 10.17% based on headcount. Turnover calculated based on full time equivalent leavers for the same period was 9.50%. This was a decrease from the turnover rate in the year to the end of January 2017 (which was 10.43% based on headcount and 9.76% based on FTE). The turnover rate in the year to the end of February 2017 represented 793 leavers from the organisation.

Graph 6 – Overall Turnover Rates



Source: Electronic Staff Record

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

9. Employee Relations Activity

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

Employee Relations Activity	Nov 2016	Dec 2016	Jan 2017	Feb 2017
Number of Disciplinaries (including investigations)*	26	29	32	26
Number of Grievances	20	16	15	12
Number of Formal Performance Management Cases (Stage 2 and 3)*	2	3	3	3
Number of Employment Tribunal Cases*	1	1	1	1
Number of active Organisational Change cases in consultation (including TUPE)	10	8	17	19
Number of long term sick cases ongoing	152	164	188	119
Number of short term sick cases (Stage 2 and 3)	145	169	151	166

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

10. York Human City Rights Network

A project founded by the Joseph Rowntree Charitable Trust, the Joseph Rowntree Foundation and the Economic and Social Research Council is aiming to make York the UK's first Human Rights City. The York Human Rights City Network works as an advocate for human rights; principally dignity, respect and fairness for all. As part of its work, it connects organisations, individuals and businesses concerned with human rights in York to promote events, provide help and advice on issues and advance research work in the city. The Network steering group includes representatives of the City of York Council; the Centre for Applied Human Rights; International Service; North Yorkshire Police; City of Sanctuary movement; York CVS and Citizens Advice York. It aims to sign-up 5000 individuals and 200 organisations by 24 April 2017.

Given the obvious affinity with the Trust's work and values, Board of Directors will be asked to consider formally pledging the organisation's support for the project.

11. Conclusion

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

12. Recommendation

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

Author	**Polly McMeekin, Deputy Director of Workforce**
Owner	**Patrick Crowley, Chief Executive**
Date	**March 2017**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Staff Survey Results 2016 – March 2017

Action requested/recommendation

The Board is asked to read the report and discuss.

Summary

The attached document provides a brief analysis of the organisation's 2016 Staff Survey results, benchmarked against 38 other Combined Acute and Community Trusts.

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

Implications for equality and diversity

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

Reference to CQC outcomes

Outcomes 12, 13 & 14

Risk	No risk
Resource implications	There are Human Resources implications identified throughout this report.
Owner	Polly McMeekin, Deputy Director of Workforce
Author	Will Thornton, Senior HR Lead, Workforce Utilisation

Date of paper	March 2017
Version number	Version 1

Board of Directors – 29 March 2017

Staff Survey Results 2016

1. Introduction and background

This paper presents a brief analysis of the Trust's key findings from the 2016 National NHS Staff Survey. The narrative examines how the Trust's results compare with 38 other Combined Acute and Community Trusts and looks at scores from the last three surveys to provide a picture of staff experience within the organisation. Of particular note:

- The Trust has maintained improvement in its scores in the period since 2014. However, over the last 12-months, a larger increase can be observed in the benchmark group's scores.
- The perception of equal opportunities for career progression or promotion at the Trust improved significantly from 2014-16 for BME respondents (increasing to 86% from 80%).
- The number of staff at the Trust who felt unwell because of work related stress compares favourably over the period 2014-2016, and has reduced year-on-year.
- A significant number of the Trust's scores for key findings themed around violence, harassment and bullying and errors and incidents are below average compared with other organisations.

2. Detailed Analysis

As part of the 2016 National NHS Staff Survey, the Trust conducted a full census survey, inviting staff employed on 1 September 2016 to respond via a paper questionnaire. The results of the Survey have been released to trusts, and are available to the public from 7th March.

The responses to the survey questions were used to calculate 32 Key Findings, structured around nine themes as follows;

- Appraisals & support for development
- Equality & diversity
- Errors & incidents
- Health and wellbeing
- Working patterns
- Job satisfaction
- Managers
- Patient care & experience
- Violence, harassment & bullying

The Trust's results have been benchmarked against 38 other Combined Acute and Community Trusts (including Harrogate and District NHS Foundation Trust, the Mid-Yorkshire Hospitals NHS Trust, Rotherham NHS Foundation Trust and Sheffield Teaching Hospital NHS Foundation Trust in the Yorkshire and Humber region) and local analysis has been undertaken using the Trust's scores from the last three surveys to provide a picture of staff experience within the organisation.

In total 3,905 staff responded to the 2016 survey which represented a response rate of 48%. The level of response was above the average rate in the benchmark group (40%) and an improvement on the 45% response rate achieved by the Trust in the 2015 survey, which provides a strong

evidence base for each of the Key Findings.

The overall figures show that the Trust has maintained improvement in its scores in the period since 2014, and taken together as a total, there is a positive net increase between the Trust's 2016 and 2015 scores. However, a larger increase can be observed in the benchmark group's 2016 results, suggesting greater progress across the 32 key findings nationally over the last 12-months.

2.1 Positive observations from the analysis

- The Trust is shown to compare more favourably than most similar organisations for 'equality and diversity' findings, with one of the key findings (percentage of staff believing that the organisation provides equal opportunities for career progression or promotion) rated at 90% against the benchmark average of 87%. Of particular note is a growth in the positive perception of BME staff in relation to this statement with a reported increase of 6% between 2014 and 2016 (up to 86%). This improvement follows the transformation of the Trust recruitment process, with the implementation of centrally managed electronic systems. Although there is clear scope for further improvement (for staff who recorded their ethnicity as white in the survey, the score was 90%), this level of disparity is relatively low compared to national figures.

- Fewer staff indicated that they felt unwell because of work related stress than in the Trust's previous two surveys. Throughout the period from 2014 - 2016, this has been an area where the Trust's scores have been consistently strong, and they have continued to improve year-on-year. The most recent improvement in results can also be seen as a positive reflection on the Trust's participation as a leading organisation in NHS England's Healthy Workforce Programme.

- In two out of the last three surveys (2014 - 2016), respondents to the survey observed relatively few instances of potentially harmful errors/near misses/incidents in the one-month period prior to the survey response, compared to other organisations.

- There has been marked improvement in the number of staff being appraised in the last 12-months. In 2015, the Trust ranked below average for the proportion of its staff who had an appraisal (80%), whereas this year, the score of 88% ranked above average amongst comparable organisations. This improvement corresponds with the introduction of the Trust's Pay Progression Policy in April 2016, which requires for non-medical staff to have an appraisal in order to be eligible for incremental pay progression.

- There are other key areas where the Trust's results indicate sustained statistical improvements since 2014. Although average overall within the benchmark group, the scores for key findings themed around job satisfaction and relationships with managers have grown, with one score - staff satisfaction with their level of responsibility and involvement - showing year-on-year improvement in this period (2014 - 3.82; 2015 - 3.91; 2016 - 3.98).

2.2 Areas for improvement

- There are six key findings themed around violence, harassment and bullying. Three of the Trust's scores were below the average scores in the benchmark group; while four of the Trust's scores in this category deteriorated between 2015 and 2016 where other combined and acute trusts saw overall improvement. Of note was a 3% increase in the number of staff at the Trust experiencing physical violence from patients, relatives or the pubic in last 12 months, with a disproportionate number of BME staff experiencing violence at work (21% compared to 15% of white staff). The results also highlighted that a high proportion of respondents who experienced violence (38%) didn't report their most recent experience.

Experiences of harassment, bullying or abuse (both from service users and staff) have also been under-reported within the Trust, with 58% of respondents who have experienced abuse not reporting their most recent experiences. It is hoped that the appointment of the Freedom to Speak Up Guardian on 1 September 2016 will have a positive effect on these results.

- In relation to errors and incidents, there are four key findings. At the Trust, three of them were below the average scores for the benchmark group including: the number of unreported errors, near misses or incidents witnessed in the previous month (11% at the Trust compared to 9% nationally); staff perception of the fairness and effectiveness of procedures for reporting errors, near misses and incidents (Trust score 3.64 vs 3.73 nationally); and staff confidence and security in reporting unsafe clinical practice (3.60 for the Trust vs 3.68 nationally). The scope for improvement in the latter two findings is validated by a number of reports to the Freedom to Speak Up Guardian.

- In 2015, the Trust achieved the best score in its benchmark group for the relatively low number of staff (51%) feeling pressure to attend work in the previous 3-months when unwell. The Trust score for 2016, however, showed a 10% increase in the number of staff who had felt pressure to attend work while feeling unwell; making this one of the organisation's weaker scores this year (the average in the benchmark group was 55%).

- The key finding where the Trust has consistently ranked below other trusts in the benchmark group in the period 2014 – 2016 concerns the effective use of patient/service user feedback. Previous inquiries into this finding have suggested that staff across the Trust have not consistently observed expected changes being made in response to feedback. This represents a missed opportunity to engage staff in relation to improvements in the care they provide, particularly as the organisation's scores for the percentage of staff reporting good communication with senior management and overall staff engagement have remained static between 2015 and 2016.

Details of the best and worst ranked Key Findings compared to other combined acute and community trusts, and those areas where staff experience has improved or deteriorated since 2015 is attached to this report as an appendix.

3. Conclusion

The results of the 2016 survey will be used to fully evaluate the actions which were taken in response to the 2015 survey. The results will also be used to inform a corporate action plan to address the worse ranking scores and those which have deteriorated. Department level data will be shared as appropriate so it can also be determined whether additional local level actions are required for department or directorate specific issues.

Moving forward, some of the findings in the survey will be used to benchmark the impact of the Freedom to Speak Up Guardian.

4. Recommendation

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

Author	**Will Thornton, Senior HR Lead, Workforce Utilisation**
Owner	**Polly McMeekin, Deputy Director of Workforce**
Date	**March 2017**

Appendix – best and worst ranked Key Findings compared to other combined acute and community trusts; and biggest improvements and deteriorations in the Trust's results between 2015 and 2016.

Top five ranking scores

These are the Key Findings for which the Trust score compares most favourably with other similar organisations;

- **Key Finding 17** – % of staff suffering work related stress in last 12 months *(a lower score is better for this finding)*
    - Trust score – 32%
    - National average – 36%

- **Key Finding 21** – % of staff believing that the organisation provides equal opportunities for career progression or promotion *(a higher score is better for this finding)*
    - Trust score – 90%
    - National average – 87%

- **Key Finding 11** – % of staff appraised in last 12 months *(a higher score is better for this finding)*
    - Trust score – 88%
    - National average – 86%

- **Key Finding 28** – % of staff witnessing potentially harmful errors, near misses or incidents in last month *(a lower score is better for this finding)*
    - Trust score – 28%
    - National average – 29%

- **Key Finding 14** – staff satisfaction with resourcing and support *(a higher score is better for this finding)*
    - Trust score – 3.34
    - National average – 3.28

Bottom five ranking scores

These are the Key Findings for which the Trust score compares least favourably with other similar organisations;

- **Key Finding 32** – effective use of patient/service user feedback *(a higher score is better for this finding)*
    - Trust score – 3.56
    - National average – 3.68

- **Key Finding 22** – % of staff experiencing physical violence from patients, relatives or the pubic in last 12 months *(a lower score is better for this finding)*
    - Trust score – 16%
    - National average – 13%

- **Key Finding 30** – fairness and effectiveness of procedures for reporting errors, near misses and incidents *(a higher score is better for this finding)*
    - Trust score – 3.64

- National average – 3.73

- **Key Finding 29** – % of staff reporting errors, near misses or incidents witnessed in the last month *(a higher score is better for this finding)*
  - Trust score – 89%
  - National average – 91%

- **Key Finding 27** – % of staff / colleagues reporting most recent experience of harassment, bullying or abuse *(a higher score is better for this finding)*
  - Trust score – 42%
  - National average – 45%

Overall, in comparison to other combined acute and community trusts;

- Scores for four Key Findings are better than average
- Scores for 17 Key Findings are average
- Scores for 11 Key Findings are worse than average

How the Trust's Key Findings compared with other combined acute and community trusts in 2016 and 2015			
	Above average	**Average**	**Below average**
2016	4	17	11
2015	8	13	11

Where staff experience has improved

These are the Key Findings where the experiences of staff at the Trust have improved since the 2015 survey;

- **Key Finding 11** – % of staff appraised in last 12 months *(a higher score is better for this finding)*
  - Trust score 2016 – 88%
  - Trust score 2015 – 80%

- **Key Finding 28** – % of staff witnessing potentially harmful errors, near misses or incidents in last month *(a lower score is better for this finding)*
  - Trust score 2016 – 28%
  - Trust score 2015 – 30%

- **Key Finding 19** – organisation and management interest in and action on health and wellbeing *(a higher score is better for this finding)*
  - Trust score 2016 – 3.61
  - Trust score 2015 – 3.54

- **Key Finding 15** – % of staff satisfied with the opportunities for flexible working patterns *(a higher score is better for this finding)*
  - Trust score 2016 – 50%
  - Trust score 2015 – 47%

Although this score has improved at a local level, the score for this Key Finding is below average compared to similar trusts (51%).

- **Key Finding 12** – quality of appraisals *(a higher score is better for this finding)*
    - Trust score 2016 – 3.08
    - Trust score 2015 – 3.01

Where staff experience has deteriorated

These are the Key Findings where the experiences of staff at the Trust have deteriorated since the 2015 survey;

- **Key Finding 18** – % of staff feeling pressure in the last 3 months to attend work when feeling unwell *(a lower score is better for this finding)*
    - Trust score 2016 – 61%
    - Trust score 2015 – 51%

- **Key Finding 22** – % of staff experiencing physical violence from patients, relatives or the pubic in last 12 months *(a lower score is better for this finding)*
    - Trust score 2016 – 16%
    - Trust score 2015 – 13%

- ***Key Finding 23** – % of staff experiencing physical violence from staff in last 12 months *(a lower score is better for this finding)*
    - Trust score 2016 – 2%
    - Trust score 2015 – 1%

- ***Key Finding 25** – % of staff experiencing harassment, bullying or abuse from patients, relatives or the pubic in last 12 months *(a lower score is better for this finding)*
    - Trust score 2016 – 26%
    - Trust score 2015 – 24%

**Although the scores for Key Finding 23 and 25 have deteriorated at a local level, the score for both of these Key Findings are average compared to similar trusts.*

- **Key Finding 31** – staff confidence and security in reporting unsafe clinical practice *(a higher score is better for this finding)*
    - Trust score 2016 – 3.60
    - Trust score 2015 – 3.67

Overall, compared with the 2015 survey;

- Seven scores have improved
- Seven scores have deteriorated
- 18 scores have stayed the same

How the Trust's Key Findings in 2016 compare with scores in the previous two years (where comparable)			
	Improved	**Deteriorated**	**Stayed same**
2016 v 2015	7	7	18
2016 v 2014	10	2	10

Overall indicator of staff engagement

An overall indicator of staff engagement is calculated using the questions that make up three of the individual Key Findings, relating to the following aspects of staff engagement: staff members' perceived ability to contribute towards improvements at work; their willingness to recommend the trust as a place to work or receive treatment; and the extent to which they feel motivated and engaged with their work.

The Trust's overall score on the staff engagement indicator was unchanged from 2015 at 3.78. This was average when compared to other similar Trusts.

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Statement on the Modern Slavery and Human Trafficking Act 2015

Action requested/recommendation

The Board is asked to approve the declaration and the agreed statement should be signed by the Chair and the Chief Executive and placed on the website.

Summary

The Modern Slavery Act 2015 is designed to consolidate various offences relating to human trafficking and slavery. The provisions in the act create a requirement for an annual statement to be prepared that demonstrates transparency in supply chains. In line with all businesses with a turnover greater than £36 million per annum, the NHS is also obliged to comply with the Act.

The legislation addresses slavery, servitude, forced or compulsory labour and human trafficking, and links to the transparency of supply chains.

Section 54 of the Act specifically addresses the point about transparency in the supply chains. It states that a commercial organisation (defined as a supplier of goods or services with a total turnover of not less than £36 million per year) shall prepare a written slavery and human trafficking statement for the financial year. The statement should include the steps an organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any part of the supply chain or its business. The statement must be approved by the Board of Directors.

The aim of the statement is to encourage transparency within organisations, although it is possible to comply with the provision by simply stating that no steps have been taken during the financial year to ensure that the business and supply chain is modern slavery free. It should be noted that although this may be an acceptable approach for the first year's statement, there is an expectation that further work will be undertaken to provide these assurances. There are potential consequences for those organisations that do not appear to make progress in this area; especially for those that are funded wholly, or in part, by public money.

On-going assurance

The Trust will be required to review and /or prepare a similar statement on an annual basis. Plans are in place to raise awareness of modern slavery through Staff Matters, policies and training.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC outcomes.

Progress of report	Board of Directors
Risk	The Trust is required to comply with the legislation, non-compliance may result in action being taken against the Trust
Resource implications	No resource implications.
Owner	Board of Directors
Author	Lynda Provins, Foundation Trust Secretary
Date of paper	March 2017
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Modern Slavery and Human Trafficking Act 2015

Annual Statement

York Teaching Hospital NHS Foundation Trust offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chain.

The Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.

York Teaching Hospital NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately **800,000** people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering **3,400 square miles**. The annual turnover is over **£400million**. We manage nine hospital sites, **1,127 beds** (including day-case beds) and have a workforce of over **8,000 staff** working across our hospitals and in the community.

The Trust has internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking. The top 50% of suppliers nationally, affirm their own compliance with the modern slavery and human trafficking act within their own organisation, sub-contracting arrangements and supply chain. The Trust will write to its top suppliers requesting them to affirm their compliance with the legislation.

The department's senior team are all Chartered Institute of Purchasing and Supply (CIPS) qualified and abide by the CIPs code of professional conduct. The trust intranet includes an ethical procurement module which is available to all members of staff. Procurement staff will be asked to complete the ethical procurement module as part of their appraisal. Plans are being developed around providing basic knowledge and understanding on modern slavery and human trafficking to all staff.

Modern Slavery is referenced in the Trust's Safeguarding Adults Policy and features as a part of the safeguarding training following the changes in the Care Act to make it a form of abuse for both adults and children. The Safeguarding Adults Team are planning to provide some snapshot information to staff which will feature scenarios around 'what to do if' that will be made available on the Trust website during the year. The Safeguarding Teams are aware of the risks especially when giving advice so that they can alert staff to the possibilities of modern slavery and human trafficking.

The Trust has evaluated the principle risks related to slavery and human trafficking and identify them as:

- Reputational
- Lack of assurances from suppliers
- Lack of anti–slavery clauses in contracts
- Training staff to maintain the trust's position around anti-slavery and human trafficking.

Aim

The aim of this statement is to demonstrate the Trust follows good practice and all reasonable steps are taken to prevent slavery and human trafficking.

All members of staff have a personal responsibility for the successful prevention of slavery and human trafficking with the procurement department taking responsibility lead for overall compliance.

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

……
Susan Symington
Chair

……
Patrick Crowley
Chief Executive

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Quality & Safety Committee meeting minutes

Action requested/recommendation

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

Executive Summary

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

Review of Chief Nurse and Medical Directors Risk Registers.

Patient Safety items for this month

- Nurse Staffing
- Infection Prevention and Control
- Seven Day Services
- Serious Incidents (SIs) and Never Events

Clinical Effectiveness items for this month

- National Audits
- Internal Audits
- Duty of Candour (DoC)
- Quality Report

Patient Experience items for this month

- Volunteer Workforce

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

1. Ongoing work around nurse recruitment, new roles, ward fill rates & establishment (BG).
2. The findings of 7 day standards audit and actions for the coming year (JT)
3. Achievements and remaining challenges following internal audits of DNACPR and Patient Consent process. (JT)
4. Volunteering – recruitment success and new roles (BG)

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

Implications for equality and diversity

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

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

Reference to CQC regulations

References to CQC outcomes.

(Regulations can be found here: http://www.cqc.org.uk/content/regulations-service-providers-and-managers)

Progress of report	These minutes have only been submitted for the Board.
Risk	Any risk is identified within the report.
Resource implications	Resources implication detailed in the report.
Owner	Jennie Adams, Non-Executive Director
Author	Liz Jackson, Patient Safety Project Support Officer
Date of paper	March 2017

Quality & Safety Committee – 21st March 2017 Boardroom, York Hospital

Attendance: Jennie Adams, Philip Ashton, Libby Raper, Beverley Geary, Ed Smith, Diane Palmer, Mark Hindmarsh, Lynda Provins, Liz Jackson

Apologies: James Taylor, Wendy Scott

	Agenda Item	Comments	Assurance	Attention to Board
	Last meeting notes dated 14 February 2017	The notes from the meeting held on the 14 February were approved as a true and accurate record.		
	Matters Arising – Action Log CRR Ref: MD7 CRR Ref: MD8	The majority of the March actions on the Action Log had been incorporated in to the agenda items. Action 1 – The Committee noted that the out of hours Radiology service being outsourced to Australia is working well and having a positive impact on the Radiology service as a whole. The next update will come to the Committee in September. Action 14 – The Committee were pleased to note that the additional Critical Care beds are now fully staffed. Action 33 – LP is currently developing a "map" of all of the Groups that feed in to the Committee. The Chief Nurse led work plan and Groups are already incorporated in to the Chief Nurse Report and regular scheduled supplementary reports. It has been agreed that minutes from the Groups that are part of the Medical Directors work plan will start to come to the Committee for review and Medicines and Mortality will become regular supplementary reports. The Committee agreed that further discussion would take place around the feedback from the Clinical Effectiveness Group and that in order to avoid duplication of work effort it might be preferable to have the minutes to these meetings (and those of Patient Safety Group) and for these minutes to highlight any items that are appropriate for escalation to the Committee (and potentially the Board). This would remove the need for a separate report from these groups.		

	Agenda Item	Comments	Assurance	Attention to Board
		LP agreed to incorporate feedback given on TOR and her work on sub-groups into the Committee TOR and recirculate for information.		
	Risk Register for the Medical Director and Chief Nurse CRR Ref: CN12 CRR Ref: MD9	The Committee noted the inclusion of the Non-Invasive Ventilation risk on the Chief Nurse Risk Register (CN12). BG advised that there is an action plan in place and Ward 34 are receiving support from Critical Care. A risk around NIV also appears on the Medical Directors Risk Register (MD9), DP confirmed that this is a separate risk to CN12, and focusses on the need to increase the availability of level 1 dependency beds outside of the ICU/HDU setting. The Committee asked if this could be reworded to make the differentiation from CN12 clearer.		
	CRR Ref: MD1	The Committee raised concern and queried the plan to remove MD1 Medicine Errors from the Medical Directors Risk Register as recent data shows an increase of incidents in this area in three consecutive months and across a range of drug issues. Also, whilst progress is being made on EPMA, we are still some way from full implementation. ES explained that medicine errors will continue to be monitored regularly, however, the majority of incidents did not result in significant harm. DP explained that the increase in the reporting of insulin errors may be due to the focussed diabetes work. DP suggested a review of medicine related incidents that have caused harm might help to inform the decision on the de-escalation of the risk. The committee wished their challenge about the removal of this risk to be flagged to the corporate risk group and medical director.		JT to comment.
	CRR Ref: MD3	ES advised that there has been a change in law around the structure of the process for information governance breaches and the scale of financial penalties. This has been discussed at the Information Governance Executive Group. The Committee noted that the Information Governance Annual Report is scheduled for review and look forward to receiving an update on this new legislation.		

	Agenda Item	Comments	Assurance	Attention to Board
	Patient Safety			
	Nurse Staffing CRR Ref: CN2 & CN11	BG advised that she would focus on the acuity and dependency audit, recruitment and workforce as these areas pose a significant risk. Due to the national shortage of registered nurses and the emergence of new roles, workforce plans are being developed. Last year saw “get on board days”, recruitment fairs and the preceptorship programme. The Preceptorship Programme has now been extended from six weeks to ten months and two recruitment marketplaces are scheduled to take place on each acute site. Across England a further 1000 Nurse Associate Roles have been agreed for next year, however, nationally, there can be no compromise on the level of Maths and English needed, as these individuals will be administering medicines. Discussions are taking place with the ODIL team to develop a fast track maths programme. BG added that these are registered roles and will require a clinically supervised two year training programme, each member of the Chief Nurse Team will be mentoring four individuals. Health Education England are now progressing the International Exchange Programme and meetings have been scheduled to discuss this. The Committee noted that many of the internationally recruited nurses remain in post and commended the work of the Chief Nurse team in integrating them into the workforce. The Acuity and Dependency Audit took place for two weeks over January and February. BG explained the levels of acuity included in the audit, highlighting the new 3b level for patients in need of 1:1 supervision. Nursing staff are getting more familiar with the tool and results are making more sense. The result of the audit show that, according to the tool, a further 7.2 WTEs are needed on the sample ward used for illustration (Ward 23); however, there is a regional campaign for the use of professional judgement in terms of safe staffing to intelligently interpret and adjust the broad conclusions of this audit	The Committee took assurance from the continued focus in this area, which is demonstrated further in the Nursing Dashboards.	BG to highlight the ongoing work around nurse recruitment, new roles and current staffing ratios

	Agenda Item	Comments	Assurance	Attention to Board
		tool. The Committee noted that the data in the Safer Staffing Report shows that very few wards are below 80% staffing, fill rates of temporary shifts are good and many wards are closer to their establishment numbers than in the past. The committee showed appreciation of these achievements. BG advised that an IT system to continually monitor staffing in real time that is in use elsewhere in the region is being looked into.		
	Infection Prevention and Control CRR Ref: CN7 & CN8	Instances of influenza are reducing. The Trust has reported 43 cases of CDIFF with a trajectory of 48, PIR reports are awaited for some of these instances. The Trust will be mandated to report cases of E-Coli from 1st April 2017. Further discussion has taken place around the isolation capacity and the estates strategy is being revisited by Andrew Bennett and Dave Hamilton. Work has been commissioned for pro-active HPV however there are some environment issues. If the escalation areas are closed on the York site there will be an eight month period where refurbishments can take place – there is more of a challenge on the Scarborough site as there is less scope for decanting. BG highlighted the latest position at Bridlington Hospital and gave some high level feedback from the external review. The final report is awaited. The detail was discussed at the Hospital Infection Prevention Steering Group. The directorate have been invited to the next meeting to update action and future plans.		
	Seven Day Services CRR Ref: MD2 & MD6 & MD7	The Committee welcomed Mark Hindmarsh, Head of Operational Strategy, who had been invited to the Committee to discuss the Seven Day Services Progress Report and Action Plan. MH led the Committee through the four 7 day service priority standards and explained how the audit undertaken by the Patient Safety Team has informed next year's priorities. Up to 300 patient notes were audited and compliance against the standards was measured.	The Committee were assured that the work undertaken in this area relates to the areas identified	JT to inform board of work in this area to address

	Agenda Item	Comments	Assurance	Attention to Board
		The results are demonstrated in the charts within the report, which show that, in most areas, the Trust is close to or above the national mean. Very few Trusts are meeting these standards at the present time. Changes have been made to the York out of hours physician rota, three additional Medical Consultants are available on the weekend. The out of hours remote Radiology Service is now available across both sites and is having a positive impact. The priorities for next year are to improve timeliness and frequency of review the patients on the downstream wards particularly OOH which should improve standards 1 and 4 and to continue with more focussed work within Radiology on the Scarborough site. MH explained that there are other services within the Trust that are not covered by the four priority standards and work continues with the acute, community and therapy services. DP advised that the next case note review will take place involving March patients, Patient Safety will start the audit and the sample will then be devolved to the clinicians to improve engagement. The audit is a national requirement and is published through NHS choices. The national data collection may involve actions going forward. The data collected locally is supporting conversations around the service and the use of pathways. ES advised that discussions are still on-going with the Scarborough Physicians around working practices due to the inability to recruit Acute Physicians; the plan is to realign specialist acute Physicians to work in general medicine.	through the dashboard.	findings of recent national audit of the four 24/7 priorities
	Serious Incidents (SIs) and Never Events	The Committee noted that all of the SIs included in the Medical Directors report resulted in significant harm to the patients. ES advised that all of these investigations will be shared with the patients involved in line with Duty of Candour legislation, and effectively involving the patient in the investigations		

	Agenda Item	Comments	Assurance	Attention to Board
		has had a positive impact on the quality and outcome of this work. The staff involved in the C-Spine incident had not appreciated that there was a neck injury present and there were multiple factors that impacted on decision making. The new Radiology OOH system is already making a difference in similar cases. The sub optimal care incident links with the work being undertaken around senior review. The Committee also made a link with one incident and past cases involving the use of blood thinning drugs and, in another case, the availability of consultant staff out of hours. The committee were keen to ensure that the recommendations from these reviews were crisp and clearly focused on the key issues - in order that the vital learning points were picked up on and acted upon. The Committee noted the inclusion of a table that demonstrated that the majority of the recent SIs had been Falls, Pressure Ulcers and Emergency Department waits which have been a recurring focus of the Committee. The Committee reviewed the National never events picture and noted that the Trust has already identified its own theme and focussed work is taking place in the outpatient settings around surgical checklists.		
	Additional Patient Safety Items	BG advised that there has been one mixed sex breach on the Scarborough site due to the pressures in the system. The last breach was four years ago on the York site and plans were put in place to prevent this happening again. A similar action plan will be put in place on the Scarborough site. The Committee noted that the date for the 2017 Patient Safety Conference has been arranged and that the Trust has been shortlisted for two awards with the HSJ; one for the ED model and one for the Foundations in Patient Safety and Quality programme.		

	Agenda Item	Comments	Assurance	Attention to Board
		The Committee queried the number of post-partum haemorrhages in February on the York Maternity Unit, DP explained that all the cases were being reviewed individually. Liz Ross, Head of Midwifery, has also commented that the number of C-sections fluctuates across the board. The Committee highlighted that the compliance with AMTS has not hit the 90% target again and that a number of cancelled procedures (for non clinical reasons) were not being rescheduled within the target of 28 days.		
	Clinical Effectiveness			
	National Audit Reports/ Clinical Benchmarking	The Committee queried the information supplied in the Medical Directors report around the National Audit of Acute Medicine and results of the Vascular and ENT Clinical Quality and Effectiveness audits. These have been commissioned by the Department of Health under the "Getting it Right First Time" initiative to save £3.9bn over five years. It was agreed that, whilst this was an impressive and potentially valuable source of benchmarking information, the committee was not the appropriate body to perform an analysis of this work data and that further expert evaluation was needed. DP advised that this information may be reviewed at the Clinical Effectiveness Group and would therefore be covered by the Clinical Effectiveness meeting notes which will come to the Committee in future. **Action: DP to liaise with GM and FJ**.		
	Internal Audit Reports	DNACPR The Committee agreed to focus on the action plan and the recommendations, noting that DNACPR remains a challenge for the Trust. ES and DP advised that the DNACPR Group meets regularly and have recently focussed on the introduction of RESPECT end of life care guidance. DP explained the difficulties in gaining assurance around compliance in this area. There has been some improvement following the completion of the majority of the actions. Local evidence is available however a formal audit is required and this is due for completion this month. The Committee look forward to receiving the results from the Deputy Director of Healthcare Governance in April. Patient Consent		JT to report to Board on actions taken and remaining challenges on DNACPR and Patient Consent

	Agenda Item	Comments	Assurance	Attention to Board
		DP advised that four out of five of the actions are now complete, with the outstanding action being the re-audit of consent documentation by FJ, the report for which is due at the end of April. The Committee look forward to reviewing this May. The Committee asked if highlights from the limited assurance internal audits could be incorporated in to the Medical Directors report in future.		
	Duty of Candour (DoC)	The Committee noted that the recording of DoC remains a problem. DP advised that engagement with DoC is improving, however, the Trust approach to the written apology is poor. The information around the written apology is recorded when the incident is reported, at which time the harm may not have been graded and engagement with the patient may not have taken place. This approach is being reviewed by the Clinical Governance Team. DoC information/guidance has been disseminated to all clinicians. The Committee noted that the guidance highlights that DoC does not just apply to SI's but also covers events that are not currently defined as moderate harm by our internal systems (low level Pus, surgical infections etc), DP confirmed that this is the case but that the focus to date has been on Sis and when this was working well attention would switch to the other disclosure requirements.		
	Quality Report	The Committee reviewed the draft of the quality report as the priorities need to be agreed. The Committee agreed that the report should demonstrate that the Trust is an organisation of continuous improvement. DP explained that the nationally determined CQUINs are included along with Pressure Ulcers, Falls and Patient Experience so that continuous improvement is included. The Committee queried if the measurements could be included, DP agreed to include this in the next draft. The Committee felt that the report had lost some of the Patient Experience focus and BG agreed to include this in the next draft. The Committee members agreed to discuss the priorities further outside of the meeting but were requested to give prompt feedback due to the time constraints. The process had been started later than hoped this year due to a handover of responsibilities.		
	Patient Experience			

	Agenda Item	Comments	Assurance	Attention to Board
	Volunteer Workforce	Actions from the Internal Audit of the volunteer workforce have now been put in place. Volunteers are now recruited through the Trac Jobs system, which enables the standard recruitment checks to be undertaken and compliance with statutory and mandatory training can be monitored. A single volunteer database has been put in place. Volunteers now have access to all Trust news, including Staff Matters and can access the same training opportunities and staff benefits as the paid workforce. The Committee noted the positive implementation of the Patient Experience and Dementia Volunteers.		BG to take to board.
	Additional Items			
	Board Assurance Framework	The Committee reviewed Risk 1 of the Quality and Safety Board Assurance Framework. The Committee discussed the traffic light grading system and felt that a risk scoring mechanism should be used. Positive strides have been made in some areas of patient safety, experience and outcomes however it cannot be demonstrated that a robust enough process is in place to evidence this for 'all day, every day' and the Committee asked if the wording 'all day, every day' could be removed. The committee felt that as more information/evidence becomes available (e.g. CQC re-visit, Quality Priority outcomes for 2016/17) they may have more of a basis on which to objectively score this wide ranging BAF risk. For the time being they recommend leaving it as "Green". The Committee will review Risk 6 at the next meeting.		
	Next meeting of the Quality and Safety Committee: 18 April 2017 Boardroom, York Hospital at 1.30pm.			

Quality & Safety Committee – Action Plan – March 2017

No.	Month	Action	Responsible Officer	Due date	Completed
8	Jun 2016	Outcome of discussions with CD for Medicine and action plan (Re: Scarborough Physicians time out 27.09.16)	Medical Director	Nov 16 Jan 17 Monthly updates	
14	Jul 2016	Review the Critical Care Action Plan at the end of the year	Medical Director	Dec 2016 – moved to Jan 17 Update Feb 17 Update Mar 17	Completed
21	Oct 2016	Night Owl Initiative update following receipt of the National Inpatient Survey.	Deputy Chief Nurse	Following receipt of National Inpatient Survey – May 2017	
23	Oct 2016	Patient Experience Volunteer findings to be reported back to the Committee	Deputy Chief Nurse	March 2017	Completed
33	Feb 2017	The committee requested members to contact LP with any amendments to the Terms of Reference and Committee Workplan and Organisational Chart for presentation of final version in March	Foundation Trust Secretary	April 17	
34	Feb 2017	The Committee will liaise with JT and GM in order to develop the format of a biannual report from the Clinical Effectiveness Group – it has been agreed to receive the minutes of the Group which have been added to the work programme	Medical Director	May 2017	Completed
35	Mar 2017	DNACPR Audit report	Deputy Director for Patient Safety	April 2017	
36	Mar 2017	Patient Consent Audit report	Deputy Director for Patient Safety	May 2017	
37	Mar 2017	The Committee requested an update on the actions around the Radiology Risk	Medical Director	Sept 2017	

Patient Safety and Quality Performance Report

March 2017

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

Patient Safety & Quality Performance Report
Chapter Index

Chapter	Sub-Section
Quality & Safety	Quality & Safety Chapter Index
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Quality and Safety Summary: Trust

Patient Experience	Target/ Threshold 2016/17	Monthly Target/ Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Litigation - Clinical Claims Settled	-	-	2	3	6	2	5	9	5	1	8	2	2	3
Complaints	-	-	46	36	30	33	33	50	44	36	37	33	43	32

Care of the Deteriorating Patient	Target/ Threshold 2016/17	Monthly Target/ Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
12 hour Post Take - York	85%	85%	87%	90%	84%	87%	84%	84%	82%	82%	85%	87%	84%	85%
12 hour Post Take - Scarborough	80%	80%	64%	63%	60%	58%	58%	52%	52%	53%	61%	60%	69%	62%
14 hour Post Take - Trust	100%	100%	86%	86%	83%	84%	82%	80%	79%	80%	84%	83%	85%	83%
Acute Admissions seen within 4 hours	80%	80%	84%	87%	83%	81%	87%	80%	74%	77%	81%	88%	87%	92%
NEWS within 1 hour of prescribed time	90%	90%	85.2%	86.8%	87.6%	87.1%	87.7%	87.8%	88.1%	87.8%	87.9%	87.1%	87.0%	87.5%
All Elective patients to have an Expected Discharge Date (EDD) recorded within 24 hours of admission	Q1 91% Q2 91% Q3 93% Q4 93%	93%	94%	89%	87%	86%	88%	88%	88%	88%	88%	85%	87%	89%

Measures of Harm	Target/ Threshold 2016/17	Monthly Target/ Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Serious Incidents	-	-	21	17	12	31	15	17	12	9	18	14	28	18
Incidents Reported	-	-	1313	1281	1196	1229	1253	1252	1058	1169	1202	1223	1400	1224
Incidents Awaiting Sign Off	-	-	1348	987	780	724	686	763	813	752	670	768	963	1059
Patient Falls	-	-	274	273	236	255	225	218	194	226	213	260	271	217
Pressure Ulcers - Newly Developed	-	-	86	69	73	62	56	65	96	122	125	117	144	115
Pressure Ulcers - Transferred into our care	-	-	126	125	116	123	150	109	62	64	65	71	94	60
Degree of harm: serious or death	-	-	7	7	4	11	10	12	11	6	7	7	11	5
Degree of harm: medication related	-	-	132	129	118	107	143	144	112	139	149	153	164	168
VTE risk assessments	95%	95%	98.5%	98.6%	98.9%	98.7%	98.6%	98.3%	98.5%	98.7%	98.3%	98.3%	98.3%	98.4%
Never Events	0	0	0	1	0	1	1	1	0	0	0	0	0	0

Drug Administration	Target/ Threshold 2016/17	Monthly Target/ Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Insulin Errors	-	-	16	7	9	10	9	10	9	13	9	8	8	3
Omitted Critical Medicines	-	-	11	19	13	12	8	15	17	15	17	18	18	16
Prescribing Errors	-	-	27	26	28	25	35	42	32	30	27	25	51	31
Preparation and Dispensing Errors	-	-	10	15	13	13	12	14	10	22	36	18	15	18
Administrating and Supply Errors	-	-	68	60	57	46	64	56	41	59	48	62	55	78

Safety Thermometer	Target/ Threshold 2016/17	Monthly Target/ Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
% Harm Free Care - York	-	-	96.4%	95.3%	97.5%	95.6%	95.1%	97.1%	96.7%	96.5%	96.8%	96.9%	94.6%	96.3%
% Harm Free Care - Scarborough	-	-	91.7%	93.3%	95.6%	94.5%	94.1%	91.2%	90.9%	93.2%	92.6%	94.2%	94.2%	92.6%
% Harm Free Care - Community	-	-	92.1%	93.1%	90.5%	91.2%	83.6%	93.5%	92.3%	91.0%	88.1%	87.9%	93.1%	91.7%
% Harm Free Care - District Nurses	-	-	95.0%	97.7%	93.8%	96.5%	96.3%	95.4%	95.6%	95.4%	96.1%	95.4%	96.2%	95.1%

Mortality Information	Target/ Threshold 2016/17	Monthly Target/ Threshold	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
Summary Hospital Level Mortality Indicator (SHMI)	100	100	97	98	99	102	103	101	101	99	99	99	100	99

Infection Prevention	Target/ Threshold 2016/17	Monthly Target/ Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Clostridium Difficile - meeting the C.Diff objective	48 (year)	48 (year)	3	3	1	3	3	2	1	3	2	8	10	5
Clostridium Difficile -meeting the C.Diff objective - cumulative	48 (year)	48 (year)	65	3	4	7	10	12	13	16	18	26	36	41
MRSA - meeting the MRSA objective	0	0	0	1	0	1	0	2	0	2	0	1	0	0
MSSA	30 (year)	30 (year)	3	9	2	2	2	5	0	8	4	5	5	5
MSSA - cumulative	30 (year)	30 (year)	37	9	11	13	15	20	20	28	32	37	42	47
ECOLI			7	5	5	7	8	14	10	4	5	5	9	8
ECOLI - cumulative			96	5	10	17	25	39	49	53	58	63	72	80
MRSA Screening - Elective	95%	95%	74.1%	82.9%	84.5%	85.8%	89.9%	83.7%	85.0%	89.8%	86.3%	84.7%	87.7%	86.9%
MRSA Screening - Non Elective	95%	95%	75.6%	82.2%	83.6%	86.3%	86.6%	86.7%	86.4%	86.0%	85.9%	84.7%	85.4%	85.7%

Stroke (one month behind due to coding)	Target/ Threshold 2016/17	Monthly Target/ Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Proportion of patients spending >90% on their time on stroke unit	80%	80%	82.4%	84.9%	92.1%	85.2%	82.9%	88.3%	93.6%	90.6%	87.1%	89.5%	90.5%	1 month behind
Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	75%	100.0%	88.9%	100.0%	68.8%	79.0%	73.7%	73.9%	92.6%	64.7%	90.5%	95.2%	1 month behind
Scanned within 1 hour of arrival	50%	50%	72.2%	73.3%	76.2%	50.0%	60.0%	54.2%	63.6%	75.0%	68.0%	79.0%	60.0%	1 month behind
Scanned within 24 hours of hospital arrival	90%	90%	90.8%	93.4%	94.1%	93.2%	92.9%	93.5%	92.5%	96.5%	96.3%	93.6%	91.9%	1 month behind
Proportion of stroke patients with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation	n/a	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	1 month behind

AMTS	Target/ Threshold 2016/17	Monthly Target/ Threshold	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
AMTS Screening	90.0%	90.0%	89.7%	92.1%	91.3%	90.4%	92.5%	85.4%	86.5%	91.2%	87.8%	87.8%	90.1%	88.3%

Patient Experience (Patient Experience Team)

Friends and Family
Trust-wide we continue to meet our target for 90% of patients to recommend the Trust. Inpatient recommend rate - 96.5%; ED - 84.3%; Maternity - 97.3% and Community - 96%.
January 2017 response rates: inpatient 24.2%; ED 10.5%; Maternity 29.4%. These response rates are above national averages.
Response rates have dipped significantly across all areas compared to December 2016. This has been flagged to matrons and directorate FFT leads across the Trust to emphasise the importance of patient feedback – even more so when services are working at full capacity.

Complaints
The number of complaints dipped in February 2017; a total of 32 were reported. This follows the same Trend as 2016.

Compliments
Up until December 2016 compliments reported were only those received directly by the Chief Executive and PALS. From January 2017 numbers from wards and departments are included. 100 compliments were received in February.

Measures of Harm

No Never Events were declared in February. 4 have been declared year to date under 'Wrong Site Surgery' and 'Wrong Route Administration'.

18 Serious Incidents were declared in February (York 8, Scarborough 7 & Community 3).
8 of the SIs were attributed to 'clinical incident', 2 were attributed to 'slips, trips and falls' and 8 to pressure ulcers. A total of 191 SI's have been declared YTD.

Infection Prevention

No cases of healthcare associated MRSA bacteraemia were identified during February. 7 cases have been identified YTD, 4 at York, 2 at Scarborough and 1 Community.

5 cases of Cdiff were identified in February, this takes the YTD total to 41. The yearly threshold for 2016/17 remains at 48 cases however monthly allocation allows for more cases during the winter months. The Trust is currently within threshold for the year.

5 MSSA cases were identified during February. A total of 47 cases have been identified YTD, the Trust has breached the yearly threshold of 30.

8 cases of E-Coli were identified during February. A total of 80 cases have been identified YTD.

Quality and Safety - Miscellaneous

Stroke (reported 1 month behind due to coding)
All targets achieved in January; 90% stay on a stroke ward, high risk TIA seen & treated within 24 hours, urgent scans within 1 hour and scans within 24 hours.

Cancelled Operations
117 operations were cancelled within 48 hours of the TCI due to lack of beds in February. This is a 38.7% decreased on January 2017.

Cancelled Clinics/Outpatient Appointments
175 clinics were cancelled with less than 14 days notice across the Trust in February; this is comparable with same month last year (February 2016 - 169). 877 outpatient appointments were cancelled for non clinical reasons; 590 at York and 287 at Scarborough.

Ward Transfers between 10pm and 6am
98 ward transfers after 10pm for non clinical reasons were declared in February, this is within the contractual threshold of 100 per month. The Trust has breached the threshold twice this financial year.

AMTS
The Trust failed to achieve the 90% target for AMTS screening in February, performance was 88.3%. The Trust has failed to achieve the target in 5 months of 11 this financial year.

Care of the Deteriorating Patient

The Trust achieved 75.7% in the proportion of Medicine and Elderly patients receiving a senior review within 12 hours of admission in February. York achieved 85.0% against the 85% target and Scarborough achieved 62.4% against the 80% target. Scarborough are yet to achieve target this financial year.

The Trust achieved 91.6% in the proportion of Medicine and Elderly patients seen by a doctor within 4 hours of admission against the 80% target. This is Trust's best performance year to date. The target was achieved across both sites; York saw performance of 88.3% and Scarborough achieved 96.4%.

Drug Administration

Administration and Supply errors remain high; the Trust reported a total of 78 errors in February. This is a significant increase from previous months year to date (eg. November 2016 - 48). Audit work on missed doses has raised the awareness of the importance of reporting medication errors, and this is thought to have contributed to the increase in administration errors from December onwards.

Mortality

The latest SHMI report indicates the Trust to be in the 'as expected' range. The July 2015 - June 2016 SHMI saw a 1 point decrease for the Trust and Scarborough, and a 1 point increase for York. Trust - 99, York 96 and Scarborough 106.

174 inpatients deaths were reported across the Trust in February; 60 at Scarborough and 107 at York.

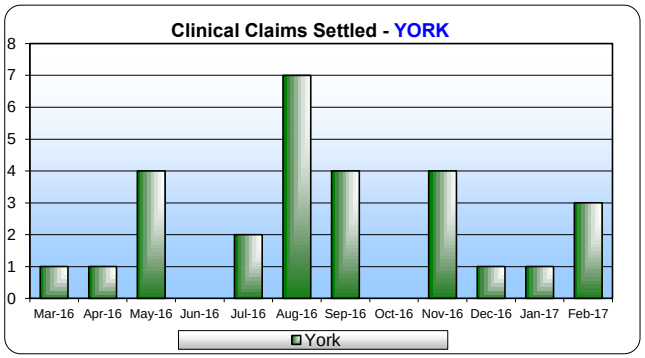
There were a total of 16 deaths in ED in February; 5 at Scarborough and 11 at York.

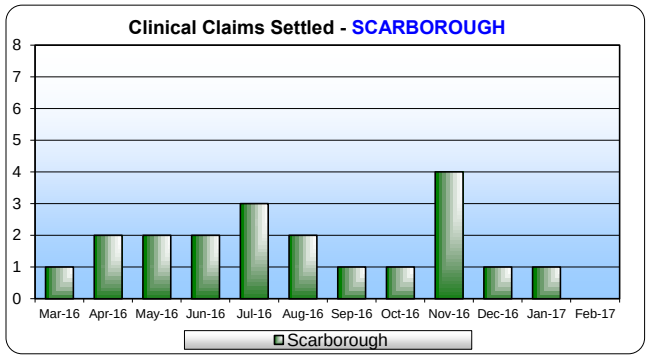
CQUINS update (Operations Team)

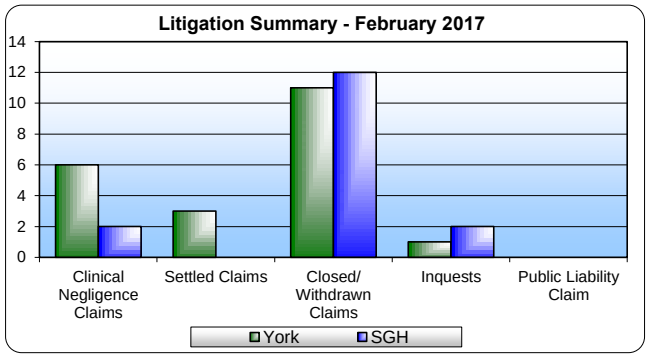
The Trust will receive payment for CQUINS in Q3 in line with predictions: full payment with the exception of Sepsis Screening in ED and Inpatient Treatments and uptake of flu vaccinations for frontline clinical staff, where part payment is currently being negotiated with the CCGs. Partial payment will also be received for Adult Critical Care Timely Discharge, work is on-going to reduce delayed discharges where possible.

Litigation

Indicator	Site	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Clinical Negligence Claims Received	York	6	8	9	9	4	7	6	7	3	7	7	6
	Scarborough	6	10	7	8	8	3	4	6	11	4	4	2
Clinical Claims Settled	York	1	1	4	0	2	7	4	0	4	1	1	3
	Scarborough	1	2	2	2	3	2	1	1	4	1	1	0
Closed/ Withdrawn Claims	York	5	2	2	5	13	7	6	3	7	6	6	11
	Scarborough	14	0	3	5	4	17	7	7	6	2	2	12
Coroners Inquests Heard	York	1	1	2	2	1	5	5	1	4	0	0	1
	Scarborough	2	6	3	6	3	2	2	2	5	6	6	2







Patient Experience

PALS Contacts
There were 260 PALS contacts in February.

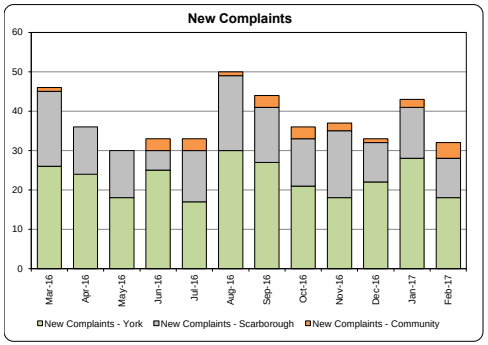
Complaints
There were 32 complaints in February; 18 were attributed to York, 10 to Scarborough and 4 to Community.

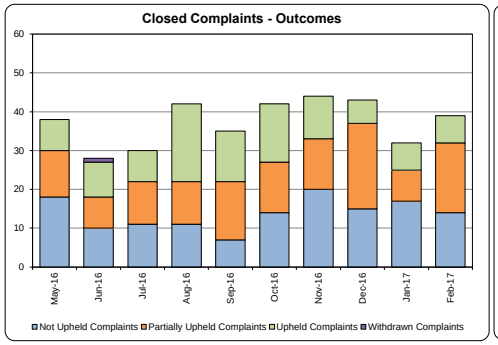
New Ombudsman Cases
There was 1 New Ombudsman Case in February at York, Scarborough had none.

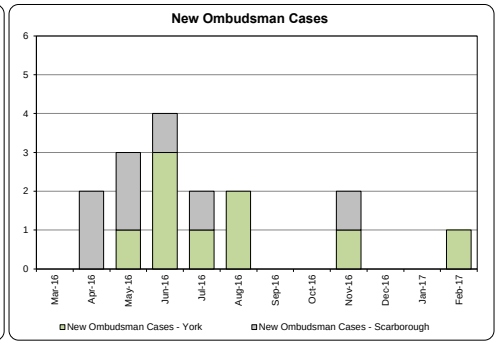
Compliments
100 compliments were received by the Chief Executive in February 2017. Up until December 2016 compliments reported were only those received directly by the Chief Executive and PALS. From January 2017 numbers from wards and departments are included.

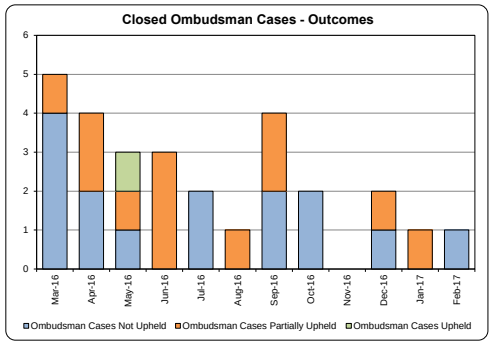
Patient Experience

March 2017



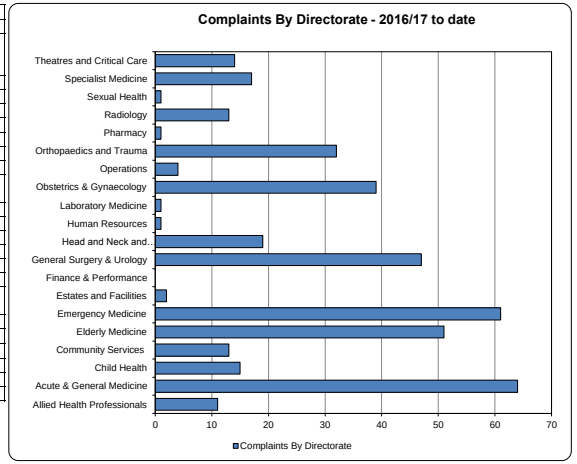






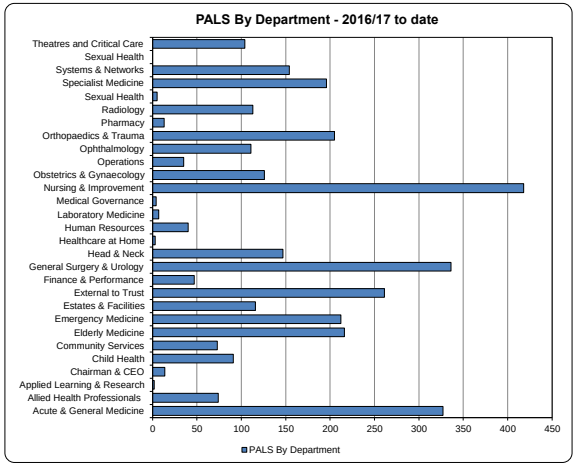
Complaints By Subject	Feb-17	YTD
Access to treatment or drugs	0	21
Admissions, Discharge and Transfer Arrangements	7	102
All aspects of Clinical Treatment	16	321
Appointments, Delay/Cancellation	1	99
Commissioning	0	2
Comms/info to patients (written and oral)	2	206
Complaints Handling	0	0
Consent	0	8
End of Life Care	0	14
Facilities	0	20
Mortuary	0	0
Others	0	0
Patient Care	17	197
Patient Concerns	1	16
Prescribing	1	34
Privacy and Dignity	4	39
Restraint	0	0
Staff Numbers	0	7
Transport	0	7
Trust Admin/Policies/Procedures	1	78
Values and Behaviours (Staff)	10	173
Waiting times	1	29
TOTAL	**61**	**1373**

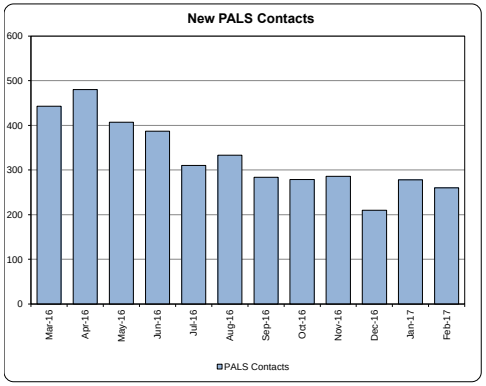
Due to new reporting the number of complaints/PALs contacts by subject is greater than the total number of complaints because each subject within the complaint can be identified as opposed to just the one deemed to be the 'primary'.

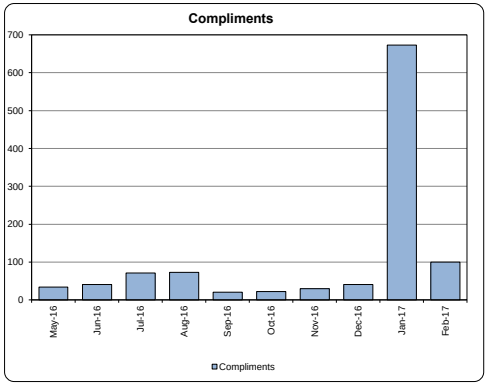


PALS By Subject	Feb-17	YTD
Access to Treatment or Drugs	12	111
Admissions and Discharges (Excluding Delayed Discharge due to absence of care package)	23	137
Appointments	29	358
Clinical Treatment	28	203
Commissioning	1	7
Communication	56	456
Consent	0	1
End of Life Care	0	13
Facilities	3	51
Integrated Care (including Delayed Discharge Due to Absence of a Care Package	0	3
Patient Care	12	124
Patient Concerns	8	79
Prescribing	6	28
Privacy, Dignity & Respect	4	13
Staff Numbers	0	3
Transport	1	24
Trust Admin/Policies/Procedures Inc. pt. record management	24	288
Values and Behaviours (Staff)	38	244
Waiting Times	15	**97**
Total	**260**	**2240**

Since July 2016 there was a change in how PALS log cases. Issues such as misplaced calls from switchboard or requests to speak to other departments are no longer logged. The new IT system allows cases to be updated rather than creating new logs.

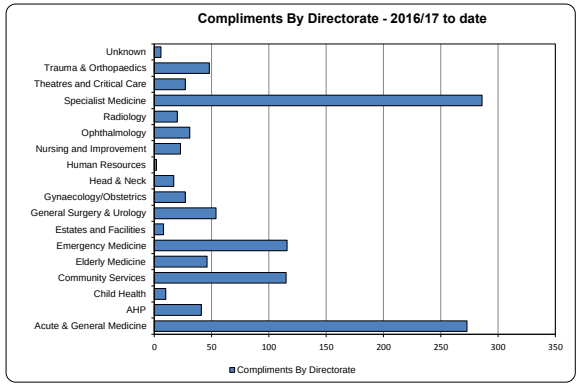






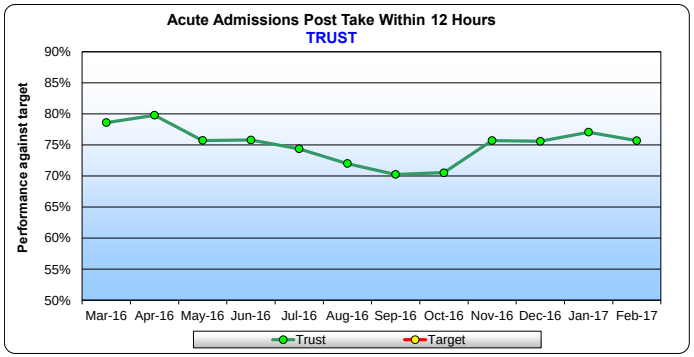
Compliments By Directorate	Feb-17	YTD
Acute & General Medicine	35	273
AHP	34	41
Child Health	1	10
Community Services	1	115
Elderly Medicine	2	46
Emergency Medicine	5	116
Estates and Facilities	0	8
General Surgery & Urology	3	54
Gynaecology/Obstetrics	1	27
Head & Neck	0	17
Human Resources	0	2
Nursing and Improvement	1	23
Ophthalmology	3	31
Radiology	0	20
Specialist Medicine	4	286
Theatres and Critical Care	4	27
Trauma & Orthopaedics	4	48
Unknown	0	6
Total	**100**	**1150**

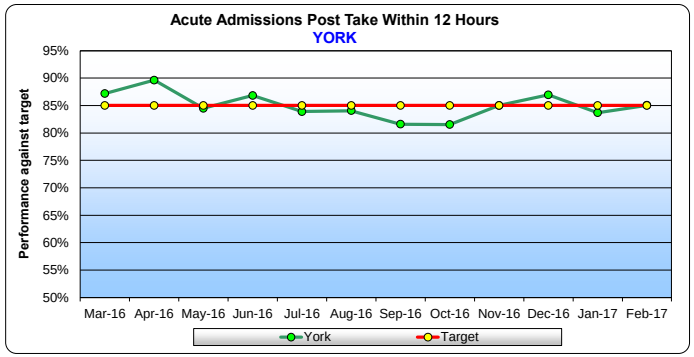
Up until December 2016 compliments reported were only those received directly by the Chief Executive and PALS. From January 2017 numbers from wards and departments are included

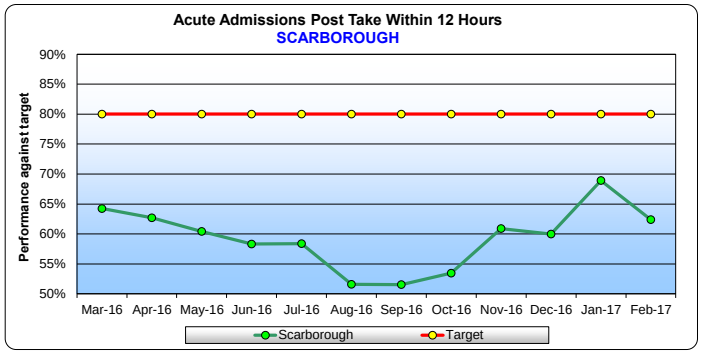


Quality and Safety: Care of the Deteriorating Patient

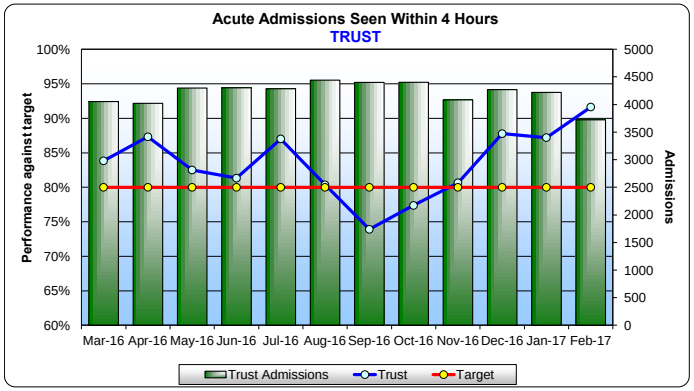
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (SCARBOROUGH)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	80%	57%	60%	54%	58%	60%	69%	62%
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (YORK)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	85%	85%	87%	83%	84%	87%	84%	85%

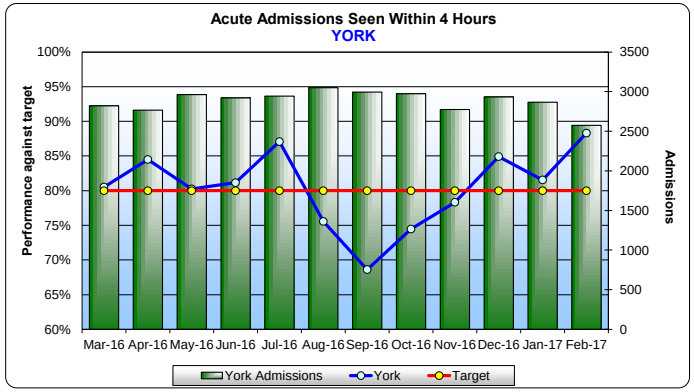


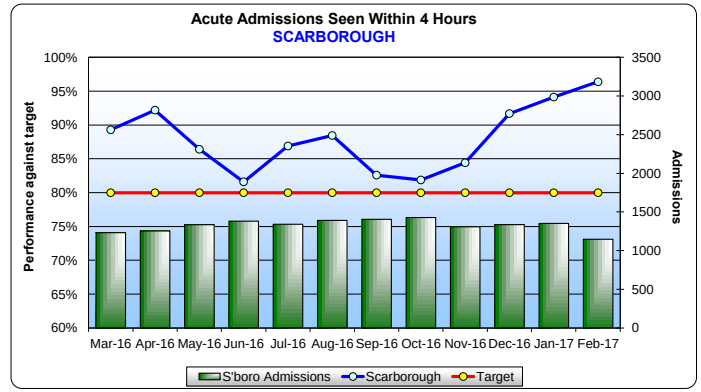




Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	**80% by site**	84.0%	83.7%	80.4%	81.7%	87.8%	87.2%	91.6%

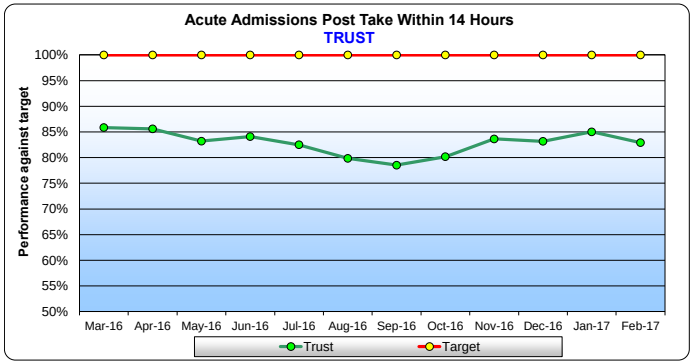


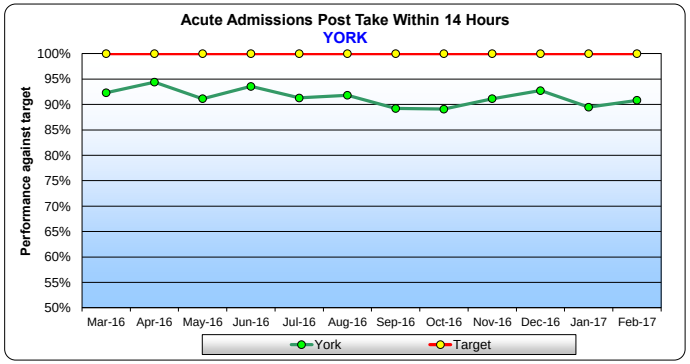


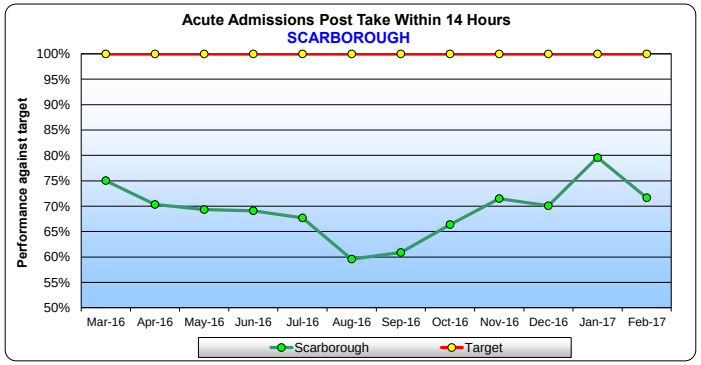


Quality and Safety: Care of the Deteriorating Patient

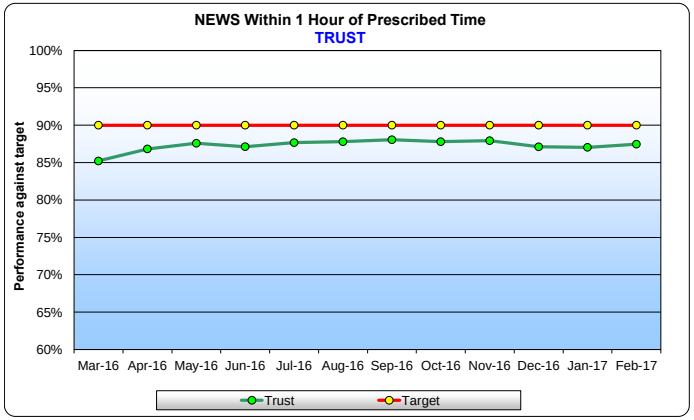
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI		82.3%	83.9%	80.3%	82.2%	83.2%	85.0%	82.9%

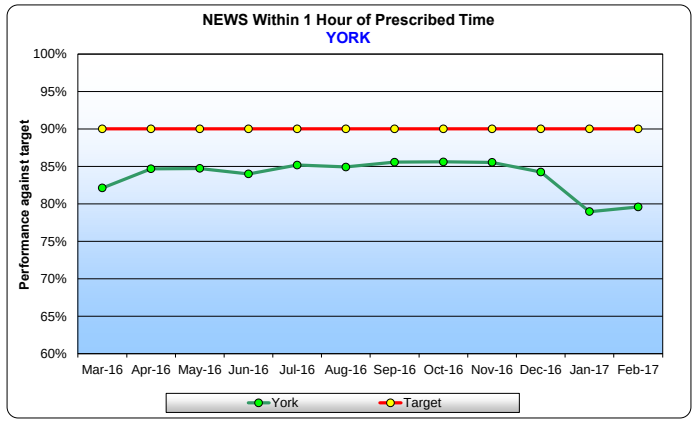


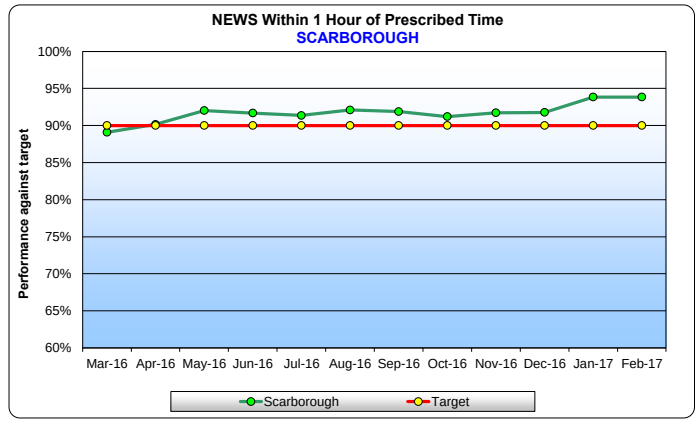




NEWS within 1 hour of prescribed time	None - Monitoring Only		85.9%	87.3%	87.9%	87.6%	87.1%	87.0%	87.5%







Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 18 SIs reported in February; York 8, Scarborough 7 & Community 3.
Clinical Incidents: 8; York 3, Scarborough 5.
Slips Trips & Falls: 2; Scarborough 1 & Community 1.
Pressure Ulcers: 8; York 5, Scarborough 1 & Community 2.

Patients Falls and Found on Floor (source: Datix)
Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. During February there were 123 reports of patients falling at York Hospital, 60 patients at Scarborough and 34 patients within the Community Services (217 in total). For the same period last year there were a total of 312, however figures may increase as more investigations are completed.

Number of Incidents Reported (source: Datix)
The total number of incidents reported in the Trust during February was 1,224; 697 incidents were reported on the York site, 389 on the Scarborough site and 138 from Community Services.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 1,059 incidents awaiting sign-off by the Directorate Management Teams.

Pressure Ulcers (source: Datix)
During February 48 pressure ulcers were reported to have developed on patients since admission to York Hospital, 35 pressure ulcers were reported to have developed on patients since admission to Scarborough and 32 pressure ulcers were reported as having developed on patients in our community hospitals or community care. These figures should be considered as approximations as not all investigations have been completed.

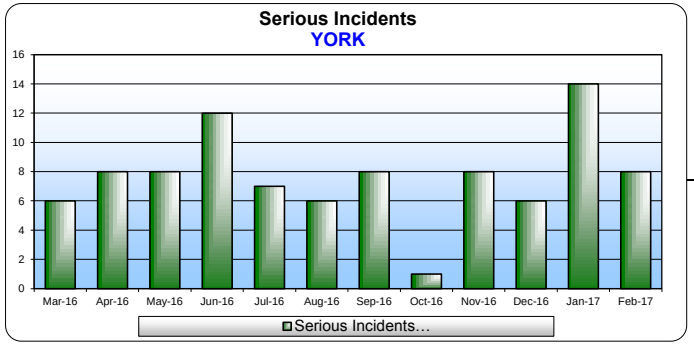
Degree of Harm: Serious/Severe or Death (source: Datix)
During February 5 patient incidents were reported which resulted in serious or severe harm or death. Numbers are subject to change as levels of harm are reviewed and investigations are completed.

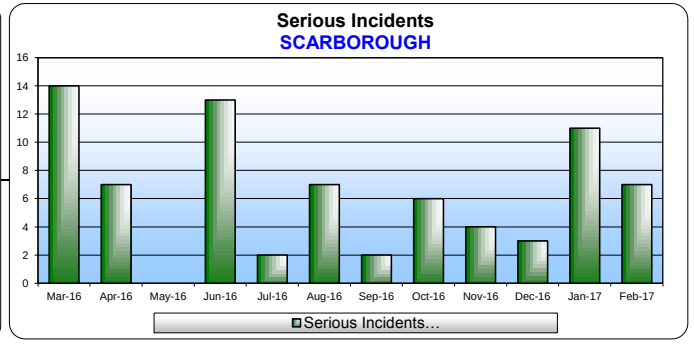
Medication Related Issues (source: Datix)
During February there were a total of 168 medication related incidents reported although this figure may change following validation.

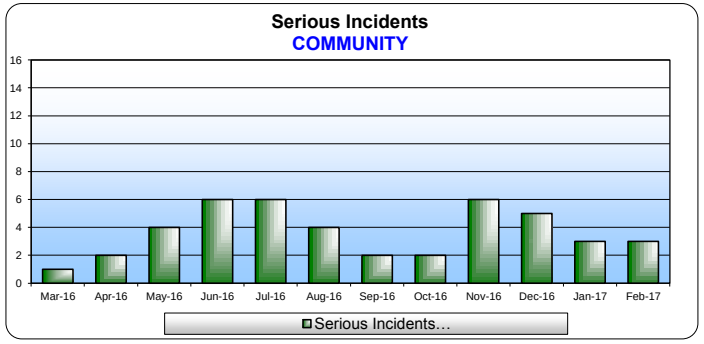
Never Events – No Never Events were declared during February.

Measures of Harm

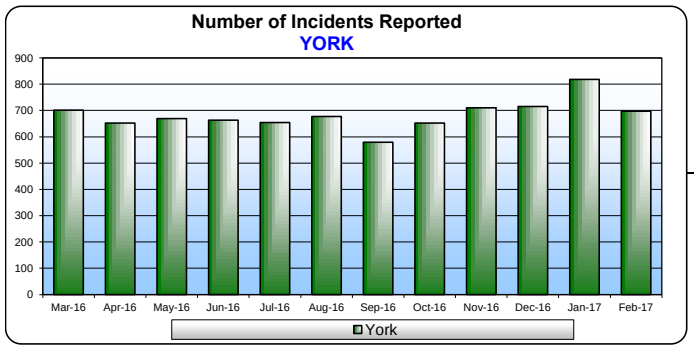
Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Serious Incidents source: Risk and Legal	York	6	8	8	12	7	6	8	1	8	6	14	8
	Scarborough	14	7	0	13	2	7	2	6	4	3	11	7
	Community	1	2	4	6	6	4	2	2	6	5	3	3
Serious Incidents Delogged source: Risk and Legal (Trust)		0	0	0	0	0	0	0	0	0	0	0	0

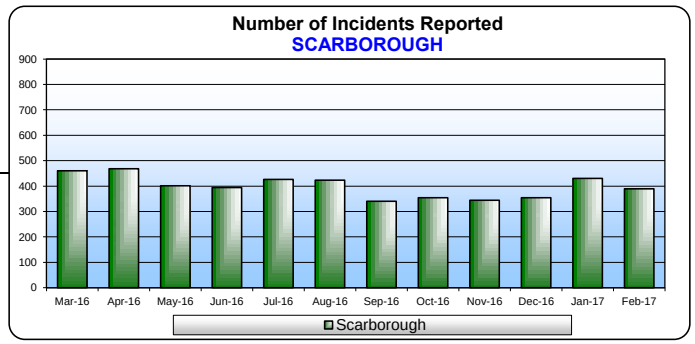


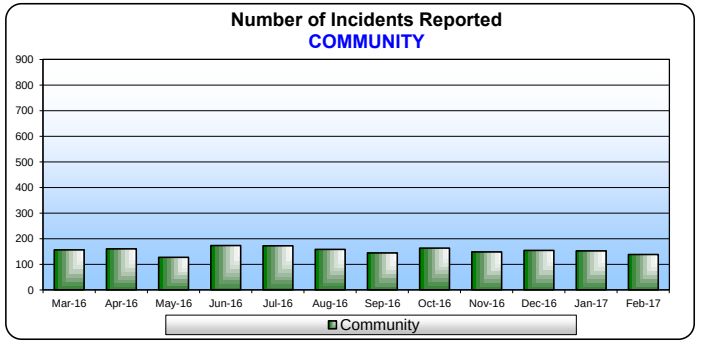




Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Number of Incidents Reported source: Risk and Legal	York	701	652	669	663	654	677	579	652	710	715	818	697
	Scarborough	460	468	401	394	426	423	340	354	344	354	430	389
	Community	156	160	127	173	172	158	144	163	148	154	152	138
Number of Incidents Awaiting sign off at Directorate level		1348	987	780	724	686	763	813	752	670	768	963	1059

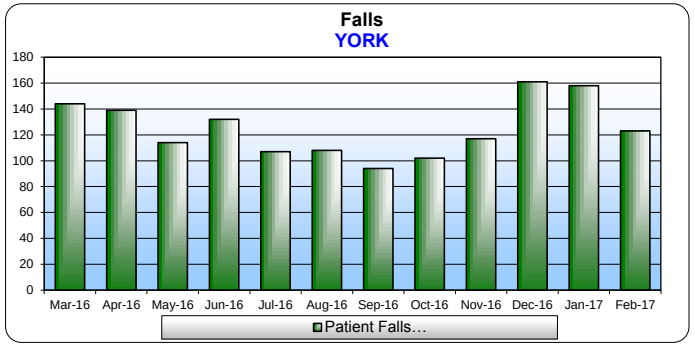


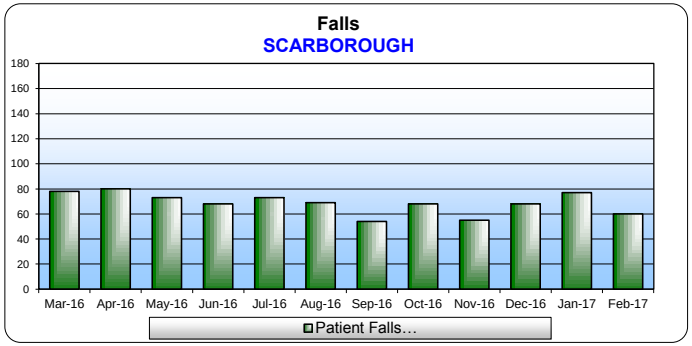


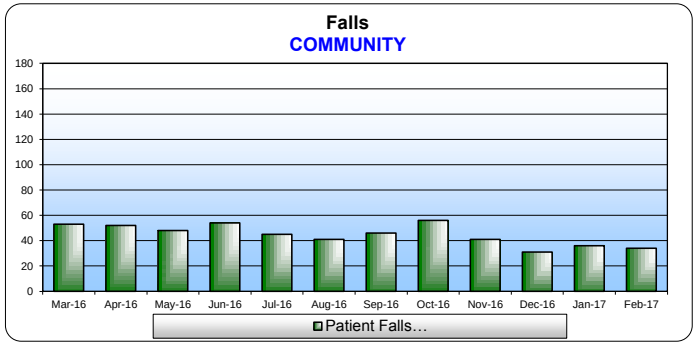


Measures of Harm

Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Patient Falls source: DATIX	York	144	139	114	132	107	108	94	102	117	161	158	123
	Scarborough	78	80	73	68	73	69	54	68	55	68	77	60
	Community	53	52	48	54	45	41	46	56	41	31	36	34

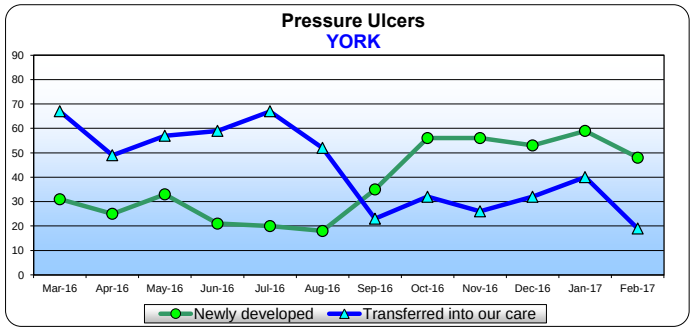


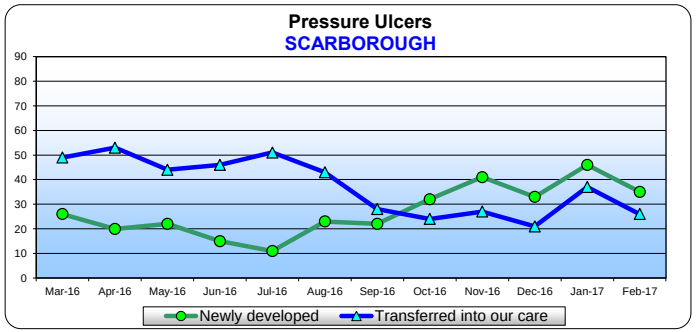


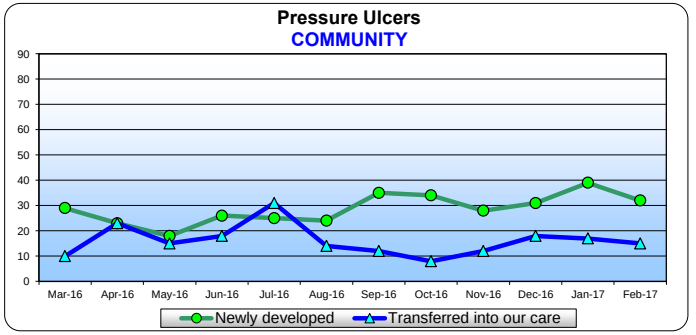


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.
Increases in December and January reflect the increase in the number of frail and elderly patients in hospital.

Indicator			Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Pressure Ulcers source: DATIX	York	Newly developed	31	25	33	21	20	18	35	56	56	53	59	48
		Transferred into our care	67	49	57	59	67	52	23	32	26	32	40	19
	Scarborough	Newly developed	26	20	22	15	11	23	22	32	41	33	46	35
		Transferred into our care	49	53	44	46	51	43	28	24	27	21	37	26
	Community	Newly developed	29	23	18	26	25	24	35	34	28	31	39	32
		Transferred into our care	10	23	15	18	31	14	12	8	12	18	17	15



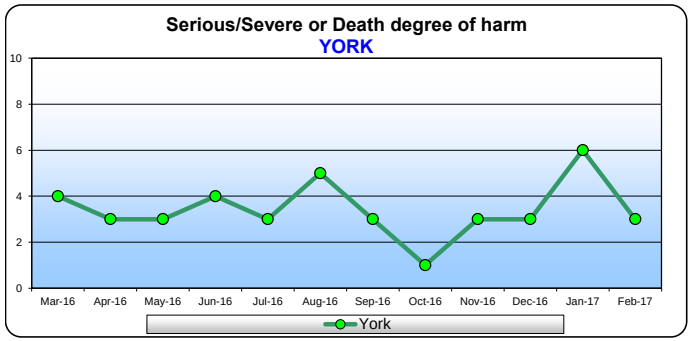


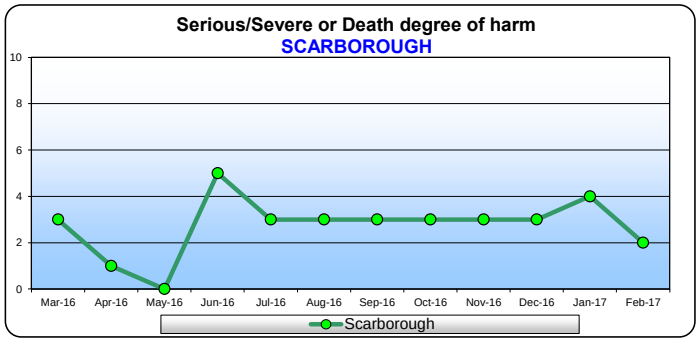


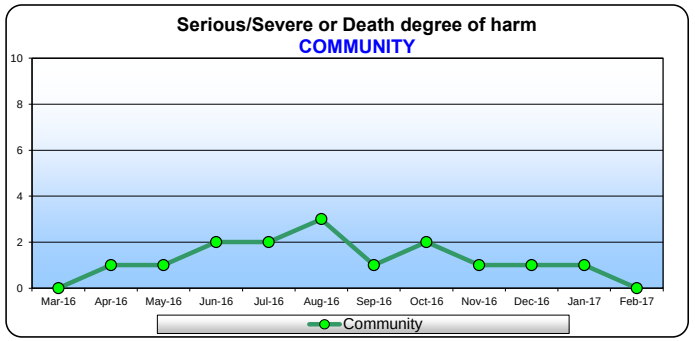
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised as a 'Deterioration of a previously reported ulcer'.
The increase in newly developed or deteriorated under our care is thought to be attributable to a re-classification of the data on the Datix system implemented on 01/09/16, recognising more accurately our responsibility for patients in the community.

Measures of Harm

Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Degree of harm: serious/severe or death source: Datix	York	4	3	3	4	3	5	3	1	3	3	6	3
	Scarborough	3	1	0	5	3	3	3	3	3	3	4	2
	Community	0	1	1	2	2	3	1	2	1	1	1	0

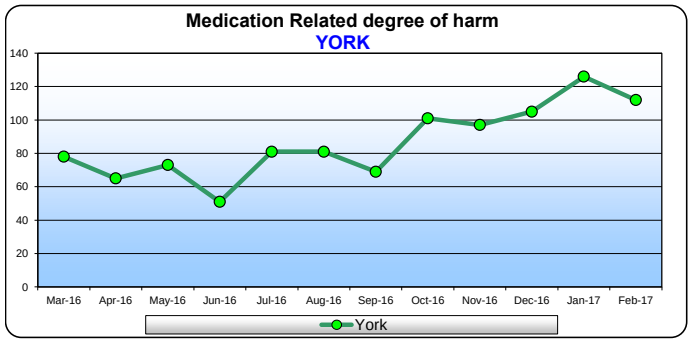


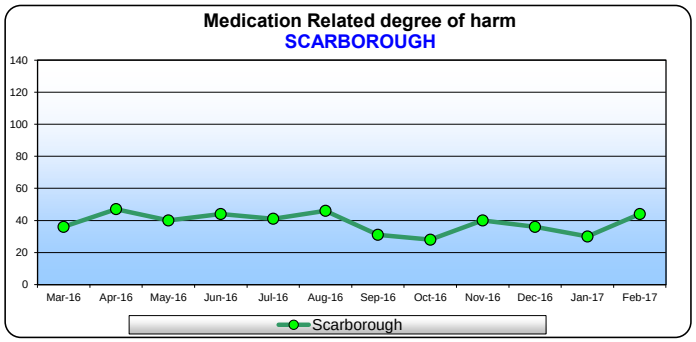


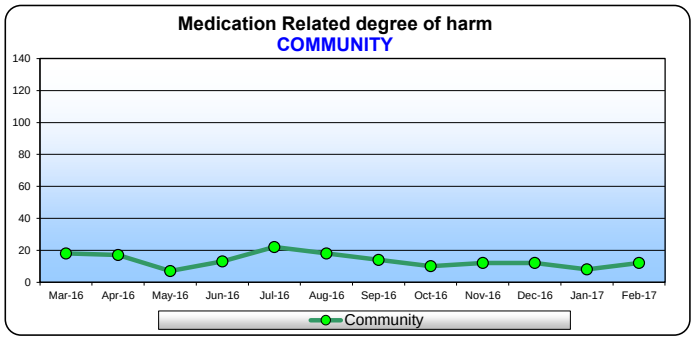


Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Degree of harm: Medication Related Issues source: Datix	York	78	65	73	51	81	81	69	101	97	105	126	112
	Scarborough	36	47	40	44	41	46	31	28	40	36	30	44
	Community	18	17	7	13	22	18	14	10	12	12	8	12

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

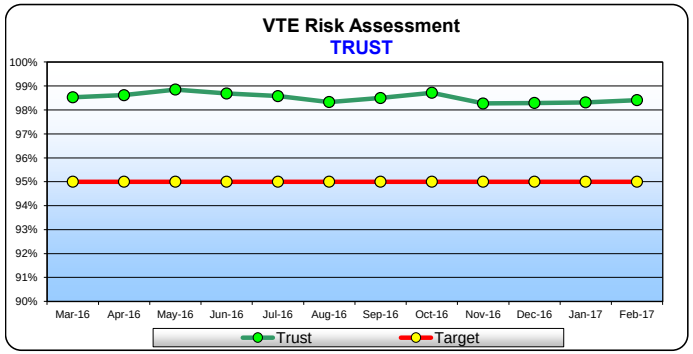


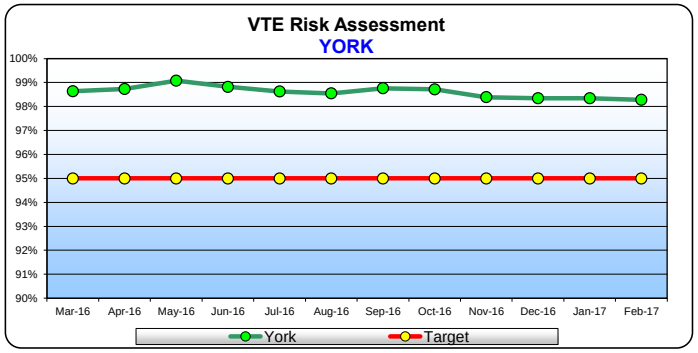


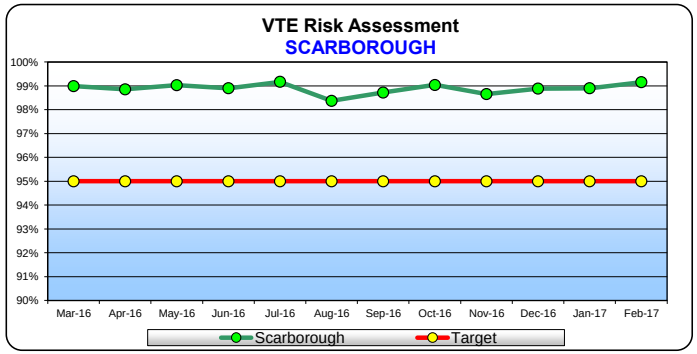


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	£200 in respect of each excess breach above threshold	Trust	95%	98.4%	98.7%	98.5%	98.4%	98.3%	98.3%	98.4%
		York	95%	98.6%	98.9%	98.7%	98.5%	98.4%	98.4%	98.3%
		Scarborough	95%	98.3%	98.9%	98.8%	98.9%	98.9%	98.9%	99.2%







Never Events

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

Drug Administration

Omitted Critical Medicines
The audit of critical medicines missed during February indicated 1.30% for York and 2.97% for Scarborough.

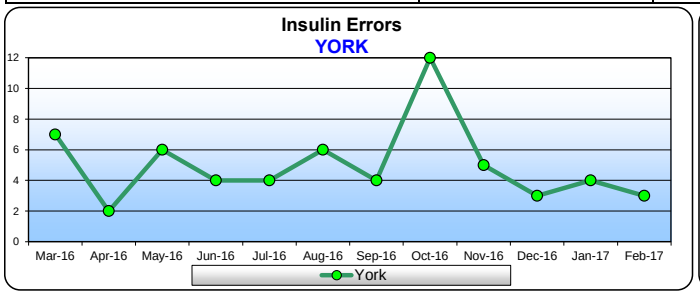
Prescribing Errors
There were 31 prescribing related errors in February; 22 from York and 9 from Scarborough. The directorate are currently awaiting an update from the Deputy Chief Pharmacist on the increase in prescribing errors in January.

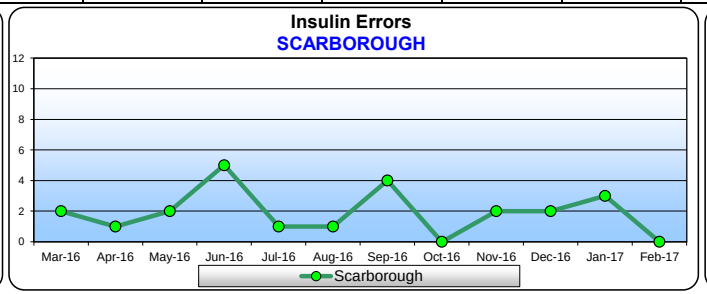
Preparation and Dispensing Errors
There were 18 preparation/dispensing errors in February; 13 from York and 5 from Scarborough.

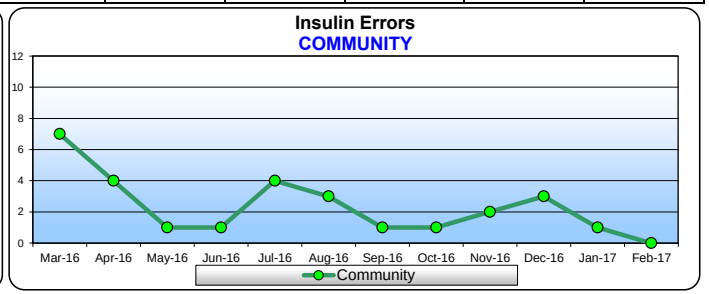
Administrating and Supply Errors
There were 78 administrating/supplying errors in February; 49 were from York, 20 from Scarborough and 9 from Community. Audit work on missed doses has raised the awareness of the importance of reporting medication errors, and this is thought to have contributed to the increase in administration errors from December onwards.

Drug Administration

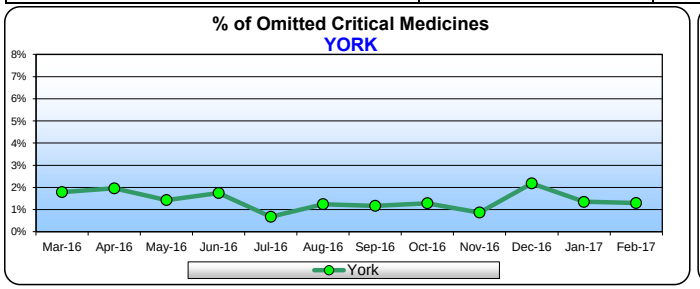
Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Insulin Errors source: Datix	York	7	2	6	4	4	6	4	12	5	3	4	3
	Scarborough	2	1	2	5	1	1	4	0	2	2	3	0
	Community	7	4	1	1	4	3	1	1	2	3	1	0

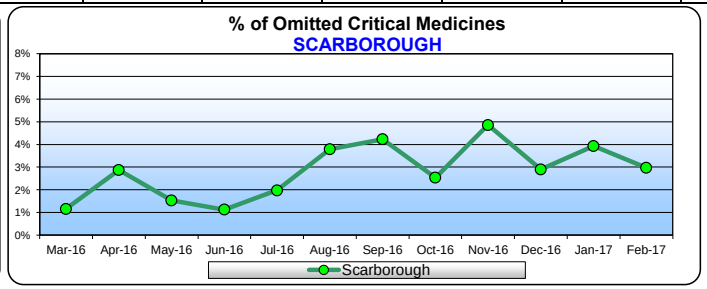


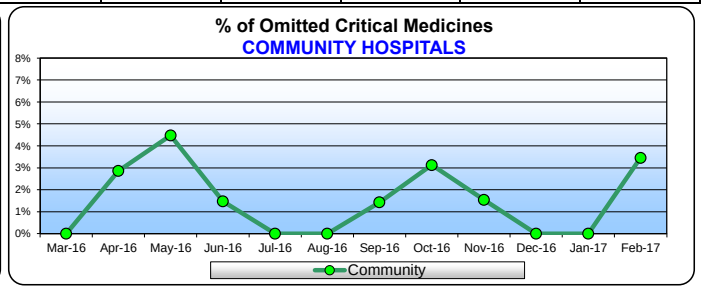




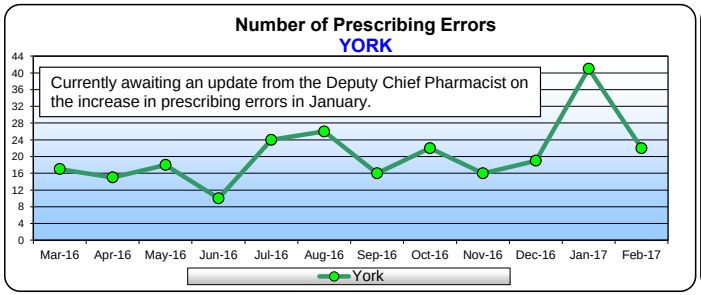
Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Number of Omitted Critical Medicines source: Datix	York	8	9	6	8	3	5	5	6	4	10	7	6
	Scarborough	3	8	4	3	5	10	11	7	12	8	11	8
	Community Hospitals	0	2	3	1	0	0	1	2	1	0	0	2

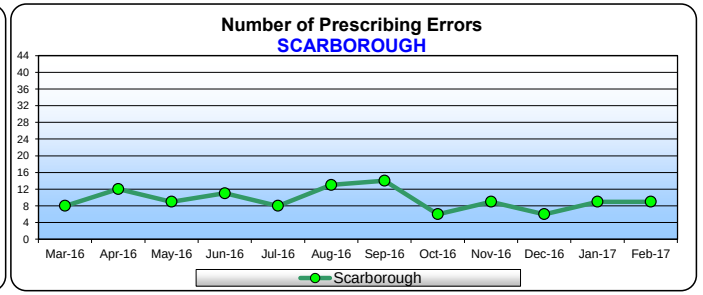


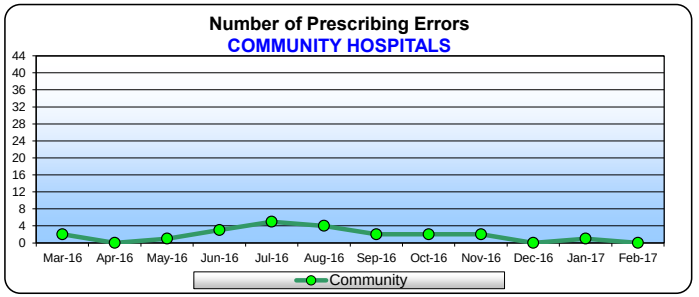




Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Number of Prescribing Errors source: Datix	York	17	15	18	10	24	26	16	22	16	19	41	22
	Scarborough	8	12	9	11	8	13	14	6	9	6	9	9
	Community Hospitals	2	0	1	3	5	4	2	2	2	0	1	0

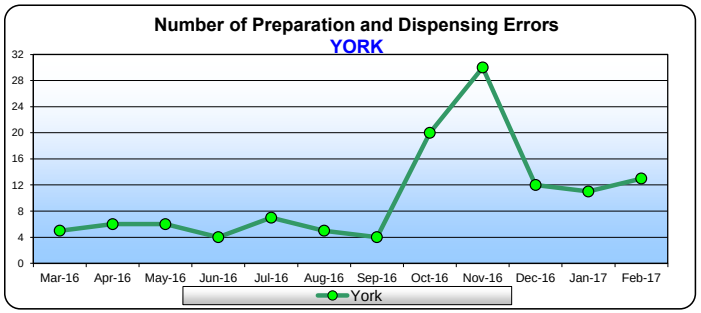


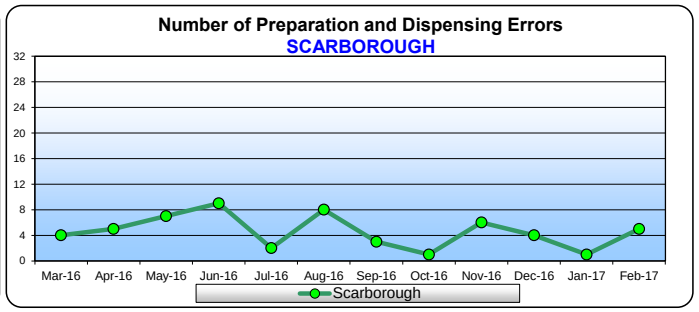


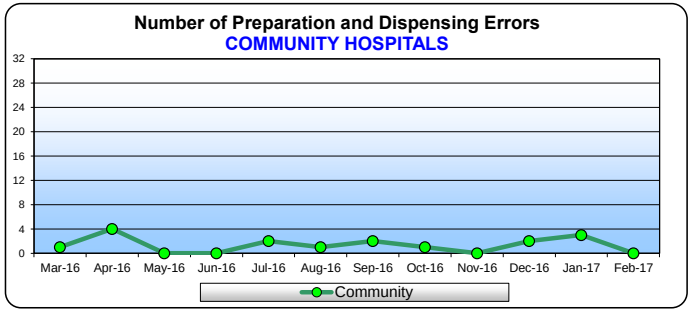


Drug Administration

Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Number of Preparation and Dispensing Errors source: Datix	York	5	6	6	4	7	5	4	20	30	12	11	13
	Scarborough	4	5	7	9	2	8	3	1	6	4	1	5
	Community Hospitals	1	4	0	0	2	1	2	1	0	2	3	0

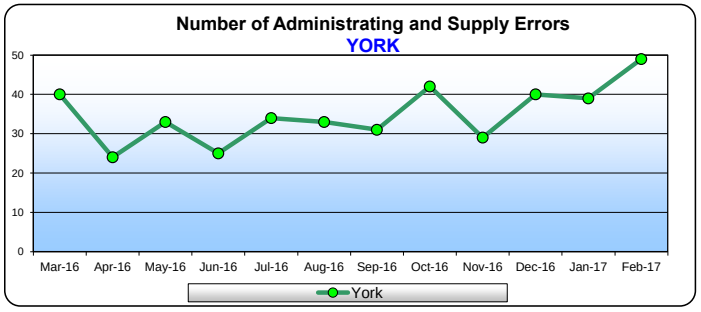


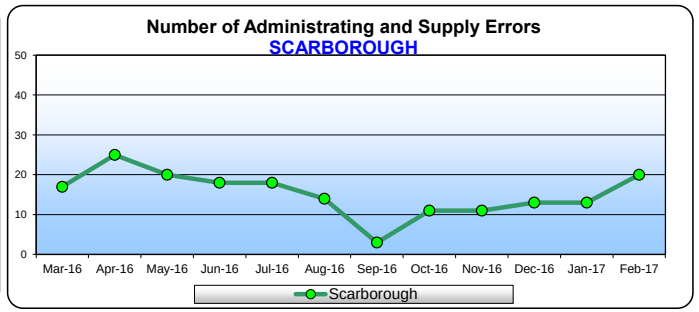


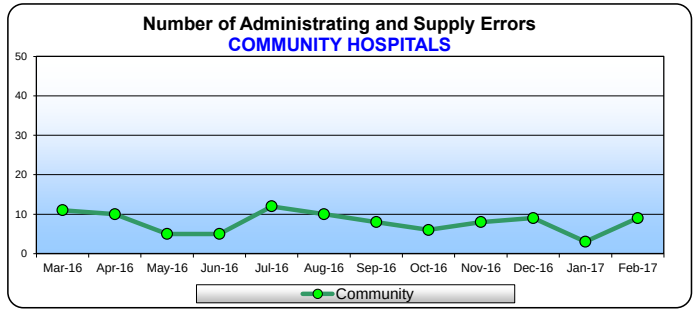


Note re increase in Dispensing Errors - Healthcare at Home have recently experienced a high turnover of staff which has contributed to the increase in errors as the service has mostly been delivered by locums. The vacancies are currently being recruited to and a new manager has been appointed. Trust Senior Pharmacy staff are also meeting with the Chief Pharmacist from Healthcare at Home on a weekly basis and they have provided an action plan that includes the review of all policies and processes. Trust Pharmacy staff are in the process of delivering training to their old and new staff to help to improve the situation.

Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
Administrating and Supply Errors source: Datix	York	40	24	33	25	34	33	31	42	29	40	39	49
	Scarborough	17	25	20	18	18	14	3	11	11	13	13	20
	Community Hospitals	11	10	5	5	12	10	8	6	8	9	3	9







Note re increase in medication error reporting - audit work on missed doses has raised the awareness of the importance of reporting medication errors, and this is thought to have contributed to the increase in administration errors from December onwards.

Measures of Harm: Safety Thermometer

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

Harm Free Care

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

·York: 96.3%
·Scarborough: 92.6%
·Community Hospitals: 91.7%
·Community care: 95.1%

Harm from Catheter Associated Urinary Tract Infection

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

·York: 1.2%
·Scarborough: 2.9%
·Community Hospitals: 0.0%
·Community Care: 0.7%

VTE

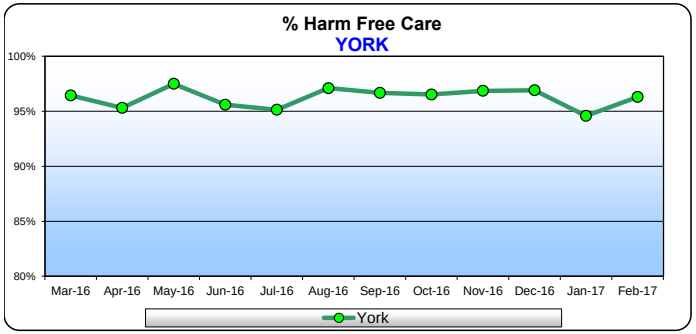
The percentage of patients affected by VTE as measured by the Department of Health definition, monthly measurement of prevalence:

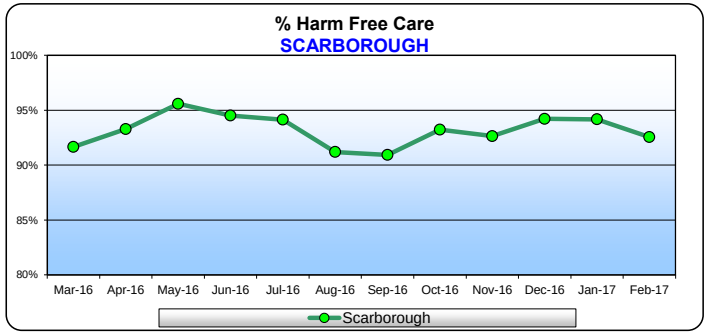
·York: 0.2%
·Scarborough: 0.6%
·Community Hospitals: 0.0%
·Community Care: 0.0%

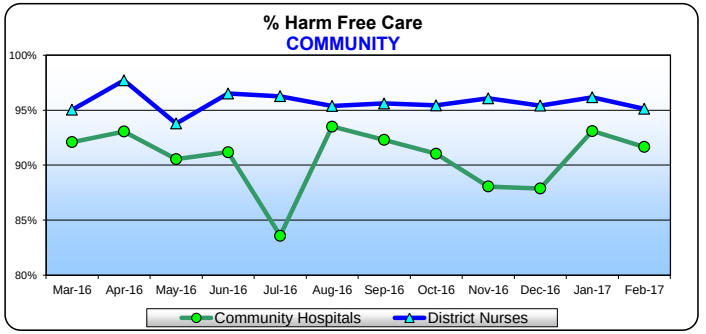
Safety Thermometer

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

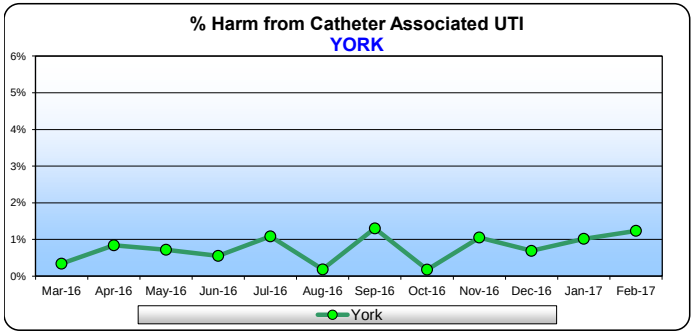
Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
% of Harm Free Care source: Safety Thermometer	York	96.4%	95.3%	97.5%	95.6%	95.1%	97.1%	96.7%	96.5%	96.8%	96.9%	94.6%	96.3%
	Scarborough	91.7%	93.3%	95.6%	94.5%	94.1%	91.2%	90.9%	93.2%	92.6%	94.2%	94.2%	92.6%
	Community Hospitals	92.1%	93.1%	90.5%	91.2%	83.6%	93.5%	92.3%	91.0%	88.1%	87.9%	93.1%	91.7%
	District Nurses	95.0%	97.7%	93.8%	96.5%	96.3%	95.4%	95.6%	95.4%	96.1%	95.4%	96.2%	95.1%

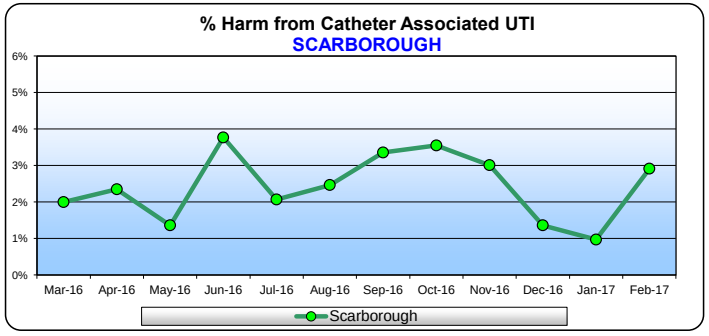


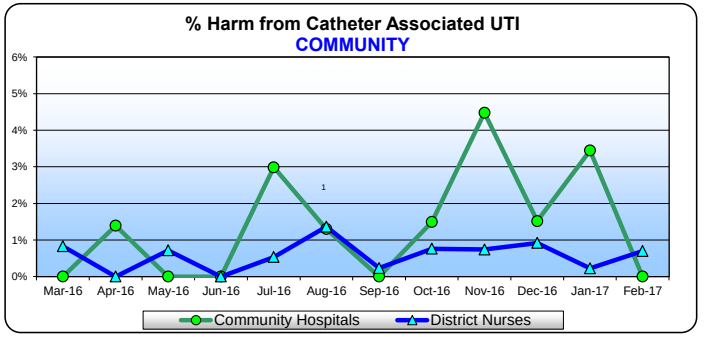




Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	0.3%	0.8%	0.7%	0.6%	1.1%	0.2%	1.3%	0.2%	1.1%	0.7%	1.0%	1.2%
	Scarborough	2.0%	2.3%	1.4%	3.8%	2.1%	2.5%	3.4%	3.5%	3.0%	1.4%	1.0%	2.9%
	Community Hospitals	0.0%	1.4%	0.0%	0.0%	3.0%	1.3%	0.0%	1.5%	4.5%	1.5%	3.4%	0.0%
	District Nurses	0.8%	0.0%	0.7%	0.0%	0.5%	1.4%	0.2%	0.8%	0.7%	0.9%	0.2%	0.7%



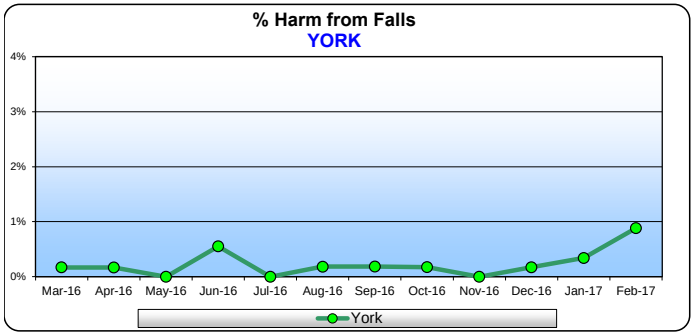


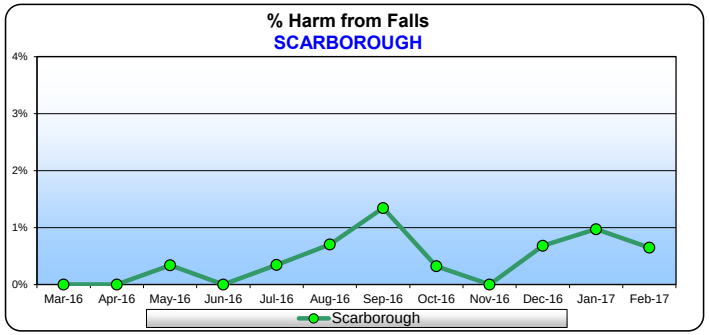


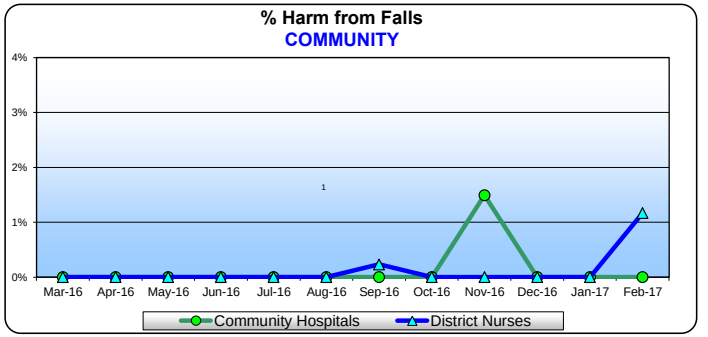
Safety Thermometer

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

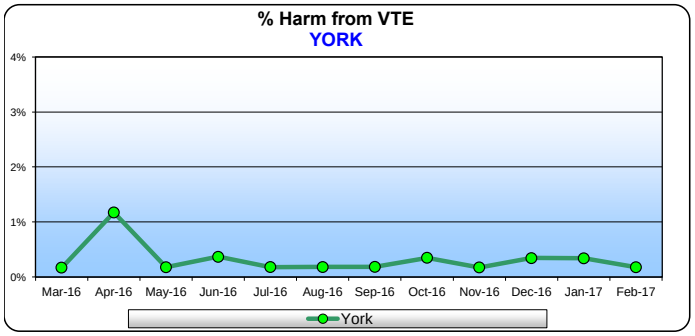
Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
% of Harm from Falls source: Safety Thermometer	York	0.2%	0.2%	0.0%	0.6%	0.0%	0.2%	0.2%	0.2%	0.0%	0.2%	0.3%	0.9%
	Scarborough	0.0%	0.0%	0.3%	0.0%	0.3%	0.7%	1.3%	0.3%	0.0%	0.7%	1.0%	0.6%
	Community Hospitals	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.5%	0.0%	0.0%	0.0%
	District Nurses	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	1.2%

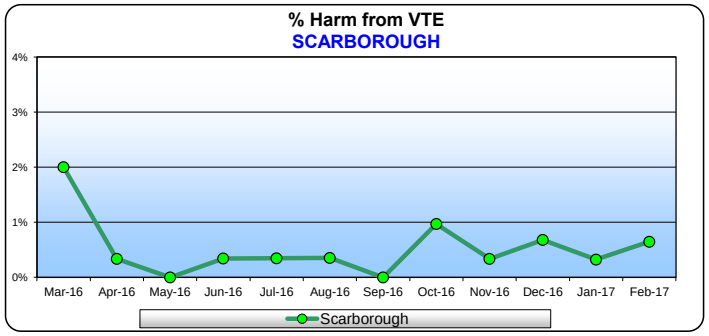


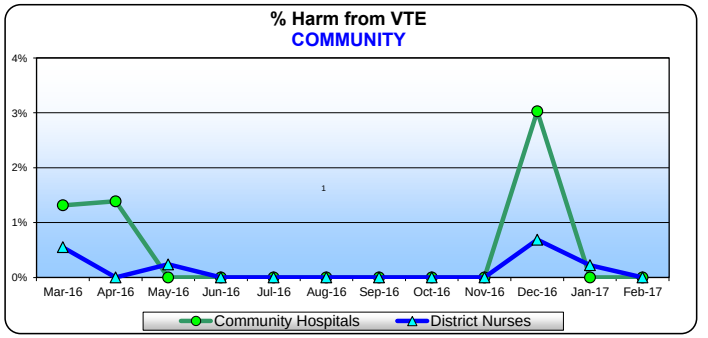




Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
% of VTE source: Safety Thermometer	York	0.2%	1.2%	0.2%	0.4%	0.2%	0.2%	0.2%	0.3%	0.2%	0.3%	0.3%	0.2%
	Scarborough	2.0%	0.3%	0.0%	0.3%	0.3%	0.4%	0.0%	1.0%	0.3%	0.7%	0.3%	0.6%
	Community Hospitals	1.3%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	0.0%
	District Nurses	0.6%	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.2%	0.0%



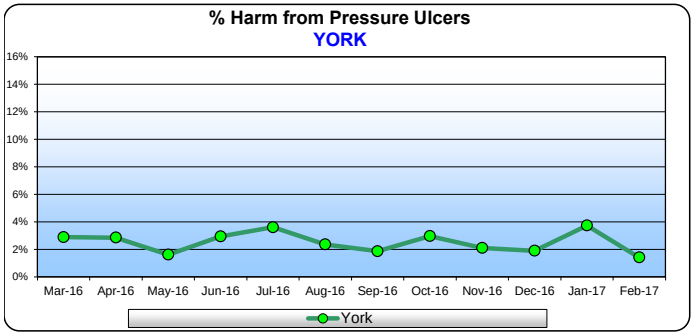


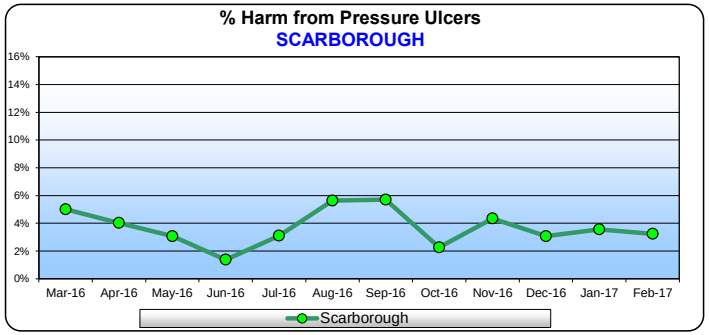


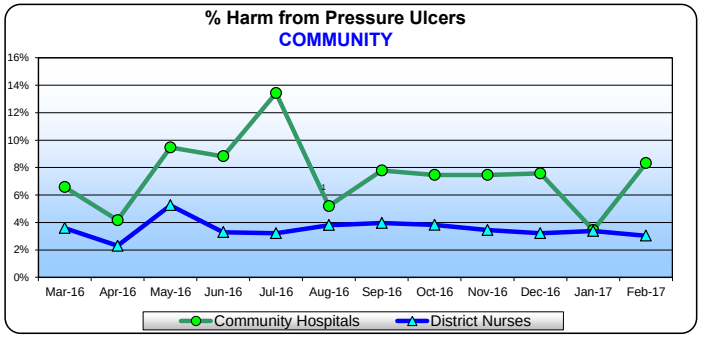
Safety Thermometer

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

Indicator		Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17
% of Pressure Ulcers source: Safety Thermometer	York	2.9%	2.9%	1.6%	2.9%	3.6%	2.4%	1.9%	3.0%	2.1%	1.9%	3.7%	1.4%
	Scarborough	5.0%	4.0%	3.1%	1.4%	3.1%	5.6%	5.7%	2.3%	4.3%	3.1%	3.6%	3.2%
	Community Hospitals	6.6%	4.2%	9.5%	8.8%	13.4%	5.2%	7.8%	7.5%	7.5%	7.6%	3.4%	8.3%
	District Nurses	3.6%	2.3%	5.3%	3.3%	3.2%	3.8%	4.0%	3.8%	3.4%	3.2%	3.4%	3.0%







Mortality

Indicator	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
SHMI – York locality	93	93	95	98	99	97	96	95	93	94	95	96
SHMI – Scarborough locality	104	105	107	108	109	107	108	107	107	108	107	106
SHMI – Trust	**97**	**98**	**99**	**102**	**103**	**101**	**101**	**99**	**99**	**99**	**100**	**99**

Definition

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

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

Analysis of Performance

The latest SHMI report indicates the Trust to be in the 'as expected' range. The July 2015 - June 2016 SHMI saw a 1 point decrease for the Trust and Scarborough, and a 1 point increase for York. Trust - 99, York 96 and Scarborough 106.

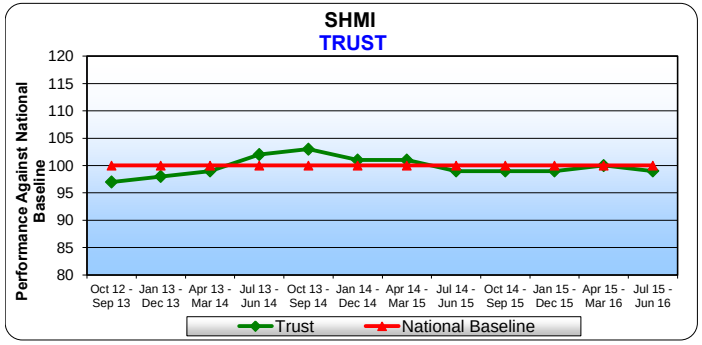
174 inpatient deaths were reported across the Trust in February 2017; this is a 25.0% decrease on February 2016 (232). The % of patients discharged as died was 1.7% at Scarborough in February 2017 compared to 2.0% in February 2016. York was 1.3% in February 2017 compared to 1.8% in February 2016. Year to date there have been a total of 1,979 inpatient deaths compared to 1,933 in the same period last year (up 2.4%). Year to date, inpatients deaths are up 7.9% at York and up 0.6% at Scarborough.

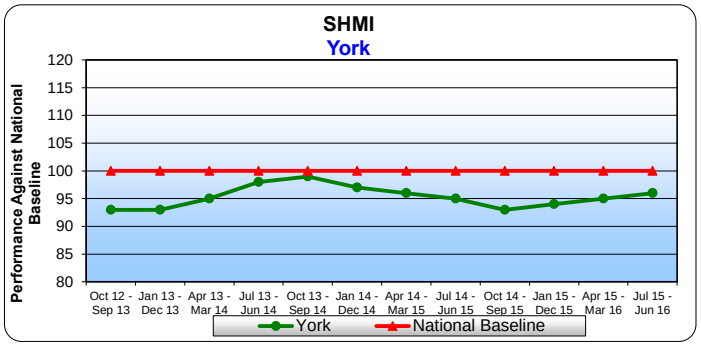
16 deaths in ED were reported across the Trust in February 2017, this compares favourably to February 2016 (23). Both ED departments saw a reduction in numbers; York decreased from 14 in February 2016 to 11 in February 2017 and Scarborough decreased from 9 in February 2016 to 5 in February 2017. Year to date there have been a total of 189 deaths in ED across the Trust; this is a 2.1% reduction on the same period 2015/16 (193). Of note, York ED has seen a 12.5% reduction year to date and Scarborough ED has seen a 15.1% increase.

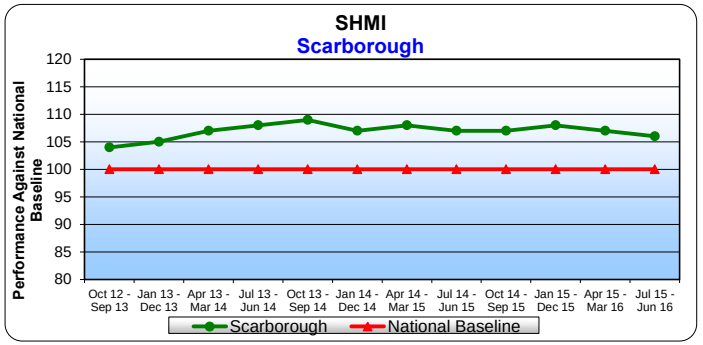
Mortality

York Teaching Hospital NHS
NHS Foundation Trust

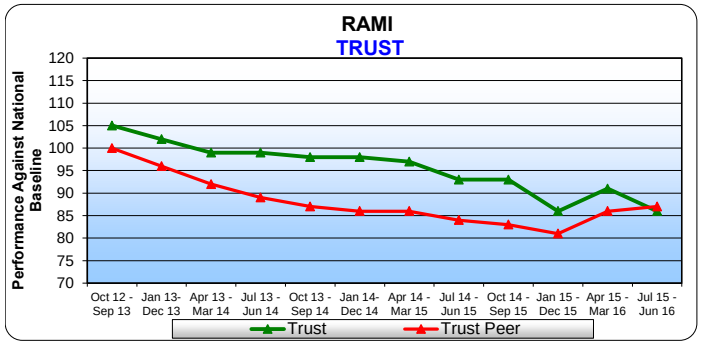
Indicator	Consequence of Breach (Monthly unless specified)	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	101	101	99	99	99	100	99
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	97	96	95	93	94	95	96
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	107	108	107	107	108	107	106

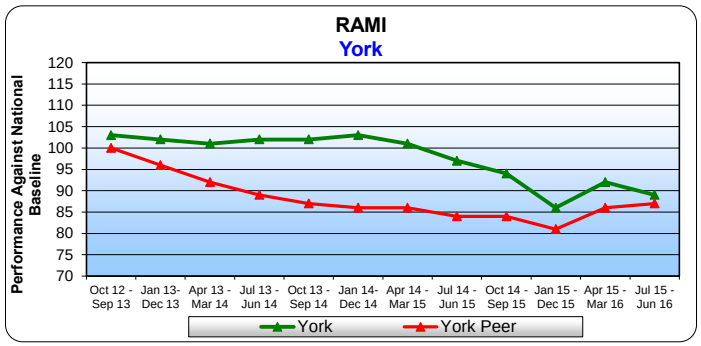


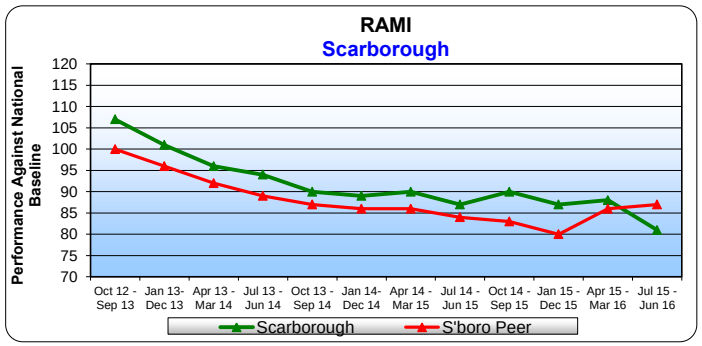




Indicator	Consequence of Breach (Monthly unless specified)	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
Mortality – RAMI (TRUST)	**none - monitoring only**	98	97	93	93	86	91	86
Mortality – RAMI (YORK)	**none - monitoring only**	103	101	97	94	86	92	89
Mortality – RAMI (SCARBOROUGH)	**none - monitoring only**	89	90	87	90	87	88	81



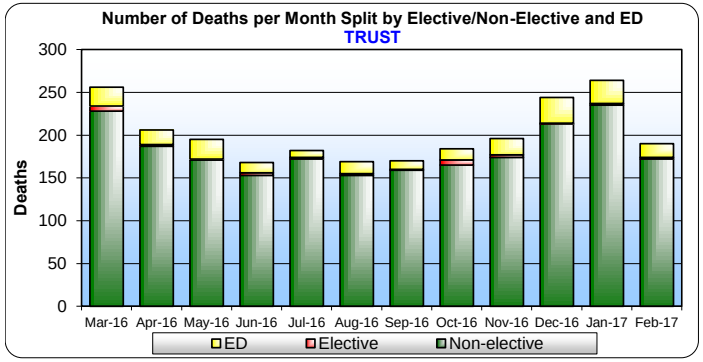


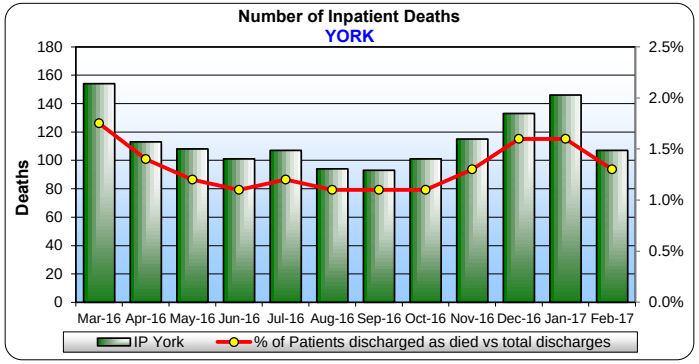


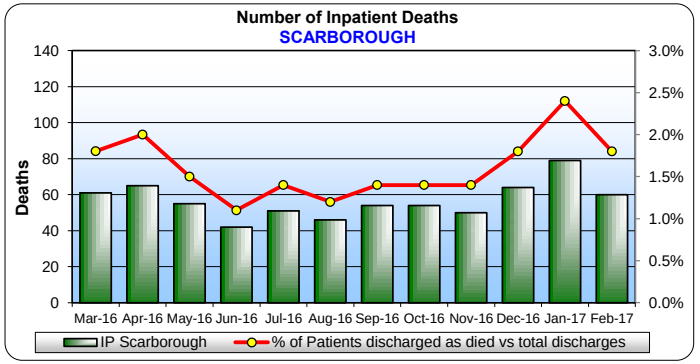
Mortality

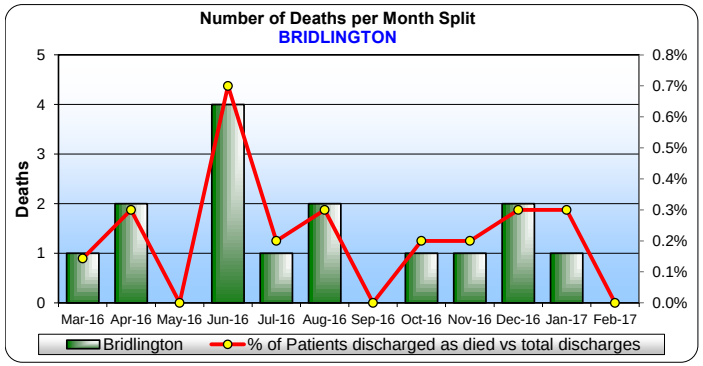
York Teaching Hospital NHS
NHS Foundation Trust

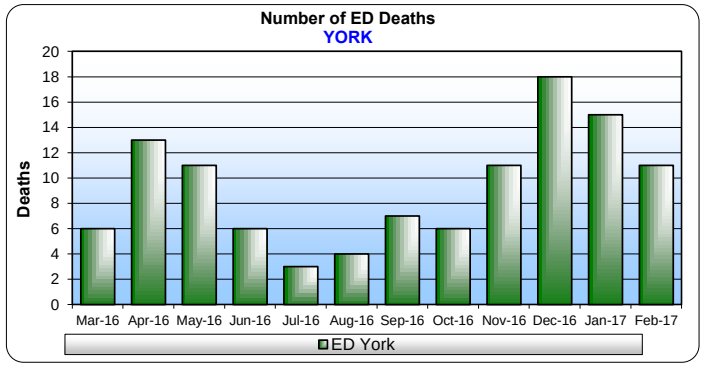
Indicator	Consequence of Breach (Monthly unless specified)	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
Number of Inpatient Deaths	None - Monitoring Only	650	517	489	562	214	237	174
Number of ED Deaths	None - Monitoring Only	68	52	32	62	30	27	16

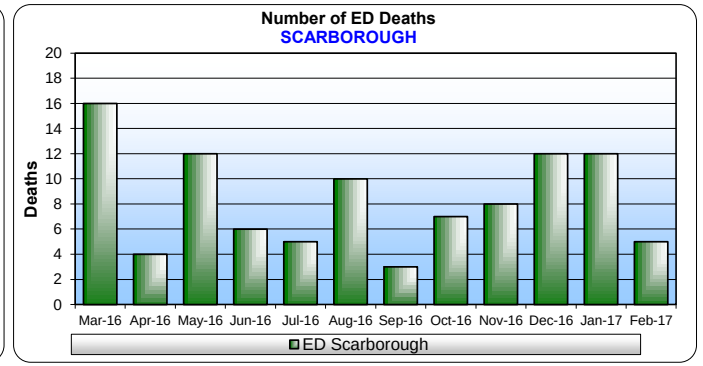


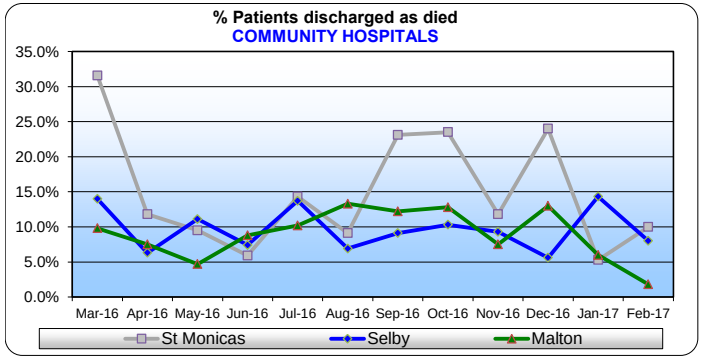


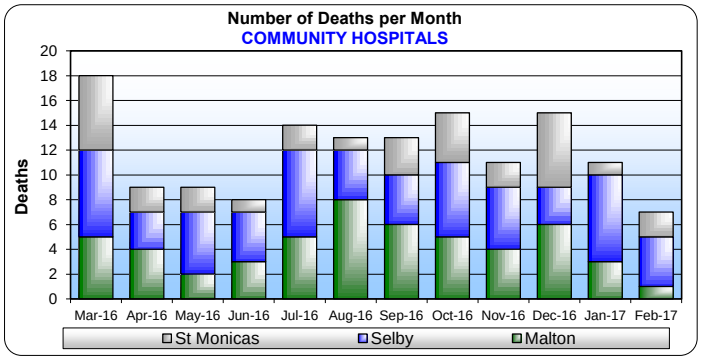












Month	Malton	Selby	St Monicas	Brid
Mar-16	5	7	6	1
Apr-16	4	3	2	2
May-16	2	5	2	0
Jun-16	3	4	1	4
Jul-16	5	7	2	1
Aug-16	8	4	1	2
Sep-16	6	4	3	0
Oct-16	5	6	4	1
Nov-16	4	5	2	1
Dec-16	6	3	6	2
Jan-17	3	7	1	1
Feb-17	1	4	2	0

Patient Safety Walkrounds – February 2017

Date	Location	Participants	Actions & Recommendations
08/02/2017	Radiology – Scarborough Hospital	Jim Taylor – Medical Director Richard Khafagy – Assistant Medical Director Ian Renwick - Consultant Ken Kay – Superintendent Radiographer Lorraine Clennett – Radiology Quality & Risk Manager Jennie Adams – Non – Executive Director	As highlighted previously the fabric and layout of the department is potentially a risk to patient's privacy and dignity. There are also potential delays in diagnosis and treatment due to reduced reliability of aging equipment. There is a plan development, which includes installation of a 2nd CT scanner, refurbishment of 2 general X-ray rooms, installation of SPECT CT, relocation of Gamma Camera and Ultrasound. The plan includes provision of bed spaces for reception and recovery of patients. This work is due to commence August 2017, but is dependent on Facilities undertaking remedial work on the ventilation system. Action - to monitor to avoid further slippage. There is a national shortage of both radiographers and radiologists, and recruitment has proven difficult in the past with poor response to advertised posts. A revised approach to recruitment (open days, lobbying of local training institutions / universities, introduction of a recruitment bonus) has produced an encouraging response to the most recent radiographer advertisement. Action - to monitor recruitment closely. To reduce pressure on radiologists (currently a 1 in 3 on-call), outsourcing of out of hours reporting for CT (RRO) will commence 20/2/17. Action - an interim solution has been put in place to ease the anticipated increase in work load on the CT radiographers that RRO will bring, until the additional radiographers are in post and trained. Implementation of OrderComms (April 2017) for radiology referrals will allow easier and potentially more timely requesting, but is not without risks. Action - to monitor.
08/02/2017	Diabetes Centre – York Hospital	Sue Rushbrook – Director Sue Symington – Chair Eleanor King – Deputy Directorate Manager Vijay Jayagopal – Consultant Chris Morris – Matron Trish Fairburn – Diabetes Specialist Nurse Mark Patience – Operational Support Manager Jenny Kusznir – FY1 (Observing) Jenny Farmer – Specialist Dietitian (Observing)	**Issue/Risk noted at previous Walkround 02/09/15** Blood Glucose monitoring on wards **Action** - added to risk register. There have been improvements to the situation Trust wide. Potential increase in CF patients. **Action** - VJ reported impact not as severe as feared. No on-going concerns. Endocrine testing in OPD at Scarborough Hospital to be implemented. **Action** – Has been delivered through MES at Scarborough using the same protocols as York. Machine changes in the labs may require protocols to be revised. Risk has been identified with safety needles used for insulin administration as they fail to administer the whole dose. **Action** - risk assessment carried out and needles removed from use. Local guidance produced, formal sign off awaited from the Trust. VJ will pass to Dr Thow to take forward. Discussed the impact of the proposed eye department expansion. VJ advised this offered an opportunity to move to more open plan working. **Action** - impact of the build on the operation of the Diabetes Centre to be closely monitored. Scarborough DNS Team all approaching retirement therefore need succession plan. **Action** - TF/EK reported efforts have been made but position is complicated by pending tender for community service. Has been escalated by Dr Humphriss.
16/02/2017	Fitzwilliam Ward – Malton Hospital	Wendy Scott – Director Sharon Hurst – Locality Manager Norman Barclay – Ward Manager Sue Symington - Chair	General discussions took place in relation to patient safety and included RCA actions. E.g. escalation of equipment deficiencies, enhanced care and nurse staffing. Discussed the value of having volunteers in the hospital and the opportunities volunteering brings. The ward has not been able to recruit a regular volunteer. **Action** - NB to meet with Public Governor to recruit volunteers to the hospital. Previous action plan discussed as below and focussed on complex discharge planning: Protracted stays Continue use of EDD Designated Care Manager embedment in MDT trial. LOS varies between 14-20 days, introduced Board rounds. **Action** - SH to email WS particular patient scenarios that were discussed. Staff nurses transferred to unfamiliar hospitals may lead to risk. Action – NB/SH to consider familiarisation visits and standard folders.

YORK - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Activity	Births	Bookings	1st m/w visit	≤302	303-329	≥330	309	276	319	294	294	280	297	252	186	318	251	
		Bookings <13 weeks	No. of mothers	≥90%	76%-89%	≤75%	88.7%	90.4%	84.6%	80.6%	83.7%	82.9%	83.5%	85.3%	84.9%	84.6%	85.3%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10.1%-19.9%	>20%	4.2%	3.6%	4.7%	4.1%	6.8%	6.8%	4.0%	4.4%	2.2%	4.7%	4.0%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	≥90%	76%-89%	≤75%	92.30%	80.00%	66.70%	50.00%	85.00%	78.90%	83.30%	72.70%	50.00%	93.30%	60.00%	
		Births	No. of babies	≤295	296-309	≥310	249	292	282	291	290	298	303	258	282	269	245	
		No. of women delivered	No. of mothers	≤295	296-310	≥311	245	291	279	288	284	296	297	248	280	264	240	
	Closures	Homebirth service suspended	No. of suspensions	0-3	4-6	7 or more	0	0	0	0	0	0	0	0	0	0	0	
		Women affected by suspension	No. of women	0	1	2 or more	0	0	0	0	0	0	0	0		0	0	
		Community midwife called in to unit	No. of times	3	4-5	6 or more	10	2	4	5	5	9	5	4		5	3	
		Maternity Unit Closure	No. of closures	0		1 or more	0	0	0	0	0	0	1	0	0	0	0	
		SCBU at capacity of intensive cots	No. of times	0	1	2 or more	2	6	4	5	0	0	0	0	0	9		
		SCBU no of babies affected	No. of babies affected	0		1 or more	1	0	2	0	0	0	0	0	0	0		
Workforce	Staffing	M/W per 1000 births	Ratio	≥35.0	35-31	≤31.0	28	28	31	28	28	28	28	28	29	29		
		1 to 1 care in Labour	CPD	≥100%		<100%	72.7%	74.6%	74.9%	73.6%	72.9%	67.9%	76.8%	75.0%	80.0%	78.8%	82.5%	
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%		<100%	67.0%	63.0%	60.0%	61.2%	55.0%	43.0%	56.0%	60.0%	58.0%	61.0%	78.0%	
		Consultant cover on L/W	av. hours/week	40		≤39	76	76	76	76	76	76	76	76	76	76	76	
		Anaesthetic cover on L/W	av.sessions/week	10		≤9	10	10	10	10	10	10	10	10	10	10	10	
		Supervisor : M/w ratio 1 :	Ratio	15	16-18	≥19	12	12	12	12	12	12	12	12	12	12	12	
Clinical Indicators	Neonatal/Maternal	Normal Births	No. of svd - %	≥60.6%	60.5-55%	<55%	68.1%	62.8%	65.0%	66.1%	66.0%	63.1%	62.6%	59.2%	66.5%	56.7%	63.2%	
		Assisted Vaginal Births	No. of instr. Births - %	≤13.2	13.3-17.9%	≥18%	9.4%	9.6%	12.2%	12.8%	11.3%	12.5%	14.5%	14.9%	11.1%	17.4%	9.6%	
		C/S Births	Em & elect - %	≤26%	26.1-27.9%	>28%	22.9%	27.1%	22.6%	21.2%	23.6%	24.7%	23.2%	27.0%	21.8%	26.5%	28.3%	
		Eclampsia	No. of women	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	
		Undiagnosed Breech in Labour	No. of women	2 or less	3-4	5 or more	0	0	0	1	0	0	0	3	0	0	0	
		HDU on L/W	No. of women	3 or less	4	5 or more	17	14	7	14	8	29	20	15	17	11	18	
		BBA	No. of women	2 or less	3-4	5 or more	1	2	6	3	3	1	2	2	1	3	4	
		Diagnosis of HIE	No. of babies	0	1	2 or more	0	0	0	1	0	0	1	0	0	1		
	Morbidity	Neonatal Death	No of babies	0		1 or more	0	0	0	1	0	0	0	0	0	0		
		Antepartum Stillbirth	No. of babies	0	1	2 or more	1	1	1	1	0	1	0	0	1	2	0	
		Intrapartum Stillbirths	No. of babies	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	>74.4%	74.3-70.1%	<70%	80.8%	76.6%	74.2%	76.7%	74.3%	75.7%	78.1%	69.0%	78.2%	74.2%	72.5%	
		Smoking at time of delivery	% of women smoking at del.	<11%	12-14%	>15%	9.4%	12.7%	10.4%	8.7%	10.2%	10.5%	8.4%	10.1%	10.0%	11.0%	12.1%	
		SI's	No. of Si's declared	0		1 or more	1	1	0	1	0	1	0	1	0	0	0	
		PPH > 1.5L	No. of women	2 or less	3-4	5 or more	9	9	4	9	3	9	10	4	6	4	12	
		PPH > 1.5L as % of all women	% of births				3.7%	2.9%	1.4%	3.1%	1.1%	3.0%	3.4%	1.6%	2.1%	1.5%	5.0%	
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more	3	2	3	3	1	1	1	1	3	0	0	
		3rd/4th Degree Tear	% of tears (vaginal births)	≤2.5%	2.6- 3.9%	≥4%	0.5%	1.5%	1.8%	3.0%	2.2%	1.3%	3.0%	2.6%	3.6%	2.0%	2.8%	
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more	1	0	1	3	2	0	1	0	0	0	0	
		Formal	No. of Formal complaints	0	1-4	5 or more	1	0	2	3	3	1	0	1	0	2	0	

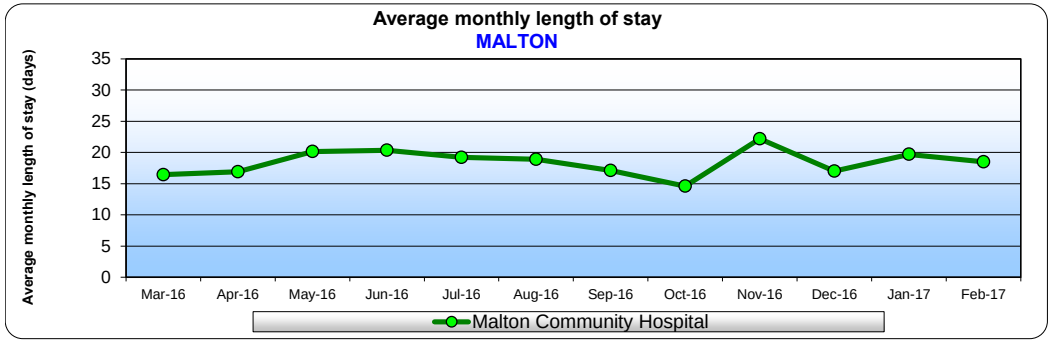
SCARBOROUGH - MATERNITY DASHBOARD			Measure	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Activity	Births	Bookings	1st m/w visit	≤210	211-259	≥260	174	198	212	193	217	194	160	195	108	209	163	
		Bookings <13 weeks	No. of mothers	≥90%	76%-89%	≤75%	88.5%	86.9%	83.5%	88.6%	92.6%	84.0%	88.8%	90.8%	92.6%	92.8%	88.3%	
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	< 10%	10%-20%	>20%	7.5%	11.1%	10.8%	8.3%	4.6%	11.3%	6.3%	6.7%	7.4%	5.3%	6.7%	
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	≥90%	76%-89%	≤75%	77%	100%	83%	63%	90%	100%	90%	54%	75%	73%	82%	
		Births	No. of babies	≤170	171-189	≥190	118	148	134	135	141	154	135	112	140	124	138	
		No. of women delivered	No. of mothers	≤170	171-189	≥190	115	148	134	135	140	152	133	111	139	122	137	
	Closures	Homebirth service suspended	No. of suspensions	0-3	4-6	7 or more	2	1	0	0	1	0	0	0	0	0		
		Women affected by suspension	No. of women	0	1	2 or more	0	0	0	0	0	0	0	0	0	0		
		Community midwife called in to unit	No. of times	3	4-5	6 or more	0	0	0	0	1	0	0	0	0	0		
		Maternity Unit Closure	No. of closures	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	
		SCBU at capacity	No. of times	0	1	2 or more	9	5	8	3	11	7	8	1	0	0		
		SCBU no of babies affected	No. of babies affected	0		1 or more	0	0	2	1	6		0	2	0	0		

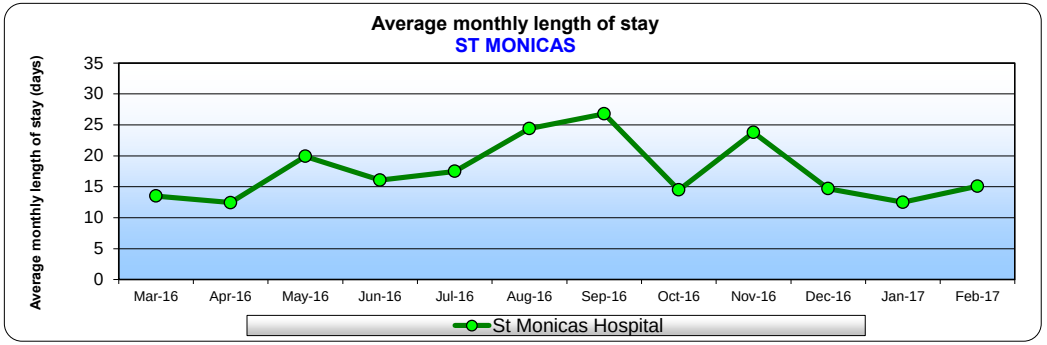
Workforce	Staffing	M/W per 1000 births	Ratio	≥35.0	35-31	≤31.0	39.4	38.3	38.1	38.0	38.8	38.5	40.2	41.0	41.0	41.0		
		1 to 1 care in Labour	CPD	≥100%		<100%	89.6%	84.0%	85.1%	85.9%	87.1%	92.8%	92.5%	84.7%	89.9%	88.5%	89.8%	
		L/W Co-ordinator supernumary %	Shift Handover Sheets	≥100%		<100%	87.0%	80.0%	85.0%	80.6%	91.0%	70.0%	89.0%	85.0%	66.0%	80.6%	78.6%	
		Consultant cover on L/W	av. hours/week	40		≤39	40	40	40	40	40	40	40	40	40	40	40	
		Anaesthetic cover on L/W	av.sessions/week	10		≤9	3	3	3	3	3	3	3	3	3	3	3	
		Supervisor : M/w ratio 1 :	Ratio	15	16-18	≥19	12	12	12	12	12	12	12	12	12	12	12	

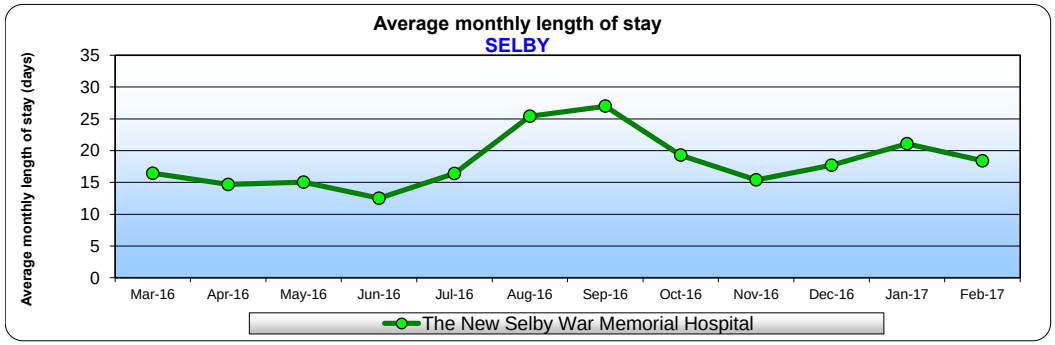
Clinical Indicators	Neonatal/Maternal	Normal Births	No. of svd - %	≥60.6%	60.5-55%	<55%	66.9%	74.3%	63.2%	67.4%	70.9%	72.4%	67.2%	61.9%	66.4%	70.2%	72.5%	
		Assisted Vaginal Births	No. of instr. Births - %	≤13.2	13.3-17.9%	≥18%	11.3%	9.5%	7.5%	8.1%	7.1%	5.3%	7.5%	14.4%	10.8%	13.9%	6.6%	
		C/S Births	Em & elect - %	≤26%	26.1-27.9%	>28%	22.6%	16.2%	29.9%	24.4%	22.1%	22.4%	25.6%	24.3%	23.0%	16.4%	21.2%	
		Eclampsia	No. of women	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	
		Undiagnosed Breech in Labour	No. of women	2 or less	3-4	5 or more	0	0	0	0	2	1	0	0	0	0	1	
		HDU on L/W	No. of women	3 or less	4	5 or more	1	4	2	8	4	5	2	1	1	3	4	
		BBA	No. of women	2 or less	3-4	5 or more	1	1	1	3	3	1	2	4	1	2	2	
		Diagnosis of HIE	No. of babies	0	1	2 or more	1	0	0	0	0	0	0	0	0	1	0	
	Morbidity	Neonatal Death	No of babies	0		1 or more	0	0	0	1	0	0	0	1	0	0	0	
		Antepartum Stillbirth	No. of babies	0	1	2 or more	0	2	0	0	1	0	0	0	1	0	0	
		Intrapartum Stillbirths	No. of babies	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	>74.4%	74.3-70.1%	<70%	58.3%	60.8%	61.9%	60.7%	57.9%	55.3%	63.2%	64.0%	58.3%	58.2%	58.4%	
		Smoking at time of delivery	% of women smoking at del.	<11%	12-14%	>15%	22.6%	20.3%	21.6%	20.0%	17.9%	24.8%	18.2%	23.4%	17.3%	18.9%	18.2%	
		SI's	No. of Si's declared	0		1 or more	0	0	0	1	0	0	1	1	0	0	0	
		PPH > 1.5L	No. of women	2 or less	3-4	5 or more	2	3	1	6	1	5	2	0	0	3	2	
		PPH > 1.5L as % of all women	% of births				2	2	0	4	1	3	2	0	0	3	2	
		Shoulder Dystocia	No. of women	2 or less	3-4	5 or more	2	1	0	2	0	0	2	1	2	2	1	
		3rd/4th Degree Tear	% of tears (vaginal births)	≤2.5%	2.6- 3.9%	≥4%	2.2%	1.6%	0.0%	2.0%	2.7%	3.3%	1.0%	1.2%	0.0%	2.9%	2.8%	
	New Complaints	Informal	No. of Informal complaints	0	1-4	5 or more	0	0	0	0	1	2	1	1	0	3	0	
		Formal	No. of Formal complaints	0	1-4	5 or more	1	1	0	2	1	0	0	0	1	1	1	

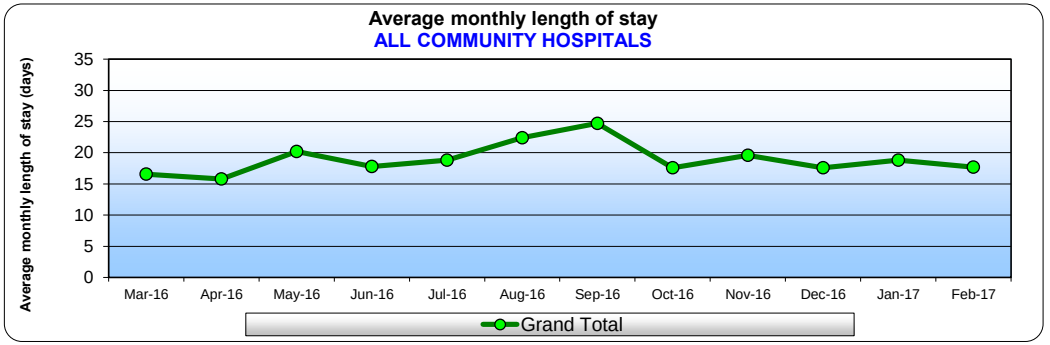
Community Hospitals

Indicator	Hospital	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
Community Hospitals average length of stay (days) Excluding Daycases	**Malton Community Hospital**	18.2	18.8	18.5	18.6	17.0	19.7	18.5
	St Monicas Hospital	18.9	16.4	22.7	17.2	14.7	12.5	15.1
	The New Selby War Memorial Hospital	19.5	14.1	23.0	17.7	17.7	21.1	18.4
	Total	19.3	17.9	21.9	18.3	17.6	18.8	17.7



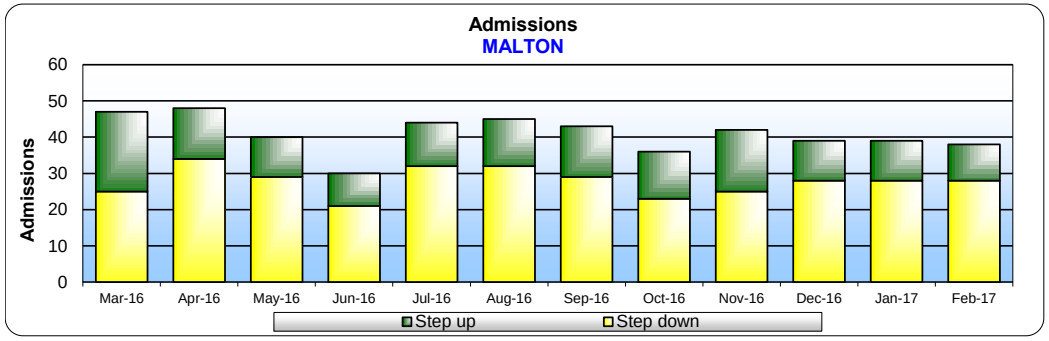


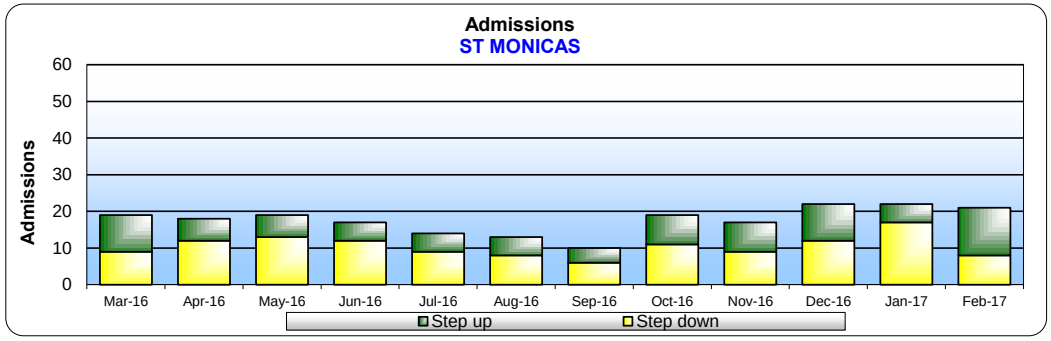


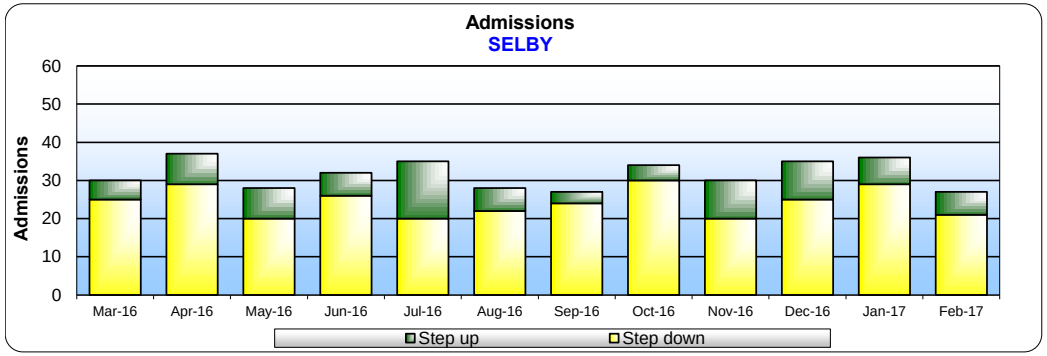


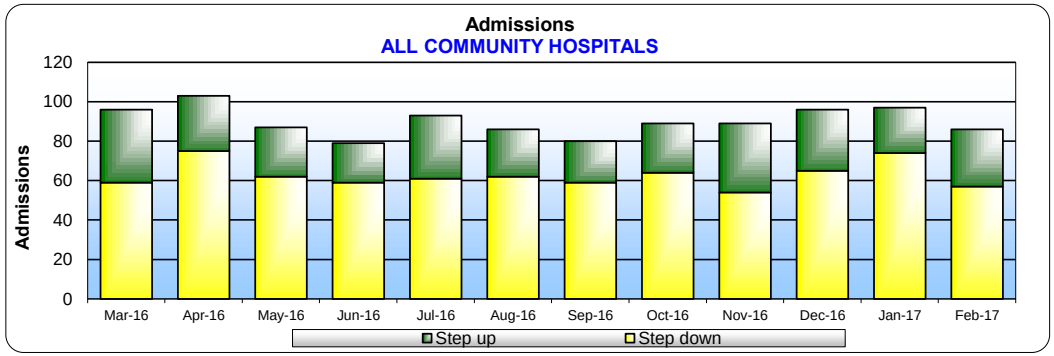
Community Hospitals

Indicator	Hospital		Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	**Malton Community Hospital**	**Step up**	44	34	39	41	11	11	10
		Step down	82	84	93	76	28	28	28
	St Monicas Hospital	**Step up**	23	17	14	26	10	5	13
		Step down	28	37	23	32	12	17	8
	The New Selby War Memorial	**Step up**	22	22	24	24	10	7	6
		Step down	72	75	66	75	25	29	21
	Total	**Step up**	104	83	81	100	31	23	29
		Step down	255	267	246	234	65	74	57









Quality and Safety: Misc

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	4	13	2	2	0	10	5
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	**0**	0	0	0	0	0	0	0
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	3	0	0	0	0	5	0
% Compliance with WHO safer surgery checklist	No financial penalty	**100%**	100%	100%	100%	100%	100%	100%	100%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**99%**	99.9%	99.9%	99.9%	To follow	To follow	To follow	To follow
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**95%**	99.0%	98.8%	98.8%	To follow	To follow	To follow	To follow
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	**>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%**	4.1%	5.0%	5.8%	3.3%	3.1%	n/a	n/a
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in Service Condition 3 and General Condition 9	**Set baseline in Q1 and agree trajectory**	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	100.0%	100.0%	100.0%	94.9%	100.0%	100.0%	100.0%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and General Condition 9	**Best Practice Standards**	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced and tabled at sub CMB quarterly.						
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.2%	99.8%	99.8%	99.8%	100.0%	100.0%	100.0%
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	**95%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Complaints and PALS												
New complaints this month	46	36	30	33	33	50	44	36	37	33	43	32
Top 3 complaint subjects												
All aspects of Clinical Treatment	49	21	26	18	17	26	71	40	36	18	32	16
Communications/information to patients (written and oral)	21	14	6	12	10	26	72	19	17	12	16	2
Patient Care	22	10	11	7	14	18	26	13	36	10	35	17
Top 3 directorates receiving complaints												
Acute & General Medicine	9	8	8	5	6	7	6	3	5	4	8	4
Emergency Medicine	8	5	3	3	6	7	6	10	5	7	8	1
General Surgery & Urology	5	4	3	1	5	6	3	3	7	4	6	5
Number of Ombudsman complaint reviews (new)	0	2	3	4	2	2	0	0	2	0	0	1
Number of Ombudsman complaint reviews upheld	0	0	1	0	0	0	0	0	0	0	0	0
Number of Ombudsman complaint reviews partly upheld	1	2	1	3	0	1	2	0	0	1	1	0
New PALS queries this month	443	480	407	387	315	333	284	279	286	210	278	260
Top 3 PALS subjects												
Communication issues	48	36	25	23	60	60	51	51	76	52	50	56
Any aspect of clinical care/treatment	48	59	55	47	24	34	28	23	20	22	24	28
Appointments	45	56	37	50	31	61	60	50	44	43	40	29

Serious Incidents												
Number of SI's reported	21	19	12	31	15	17	12	9	18	14	28	18
% SI's notified within 2 working days of SI being identified*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
* this is currently under discussion via the 'exceptions log'												
Compliance with Duty of Candour for Serious Incidents:												
-Verbal Apology Given	8	9	6	20	8	6	7	3	6	4	7	4
-Written Apology Given *	0	0	1	1	1	1	1	2	1	1	1	0
-Invitation to be involved in Investigation	0	2	1	2	2	3	3	1	8	3	2	1
-Given Final Report (If Requested)	0	0	1	0	3	1	0	2	0	1	1	0

Pressure Ulcers**												
Number of Category 2	52	50	44	32	31	36	62	76	81	74	90	67
Number of Category 3	3	2	6	6	2	3	2	5	5	2	5	6
Number of Category 4	0	1	0	1	1	1	0	0	1	1	1	1
Total number developed/deteriorated while in our care (care of the organisation) - acute	57	44	53	37	28	39	57	86	99	87	104	78
Total number developed/deteriorated while in our care (care of the organisation) - community	29	24	20	25	28	26	35	36	26	30	40	37

Falls***												
Number of falls with moderate harm	4	1	3	3	3	2	2	0	0	1	5	0
Number of falls with severe harm	5	4	4	9	3	8	4	4	2	3	3	3
Number of falls resulting in death	0	0	0	0	0	0	0	0	0	1	0	0

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Safeguarding												
% of staff compliant with training (children)	85%	86%	86%	85%	86%	86%	86%	86%	86%	87%	87%	85%
% of staff compliant with training (adult)	84%	85%	85%	85%	85%	86%	86%	85%	86%	88%	87%	85%
% of staff working with children who have review CRB checks												
Prevent Strategy												
Attendance at the HealthWRAP training session												
Number of concerns raised via the incident reporting system												
Claims												
Number of Negligence Claims	12	18	16	17	12	10	10	13	14	11	10	8
Number of Claims settled per Month		3	6	2	5	9	5	1	8	2	7	3
Amount paid out per month **		£635,000	£66,500	£125,000	£342,500	£989,450	£262,750	£35,000	£780,500	£250,000	£128,226	£75,000
Reasons for the payment		Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

* As not all SIs result in harm there will be instances where no written letter is required. The approach of the Trust is to bring the patient's relatives in to discuss the report and offer a summary if they require this. Meetings have been arranged with a number of relatives regarding this.
Note ** and *** - falls and pressure ulcers subject to validation. Falls resulting in deaths are investigated as Serious Incidents and the degree of harm will be confirmed upon completion of investigation.

All falls and pressure ulcer data is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers. A change on the way the Trust reports pressure ulcers was implemented on 01/09/16 resulting in a slight increase in the pressure ulcers reported as developing under our care. Category 3 pressure ulcer data excludes Category 3 ulcers which are recorded as having developed within 72 hours of admission to inpatient care.
* * one claim in April was settled for a lump sum payment of £450,000 (included in the data) with yearly payments of £145,000 to fund care needs, with the Claimant's life expectancy being between 3 and 5 years. The ongoing care costs are excluded from the above data as they cannot be quantified at present. Amount paid shows the damages.

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Medical Director's Report

Action requested/recommendation

Board of Directors are requested to:

- Consider the summary report on serious incidents
- Note the Patient Safety Conference date and draft agenda
- Consider the report from the Never Events Conference
- Note the quality assurance visit to North Yorkshire Diabetic Eye Screening programme
- Note the Duty of Candour requirements

Summary

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

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

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

Progress of report	This report is only written for the Board of Director's.
Risk	No additional risks have been identified other than those specifically referenced in the paper.
Resource implications	None identified.
Owner	Mr Jim Taylor, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	March 2017
Version number	Version 1

Board of Directors – 29 March 2017

Medical Director's Report

1. Introduction and background

In the report this month:

- **Patient Safety-**
- Serious incident summary report
- patient safety conference
- **Clinical Effectiveness-**
- report from the Never Events Conference
- quality assurance visit to North Yorkshire Diabetic Eye Screening programme
- **Patient Experience**
- Duty of Candour

2. Patient Safety

2.1 Serious Incident Summary Report

Serious Incident Summary Report

1 April to 30 September 2016

Introduction
From 1 April to 30 September 2016, a total of 106 Serious Incidents (SIs) have been declared for investigation.

The table below summarises the number of incidents declared in each directorate

Serious Incidents Declared by Directorate	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Child Health	0	0	1	0	0	0
Community Services	3	4	6	6	4	3
Elderly Medicine	5	7	8	3	5	4
Emergency Medicine	0	0	2	0	1	0
General Surgery & Urology	2	0	3	1	0	1
Head & Neck	0	0	0	0	1	0
Laboratory Medicine	0	0	0	1	0	0
Medicine (General & Acute)	1	0	4	2	2	2
Obstetrics and Gynaecology	0	1	1	2	0	1
Operations	4	0	0	0	0	0
Ophthalmology	0	0	2	0	1	1
Radiology	2	0	0	0	0	0
Specialist Medicine	1	0	1	0	0	0
Theatres, Anaesthetics, Critical Care	0	0	1	0	1	0
Trauma and Orthopaedic	1	0	2	0	2	0
TOTAL DECLARED	**19**	**12**	**31**	**15**	**17**	**12**

The increase in number of pressure ulcer incidents reported in June relates to the decision to declare as an SI in month, rather than an increase in overall number of incidents occurring in the month. The table below summarises incidents by type.

Serious Incidents Declared by Type		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	TOTAL
12 Hour Breach x2	Operations	2	0	0	0	0	0	2
12 Hour Breach x3	Operations	1	0	0	0	0	0	1
Category 3 Pressure Ulcer	Community Services	3	0	3	3	1	1	11
	Elderly Medicine	1	2	2	1	0	0	6
	General Surgery & Urology	0	0	1	1	0	0	2
	Medicine (General & Acute)	1	0	1	0	0	0	2
	Theatres, Anaesthetics, Critical Care	0	0	0	0	1	0	1
Category 4 Pressure Ulcer	Community Services	0	2	1	1	1	1	6
Delay in Treatment	General Surgery & Urology	0	0	1	0	0	0	1
Delayed Diagnosis	Emergency Medicine	0	0	1	0	0	0	1
	Laboratory Medicine	0	0	0	1	0	0	1
	Ophthalmology	0	0	0	0	1	1	2
	Radiology	1	0	0	0	0	0	1
Fall & Patient Death	Trauma and Orthopaedic	0	0	0	0	1	0	1
Infection Control Incident	General Surgery & Urology	0	0	0	0	0	1	1
	Medicine (General & Acute)	0	0	1	1	0	0	2
Infection Prevention Incident	Head & Neck	0	0	0	0	1	0	1
Maternal Death	Obstetrics and Gynaecology	0	0	0	0	0	1	1
Maternity Incident	Obstetrics and Gynaecology	0	1	0	0	0	0	1
Medication Error	Medicine (General & Acute)	0	0	0	1	0	0	1
Missed Diagnosis	Emergency Medicine	0	0	1	0	0	0	1
Neonatal Death	Obstetrics and Gynaecology	0	0	0	2	0	0	2
Patient Assault	Elderly Medicine	0	0	0	0	0	1	1
Slips, Trips & Falls	Community Services	0	2	2	1	2	1	8
	Elderly Medicine	4	4	6	2	5	3	24
	General Surgery & Urology	2	0	0	0	0	0	2
	Medicine (General & Acute)	0	0	2	0	2	2	6
	Obstetrics and Gynaecology	0	0	1	0	0	0	1
	Trauma and Orthopaedic	1	0	1	0	0	0	2
Suboptimal Care	Elderly Medicine	0	1	0	0	0	0	1
	Emergency Medicine	0	0	0	0	1	0	1
Surgical Procedure Incident	Theatres, Anaesthetics, Critical Care	0	0	1	0	0	0	1
	Trauma and Orthopaedic	0	0	1	0	0	0	1
System Failure	Child Health	0	0	1	0	0	0	1
	Radiology	1	0	0	0	0	0	1
	Operations	1	0	0	0	0	0	1
Treatment Delay	Ophthalmology	0	0	2	0	0	0	2
	Specialist Medicine	0	0	1	0	0	0	1
Wrong Route Administration/Never Event	Community Services	0	0	0	1	0	0	1
Wrong Site Surgery - Never Event	General Surgery & Urology	0	0	1	0	0	0	1
	Trauma and Orthopaedic	0	0	0	0	1	0	1
	Specialist Medicine	1	0	0	0	0	0	1
TOTAL		19	12	31	15	17	12	106

The largest categories continue to be pressure ulcers and patient falls with harm. Strategies have been developed and implemented that aim to ensure safer care for patients who may be at risk of pressure ulcers and falls. Whilst the number of falls and pressure ulcers remains higher than other categories, there is a trend of a slight reduction from the previous year.

2.2 Patient Safety/Sign up to Safety Conference – 9 June 2017

As part of the Sign up to Safety Campaign we pledged to hold an annual Patient Safety Conference and we're currently planning our third after two very successful conferences.

The conference is now very much an established part of our calendar. The further reinforcement of Patient Safety as the cornerstone of all our ambition and development, liberating our staff to do what's right despite the difficult environment, is essential as the challenges mount.

This year's conference will be on 9th June at York Racecourse. The programme is still being finalised but will include:

- Learning from the Quality Improvement
- Application of human factors tools to clinical pathways
- Measuring and monitoring safety
- Safe, effective and person centred care in reducing mortality
- How to give empathetic apologies when things go wrong
- Research methodology workshops

- Statistical support – refresher course for grant applications and/or publications
- How to write a good grant application – including PPI
- How to write a publication
- Wound care management
- Improving safety for patients with delirium or dementia
- Pressure ulcer prevention
- Involving patients in improvement.

Call for abstracts (for posters and short papers) will be circulated shortly.

Places can be booked by emailing diane.palmer@york.nhs.uk or liz.jackson@york.nhs.uk

3. Clinical Effectiveness

3.1 Learning from Never Events – system wide learning conference

Learning From Never Events – system wide learning conference (NHSE/NHSI – February 2017)

The current definition is of a Never Event (NE) which is recognised as wholly preventable and where there is national guidance or safety recommendations that provide strong systemic safety barriers. The event has potential to cause severe harm or death and there is evidence that it remains a risk. The occurrence of such an event is clearly defined and easily recognisable.

The National Framework for NEs was revised in April 2015 to include the potential to cause harm or death (previously harm or death had to occur to trigger a never event) so an increased number of NEs are now reported.

Wrong site regional anaesthetic blocks are now considered as NEs (wrong site surgery) even if the error is recognised and surgical intervention does not occur. Wrong site surgery now also includes procedures done outside an operating theatre (i.e. outpatient procedures or vascular lines). Wrong prosthesis or implant was previously only recognised as a NE if revisional surgery to remove and replace the implant was required or if complications occurred. The new framework has removed these requirements.

Despite safety procedures having been stepped up these NEs still happen. If they do occur the likelihood of defence against a clinical negligence claim is slim. Legal consequences of a NE can last in excess of 10 years.

National perspective - In the financial year 2015-16 there were 442 NEs with 179 being wrong site surgery, 107 being retained foreign body, 42 wrong site regional anaesthetic block and 40 being misplaced naso-gastric tubes.

In October 2016 an online consultation invited providers, commissioners, patient organisations, individual medical staff and nursing staff to comment on whether the Never Event framework adds value to the Serious Incident (SI) framework. Over 500 individuals and organisations have taken part and the themes that have been highlighted include the name “Never Event”, the punitive nature of financial sanctions, the disproportionate approach to Never Events which, although they have the potential to cause harm may not actually do so, compared to SIs which have actually caused harm and the weakness of the process in supporting learning from events. Generally the feeling is that NEs and SIs should be dealt with through the same framework and that more could be done to support learning from these incidents.

The list below indicates nationally the top five most frequently occurring NEs (1st January to 1st July

2016):

Wrong site surgery 85 (3 in YTH NHSFT)
Retained foreign object 60
Wrong implant/prosthesis 32
Wrong route administration 29 (1 in YTH NHSFT)
Misplaced oro/naso-gastric tubes 14.
Wrong site surgery included (n = 85):
Angiogram/plasty on wrong side (n = 2)
Axillary biopsy instead of chest wall biopsy
Central line into carotid artery
Cervical biopsy rather than rectal biopsy
Patient had procedure intended for another patient
VP shunt externalised to wrong side
Wrong side of leg
Wrong eye squint surgery
Wrong eye injection (n = 2), breast injection, heel injection, hip injection
Wrong finger or toe (n = 4)
Wrong hip aspiration
Wrong incision (n = 3)
Wrong patient (n = 5)
Wrong side axillary clearance
Wrong side knee arthroscopy
Wrong side pleural aspiration
Wrong sublingual sialadenectomy
Wrong sided surgical intervention
Wrong sided varicose vein surgery
Wrong site anaesthetic block (n = 19)
Wrong skin lesion removed (n = 7)
Wrong spinal level (x5)
Wrong tooth extraction (n = 21).
Retained foreign body included (n = 60):
Surgical swab (n = 8)
Vaginal swab (n = 17)
Throat pack (n = 2)
Surgical needle
Surgical drain
Stem protector
Specimen retrieval bag (n = 4)
Screw taps
Screw guide
Ribbon gauze
Piece of equipment – shoulder surgery
Part of PICC
Part of surgical forceps
Ophthalmology sponge
Ng tube stylet
K wire
Guidewires (vascath, urtherotomy catheter, PICC, chest drain, central line)
Foetal scalp electrode
Drill guide
Cotton bud
Corneal shield.
Retained foreign body included (n = 60):
Surgical swab (n = 8)
Vaginal swab (n = 17)
Throat pack (n = 2)
Surgical needle
Surgical drain

Stem protector
Specimen retrieval bag (n = 4)
Screw taps
Screw guide
Ribbon gauze
Piece of equipment – shoulder surgery
Part of PICC
Part of surgical forceps
Ophthalmology sponge
Ng tube stylet
K wire
Guidewires (vascath, urtherotomy catheter, PICC, chest drain, central line)
Foetal scalp electrode
Drill guide
Cotton bud
Corneal shield.
Wrong implant/prosthesis included (n = 32):
Hip (n = 3)
Knee (n =13)
Lens (n = 12)
Contraceptive implant (n = 3)
Wrong side fixation plate.

Regional perspective (December 2015-November 2016).

	North	South	London	Midlands/ East	Total
Wrong site surgery	**67**	47	26	41	181
Retained foreign object	**37**	32	25	29	123
Wrong implant/prosthesis	**18**	16	9	23	66
Wrong route admin	**11**	11	10	11	43
Misplaced oro/naso-gastric tube	**6**	3	17	6	32
Overdose insulin	**2**	1	1	2	6
Overdose methotrexate	**2**	1	0	2	5
Collapsible shower/curtain rail	**2**	0	0	2	4
Transfusion or transplantation	**0**	1	0	2	3
Scalding of patient	**0**	3	0	0	3
Fall from windows	**0**	1	1	0	2
Entrapment in bed rails	**1**	0	0	0	1
Strong potassium	**0**	0	0	1	1
TOTAL	**146**	116	89	119	470

North of England perspective (December 2015-November 2016).

	C&M	C & NE	GM	Lancs	**Y & H**	Total
Wrong site surgery	16	21	9	5	**16**	67
Retained foreign object	6	11	9	3	**8**	37
Wrong implant/prosthesis	5	3	2	5	**3**	18
Wrong route admin	1	3	2	0	**5**	11
Misplaced oro/naso-gastric tube	1	0	1	1	**3**	6
Overdose insulin	0	0	0	0	**2**	2
Overdose methotrexate	1	0	0	0	**1**	2

Collapsible shower/curtain rail	0	0	0	0	**2**	2
Entrapment in bed rails	0	0	1	0	**0**	1
	30	38	24	14	**40**	146

Cheshire & Merseyside (C&M), Cumbria & North East (C&NE), Greater Manchester (GM), Lancashire (Lancs), Yorkshire & Humber (Y&H).

Additional factors presented (including the Regulators perspective):

- the “Well-led” element of the regulatory framework will be under closer scrutiny than ever
- Duty of Candour enforcement actions are regularly occurring. The CQC has completed 55 reviews of which 18% have led to enforcement activity
- there needs to be continued development of the patient safety agenda and specifically a system devoted to continual learning and improvement of patient care
- Trusts must be able to demonstrate good track record in safety, including good governance systems.
- leadership and culture is important should reflect the vision and values of an organisation and encourage openness and transparency.

Common findings from investigations include:

- failure to follow procedure or policy
- under- or un- trained staff
- lack of effective mechanism to deal with spikes in demand or an unsafe level of patients (e.g. ED, Maternity Units)
- failure to follow Health & Safety guidance or actions from Patient Safety Alerts
- lack of or failure to update risk register
- failure to learn lessons, implement and monitor action plans from previous SIs
- Failure to “stop before you block”
- Failure to complete WHO checklist
- Swab count procedures not followed
- Surgery site not marked correctly
- Poor communication
- Documentation recording errors
- Protocols/policies/procedures not followed
- Environmental/System factors

Recommendations:

- human factors should be examined as part of all NE and SI investigations Recognise human factors in every event
- introduce suitable defences in our processes to protect from human error
- risk assessment and incident investigations should consider Human Factors
- organisations need to ensure they have a strong incident reporting culture
- staff investigating incidents need to have had training in incident investigation analysis and report writing
- ensure that lessons learnt does not stop at the writing of a report but that recommendations are implemented
- involvement of all clinical directorates in the Local Safety Standards for Invasive Procedures (LocSSIP’s) recommended actions
- involve staff, patients and carers in the incident investigation process

https://www.youtube.com/watch?v=IJfoLvLLoFo

3.2 Quality assurance visit to North Yorkshire Diabetic Eye Screening Programme

A quality assuance visit by Public Health England to North Yorkshire Diabetic Eye Screening Programme was held on 23rd february 2017. The visit was led by Dr Tasso Gazis, Consultant Physician at Nottingham University Hospital NHS Trust. The screening and immunisation service covering York, Harrogate and Scarborough was reviewed.

The informal feedback at the end of the visit was very favourable, highlighting good use of patients at the Programme Board and good use of training programmes. There were just a small number of issues for improvement and none of significant concern.

The Trust will receive a formal written report in due course.

4. Patient Experience

4.1 Briefing Note for Consultants & Directorate Managers – Duty of Candour

The Trust is obligated to provide documentary evidence of communication with patients after any incident which causes moderate or severe harm. This obligation has been in force since 2009 and since the Francis Report on Mid Staffordshire in 2013 this has become a NHS Standard Contract requirement known as Duty of Candour.

The Trust now has a legal obligation to fulfil this Duty of Candour and faces financial penalties or may face criminal charges if failing to uphold this Duty.

A recent internal audit of our compliance with Duty of Candour has demonstrated that, despite us all thinking that we are open and transparent, we do not comply on a number of points and that we are poor at evidencing compliance.

The responsibilities of clinicians with regard to Duty of Candour are summarised below:

What types of Incidents are included?
Any incident resulting in moderate or severe harm to a patient or death of a patient. “Harm” also includes significant psychological effects of an incident. This might be as a consequence of a recognised complication of surgery or of a procedure (i.e. radiological intervention) which is included in the consent document. Examples of this type might include – bile duct injury following cholecystectomy, infected arthroplasty, postoperative pulmonary embolism, amputation following failed vascular reconstruction. Equally the harm might be due to an error (wrong prescription or transfusion, toxic dose of local anaesthetic, wrong site surgery). It is the fact that harm or death results which means that the incident is covered by Duty of Candour.

Moderate harm includes incidents resulting in extended hospital stay.

What is not included?
Near misses and low level harm incidents

Challenges
Judgement is required to determine if “Duty of Candour” applies to a particular incident and any unintended or unexpected outcome even when there has been due to a mistake or negligence could potentially be included.

Ask the question “Has the incident resulted (or appear to have resulted) in harm or could it result in harm?”

Does that harm fall into one of the four categories of moderate, severe, prolonged psychological harm or death?

This does mean that unintended events or significant complications for which no-one is at fault would be included.

Moderate harm includes minor events which cause significant temporary harm.

Decisions involve a degree of judgment - a combination of awareness, training and experience over time. Often an independent third party is a better arbiter.

What are we expected to do

- Notify the patient or relatives in person that the incident has occurred and apologise verbally. Document this in the case notes and initiate a Datix incident report. This should be as soon as possible after the incident.
- Provide a true, clear account of all the facts known about the incident.
- Advise the patient of what further enquires and actions into the incident are planned.
- Provide support to the patient.
- Follow up with a written notification of the incident, an apology (defined as an expression of sorrow or regret) and the results of further enquires and actions. This should be as soon as is feasible and should not necessarily wait for completion of investigations as follow up/subsequent communication can be made. A template letter is available (Appendix A).
- Copies of correspondence (the completed template letter) should be attached to the electronic incident from.
- If the relevant person cannot be contacted in person or declines to speak to the health service body, any attempts to contact them must be documented in writing, and attached to the incident report (Datix) form.

Myths

The following statements have historically been used as an excuse not to be open and transparent:

- The patient shouldn't be told that something has gone wrong, just in case they decide to bring a claim.
- No one should say sorry, just in case it is seen as an admission of liability.
- Insurers and lawyers should be called in, just in case the words of an explanation lead to legal trouble further down the line.
- The NHS Litigation Authority has stated that "We have never and will never refuse cover on a claim because an apology has been given".

They have also stated that typically in the history of a claim the following sequence happens:

- Incident – failure to be open and honest – loss of trust – Complaint – blame culture takes hold – Claim results.
- Satisfying the statutory Duty of Candour interrupts the sequence at the start and should prevent complaints and subsequent claims.

Consequences of failure to comply

- If there is a failure to explain that a notifiable patient safety incident has occurred this could result in a criminal sanction for the Trust.
- Financial penalties including £10,000 fine or failure to pay for the episode of care

(whichever is the greater) per incident.
- Reputational damage.
- Increase in claims and complaints with resource and time consequences.

How do I know if an incident fits into this category?
If in doubt, discuss the incident with any/all of the following:

- Clinical Director
- Governance Lead
- Medical Director/Deputy Medical Director

What Next
Duty of Candour and this briefing note should be discussed at the Directorate Clinical Governance meetings (if not already done) and Directorate Governance leads and Directorate Managers are required to inform the Medical Directors Office of their arrangements for recording incidents which are covered by Duty of Candour.

5. Recommendations

Board of Directors are requested to:

- Consider the summary report on serious incidents
- Note the Patient Safety Conference date and draft agenda
- Consider the report from the Never Events Conference
- Note the quality assurance visit to North Yorkshire Diabetic Eye Screening Programme
- Note the Duty of Candour requirements.

Author	**Diane Palmer, Deputy Director of Patient Safety**
Owner	**Mr James Taylor, Medical Director**
Date	**March 2017**

APPENDIX A

York Teaching Hospital NHS
NHS Foundation Trust

Guidance letter template to support written notification following an incident resulting in moderate or severe harm.

Written notification should ideally be sent within 2 weeks of the incident. Where investigations are incomplete additional written information should be provided as the investigation progresses.

All letters must be personalised and tailored to the individual needs of the person receiving the letter. Where frequent updates are anticipated please agree the frequency of updates with the recipient.

PRIVATE AND CONFIDENTIAL
(insert date)
(insert name and address)

Dear

I am writing to you following the recent incident on __/__/__ whilst you were a patient on ……. *(insert ward/department or at home).*

I wish to express my sincere apologies that this occurred.

You may recall that you had a discussion with ……. *(insert name of member of staff who advised verbally of the incident)* who explained to you that *(insert the account that was originally given to the patient verbally). …* , also explained that the further enquires that would be carried out were *(set out what those enquiries were to be)* and outlined the actions we were taking to ensure that you were safe.

My purpose for writing to you today is to inform you of the actions we have taken since then and to reassure you that we will make every effort to prevent a similar incident occurring again.

(Complete the following as appropriate)

(If there has been any addition to or change in the understanding of the incident facts the Trust knows about then those should be set out making it clear they are additional or a change in the original information, likewise if the investigations to be carried out have been refined or expanded note the changes)

The immediate actions taken were…….

Our investigations are *(on going or complete).* The findings from our investigation *(so far)* are …….

(Once investigations are complete) The lessons learned from the incident investigation are……

(If investigations are not complete) I will update you with the results of the on going investigations on a *(regular/monthly)* basis. *(If there is a reason why investigations cannot be progressed say so e.g. a police investigation; if a timescale can be given for anticipated completion say so).*

If you do not wish to receive any further updates please let me know.

Equally importantly, if there is anything else you would like to bring to my attention in relation to this, then please do not hesitate to contact me. Meanwhile I hope this is helpful and clear and that whilst we are sorry that this happened to you, we will also ensure that actions are taken as a result.

Yours sincerely

Insert your name and designation

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Chief Nurse Report – March 2017

Action requested/recommendation

The Board is asked to note the Chief Nurse Report for March 2017.

Executive Summary

The Safer Staffing return for February 2017 is detailed in a separate paper and includes Care Hours per Patient Day, a new metric introduced in the Lord Carter Report.

Since November in York the monthly incidence of CDI has increased however looking at the overall picture there seems to be a direct correlation with the large number of influenza cases in that a significant number of the flu patients had serious secondary infections requiring treatment with antibiotics. However Commissioners, who attend PIR meetings have agreed no lapses in care in 50% of cases.

Patient Experience

The Trust continues to meet our target for 90% of patients to recommend the Trust. Response rates continue to be above national averages. This has been flagged to matrons and directorate FFT leads at PMM's

The Patient Experience Volunteer is currently being piloted within the Trust to provide an increased opportunity for patients to provide feedback or raises concerns when they were an in hospital. Plans continue to increase the number of volunteers across the Trust.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

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

Progress of Report	Quality & Safety Committee
Risk	Any risks are identified in the report.
Resource implications	No resource implications unless explicitly identified.
Owner	Beverley Geary, Chief Nurse
Author	Beverley Geary, Chief Nurse
Date of paper	March 2017
Version number	Version 2

Board of Directors – 29 March 2017

Chief Nurse Report – Quality of Care

1. Background

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

The nursing and midwifery strategy has four main focus areas:

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

2. Nurse Staffing

The adult inpatient vacancy position across the Trust at the end of January 2017 is as follows:

	Vacancies		Pending Starters		Unfilled Vacancies	
	RN	**Care Staff**	**RN**	**Care Staff**	**RN**	**Care Staff**
Bridlington	-0.33	7.63	0	3.8	-0.33	3.83
Community	5.81	3.79	1.2	2.53	4.61	1.26
Scarborough	52.61	3.68	11.6	7.4	38.01	-3.72
York	79.96	27.68	46.80	27.8	33.16	-0.12
Total	**138.05**	**42.78**	**59.6**	**41.53**	**75.45**	**1.25**

*position when all recruits' commence employment

Recruitment across the Nursing workforce continues across all grades. Attendance at recruitment fairs at York, Leeds and Hull universities has resulted in a September 2017 nursing graduates successfully applying for posts with the Trust. Interviews will be continuing during March 2017 with interviews also taking place at the recruitment market place on 25 March 2017. Further Care Staff recruitment has been scheduled throughout 2017.

The nursing dashboards by Trust and Site level are attached at Appendix 1.

The Safer Staffing return for February 2017 is detailed in a separate paper and includes Care Hours per Patient Day, a new metric introduced in the Lord Carter Report.

2.1 Infection prevention

Clostridium Difficile Infection (CDI)

Since November in York the monthly incidence of CDI has significantly increased however looking at the overall picture there seems to be a direct correlation with the large number of influenza cases in that a significant number of the flu patients had serious secondary infections requiring treatment with antibiotics. However Commissioners, who attend PIR meetings have agreed no lapses in care in 50% of cases.

Periods of Increased Incidence (PII) investigations on some wards has identified concerns in the

standards of environmental cleanliness. Escalation to Facilities Managers has facilitated re-training of Domestic Supervisors in infection prevention and use of UV light technology to enhance monitoring of cleanliness.

Facilities Managers have developed an action plan to address the risks identified from PII investigations, progress against this will be monitored at the Trust IPC operational group.

Incidence is as follows:

MRSA bacteraemia – **Trust attributed only**

MRSA bacteraemia – days since last case (on 21/03/2017)					
York		Scarborough		Community Sites	
Date of last case	Days since last case	Date of last case	Days since last case	Date of last case	Days since last case
29/12/16	82	26/08/16	207	07/10/16	165

MSSA bacteraemia – **Trust attributed only**

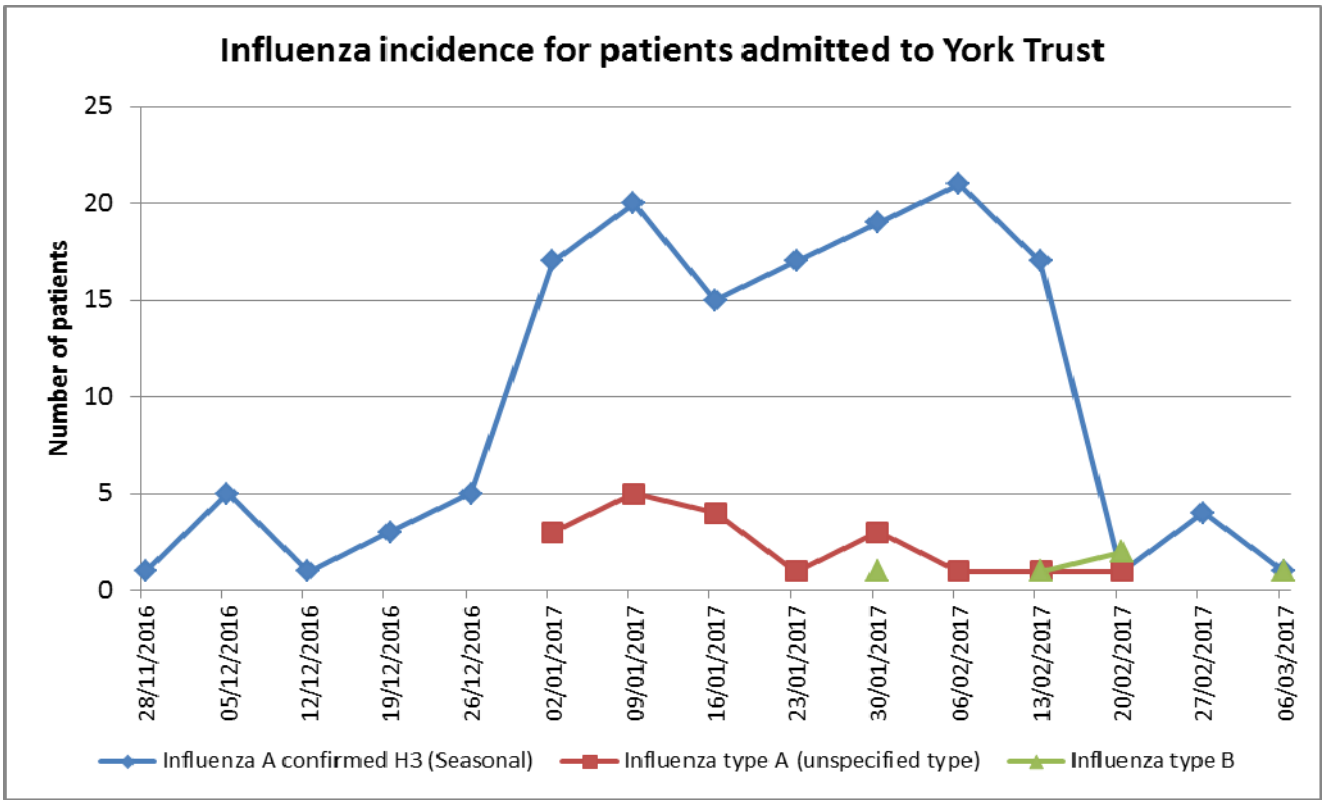
MSSA bacteraemia – days since last case (on 21/03/2017)					
York		Scarborough		Community Sites	
Date of last case	Days since last case	Date of last case	Days since last case	Date of last case	Days since last case
13/03/17	8	16/03/17	5	28/01/17	52

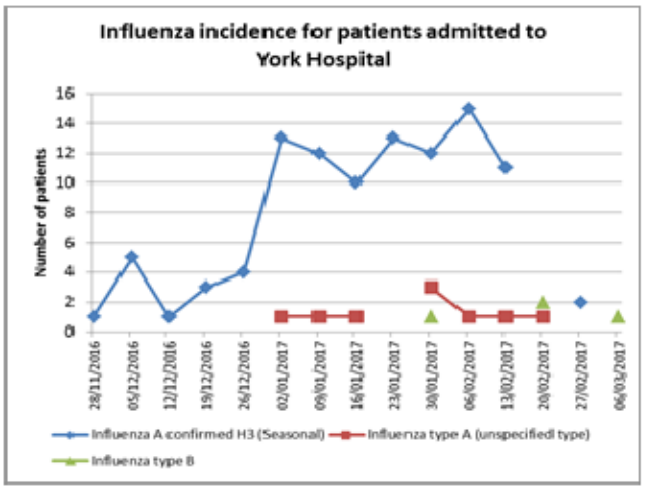
Clostridium difficile Infection (CDI) toxin positive cases – **Trust attributed only**

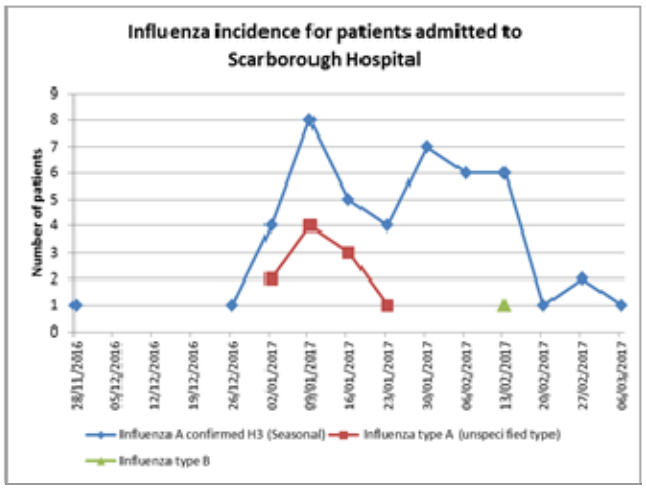
Clostridium difficile Trust attributed cases – days since last case (on 21/03/2017)					
York		Scarborough		Community Sites	
Date of last case	Days since last case	Date of last case	Days since last case	Date of last case	Days since last case
15/03/17	6	18/02/17	31	11/03/2017	10

CDI cases Cases attributed to Trust only	**Actual number** (**toxin positive only**)			**Accumulated total** (toxin positive)	**Total accumulated threshold**	**Cases with no lapse in care (no fine)**
	York	Scarborough[#]	Community*			
Apr-16	0	3	0	3	2	2 confirmed
May-16	1	0	0	4	5	1 confirmed
Jun-16	3	0	0	7	8	1 confirmed
Jul-16	3	0	0	10	11	3 confirmed
Aug-16	2	0	0	12	14	
Sept-16	0	0	1	13	17	1 confirmed
Oct-16	2	0	1	16	22	3 confirmed
Nov-16	1	1	0	18	27	1 confirmed
Dec-16	6	2	0	26	35	1 confirmed
Jan-17	6	3	1	36	40	3 confirmed
Feb-17	4	1	0	41	45	1 confirmed
Mar-17 to date	1	0	1	43	48	
Total to date	29	10	4	43		17

Influenza incidence York Trust 2016 to 2017







The hospital Infection prevention steering group (HIPSG) met recently and commissioned work into establishing potential isolation capacity for the organisation and a proactive deep clean programme. Options will be debated at future meetings and recommendation will be escalated to Board where appropriate.

3. Patient Experience

The new Policy and Procedure on Concerns and Complaints was implemented from 1 February 2017. The increased ownership of quality and timeliness by directorates is being supported by the Patient Experience Team through new Datix dashboards. Each directorate has a dashboard showing live data on current open complaints/concerns and themes and trends by subject and month. There has been an improvement in the number of complainants receiving a call from the investigating officer within five days of the complaint being received. Currently the input from the Chief Nurse Team has increased as they are holding directorates to account for the agreed standards. It is anticipated that this will reduce over coming months as learning is embedded.

The Patient Experience Team have piloted a complaints audit process this month. Seven closed complaints cases have been audited for compliance with the Trust policy and procedure and to follow up on whether agreed action plans were completed. At this early stage the learning is mainly for the Patient Experience Team around how to improve data quality.

3.1 PALS

The refurbishment of the York PALS office is now complete with a large display board, clearly visible on the main corridor, introducing the team, the kinds of things they can help with and examples of 'you said, we did'.

3.2 Night Owl Initiative

The initiative to reduce noise at night began a number of months ago has been widely publicised. Almost all wards across the organisation have signed up, with Matrons leading. However, patient feedback suggests that there is more work to do to raise awareness with frontline staff, particularly night staff. The Patient Experience Steering Group are challenging frontline areas to increase engagement with the initiative.

3.3 Bereavement Services Feedback

The Lead Nurse for End of Life Care has completed a Bereavement Services Feedback Audit. 442 questionnaires were sent out and 80 responses received (18% response rate). The results showed much praise for the service, highlighting the excellent human approach from staff.

Suggestions for improvement were to provide more web links in the bereavement booklet and to add a map to the registry office; for bereavement services to open 7 days a week and to have the bereavement booklet earlier in the end of life experience. A small number of comments related to limited access to a quiet space to discuss difficult conversations on the ward, delays in answering the phone, and two reports of how distressing it was to have to wait for the medical death certificate due to medical staff not being available. The feedback has been shared with matrons to cascade to ward teams and the improvements to the bereavement book are being made.

4. Volunteers

Cohort recruitment is now in place and applications were open during January 2017. All applications are being managed through the Trust's TRAC recruitment system, which should make the process more efficient and timely. 48 applications were received and 43 potential volunteers were invited to interviews in February and March.

A media focus on the new Dementia Activity role during February meant that 14 applications for this role were received. Two bespoke full day training sessions for these new volunteers are being held in March (Scarborough) and April (York). These new volunteers will then be supported on the wards, following their training, by the new Dementia Champions.

A new role of patient experience volunteer has been introduced to support the team to increase the voice of patients, carers and their families within the Trust by promoting opportunities for people to give their feedback and was developed following the action planning workshop from the National Inpatient Survey. One area for improvement for the Trust was to improve the opportunities for patients to feedback or know how to raise a concern when they were in hospital. The sisters and matrons present suggested that volunteers could make a difference in this respect. The patient experience volunteer role was therefore developed.

Having attended a number of Trust courses including Introduction to Coaching, Having Effective Conversations and Sage and Thyme, an existing volunteer agreed to pilot the role, for three months within AMU at York Hospital under the supervision of the ward deputy sister. The PE volunteer visited AMU on various days and times during the three months period. Learning showed that patients were

most willing to talk when Sister and ward staff informed patients on the day that the PE volunteer would be on the ward.
Patients' feedback was given to Sister at the end of each visit to highlight what patients were saying. This was done in a supportive way that enabled Sister and ward staff the opportunity to understand the feedback and act on it where required. Feedback from the volunteer is shared widely during team huddles and staff meetings. The role is not intended to deal with concerns or complaints that ward staff or PALS would be involved in but to give new opportunities for patients to feedback their experience. If necessary, the volunteer is aware of how to link into PALS or complaints.

5. Recommendation

The Board is asked to note the Chief Nurse Report for March 2017.

Author	**Beverley Geary, Chief Nurse**
Owner	**Beverley Geary, Chief Nurse**
Date	**March 2017**

APPENDIX 1

Nursing Dashboard - York

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	March	April	May	June	July	August	September	October	November	December	January	February
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				4	2	1	3	3	2	4	4	4	3	7	1
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				1	2	0	1	0	0	0	0	0	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				3	0	0	2	2	2	3	3	3	2	4	0
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	1	0	0	0	1	1	1	1	3	1
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	1	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				21	9	12	20	10	8	9	6	14	9	13	15
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	1	0	1	0	1	0	0	0	1	1	1
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%			96.44%	95.30%	97.50%	95.59%	95.14%	97.71%	96.66%	96.52%	96.85%	96.90%	94.58%	96.30%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS				2	5	4	3	6	1	7	1	7	4	6	7
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				8	9	6	8	3	5	5	6	4	10	7	6
	Drug Errors	Drug Errors (inpatient wards only)		Datix								54	72	62	95	90	106	121	112
	NEWS	Compliance with NEWs (inpatient wards only)		Signal				77.64%	79.455	79.76%	80.62%	80.33%	80.40%	77.31%	77.88%	77.79%	80.10%	78.78%	84.49%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				1	6	0	0	0	0	0	0	1	2	0	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	1	1	2	1	1	1	2	0	0	2	1
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team				86.14	70.2	74.63	67.66	71.16	78.07	73.81	51.9	60.92	53.54	68.28	79.96
		Inpatient area vacancies - HCA	Number	CN Team				34.83	24.8	41.43	37.9	30.11	41.3	47.8	53.07	35.63	42.17	26.86	27.68
	Sickness	Sickness (In Patient Areas)	%	Workforce Info				3.56%	4.27%	3.96%	3.55%	3.74%	3.51%	3.46%	4.32%	4.69%	3.97%	4.24%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				3.30%	3.34%	3.45%	3.21%	3.09%	3.60%	3.28%	3.18%	3.04%	3.20%	3.46%	3.59%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info								62.51%	61.67%	67.19%	67%	70.03%	70.53%	69.01%	65.28%
		Healthcare Assistants (Ward Areas)	%	Workforce Info								71.58%	69.10%	75.29%	74.68%	77.72%	78.54%	74.09%	73.67%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			86.9%	89.55%	86.30%	88.00%	87.90%	85.30%	89.80%	91.00%	93.70%	92.40%	93.30%	93.80%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			95.1%	96.43%	95.90%	102.30%	96%	96.90%	106.10%	98%	98.30%	97.30%	99.50%	96.40%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			93.1%	98.06%	102.10%	95.60%	105.10%	105%	96.20%	107.30%	110.30%	108.30%	104.80%	106.70%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			104.3%	106.28%	106.50%	113.30%	113.20%	112.20%	115.80%	114.80%	119.50%	113.70%	118.80%	118.60%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return						4.9	4.9	5.1	5	4.1	4	3.7	3.8	3.7	3.8
		Healthcare Assistants		Safer Staffing Return						2.6	2.7	3.0	3	3.1	2.9	2.8	2.8	2.6	2.7
		Total		Safer Staffing Return						7.5	7.6	8.1	8.0	7.3	6.9	6.5	6.6	6.3	6.5
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				38.1	41.70%	42.80%	38.20%	43.20%	39%	40.30%	39.40%	43.10%	40.80%	42.10%	43.50%
	Agency Fill Rate	Fill Rate	%	Workforce Info				36.8	30.40%	33.40%	37.80%	36.10%	37.40%	40.60%	43.30%	41.40%	39.60%	37.10%	39.10%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0		4	0	1	0	1	0	0	0	1	0	1	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%			74.41%	71.79%	6.59%	64.80%	61.41%	57.78%	52.17%	53.74%	78.70%	73.48%	66.83%	62.11%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			78.53%	79.41%	82.29%	80.49%	81.76%	81.20%	79.34%	78.63%	58.65%	59.31%	77.57%	78.44%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48		4	1	0	1	3	3	2	0	2	1	6	5	4
	MSSA	MSSA Bacteraemia	Cummulative	IC Team			27	3	4	1	2	1	4	0	7	0	2	3	3
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			45	6	2	3	4	4	9	6	1	4	4	4	4
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance				6	7	8	12	4	6	4	1	8	6	14	8
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance				0	0	0	0	3	5	4	1	7	5	10	3
	Never Events	Never Events declared	Number	Datix - Healthcare Governance				0	1	0	1	0	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	March	April	May	June	July	August	September	October	November	December	January	February
Patient Experience	Friends and Family	Inpatient Friends & Family Test	%Recommend	Signal				95.48	96.46%	96.92%	96.06%	96.30%	95.75%	95.88%	95.88%	95.60%	95.62%	95.17%	
			%Not Recommend	Signal				1.34	1.04%	0.73%	1.45%	0.90%	1.11%	1.26%	1.26%	1.43%	1.34%	1.18%	
		A&E Friends and Family Test	% Recommend	Signal				83.83	78.93%	80.98%	81.44%	86.48%	88.04%	83.52%	83.52%	84.64%	84.32%	84.90%	
			% Not Recommend	Signal				10.92	12.86%	11.63%	11.68%	8.16%	7.12%	9.74%	9.74%	10%	10.45%	9.38%	
		Maternity (Ante Natal)	% Recommend	Signal				91.00	100.00	95%	97.56%	98.18%	100%	100%	100%	98.70%	96.29%	93%	
			% Not Recommend	Signal				0.02	0.00	0%	0%	0	0%	0%	0%	0%	1.85%	0%	
		Birth	% Recommend	Signal				100.00	100.00	99%	99.11%	100.00%	97.27%	100%	100%	96.93%	97.54%	99%	
			% Not Recommend	Signal				0.00	0.00	0%	0.88%	0%	0%	0%	0%	0.61%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal				99.00	100.00	98%	100%	99.10%	97.89%	100%	100%	97.67%	100%	95%	
			% Not Recommend	Signal				0.00	0.00	0%	0%	0%	1.05%	0%	0%	0%	0%	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team				28	23	20	12	17	15	21	19	13	17	26	15
		Staff Attitude	Number	PE Team				3	3	2	1	3	5	1	0	1	4	2	2
		Patient Care	Number	PE Team				3	1	4	2	2	2	0	2	3	1	5	5
		Communication	Number	PE Team				5	3	1	3	2	1	2	4	0	3	2	0

Assistant Director Narrative - Michael Shanaghey

• Pressure ulcers – no category 3 or 4 PU's reported since June 2016 on safety thermometer and no grade 2's (last time zero reported was May 2016)
• Safety thermometer – increase in harm free care reported in February 2017 to 96.3%
• Falls – Increase of 2 reported in comparison to January safety thermometer data and 1 with harm. 0 SI's declared in February (4 January) in relation to falls. Areas of high risk have been creating bespoke action plan in falls prevention and management.
• Critical missed meds/Drug errors – decrease in number of reported drug incidents and missed meds during February 2017. New nursing medicine error standard operating procedure ratified for use in February 2017; this will support robust and consistent error management.
• NEWS – Improved in February 2017 (84.49%); greatest compliance since March 2016
• CAUTI –trial of new documentation commenced on AMU/B, Ward 33 and 34 to measure indication for catheter insertion, on-going care and daily assessment of need. Nurse training now 100%; issues around compliance with documentation however, actions taken to address and audit on-going.
• Vacancies – recruitment on-going across the site with particular focus on areas of concern. Staffing risk assessments completed and directorate risk registers updated
• Appraisal – Matron's managing compliance directly with ward/department managers and actions in place to address.
• Fill rates – unqualified fill rates continue to be in excess of 100%. This is attributed to reduced RN fill rates, acuity/dependency and enhanced supervision requests.
• Cdiff – 4 Cdiff reported in February (5 in January).
• Clinical incidents (3) /SI (8)- 2 x 12 hour breaches, 1 x diagnostic failure
• 5 x pressure ulcers – 4 x G3 & 1 x G4 (ward 28/currently being investigated)

• Complaints – 42% reduction in complaints from January 2017

Nursing Dashboard - Scarborough

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	March	April	May	June	July	August	September	October	November	December	January	February
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			7	2	4	2	1	1	2	4	4	3	3	0
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	1	0	0	0	0	0	0	0	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			5	1	2	0	1	0	0	3	3	2	3	0
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			2	1	1	2	0	1	0	1	1	1	0	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	1	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			6	7	10	4	7	9	15	7	18	15	13	10
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			0	0	0	0	1	1	2	0	0	1	0	1
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%		91.67%	93.29%	95.58%	94.52%	94.31%	95.07%	90.94%	93.23%	92.64%	94.22%	94.17%	92.56%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			6	7	4	11	17	15	10	11	7	4	10	9
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			3	8	4	3	5	10	11	7	12	8	11	8
	Drug Errors	Drug Errors (inpatient wards only)		Datix							23	44	25	27	33	34	26	40
	NEWS	Compliance with NEWs (inpatient wards only)		Signal			81.73%	83.66%	85.70%	85.54%	85.45%	85.21%	85.53%	84.78%	90.80%	90.60%	83.46%	83.47%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			2	0	0	0	0	0	0	2	1	0	0	1
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	1	0	1	1	1	0	1	0	2	1	1
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			4	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			41.67	38.59	38.4	40.27	50.71	49.63	43.01	37.86	42.06	40.46	47.84	52.61
		Inpatient area vacancies - HCA	Number	CN Team			4.24	7.88	7.94	10.28	10.14	13.06	17.8	16.7	10.03	6.84	8.98	3.68
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			3.43%	4.11%	3.47%	3.88%	4.83%	4.75%	4.54%	4.72%	4.57%	4.92%	5.27%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info			2.36%	2.32%	2.71%	2.23%	2.39%	2.21%	1.92%	1.60%	2.10%	2.21%	2.77%	3.16%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info						59.69%	64.12%	63.42%	66.97%	63.91%	68.28%	70.13%	71.10%	72.85%
		Healthcare Assistants (Ward Areas)	%	Workforce Info						45.52%	56.31%	57.24%	59.88%	69.90%	65.10%	81.73%	64.91%	69.81%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		80.8%	85.27%	86.20%	85.00%	82%	82.10%	86%	88.70%	90.40%	89.50%	86%	83.30%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		88.2%	89.92%	89.70%	96.20%	92.90%	94%	98.20%	95.10%	99.10%	96.30%	93.50%	91.10%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		100.5%	99.61%	99.90%	91.60%	100.20%	97.00%	93.40%	97.10%	102.40%	100.10%	98%	99.20%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		114.0%	115.87%	111.70%	108.60%	111%	108.10%	118.60%	110.10%	114.80%	109%	104.30%	102.80%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return					5.1	4.6	4.9	5.3	3.9	3.9	4	4.1	3.8	3.7
		Healthcare Assistants		Safer Staffing Return					2.6	2.4	2.7	2.7	2.8	2.7	2.8	2.8	2.6	2.7
		Total		Safer Staffing Return					7.7	7.0	7.6	8.0	6.6	6.6	6.8	6.9	6.4	6.4
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info			58.60%	61.90%	74.90%	63.10%	58.80%	55.50%	59.90%	57.30%	59.20%	57%	66%	62.30%
	Agency Fill Rate	Fill Rate	%	Workforce Info			12.40%	10%	5.90%	8.30%	14.40%	19.30%	14.80%	18.20%	18.20%	16.40%	13.60%	14.70%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	3	0	0	0	0	0	2	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%		50.56%	45.71%	34.69%	37.17%	36.69%	43.26%	38.51%	42.37%	44.23%	42.98%	42.86%	40.20%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		84.13%	87.62%	86.51%	75.82%	88.99%	89.34%	88.08%	90.12%	82.52%	78.46%	87.50%	88.95%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48	16	1	2	0	0	0	0	0	0	3	2	3	1
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	<30	14	0	4	0	0	1	2	0	1	1	0	1	4
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team		38	1	1	2	3	4	4	2	2	1	1	5	1
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			12	7	0	11	1	3	1	6	4	1	10	7
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance			0	0	0	0	1	3	0	2	4	3	7	5
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	March	April	May	June	July	August	September	October	November	December	January	February
		Metric	**Measure**	**Data Source**	**Trajectory**	**Mar**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**
Patient Experience	**Friends and Family Test**	Inpatient Friends and Family Test	%Recommend	Signal			96.45	98.02%	96.35%	96.88%	97.56	98.96%	97.94%	97.40%	97.55%	97.51%	98.23%	
			%Not Recommend	Signal			1.62	0.46%	0.42%	0.66%	0.98%	0.78%	0.74%	0.78%	0.53%	0.52%	0.18%	
		A&E Friends and Family Test	% Recommend	Signal			65.25	80.74%	81.63%	78.26%	71.43%	75.52%	75.97%	78.20%	66.06%	84.62%	80.82%	
			% Not Recommend	Signal			24.11	11.85%	8.84%	13.91%	21.14%	19.27%	17.53%	17.29%	17.43%	7.69%	10.96%	
		Maternity (Ante Natal)	% Recommend	Signal			100.00	100.00	96%	100%	95.45%	100%	97.44%	98.65%	99.17%	96%	96%	
			% Not Recommend	Signal			0.00	0.00	0%	0%	0%	0%	0%	0.00%	0.00%	0%	0%	
		Birth	% Recommend	Signal			92.30	100.00	99%	100%	96.55%	100%	97.96%	99.09%	98.54%	100%	92%	
			% Not Recommend	Signal			0.00	0.00	1%	0%	0%	0%	0%	0.00%	0.00%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal			100.00	100.00	100%	100%	100%	100%	100%	97.80%	96.95%	100%	98%	
			% Not Recommend	Signal			0.00	0.00	0%	0%	0%	0%	0%	0.00%	0.00%	0%	1.96%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team			7	4	2	3	5	12	8	10	14	17	10	9
		Staff Attitude	Number	PE Team			0	0	0	2	1	1	1	1	1	4	1	2
		Patient Care	Number	PE Team			2	0	1	0	2	1	1	1	1	2	3	2
		Communication	Number	PE Team			2	1	1	0	2	0	3	1	1	3	0	0

Assistant Director Narrative - Emma George

The unqualified fill rate is 102% for the night shift , this is due to enhanced supervision requirements.
Safety thermometer overall is 92.56% , this is due to missed medications , the ADN has identified the clinical areas where this is a concern at the weekly one to one with Matron and also correlating it with the omitted drugs in the medicine management incidents that are reported on a monthly basis.
Action plans are being developed for wards or departments that have been identified on both as a concern , these are Lilac ward and Aspen

Nursing Dashboard - Bridlington

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	CummTotal	March	April	May	June	July	August	September	October	November	December	January	February
	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				2	0	2	0	1	0	0	0	0	3	0	1
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	3	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				2	0	2	0	1	0	0	0	0	0	0	1
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				2	3	0	1	0	0	0	0	0	0	1	0
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	0	0	0	0	0	0	0	0	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%			85.11%	94.64%	90.00%	90.63%	82.31%	81.82%	91.84%	92.11%	100%	87.50%	90.57%	88.46%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS				1	0	0	0	1	1	1	1	7	4	3	1
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				1	0	3	0	0	3	0	0	1	0	4	0
	Drug Errors	Drug Errors (inpatient wards only)		Datix								2	0	0	1	2	1	4	4
	NEWS	Compliance with NEWs (inpatient wards only)		Signal				86.95%	0.89559566	93.04%	91.50%	92.96%	92.09%	92.88%	91.21%	91.80%	93%	90.77%	82.55%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				1	1	0	0	0	0	0	0	0	0	0	1
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team				11.68	5.78	7.4	7.4	5	5	5	7	6.15	7.36	5.33	-0.33
		Inpatient area vacancies - HCA	Number	CN Team				3.3	1.68	3.44	1.5	2.44	0.7	4.84	5.6	4.19	6.5	8.43	7.63
	Sickness (In Patient Areas)	Sickness	%	Workforce Info				7.89%	10.89%	14.40%	16.33%	15.49%	13.40%	15.55%	12.58%	10.15%	8.61%	12.24%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				0.95%	0.95%	0.95%	0.95%	0.72%	0	1.43%	1.56%	2.69%	3.48%	3.46%	3.46%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info							64.88%	65.37%	66.92%	53.66%	57.16%	67.71%	76.19%	79.76%	77.68%
		Healthcare Assistants (Ward Areas)	%	Workforce Info							62.36%	60.67%	63.85%	52.78%	70.83%	81.73%	96.15%	95.83%	95.83%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			90.3%	93.42%	88.90%	95.10%	85.00%	89%	83.10%	97.90%	80.50%	78.60%	89.20%	85.20%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			76.6%	84.69%	79.40%	84.20%	87.50%	75.30%	92.10%	74.40%	63.60%	88.10%	76%	79.90%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			88.9%	93.82%	85.80%	72.70%	72.30%	87.20%	64.50%	84.90%	93.10%	88.10%	93.80%	84.30%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			140.3%	150.00%	133.90%	143.30%	159.70%	138.70%	191.70%	132.30%	201.70%	204.80%	164.50%	158.90%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return						9.1	8.1	7.8	6.7	3.5	3.4	3.4	3.6	3.1	3
		Healthcare Assistants		Safer Staffing Return						4.0	3.5	4.1	3.7	3.9	3.7	3.9	4.1	3	2.9
		Total		Safer Staffing Return						13.1	11.6	11.9	10.4	7.5	7.1	7.3	7.7	6.2	5.6
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				83.30%	80%	84.70%	76.30%	78.40%	84.80%	85.50%	82.20%	84.20%	74.90%	74.20%	82.60%
	Agency Fill Rate	Fill Rate	%	Workforce Info				2.00%	1.90%	0.80%	2.90%	1.80%	1.60%	0.60%	0.30%	1.70%	5.80%	9.40%	4.20%
Infection Prevention	MRSA	MRSA Bacteraemia	Accumulated number of patients	IC Team	0	Green	3	0	0	0	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%			80.92%	75.92%	95.20%	97.32%	97.10%	100%	97.99%	99.34%	97.56%	97.66%	100.00%	67.89%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			66.67%	100%	100%	100%	99.28%	--	100%	100%	100%	100%	100%	75%
	C.Difficile	C DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	48	Green	3	0	1	0	0	0	0	0	0	1	0	0	0
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	<30	Red	0	0	1	1	0	0	0	0	0	1	0	0	0
	E-Coli	E-Coli Bacteraemia	Accumulated number of patients	IC Team			4	0	0	0	1	0	0	0	1	0	0	0	0
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - healthcare governance				0	0	0	3	0	0	1	0	0	0	1	0
	Critical Incidents	CI's reported	Number	Datix - healthcare governance				0	0	0	0	0	1	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - healthcare governance				0	0	0	0	0	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trajectory	RAG	CummTotal	March	April	May	June	July	August	September	October	November	December	January	February
		Metric	**Measure**	**Data Source**	**Trajectory**	**RAG**	**Cum.Total**	**March**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**	**January**	**February**
Patient Experience	**Friends and Family**	Inpatient Friends and Family Test	%Recommend	Signal				98.40%	97.54%	97.23%	98.31%	96.57%	98.32%	98.74%	98.74%	98.90%	99.73%	100%	
			%Not Recommend	Signal				0.00	0.62%	0.79%	0%	0%	0%	0.32%	0.32%	0%	0%	0%	
		A&E Friends and Family Test	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
		Maternity (Ante Natal)	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
		Birth	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
		Maternity (Post Natal)	% Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
			% Not Recommend	Signal				--	--	--	--	--	--	--	--	--	--	--	--
	Complaints	Complaints Total	Number	PE Team				0	0	0	0	0	1	1	0	2	0	2	0
		Staff Attitude	Number	PE Team				0	0	0	0	0	1	0	0	0	0	0	0
		Patient Care	Number	PE Team				0	0	0	0	0	0	0	0	1	0	1	0
		Communication	Number	PE Team				0	0	0	0	0	0	0	0	0	0	0	0

Assistant Director Narrative - Emma George

The unqualified fill rate is 158.90% and the RN fill rate is 79.90% this is due to changes on waters ward, the ward has increased to 24 beds due to winter bed pressures so the HCA demand has increased, Lloyd ward have a decreased number of RN s required when patient numbers drop and there are no theatre lists

Nursing Dashboard - Trustwide

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year	March	April	May	June	July	August	September	October	November	December	January	February
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - New PU				21	8	17	16	13	9	15	17	17	20	18	9
		Cat 4	No. of Patients (PP)	Safety Thermometer - New PU				0	1	1	1	1	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - New PU				1	2	3	4	1	1	2	3	3	2	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - New PU				17	3	10	4	6	4	11	7	7	11	10	5
		Unstageable	No. of Patients (PP)	Safety Thermometer - New PU				3	2	3	7	5	4	1	7	7	7	8	4
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - New PU				0	0	0	0	0	0	1	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				35	21	31	32	27	20	28	23	40	28	31	36
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				0	1	0	1	1	2	3	0	0	1	1	4
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer -CQUIN HARM FREE %	95%	Red		94.13	95.52	95.33%	95.33%	94.31%	95.07%	94.71%	95.15%	95.27%	95.33%	94.90%	94.45%
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - UTI - NEW UTI				19	19	19	14	17	17	15	19	34	18	26	17
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				14	21	16	13	8	18	17	15	19	20	23	17
	Drug Errors			Datix								89	135	101	133	138	152	159	168
	NEWS			Signal				85.20%	86.80%	87.60%	87.40%	87.70%	87.80%	88.10%	87.90%	87.90%	87%	86.30%	86.72%
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				6	8	1	0	0	0	0	2	2	5	1	2
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				1	2	1	3	2	2	1	3	0	4	3	2
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type				4	0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN (month end)	Number	CN Team				147.27	120.72	133.76	130.35	142.28	149.99	141.91	105.5	117.26	109.42	125.88	138.05
		Inpatient area vacancies - HCA (month end)	Number	CN Team				34.83	54.54	59.11	56.82	47.56	62.63	80.38	75.65	59.37	59.86	47.56	42.78
	Turnover	Registered Nurses	%	Workforce Info				15.04%	11.10%	11.32%	11.03%	10.62%	10.63%	10.70%	10.03%	9.77%	9.91%	9.65%	11.07%
		Healthcare Assistants	%	Workforce Info				12.81%	9.26%	9.22%	9.80%	10.36%	8.19%	9.84%	8.22%	8.31%	7.55%	7.40%	7.11%
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				4.31%	3.87%	3.89%	3.79%	3.84%	3.73%	5.01%	4.40%	4.15%	4.52%	4.76%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				2.56%	2.70%	2.84%	2.95%	2.90%	2.78%	2.84%	2.65%	2.75%	2.89%	2.82%	2.79%
	Appraisals	Registered Nurses	%	Workforce Info		75%					66.10%	68.64%	70.95%	70.99%	71.53%	73.33%	73.88%	71.16%	74.50%
		Healthcare Assistants	%	Workforce Info		75%					67.79%	69.31%	72.11%	71.63%	71.27%	75.34%	77.45%	77.93%	78.49%
	Safer Staffing Return	**Qualified** Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green		88.80%	91.74%	92.80%	93.70%	90.19%	90.30%	91.32%	94.04%	92.44%	91.67%	92.72%	91.11%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Red		91.60%	87.89%	92.00%	97.80%	89.05%	84.50%	97.01%	94.42%	94.38%	91.91%	93.91%	93.46%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green		97.84%	97.02%	97.80%	94.10%	99.94%	98.90%	91.19%	99.23%	101.53%	99.77%	98.33%	99.86%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red		108.48%	119.50%	111.50%	108.20%	118.64%	122.00%	117.34%	108.50%	121.58%	115.22%	114.98%	116.74%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return						5.4	5.1	5.1	4.8	3.01	3.12	3	3.2	2.9	2.9
		Healthcare Assistants		Safer Staffing Return						3.0	2.9	3.1	3.1	2.9	3.01	3	3.1	2.7	2.8
		Total		Safer Staffing Return						8.4	8.0	8.2	7.9	5.91	6.14	6	6.3	5.6	5.6
	Bank & Agency	**Overall** Fill Rate	%	Workforce Info				74.67%	73.19%	78.55%	75.92%	78.33%	77.41%	79.86%	81.33%	83.19%	78.18%	80.36%	82.02%
		Bank Fill Rate RN	%	Workforce Info				34.71%	45.41%	50.67%	46.18%	46.74%	40.97%	47.60%	46.28%	51.94%	48.66%	50.10%	49.13%
		Bank Fill Rate HCA	%	Workforce Info				60.18%	58.63%	60.76%	53.75%	56.69%	56.79%	51.78%	51.35%	51.77%	49.97%	54.60%	56.25%
		Bank - RN Hours filled	Number of Hours	Workforce Info				15,115	14,122	15,569	14,186	15,273	14,845	15,194	15,047	15,949	14,515	17,553	17,082
		Bank - HCA Hours filled	Number of Hours	Workforce Info				15,494	14,286	14,273	14,395	16,829	17,562	16,872	16,282	17,649	16,815	17,437	18,178
		Agency Fill Rate RN	%	Workforce Info				31.09%	23.05%	22.48%	25.47%	26.47%	29.55%	30.82%	33.90%	31.24%	29.52%	28.31%	30.98%
		Agency Fill Rate HCA	%	Workforce Info				20.17%	20.61%	24.84%	27.07%	27.26%	28.71%	29.49%	31.16%	31.02%	30.13%	27.91%	27.92%
		Agency - RN Hours filled	Number of Hours	Workforce Info				11,824	7,168	6,908	7,823	8651	10,706	9,840	11,023	9,594	8,804	9,917	10,772
		Agency - HCA Hours filled	Number of Hours	Workforce Info				5,193	5,022	5,835	7,250	8,078	8,878	9,609	9,882	10,576	10,137	8,914	8,990
Stat & Mand Training	Statutory & Mandatory Training	Statutory Training		CLAD	75%			83%	78.95%	85%	85.62%	84.23%	75.54%	69.78%	70.21%	84.35%	69.84%	59.72%	84.73%
		Mandatory Traiing		CLAD	75%			80%	77.69%	83.60%	85.18%	84.23%	78.94%	78.61%	79.24%	83.75%	77.79%	73.12%	85.11%

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year	March	April	May	June	July	August	September	October	November	December	January	February
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	Red	7.00	0	1	0	1	0	2	0	2	0	1	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%	Red		73.81	68.21	62.96	64.24	62.52	63.89	58.77%	61.75%	82.48%	78.51%	71.77%	67.89%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%	Red		80.28	82.21	83.7	78.91	84.19	83.88	82.29%	82.62%	65.89%	64.81%	81.11%	82.01%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team		Green	41.00	3	3	1	3	3	2	1	3	2	8	10	5
	MSSA	MSSA Bacteraemia	Cummulative	IC Team		Red	48.00	3	9	2	2	2	5	0	8	4	5	5	6
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			80.00	7	5	5	9	6	14	10	4	5	5	9	8
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Amber		97%	95%	93%	94%	95%	93%	94%	94%	94%	93%	94%	95%
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Goverance Team				21	17	12	31	15	17	12	9	18	14	28	18
	Critical Incidents	CI's reported	Number	Datix - Healthcare Goverance Team				0	0	0	0	6	5	4	3	11	7	17	10
	Never Events	Never Events declared	Number	Datix - Healthcare Goverance Team				0	1	0	1	1	1	0	0	0	0	0	0
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.19%	98.89%	96.92%	96.47%	96.52%	96.53%	96.70%	96.70%	96.21%	96.79%	96.51%	
			%Not Recommend	Signal				1.20%	0.83%	0.73%	1.13%	0.89%	0.93%	1.03%	1.03%	1.15%	0.97%	0.79%	
		A&E Friends and Family Test	% Recommend	Signal				80.86%	79.21%	81.09%	80397%	83.84%	85.58%	82.76%	83.52%	81.61%	84.37%	84.25%	
			% Not Recommend	Signal				13.02%	12.70%	11.16%	12.01%	10.44%	9.51%	10.81%	9.74%	11.21%	10.02%	9.63%	
		Maternity (Ante Natal)	% Recommend	Signal				95.65%	100%	95.35%	98.37%	97..4%	100%	98.65%	98.65%	99.17%	96.12%	94.45%	
			% Not Recommend	Signal				1.09%	0%	0%	0%	0%	0%	0%	0%	0%	0%	1.82%	
		Labour & Birth	% Recommend	Signal				95.65%	100%	98.99%	99.33%	99.30%	97.89%	99.09%	99.09%	98.54%	98.34%	97.56%	
			% Not Recommend	Signal				4.35%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal				99.15%	96.43%	97.16%	100%	99.26%	98.32%	97.80%	97.80%	96.95%	98.21%	99.11%	
			% Not Recommend	Signal				0%	0%	0.57%	0%	0%	0.84%	0%	0%	0%	0%	0%	
		Community Post Natal	% Recommend	Signal				94.85%	100%	99.15%	99.12%	98.81%	97.44%	100%	100%	98.18%	100%	97.17%	
			% Not Recommend	Signal				1.03%	0%	0%	0%	1.19%	1.71%	0%	0	0%	0%	0%	
	Complaints	Complaints Total	Number	PE Team				36	27	30	33	26	28	33	31	30	26	39	27
		Staff Attitude	Number	PE Team				3	3	2	4	4	1	2	1	2	4	3	5
		Patient Care	Number	PE Team				5	1	5	2	4	7	1	3	5	2	9	8
		Communication	Number	PE Team				8	4	2	3	4	3	5	5	1	4	2	0

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Safe Nurse and Midwifery Staffing Report

Action requested/recommendation

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

Executive Summary

The Trust continues to submit to NHS Choices, actual against planned staffing data for day and night duty in hours and by ward. A detailed breakdown for February 2017 staffing levels is contained within the main report.

Recruitment across the Nursing workforce continues across all grades. Attendance at recruitment fairs at York, Leeds and Hull universities has resulted in a September 2017 nursing graduates successfully applying for posts with the Trust. Interviews will be continuing during March 2017 with interviews also taking place at the recruitment market place on 25 March 2017. Further Care Staff recruitment has been scheduled throughout 2017.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Quality & Safety Committee
Risk	No risk
Resource implications	Resources implication detailed in the report
Owner	Beverley Geary, Chief Nurse
Author	Nichola Greenwood, Nursing Workforce Projects Manager
Date of paper	March 2017
Version number	Version 1

Board of Directors – 29 March 2017

Safe Nurse and Midwifery Staffing Report

1. Introduction and background

The Trust continues to submit to NHS Choices, actual against planned staffing data for day and night duty in hours and by ward. A detailed breakdown for February 2017 staffing levels is attached at Appendix 1.

The Trust also continues to report Care Hours per Patient Day (CHPPD) data. This report, at section 3, provides details of the CHPPD based on the actual staffing provided across the inpatient wards during February 2017. CHPPD data has been collected since May 2016 and the Trust is now looking at the six months' worth of data collected as part of its continuous review of nurse staffing levels across all wards.

At present, no national benchmark data is available on CHPPD to compare our Trust against other organisations.

2. High level data by site

	Day		Night	
Site Name	**Average fill rate - registered nurses/ midwives (%)**	**Average fill rate - care staff (%)**	**Average fill rate - registered nurses/ midwives (%)**	**Average fill rate - care staff (%)**
Bridlington and District Hospital	85.2%	84.3%	79.9%	158.9%
Malton Community Hospital	85.7%	110.7%	100.0%	100.0%
Scarborough General Hospital	83.3%	99.2%	91.1%	102.8%
Selby And District War Memorial Hospital	87.1%	117.9%	82.1%	135.7%
St Helens Rehabilitation Hospital	99.1%	95.0%	100.0%	117.9%
St Monicas Hospital	97.4%	95.8%	100.0%	100.0%
White Cross Rehabilitation Hospital	97.3%	89.3%	98.2%	100.0%
York Hospital	93.8%	106.7%	96.4%	118.6%

3. Care Hours per Patient Day

	Care Hours Per Patient Day (CHPPD)			
	Cumulative count over the month of patients at 23:59 each day	**Registered midwives/ nurses**	**Care Staff**	**Overall**
Bridlington and District Hospital	1486	3.0	2.9	5.9
Malton Community Hospital	672	2.3	3.3	5.6
Scarborough General Hospital	8306	3.7	2.7	6.4
Selby and District War Memorial Hospital	616	2.3	2.7	5.0
St Helen's Rehabilitation Hospital	554	2.6	2.5	5.1
St Monica's Hospital	304	2.8	3.3	6.1
White Cross Rehabilitation Hospital	609	2.3	2.0	4.4
York Hospital	15563	3.8	2.7	6.5

4. Exceptions

There were 5 wards where RN staffing during the day fell below 80% in February. These wards were Ann Wright, Holly and ITU in Scarborough due to vacancies and Kent and Lloyd in Bridlington due to vacancies and low bed occupancy respectively.

There were4 wards where RN planned staffing levels fell below 80% on night shifts. These wards were Kent and Lloyd in Bridlington all due to low bed occupancy; resulting in staff being redeployed to other wards. ITU in Scarborough and the Frailty Unit in York due to vacancies.

A detailed exception breakdown is detailed below.

Enhanced Supervision

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

Community	**York**		
St Helens	AMU	Frailty Unit	Ward 11
	Ward 23	Ward 25	Ward 26
	Ward 28	Ward 29	Ward 31
	Ward 32	Ward 35	Ward 36
	Ward 37	Ward 39	

Provision of Safe Ward Cover

The Matrons are responsible for ensuring staffing levels are as safe as possible throughout the day and night. This means that staffing is assessed throughout the day and for out of

hours and weekends, effective and safe plans are implemented. This does result in staff moving from their base wards on occasions, and where necessary, increased numbers of Care Staff to support the shortfall of registered nurses or increased Registered Nurses when the acuity of patients requires additional support. These wards are:

Community	Bridlington	Scarborough		York
Fitzwilliam	Kent	Ann Wright	Beech	AMU
Selby		CCU	Chestnut	CCU
		Graham	Holly	Frailty Unit
		ICU	Maple	
		Stroke		

Bed Occupancy

Lloyd and Kent and Waters wards at Bridlington changed their ratio of registered and unregistered staff according to bed occupancy, with staff being deployed to other ward areas. On occasions Kent ward was closed when there were no patients requiring overnight stay.

ESA at York opened additional bed capacity at times on a weekend resulting in higher than planned staffing.

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

5. Vacancies by Site

The adult inpatient vacancy position across the Trust at the end of January 2017 is as follows:

	Vacancies		Pending Starters		Unfilled Vacancies	
	RN	Care Staff	RN	Care Staff	RN	Care Staff
Bridlington	-0.33	7.63	0	3.8	-0.33	3.83
Community	5.81	3.79	1.2	2.53	4.61	1.26
Scarborough	52.61	3.68	11.6	7.4	38.01	-3.72
York	79.96	27.68	46.80	27.8	33.16	-0.12
Total	**138.05**	**42.78**	**59.6**	**41.53**	**75.45**	**1.25**

Recruitment across the Nursing workforce continues across all grades. Attendance at recruitment fairs at York, Leeds and Hull universities has resulted in a September 2017 nursing graduates successfully applying for posts with the Trust. Interviews will be continuing during March 2017 with interviews also taking place at the recruitment market place on 25th March 2017. Further Care Staff recruitment has been scheduled throughout 2017.

6. Recommendation

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

7. References and further reading

National Quality Board. "*How to ensure the right people, with the right skills, are in the right place at the right time - A guide to nursing, midwifery and care staffing capacity and capability".* 2013
Lord Carter Report *"Operational productivity and performance in English acute hospitals:*

Unwarranted variations". 2016	
Author	**Nichola Greenwood, Nursing Workforce Projects Manager**
Owner	**Beverley Geary, Chief Nurse**
Date	**March 2017**

Org: RCB #NAME?

Period: #NAME?

Staffing: Nursing, midwifery and care staff

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

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

Comments

Validation alerts (see control panel)	Only complete sites your organisation is accountable for					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	Site code *The Site code is automatically populate	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1008	750	840	1068	616	616	308	594	74.4%	127.1%	100.0%	192.9%	496	2.8	3.4	6.1
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		840	832.5	840	810	616	616	308	297	99.1%	96.4%	100.0%	96.4%	419	3.5	2.6	6.1
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1344	1206	1176	1146	924	891	616	660	89.7%	97.4%	96.4%	107.1%	877	2.4	2.1	4.5
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	326 - ACUTE INTERNAL MEDICINE	300 - GENERAL MEDICINE	1680	1380	1344	1278	1540	1265	1232	1188	82.1%	95.1%	82.1%	96.4%	643	4.1	3.8	7.9
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1344	1098	1008	1116	616	616	616	649	81.7%	110.7%	100.0%	105.4%	769	2.2	2.3	4.5
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2100	1762.5	840	682.5	1232	1133	308	341	83.9%	81.3%	92.0%	110.7%	528	5.5	1.9	7.4
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		1627.5	1327.5	465	390	682	616	341	297	81.6%	83.9%	90.3%	87.1%	245	7.9	2.8	10.7
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Graham	430 - GERIATRIC MEDICINE		840	714	840	888	616	616	616	616	85.0%	105.7%	100.0%	100.0%	530	2.5	2.8	5.3
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		672	672	336	336	616	616	0	0	100.0%	100.0%	100.0%	-	356	3.6	0.9	4.6
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1008	756	840	966	616	616	616	616	75.0%	115.0%	100.0%	100.0%	542	2.5	2.9	5.5
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE	100 - GENERAL SURGERY	2940	2310	420	405	2156	1683	0	0	78.6%	96.4%	78.1%	-	154	25.9	2.6	28.6
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Lilac	101 - UROLOGY		1680	1357.5	1680	1492.5	924	781	924	814	80.8%	88.8%	84.5%	88.1%	801	2.7	2.9	5.5
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		2100	1687.5	1050	1065	1232	1188	616	616	80.4%	101.4%	96.4%	100.0%	592	4.9	2.8	7.7
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE		1344	1098	1848	1776	924	891	924	913	81.7%	96.1%	96.4%	98.8%	911	2.2	3.0	5.1
		SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	328-STROKE MEDICINE		1008	990	672	666	924	825	308	352	98.2%	99.1%	89.3%	114.3%	443	4.1	2.3	6.4
		BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		840	708	1176	1098	616	605	308	297	84.3%	93.4%	98.2%	96.4%	731	1.8	1.9	3.7
		BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		1050	825	840	885	616	308	0	308	78.6%	105.4%	50.0%	-	139	8.2	8.6	16.7
		BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		600	465	740	247.5	176	88	0	22	77.5%	33.4%	50.0%	-	31	17.8	8.7	26.5
		BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE	101 - UROLOGY	840	840	1260	1155	616	616	308	352	100.0%	91.7%	100.0%	114.3%	585	2.5	2.6	5.1
		YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1368	1314	816	822	616	616	616	649	96.1%	100.7%	100.0%	105.4%	849	2.3	1.7	4.0
		YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1554	1368	1008	954	1008	946	616	594	88.0%	94.6%	93.8%	96.4%	697	3.3	2.2	5.5

Validation alerts (see control panel)	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	Site code *The Site code is automatically populated when a	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
		YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2310	2332.5	1050	885	1232	1221	616	583	101.0%	84.3%	99.1%	94.6%	806	4.4	1.8	6.2
		YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		1488	1302	372	360	1023	913	341	286	87.5%	96.8%	89.2%	83.9%	407	5.4	1.6	7.0
		YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1470	1440	1260	1485	616	616	924	1210	98.0%	117.9%	100.0%	131.0%	828	2.5	3.3	5.7
		YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1176	1110	1008	1194	616	616	924	1111	94.4%	118.5%	100.0%	120.2%	676	2.6	3.4	6.0
		YORK HOSPITAL - RCB55	26	110 - TRAUMA & ORTHOPAEDICS		1176	1116	1008	1212	616	616	924	1166	94.9%	120.2%	100.0%	126.2%	806	2.1	3.0	5.1
		YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1344	1350	1008	990	616	913	616	704	100.4%	98.2%	148.2%	114.3%	840	2.7	2.0	4.7
		YORK HOSPITAL - RCB55	29	430 - GERIATRIC MEDICINE	103-BREAST SURGERY	1680	1522.2	840	825	616	616	616	682	90.6%	98.2%	100.0%	110.7%	549	3.9	2.7	6.6
		YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		1890	1717.5	840	802.5	616	616	308	330	90.9%	95.5%	100.0%	107.1%	496	4.7	2.3	7.0
		YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY	361 - NEPHROLOGY	1368	1332	1008	1260	616	616	924	1342	97.4%	125.0%	100.0%	145.2%	766	2.5	3.4	5.9
		YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	301 - GASTROENTEROLOGY	1344	1230	1008	996	616	616	924	913	91.5%	98.8%	100.0%	98.8%	704	2.6	2.7	5.3
		YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE		1344	1242	1008	960	616	627	924	924	92.4%	95.2%	101.8%	100.0%	812	2.3	2.3	4.6
		YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1176	1044	1008	1182	616	616	924	968	88.8%	117.3%	100.0%	104.8%	826	2.0	2.6	4.6
		YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		990	937.5	1740	2661.5	616	616	615	1540	94.7%	153.0%	100.0%	250.4%	565	2.7	7.4	10.2
		YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE	430 - GERIATRIC MEDICINE	1176	996	1008	1416	616	627	616	913	84.7%	140.5%	101.8%	148.2%	621	2.6	3.8	6.4
		YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	328-STROKE MEDICINE	430 - GERIATRIC MEDICINE	1344	1388	1176	1224	924	924	924	1012	103.3%	104.1%	100.0%	109.5%	578	4.0	3.9	7.9
		YORK HOSPITAL - RCB55	Acute Medical Unit	326 - ACUTE INTERNAL MEDICINE		2100	1867.5	1680	1532.5	1540	1320	924	979	88.9%	91.2%	85.7%	106.0%	750	4.3	3.3	7.6
		YORK HOSPITAL - RCB55	Frailty Unit	326 - ACUTE INTERNAL MEDICINE	430 - GERIATRIC MEDICINE	2100	1837.5	1680	1612.5	1540	1144	924	968	87.5%	96.0%	74.3%	104.8%	743	4.0	3.5	7.5
		YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1680	1500	300	142.5	1232	1067	0	0	89.3%	47.5%	86.6%	-	171	15.0	0.8	15.8
		YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY		960	1110	450	525	440	616	0	176	115.6%	116.7%	140.0%	-	472	3.7	1.5	5.1
		YORK HOSPITAL - RCB55	G1	120 - ENT	502 - GYNAECOLOGY	1344	1116	672	540	924	770	308	286	83.0%	80.4%	83.3%	92.9%	575	3.3	1.4	4.7
		YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1008	930	504	492	616	583	308	275	92.3%	97.6%	94.6%	89.3%	517	2.9	1.5	4.4
		YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		672	642	336	318	616	561	0	0	95.5%	94.6%	91.1%	-	142	8.5	2.2	10.7
		YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5040	4942.5	420	382.5	3696	3597	308	319	98.1%	91.1%	97.3%	103.6%	367	23.3	1.9	25.2
		MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		1050	900	1470	1627.5	616	616	616	616	85.7%	110.7%	100.0%	100.0%	672	2.3	3.3	5.6
		SELBY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB07	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1050	915	1050	1237.5	616	506	308	418	87.1%	117.9%	82.1%	135.7%	616	2.3	2.7	5.0
		ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		840	832.5	1050	997.5	616	616	308	363	99.1%	95.0%	100.0%	117.9%	554	2.6	2.5	5.1
		ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		570	555	720	690	308	308	308	308	97.4%	95.8%	100.0%	100.0%	304	2.8	3.3	6.1
		WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		840	817.5	1050	937.5	616	605	308	308	97.3%	89.3%	98.2%	100.0%	609	2.3	2.0	4.4
			Total			68317.5	61486.7	46763	47734.5	41829	39226	25321	28875					28110			

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Organ Donation - Progress to 2020

Action requested/recommendation

The organ donation committee is looking to the Board to support these initiatives as we believe it will improve the Trust's performance in organ donation. We are confident that with these measures we will become the leading hospital in our class at organ donation.

Executive Summary

NHS Blood and Transplant have made enormous strides in improving organ donation rates since 2008. Donation and transplant rates have doubled and the inexorable rise in patients awaiting transplants has been halted and shown a reduction in the past few years, However, we remain someway short of our long term goal of reaching 26 transplants per million population by the year 2020.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

Standards 9, 10, 11, 12, 13, 14

Progress of report	Board of Directors
Risk	Risks are detailed in the report
Resource implications	Resources implication detailed in the report
Owner	Dr John C Berridge MB Ch B FRCPEdin FRCA FFICM Clinical Lead for Organ Donation
Author	Dr John C Berridge MB Ch B FRCPEdin FRCA FFICM Clinical Lead for Organ Donation
Date of paper	March 2017
Version number	Version 1

Board of Directors – 29 March 2017

Organ Donation in York Teaching Hospitals York Trust - Progress to 2020

1. Introduction and Background

NHS Blood and Transplant have made enormous strides in improving organ donation rates since 2008. Donation and transplant rates have doubled and the inexorable rise in patients awaiting transplants has been halted and shown a reduction in the past few years, However, we remain someway short of our long term goal of reaching 26 transplants per million population by the year 2020.

2. Recent Improvement – New Initiatives

Recent Improvements

The organ donation committee has made key improvements across the trust by combining best practice from each of the York and Scarborough sites and implementing them on both. For instance it is now part of the twice daily safety brief to consider if there are candidates for donation. It is now our practice to withdraw life support in donation by cardiac death (DCD) in theatre which has led to a marked increase in good quality solid organs for donation leading to more organs used per donation. A combination of these measures has led to the Trust achieving enough donations that we are on course to progress from being a level 2 donating Trust to a level 1 donating Trust. However, we still need to do more to achieve our full potential.

New Initiatives

1. Trained personnel obtaining consent for organ donation. It has been shown that organ donation consent rates are better when the discussion about organ donation is separated from the communication about the withdrawal of life support in patients in whom further care is considered futile. This conversation is best done by the Specialist Nurse in Organ Donation (SNOD). However, there are occasions when due to time and geography this is not possible and a suitably trained doctor is an acceptable alternative. Unfortunately, we do not have enough critical care physicians or emergency physicians with the training. I am asking the Board to back my drive to make it Trust policy that only SNODs or doctors trained in organ donation talk about organ donation and obtain consent. The training is free and delivered by NHSBT.

2. Devastating Brain Injury occurs in patients who arrive in the Emergency Department periodically who are either unsuitable for neurosurgery or considered by the neurosurgeons that they would not benefit. Currently only some of those patients are admitted to critical care. I would like to introduce the policy that ALL such patients are admitted for a period of observation and support in the ICU. The reason for this is that a study from Dr Alex Manara's group has shown that if you do this over 15% of these patients (who would all die if support was withdrawn in the ED) survive long term. It is also clear that patients that will die anyway do so usually within 24 and 48 hours of admission so admitting such patients will not lead to a significant increase in ICU utilisation. Admitting all allows better palliation for the dying and a gentler bereavement for the patients loved ones.

3. We plan to write a comprehensive care package for the care of the potential donor. This will include all the relevant steps towards donation from timing of referral to SNODs, best medical and nursing management of the patient and extremely clear guidance on when and, to some extent, how withdrawal of care takes place. It will be enshrined in this document that organ donation will only be discussed by those trained in organ donation and the consenting process.
3. Recommendation
The organ donation committee is looking to the Board to support these initiatives as we believe it will improve the Trust's performance in organ donation. We are confident that with these measures we will become the leading hospital in our class at organ donation.

Author	**Dr John C Berridge MB Ch B FRCPEdin FRCA FFICM Clinical Lead for Organ Donation**
Owner	**Dr John C Berridge MB Ch B FRCPEdin FRCA FFICM Clinical Lead for Organ Donation**
Date	**March 2017**

York Teaching Hospital NHS
NHS Foundation Trust

Finance and Performance Committee – 21 March 2017 – Boardroom, York Hospital

Attendance: Mike Keaney (Chairman), Mike Sweet, Steven Kitching, Graham Lamb, Lynda Provins, Lynette Smith, Andrew Bertram, Juliet Walters, Sarah Barrow

Apologies: Sue Rushbrook

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	**Last Meeting Notes 14 February 2017**	The agenda covered the following AFW and CRR items AFW DoF COO CRR DoF 1-4, 8 & 9 COO 2, 3 & 6	The minutes of the meeting held on the 14 February 2017 were agreed.		
2.	**Matters arising**		The following matters arising were discussed: **Page 4 – ECS** - MS raised that in the last minutes Scarborough had been described as a ward short. JW stated that this should be taken as part of the context in relation to the capacity challenges. She noted that plans are in place to explore reconfiguration of the wards at Scarborough, but this would be dependent on a number of elements including greater utilisation of Bridlington. MK asked if there was any progress on the Bridlington Business Case. AB stated that it was part of the overall clinical strategy and would feature in the Strategy Day on the 5 April. The business case had also received robust challenge at Corporate Directors in relation to concern over the finances although it was obviously key to the overall clinical strategy. JW noted Bridlington also features in a number of plans including the STP which is looking at the potential use of Bridlington as an elective centre.	The Committee were assured by the discussions in relation to next year's control total	AB to provide the Board with an update on the control total

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			Page 5 – ECS - MS raised the Out of Hospital tender at Scarborough and also asked about the withdrawal of support around the Ryedale Hub. AB stated that initially two hubs were set up, one at Selby and one in Malton. A third of the work at the Malton hub was for practices in Ryedale affiliated to VoY CCG although it was wholly financed by S&R CCG. S&R CCG have asked VoY CCG to fund this element going forwards, but they have been unable to do so due to the current state of their finances. AB stated that Mrs Scott's team is currently switching this resource from Ryedale into Scarborough at the request of the CCGs. AB noted that there has been concern expressed from MPs and the public over the loss of service and he noted that the Executive Team have formally expressed their concern over the move. The Committee also expressed their concern at this move as the impact will undoubtedly be on acute work and it is not in the interests of partnership working. **Page 6 – North West Academic Health Science Network** – JW stated that the review had finished and a formal feedback session had been held on the 9 March and a formal report is due at the end of March. She noted that Mr Crowley had updated staff and the A & E Delivery Board. LS stated that the feedback is being mapped and that the community debate also plays into this as the review states that things are too hospital centric and more should be moved into the community. MK asked how this information worked through the system. JW stated that the debate would need to be held at the A & E Delivery Board as the CCGs were also part of this. **Page 10 - Control Total** – The Committee discussed the control total in light of information provided by AB. AB also highlighted that if the Trust does not deliver in quarter 4, it will result in a loss of £2m as part of the CQUIN scheme next year. He confirmed that this has been modelled into the plan. The		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			Committee were fully supportive of the action being taken with regard to next year and asked AB to update the Board. **CIP** – MK stated that next year would be the 8th year of the CIP programme which he thought was a risk. AB stated that it was risky in terms of the current levels of demand on the organisation and the impact which compromises elective delivery. **Fines** - MS stated that he had seen something in the media around the abolition of the 18 week and cancer fines and he asked if there was any more information. AB stated that the 30% STP funding for next year is expected to be solely focused on the emergency care standard which would be risky for the organisation, however, it was stressed that no formal confirmation of this had been received as yet. There was also a question of how access targets would be monitored in light of this. JW stated that York was capable of achieving the 95%, however, the Scarborough model did not lend itself to the same measures. She noted that a different set of quality metrics were being pulled together for Scarborough and discussed with the centre. It might be that this set of metrics are run in parallel as a pilot.		
3	**TAP – Key Priorities: Emergency Care Standard Delivery**		**Operational Performance** **Emergency Care Standard** – JW highlighted the new report format which was reflective of the finance report. She stated that it was important to take the report in the overall context of the NHS, but performance was not where the Trust would want it to be. February had seen a reduction in non-elective admissions, but was still significantly above previous levels although the trend was positive. JW noted the continuing high levels of bed occupancy, which remains a concern. The York site has made a far greater recovery and continues to make	The Committee received assurance that the Trust was providing safe levels of care. However it remains concerned about the risk to the yearend position.	JW to provide the Board with an update on the national context and current position especially the safety of patients in relation to

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			steady improvement over the last 7 days. JW stated that a real drive was being made to target certain areas like introducing more workforce overnight which has reduced some of the pressure. JW stated that the models introduced are working, but further capacity is needed downstream. She stated that the operational standards maps the trajectory and also the feedback from the recent utilisation review has highlighted some of the areas which need working on. MK asked why if attendances were down at Scarborough that performance was also down. It was noted that attendances are going in the urgent care centre and that the acuity of patients is higher together with the lack of capacity further down the pathway. MK stated that the proportion of patients were still as poorly then as now and LS stated that actually patients acuity was worse according to the NEWS score which shows the Trust that the patients attending are more unwell than last year. This also means that these patients take longer to get through the system. MK still thought the Trust would not have seen such a drop in the 4 hour target. JW stated that this was a fair point, but the NEWS data shows the length of time that patients are staying in the department and actions are being taken to get them moved through the pathway. AB also stated that that the downward line in February was not as marked as it could be. He reminded the Committee that there were actually 10% less days in February than January which would also have an effect. LS stated that the conversation rates were now up to nearly 50% higher than the national average and that both sites remained focuses on the 4 hour pathway and holding staff to account for the time to assessment. MK stated that the time to		ambulance handovers

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			first assessment was still 100 mins. LS stated that there were a number of factors involved including the capital works required for Scarborough to deliver the assessment unit which was not yet in place. JW stated that Scarborough was challenging and completely under sized for what was trying to be achieved, but it was about doing the best with the resources available. She also noted that a further 6 ACPs had started their training. LS stated that the team were also focused on the length of stay in ED in relation to 8 hours and 12 hours stays and the quality team were still focused on making sure patients were not experiencing undue harm. An escalation process is in place for long waits so that managers are alerted earlier and technology is being utilised. She stated that the position remains challenging, but so does the national position. MK stated that safety wise Scarborough were still at the 95 percentile of patients waiting over 200 minutes for ambulance handover. LS stated that these patients were assessed often by nurses and medical staff before handover and some patients are even discharged before being handed over. MK stated that it was worth highlighting this to the Board. LS stated that ambulance handover continues to be a challenge, but it has improved on the York site which has a greater capacity to manage the flow. She also noted the ambulance concordat is still in place and continues to support self-handover. JW stated that YAS has also highlighted the pressures. MK stated that he noted York had had the best month in ED since October and March was also looking better. JW stated that the figure for York was 89.9% and they are currently taking diverts from Scarborough whenever possible.		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			Cancer – LS stated that cancer targets were being achieved except in two areas; 14 day fast track and 62 day. The 14 day fast track is due to the challenges related to skin and when this coincides with Head and Neck they are more likely to breach. Changes are being made to pathways and training continues in primary care. The majority of the skin breaches in February were not cancerous. The possibility of a joint MDT is being scoped. The 62 day challenge is also in relation to skin, but also lung and access to diagnostics. There are diagnostic issues with the Gynae pathways in Hull.. This is being picked up with the managers and clinical directors. JW stated that she will be the Executive Lead for diagnostics in the area so will be looking at availability and access across the patch. LS stated that the Trust is also engaged in looking at interpatient transfersto align an administrative and clinical pathways . She noted it was worth signalling to the Committee that some cancer performance may be managed at an alliance level going forward, which would be positive as many patients are complex and end up at the tertiary centres. LS stated that the issues raised by Clinical Harm Review and Root Cause Analysis work from the breachesis reported to Operational Cancer Board, however, there were no clear themes to escalated to Committee. **18 Weeks** – LS stated this was an improving position of 89.19% against a target of 92% despite continuing considerable winter pressures in the first two weeks of February. The additional monies is being utilised and current forecast is for £380k of the available £450k will be spent by the end of March. The criteria	The Committee were assured by the review of the Winter Plan and that	JW asked to highlight the risk of a long wait breach to the

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			is strict as the monies must be spent in the independent sector only. LS stated that the focus now would be on addressing the non-admitted backlog and looking at outpatient utilisation. She noted a reduction in GP referrals of 13% for T&O year to date and which is starting to impact on other specialties, but this will make the performance target difficult to achieve in the short term until the backlog is reduced to sustainable levels. MK asked if everything was being utilised in the Trust and LS stated that the Trust is operating weekends and the Theatres Directorate Manager is drafting a business case to extend theatre times. LS highlighted that there is a risk in relation to long waiters as the Trust has 22 patients waiting 44 weeks. She stated all 22 are being reviewed weekly to confirm plans are in place. However, there is likely to be a breach in March. The winter plan is currently being reviewed and a survey has been sent out to staff. A paper is due to go to Executive Board and the Board in April. Winter plan review to come to the next meeting. JW stated that she has received good feedback from one of the surgeons regarding being able to continue to do some surgery during the winter despite the pressures. **Action: Winter Plan to the next meeting**	lessons learnt will be widely reviewed.	Board
	Finance Control Total Delivery		**Finance** GL stated that the I & E position showed a surplus of £1m against a planned surplus of £7.1m in February, which is £6.1m adrift of the plan and a £1.6m deterioration from last month. The drivers behind this are a loss of £1.1m due to not meeting the financial control total together with February being a short	The Committee acknowledged the risks around the yearend forecast, but were assured that	AB to provide the Board with an update on the risks to the

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			month and the adverse impact of emergency admissions on the elective work. Income was £35m in February compared to a run rate of £36m which again is due to February being a short month so fewer elective operating days and losses from cancelled operations. Expenditure was above the yearly average, but lower than January. In relation to agency spend, nursing spend has been reasonably under control, but peaked in February. As at February the Trust has achieved £24.2m against a yearend target of £26.4m CIPs. The Trust currently has £21.7m cash in the bank, but this is £18m down due to issues like the quarter 3 STP funding payment not being received and outstanding invoices to commissioners which are expected to be paid shortly. GL stated that the use of resources rating remains at a 2, but it should be noted that the metrics which make up this scored are gradually getting worse. As discussed last month at the Board it was confirmed that the Trust is unlikely to make the yearend forecast and the Trust is unlikely to hit the quarter 4 target due to operational pressures. MS asked about penalties for agency spend and AB stated that the Trust is close to the 25% mark, but does not expect to exceed this so although it will be a challenge the Trust is unlikely to get penalised. AB stated that all the indications are that March will be a good month and hopefully the trend in relation to nursing will not continue. It was asked whether staff were less robust or controls had slipped which was the reason	the Trust is still likely to deliver a surplus.	financial position and the use of resources rating which is currently a 2, but the metrics are deteriorating.

Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
		for the spike in agency spend in February. AB stated that controls have not slipped as sign off remains robust in relation to both nursing and medical spend. He noted successes with recruitment previously, but this is cyclical and vacancies are starting to appear in nursing before the next intake of newly qualified staff in September. February has also been incredibly busy with escalation areas still open which has necessitated extra staff. MK asked what the cap would be for agency spend next year. AB stated that the cap would remain at £17.2m, but he did note that a medical cap would be applied and the Trust would have to make a 15% reduction. He stated that this reduction would only work in all Trusts stuck to the new national control requirements. AB stated that there would have to be a serious series of events for the March income not to exceed spend and all measures continued to be in place regarding discretionary spend. The forecast outturn position was around £3.6m surplus against a control total of £10m, which would be a better position than most others nationally. GL stated that the contracts were now signed and the only issue was in relation to the Scarborough community which was still to be agreed. **CIP** – SK stated that the Trust had achieved £24.2m in February against a total of £26.4m which was the same as last year. It is slightly behind plan by £500k. The year is 100% planned and the 4 year plan currently shows a gap of £11.2m, but of particular note is that the Trust has plans for approximately £21m for next year against a total of £22.8m. MK stated that it was a fantastic effort and gave a level of	The Committee were assured that the CIP target will be achieved by the year end.	AB to inform the Board regarding the risk of running a CIP programme and delivering the CCG QIPP.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			confidence. SK stated that the recurrent position this year was £13.7m which is £3m ahead of where the Trust was last year. The Trust needs to get as close to £15m as possible in order to stabilise next year's total at £22.8m. MK stated that next year would be the eighth year of the programme and he wondered if there were any big schemes planned. SK stated that the Trust continues to work on smaller schemes and the Carter Steering Group is looking at the carry forward and standard CIPs. He noted that transformation schemes are needed, but often the risk is greater with these. MK asked how much of the Carter work fed into the programme. It was noted that the Carter work and CIP programme had been amalgamated and so touched on many of the elements especially procurement. AB stated that what was useful was the information and benchmarking which was now available, but that the directorates and CIP team were already doing much of what is in place. MK discussed the year on year effect of the programme and GL stated that there would be a risk in relation to the achievement of both the CIP and QIPP next year. AB stated that that there is a steering group which the CCG attends to look at QIPP and workstreams are being looked at, but he stressed that there was still a long way to go. **CQUIN** LS stated that the quarter 3 position was reported and that a partial payment had achieved for the flu target which would have a financial impact. Next year the target would be 70% of		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			staff by the end of February which may be more achievable. Sepsis remains a concern despite the amount of work undertaken. The Trust has achieved 51% to date and this remains a significant concern for quarter 4 despite the agreement of a revised process. Further work has been done on the timely identification of sepsis in the acute setting. LS stated that the one to flag was microbial consumption as the baseline was high performing and so improvements on the baseline are hard to achieve. Discussions have taken place regarding the use of alternative measures for CQUIN 2017-19, due to the preferred drug for switching having limited availability. In relation to critical care, the Trust has been challenged by the winter pressures so have not achieved the standards set.. MK asked how much will be lost due to non-achievement of CQUINs and AB stated it was approximately £750k. JW stated that sepsis in ED has been challenging nationally and robust discussions have taken place at Executive Board regarding the flu CQUIN loss of £360k due to a shortfall of 300 staff. MS asked for next year's CQUINs to be made available at the next meeting. **Action: 2017/18 CQUIN Programme to the next meeting**		
	Tender Register Report		SB gave an overview of the current tenders including East Riding Community Services which was awarded to the City Healthcare Partnership (CHCP) and who the Trust are working in partnership with. SB stated that she is working with the team to identify the financial envelope and the activity figures. CHCP	The Committee were assured by the Tender update	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			have accepted the Trust's model and the relationship is working well. MS asked whether there were any risks and AB stated that there are written agreements in place so he was not concerned. SB highlighted the Cytology tender which had recently been awarded to the Trust following the withdrawal of Newcastle. She noted that due to this the timescales were significantly reduced, but the Trust were still planning to start in April with an overlap period for taking on the work from NLAG. SB stated that going forward HPV screening would be required and that would mean larger laboratories being created, but one of the issues was the lack of screeners coming through. The Trust has some staff who are not fully qualified, but the intention was to plug the gap with overtime. However, due to the recent cancer campaign there had already been a greater demand for screening so overtime was already being factored in before the introduction of the new work. This will provide some element of cost pressure. SB stated that she continues to scan for intentions to put services out to tender. She also noted that the Trust had declined some opportunities, but that she continues to monitor the outcome of these. The Committee discussed the process for deciding opportunities which previously went to Corporate Directors and was not solely up to directorates. AB stated he would think about this, but he did state that Corporate Directors would not be inclined to go for an opportunity if the directorate was not in favour. SB highlighted that the Trust were involved in the non-emergency transport services tenders on the periphery in the		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			hope of helping to assist in the shaping of specifications.		
5.	**Terms of Reference & Work Programme**		MS stated that he would pick up a couple of points outside of the meeting, otherwise the Committee were happy with the amendments made.		
8.	**Risk Registers & BAF**		JW and AB stated that the risks are under continual review. MS noted that the amendment date still needs to be added to the finance register. LP stated that the BAF overview would be brought to each meeting for a round up discussion as to whether anything had changed.		
9.	**Any other business**		No further business was discussed.		
10.	**Next Meeting**		The next meeting is arranged for the 18 April 2017 in the Boardroom, York Hospital		

Finance & Performance Committee – Action Log – March 2017

No.	Month	Action	Responsible Officer	Due date	Completed
1	March	Winter Plan to the next meeting	Juliet Walters	April Meeting	
2	March	2017/18 CQUIN Programme to the next meeting	Juliet Walters	April Meeting	

I1

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Finance Report

Action requested/recommendation

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

Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 28 February 2017.

At the end of February the Trust is reporting an Income and Expenditure (I&E) surplus of £1.0m against a planned surplus of £7.1m for the period. The Income & Expenditure position places the Trust behind of its Operational plan.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Finance & Performance Committee
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	March 2017
Version number	Version 1

Briefing Note for the Finance & Performance Committee Meeting 21 March 2017
Briefing Note for the Board of Directors Meeting 29 March 2017

Subject: February 2017 (Month 11) Financial Position

From: Andrew Bertram, Finance Director

Summary Reported Position for February 2017

Whilst February has seen a disappointing further deterioration in our financial position, from a £2.6m surplus to a £1.0m surplus, the movement was largely to be expected given the relatively low number of elective working days in the month and the sustained emergency pressure on the Trust.

The original plan position was to retain our surplus of £7.1m from January. Given the actual I&E surplus of £1.0m we are now £6.1m adrift of plan. This comprises Trust pressure issues of £3.8m and lost STF of £2.3m.

Operational expenditure in February was £39.5m and whilst above the yearly average of £39.3m this does represent a reduction on the £40.5m reported in January. Of note is the highest monthly spend this financial year on agency nursing staff, masked by low excluded from tariff drug expenditure from which there is a corresponding reduction in income. Clinical income for February at £34.9m remains low in comparison to high trading months typically averaging £36m. This is reflective of the low number of elective working days and acute pressures that remained on the hospital during this period.

The month 11 CIP position remains encouraging with £24.2m of our £26.4m target removed from budget. We expect to deliver the full programme by the end of the year.

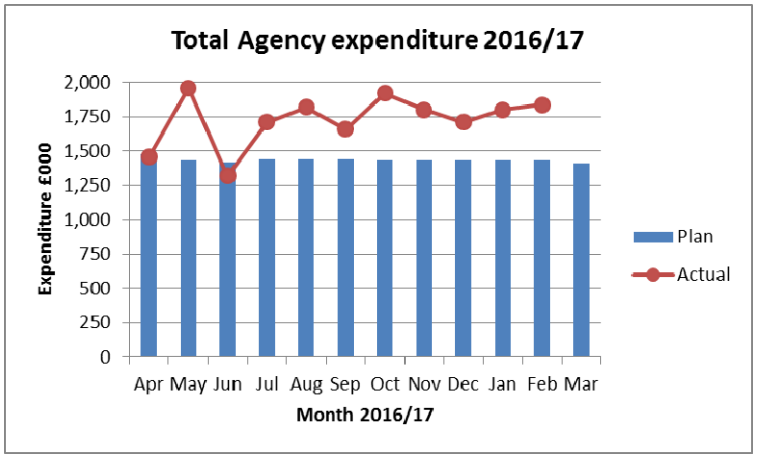
Enhanced expenditure controls remain in place, as discussed at the January Board. These have been communicated directly to all Directorate Management Teams and also individually to all managers throughout the organisation. These controls specifically seek to remove discretionary expenditure from the final two months of the financial year.

Enhanced Agency Expenditure Analysis

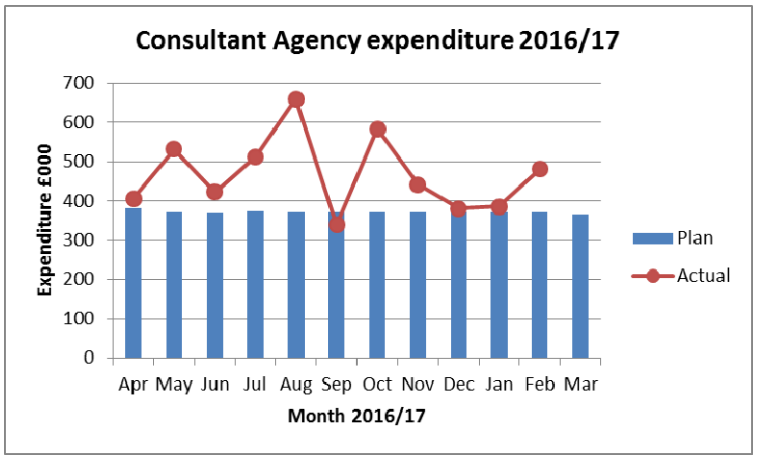
As discussed previously at the Board we have developed our agency staff cost reporting to ensure full visibility against the Trust's overall improvement trajectory. The Board are aware that NHSI has set the Trust an upper cap limit of £17.2m for its 2016/17 agency expenditure. As a reminder the agency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

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

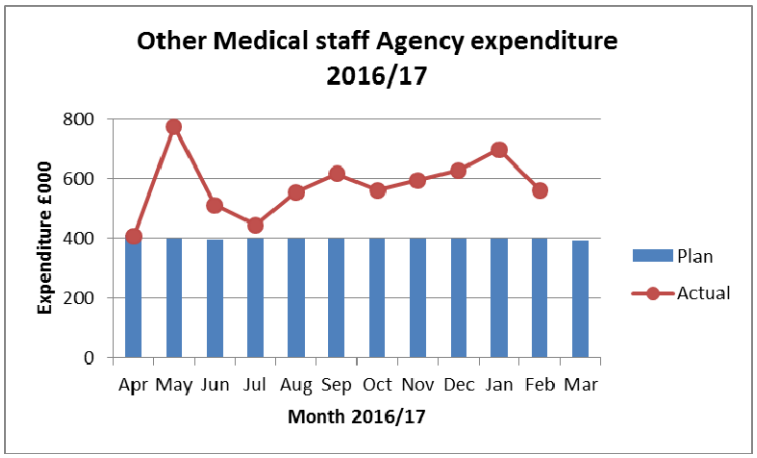
Expenditure is above trajectory but remains significantly below the pro-rata position based on the 2015/16 spend. Corrective action continues to be necessary.



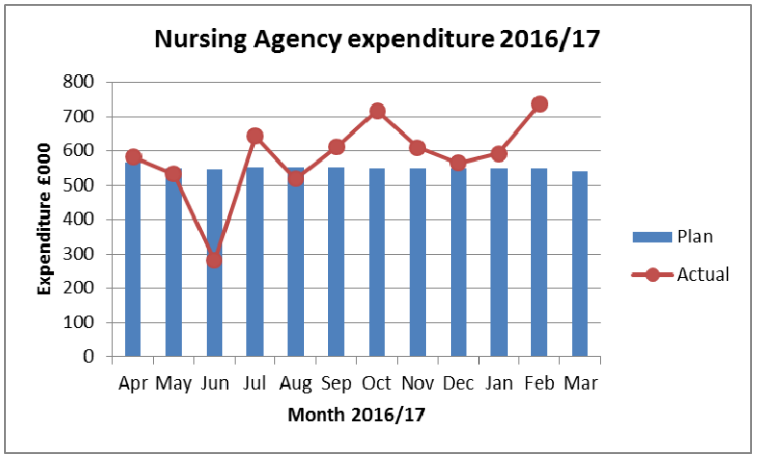
This first chart shows the monthly overall agency target; set at approximately £1.4m per month. Spend has stayed high in recent months at around £1.8m. The forecast outturn now stands at £20.8m (21% cap breach).



Consultant medical staff agency expenditure has been a significant pressure area. October spend was high but recent months have been closer to indicative target. Disappointingly we have seen an increase in February.

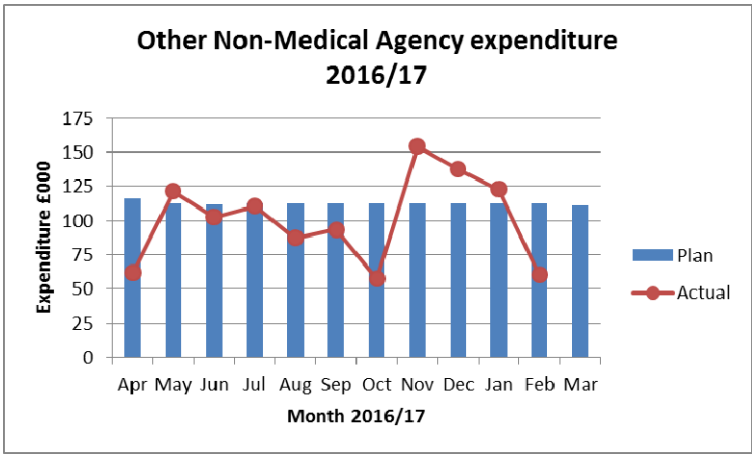


Other medical staff (junior staff) agency expenditure also continues to be a main pressure area. For 7 months we have spent significantly above cap and we are now forecasting a 44% breach against the indicative cap rate by the year end.



Nursing staff agency expenditure has remained under overall control with the forecast outturn matching almost exactly the indicative cap but during February this trend has not been followed. We have reported the highest monthly spend figure this financial year. Close attention is

required to ensure this is not the start of an adverse trend.



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

Implications for Forecast Outturn

The adverse position first reported at January, and continuing into February, clearly has implications for the Trust's forecast outturn for 2016/17. We discussed this position at the February Board meeting and I confirmed a forecast outturn position of around a £3.6m surplus against the £10m control total. This comprised £3m pressure linked to our operational income and expenditure issues (including the arbitration outcome and CQUIN losses) and £3.4m linked to lost STF for Q4.

York Teaching Hospital NHS
NHS Foundation Trust

Finance Performance Report

March 2017

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

Finance Report
Chapter Index

Summary Income and Expenditure Position
Month 11 - The Period 1st April 2016 to 28th February 2017

York Teaching Hospital NHS Foundation Trust

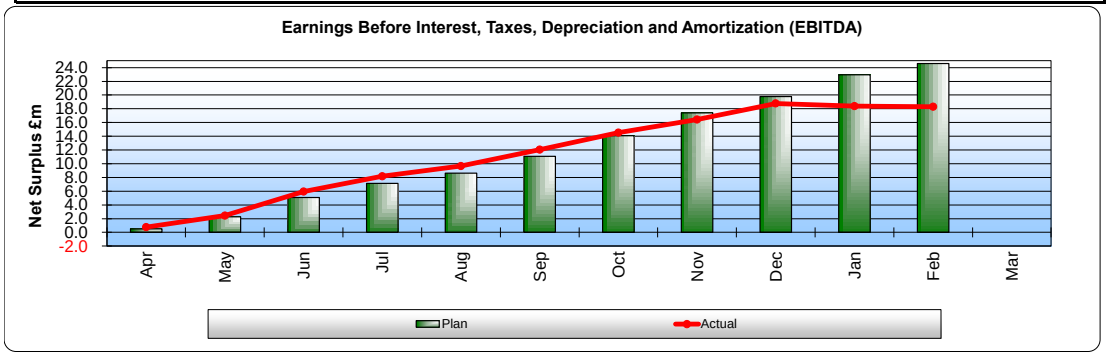
Summary Position:

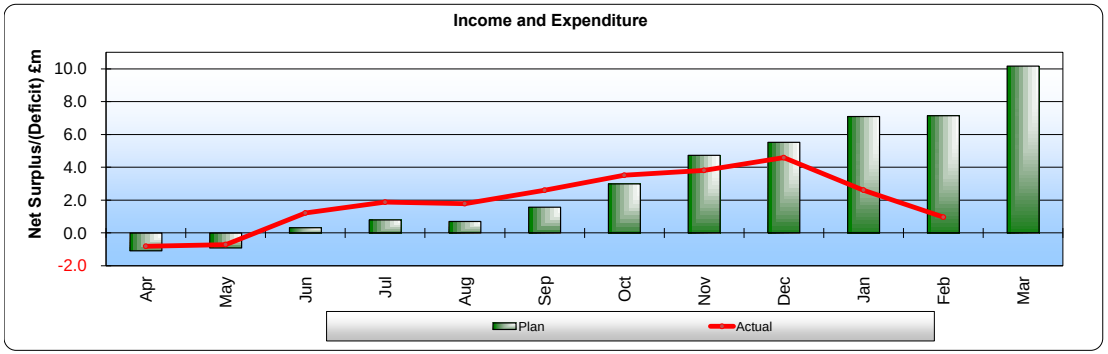
* The Trust is reporting an I&E surplus of £1m, placing it £6.2m behind the operational plan.

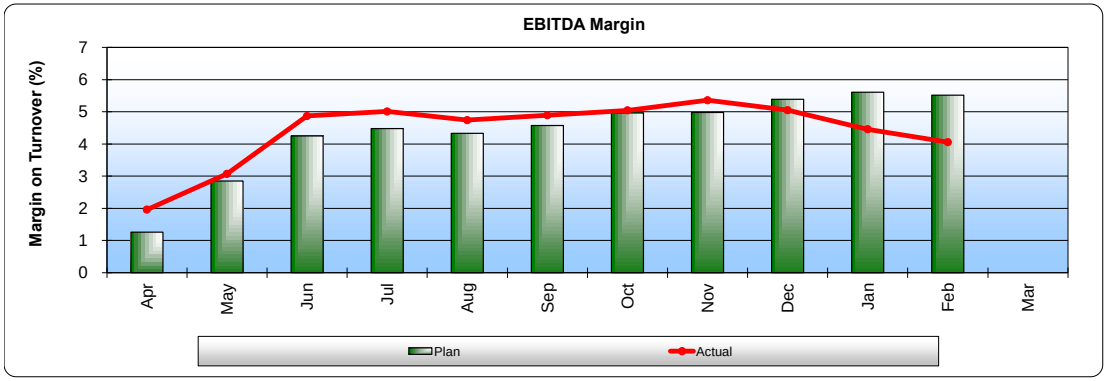
* Income is £3.2m ahead of plan, with clinical income being £1.7m ahead of plan and non-clinical income being £1.5m ahead of plan.

* Operational expenditure is ahead of plan by £9.5m, with further explanation given on the 'Expenditure' sheet.

* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £18.3m (4.06%) compared to plan of £24.6m (5.48%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	27,303	24,983	23,514	-1,469	25,868	-1,435
Planned same day (Day cases)	39,443	36,000	35,552	-448	39,295	-148
Non-Elective Income	112,386	102,835	100,540	-2,295	110,356	-2,030
Outpatients	65,721	59,628	59,844	216	66,170	449
A&E	13,799	12,560	12,994	434	14,338	539
Community	30,551	27,906	28,012	106	30,542	-9
Other	137,863	125,618	130,807	5,189	143,563	5,700
	427,066	**389,530**	**391,263**	**1,733**	**430,132**	**3,066**
Non-NHS Clinical Income						
Private Patient Income	1,005	921	874	-47	985	-20
Other Non-protected Clinical Income	1,827	1,675	1,785	110	1,887	60
	2,832	**2,596**	**2,659**	**63**	**2,872**	**40**
Other Income						
Education & Training	15,049	13,795	13,740	-55	14,464	-585
Research & Development	3,167	2,904	3,256	353	3,356	189
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	739	677	721	44	739	0
Other Income	18,350	16,800	20,119	3,319	20,841	2,491
Transition support	10,045	9,208	9,208	0	10,045	0
STF	13,600	12,467	10,200	-2,267	13,600	-3,400
	60,950	**55,850**	**57,245**	**1,394**	**60,899**	**-1,305**
Total Income	**490,848**	**447,976**	**451,167**	**3,190**	**489,711**	**1,801**
Expenditure						
Pay costs	-319,761	-292,228	-294,503	-2,274	-318,040	1,721
Drug costs	-50,691	-46,448	-50,428	-3,980	-54,525	-3,834
Clinical Supplies & Services	-45,182	-41,391	-41,710	-319	-43,199	1,983
Other costs (excluding Depreciation)	-47,949	-43,851	-46,118	-2,267	-54,043	-6,094
Restructuring Costs	0	0	-109	-109	-109	-109
CIP	2,216	526	0	-526	0	-2,216
Total Expenditure	**-461,365**	**-423,393**	**-432,868**	**-9,475**	**-469,916**	**-8,551**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**29,483**	**24,583**	**18,299**	**-6,285**	**29,483**	**-6,750**
Profit/ Loss on Asset Disposals	0	0	-2	-2	-2	-2
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation - purchased/constructed assets	-11,658	-10,687	-10,687	0	-11,658	0
Depreciation - donated/granted assets	-342	-314	-314	0	-342	0
Interest Receivable/ Payable	100	83	141	58	178	78
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-487	-447	-384	62	-419	68
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	-16	-16	-16	-16
PDC Dividend	-6,627	-6,075	-6,075	0	-6,627	0
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**10,169**	**7,145**	**962**	**-6,183**	**3,547**	**-6,622**

Contract Performance

Month 11 - The Period 1st April 2016 to 28th February 2017

York Teaching Hospital NHS
NHS Foundation Trust

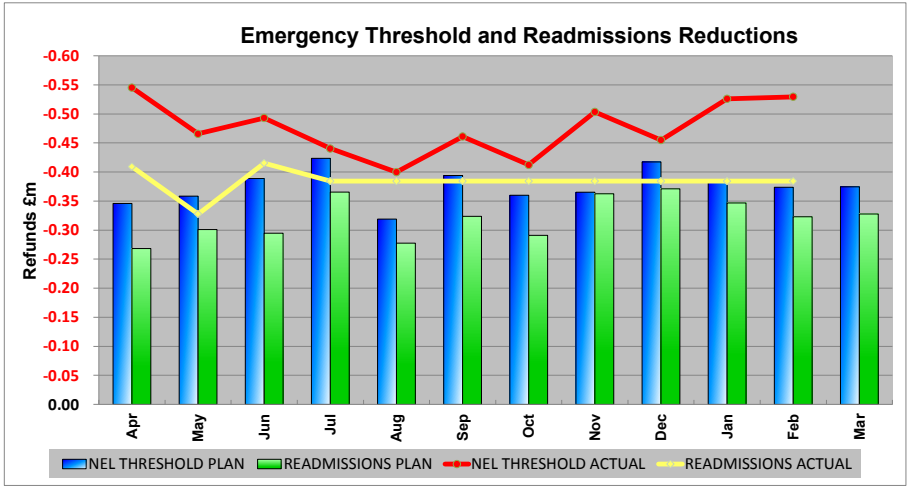
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	206,033	188,465	194,172	5,707
Scarborough & Ryedale CCG	78,061	71,180	75,014	3,834
East Riding CCG	42,000	38,325	38,823	498
Other Contracted CCGs	17,332	15,814	16,090	276
NHSE - Specialised Commissioning	37,475	34,235	37,622	3,387
NHSE - Public Health	14,190	12,953	13,812	859
Local Authorities	4,740	4,354	4,305	-49
Total NHS Contract Clinical Income	**399,831**	**365,326**	**379,838**	**14,512**

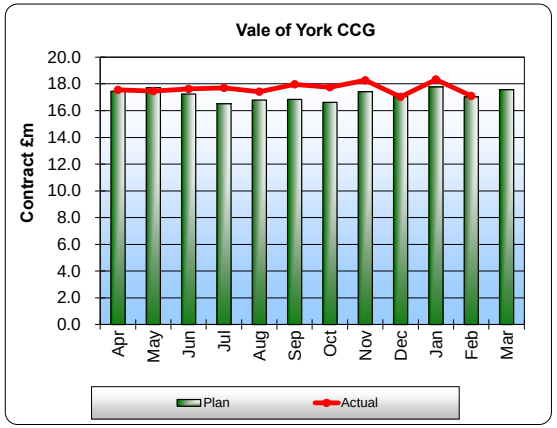
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	15,511	14,195	12,500	-1,695
Risk Income	11,724	10,009	0	-10,009
Total Other NHS Clinical Income	**27,235**	**24,204**	**12,500**	**-11,704**

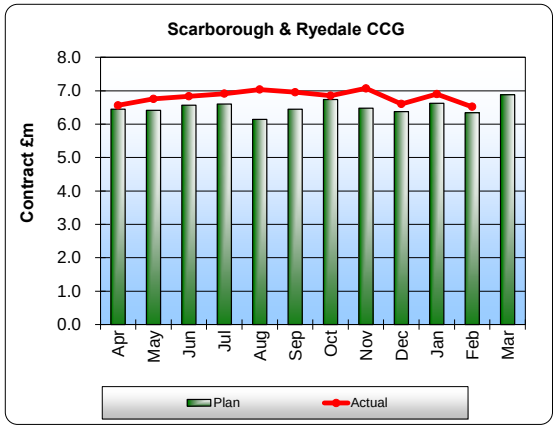
Specialist registrar income moved to other income non clinical	-1220
Winter resilience monies in addition to contract	145

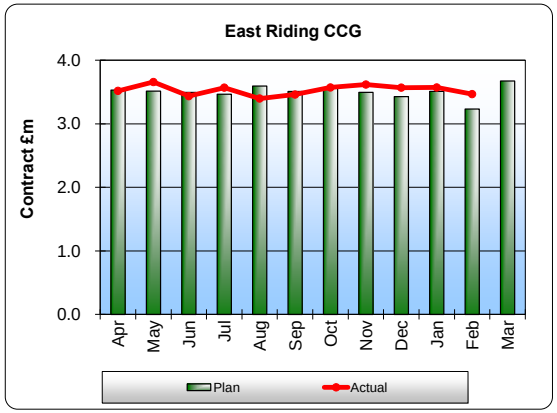
Total NHS Clinical Income	**427,066**	**389,530**	**391,263**	**1,733**

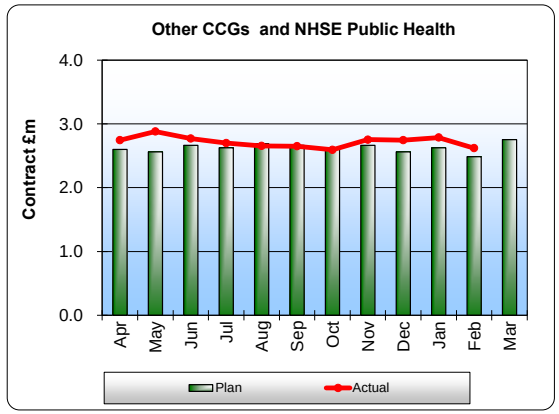
Activity data for February is partially coded (45.4%) and January is 90% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

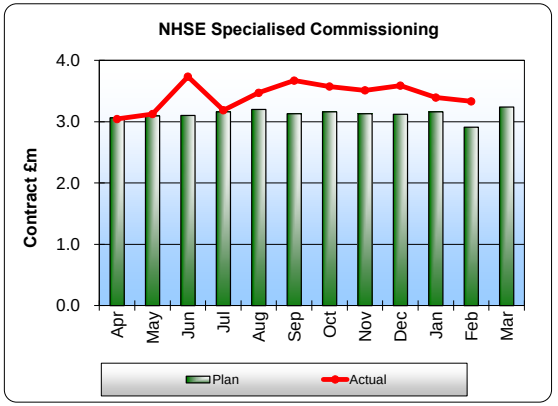


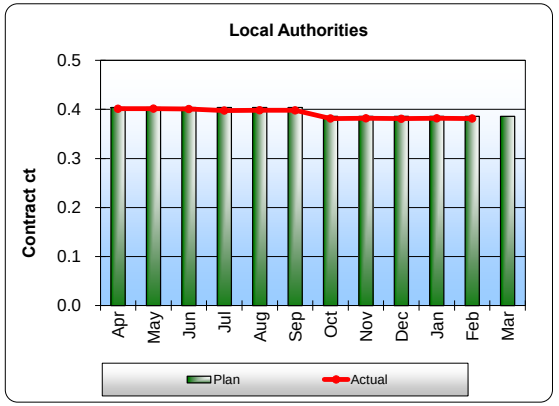












Expenditure Analysis
Month 11 - The Period 1st April 2016 to 28th February 2017

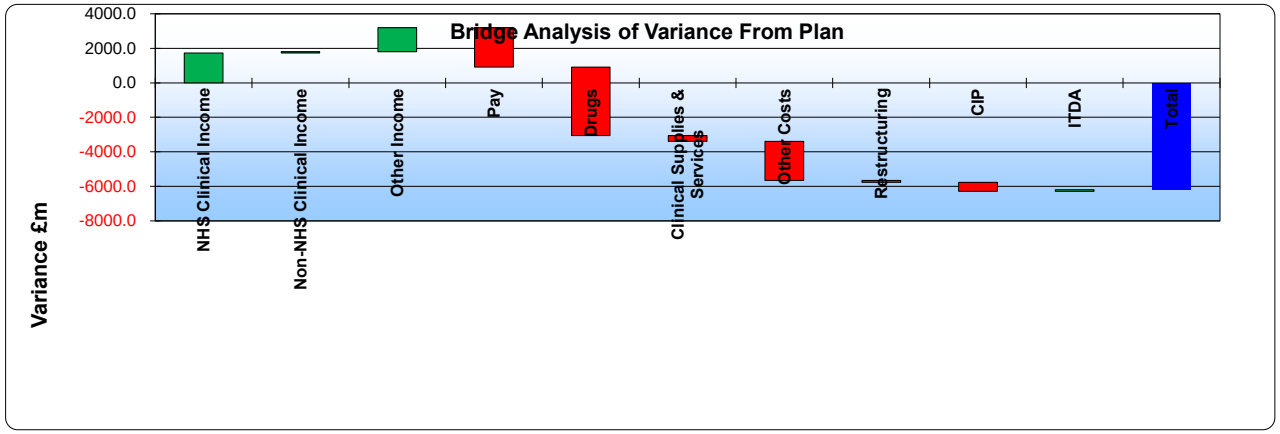
York Teaching Hospital NHS
NHS Foundation Trust

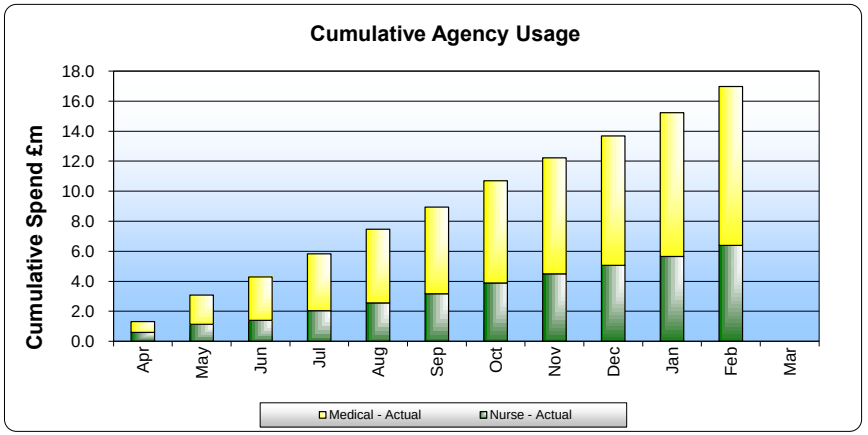
Key Messages:

There is an adverse expenditure variance of £9.5m at the end of February 2017. This comprises:

* Pay budgets are £2.3m adverse, linked to agency expenditure for Junior Doctors.
* Drugs budgets are £4.0m adverse, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £0.5m behind plan.
* Other budgets are £2.7m adverse.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	58,069	53,029	43,264	0	4,549	0	4,549	52,363	666	915	
Medical and Dental	29,133	26,671	18,668	0	6,034	0	6,034	30,735	-4,064	-3,477	
Nursing	95,077	87,168	72,299	489	456	6,474	6,387	86,105	1,063	1,919	
Healthcare Scientists	11,300	10,275	8,401	209	196	0	200	9,006	1,269	1,155	
Scientific, Therapeutic and technical	14,835	13,546	12,596	80	244	7	244	13,171	375	432	
Allied Health Professionals	25,287	23,138	20,711	72	213	11	213	21,220	1,918	1,863	
HCAs and Support Staff	45,276	41,492	37,088	641	0	73	164	37,967	3,525	2,878	
Chairman and Non Executives	163	149	150	0	0	0	0	150	-1	0	
Exec Board and Senior managers	12,259	11,209	12,432	5	0	0	0	12,437	-1,228	-1,061	
Admin & Clerical	36,843	33,690	-373	239	31,063	134	287	31,350	2,340	2,269	
Agency Premium Provision	5,165	4,733	0	0	0	0	0	0	4,733	4,661	
Vacancy Factor	-13,645	-12,872	0	0	0	0	0	0	-12,872	-11,913	
TOTAL	**319,761**	**292,228**	**225,236**	**1,735**	**42,754**	**6,700**	**18,078**	**294,503**	**-2,276**	**-359**	





Cash Flow Management

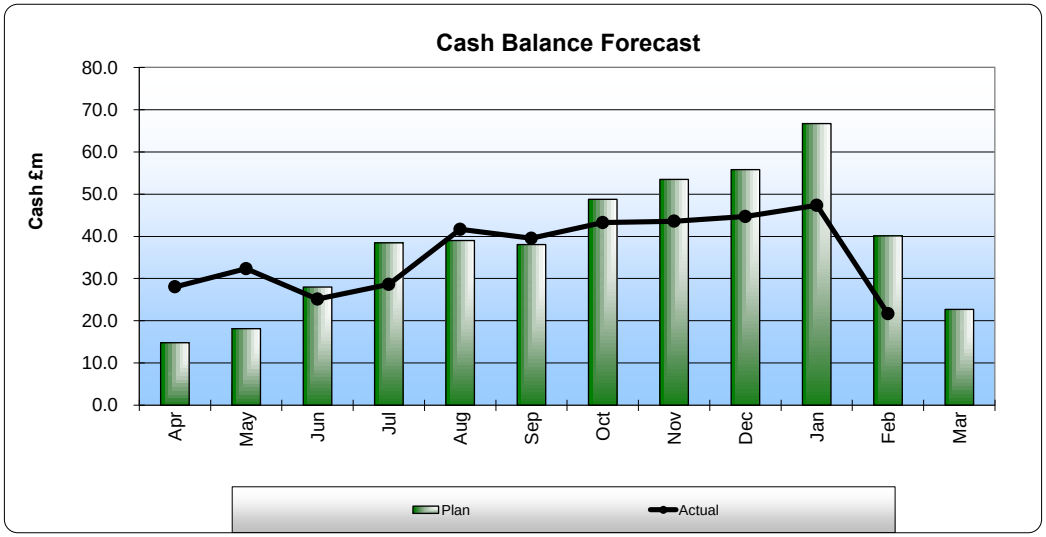
Month 11 - The Period 1st April 2016 to 28th February 2017

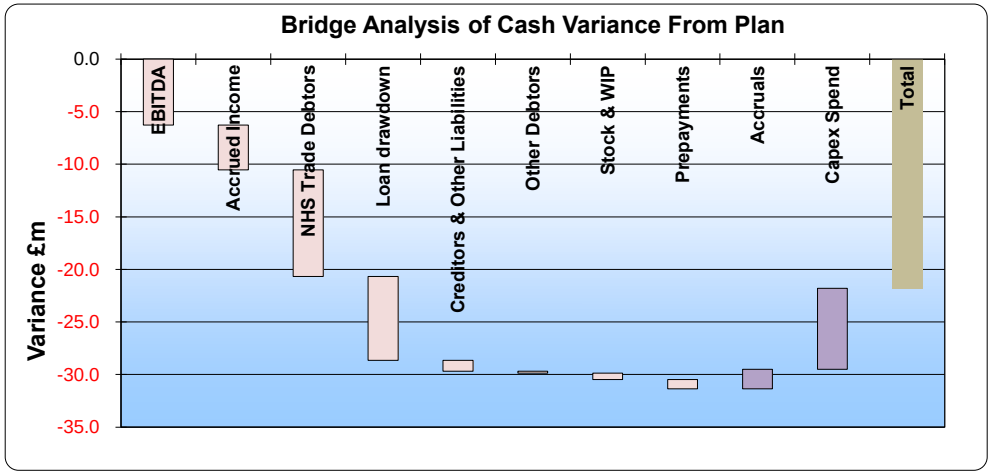
York Teaching Hospital NHS
NHS Foundation Trust

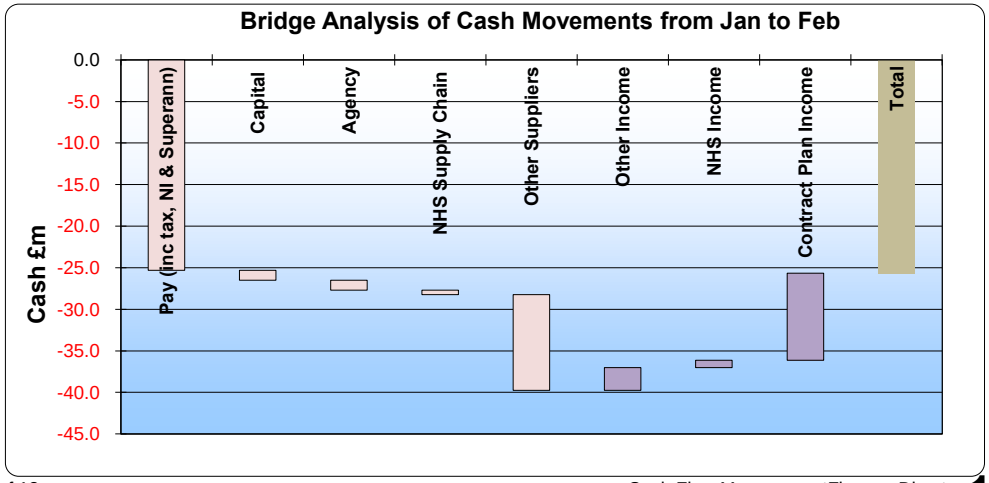
Key Messages:

* The cash position at the end of February was £21.7m, which is behind plan. The movement in closing balances from Jan to Feb mirrors the planned movement of £26m.
* The key factors influencing cash are:

- Negative impact due to increased expenditure incurred with the level of overtrade activity.
- This is also reflected in the increase in receivables balance, with £11m of overtrade invoices raised in February and due to be paid in March.
- Negative impact due to the delay in receiving the Q3 STF payment, originally forecasted to be received in January.
- Positive impact due to delays in the Capital Programme.







Cash Flow Management
Month 11 - The Period 1st April 2016 to 28th February 2017

York Teaching Hospital NHS
NHS Foundation Trust

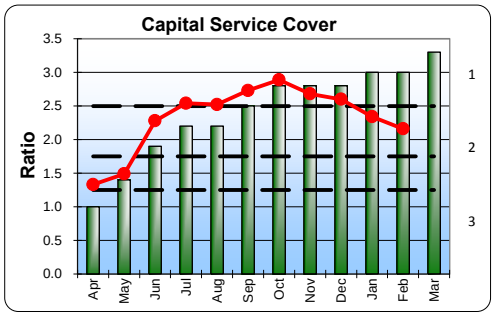
Key Messages:

* The receivables balance at the end of February was £18.4m, which is significantly above plan. This is due to the raising of invoices in connection with overtrade activity (£11m)
* The payables balance at the end of February was £11m, which is above plan.
* The Use of Resources Rating is assessed as a score of 2 in February, and is reflective of the I&E position.

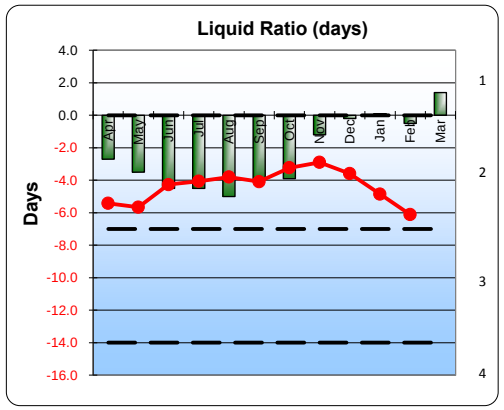
Significant Aged Debtors (+6mths)

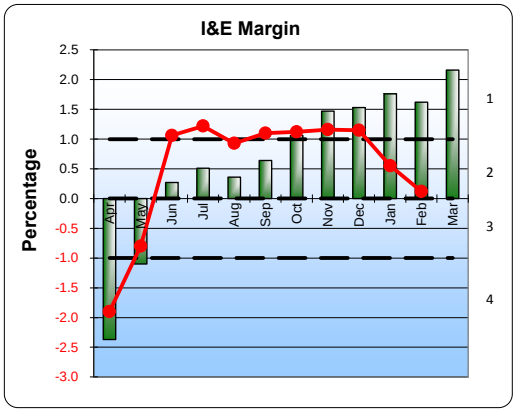
NHS Property Services	**£305K**
Depuy	**£172K**
Hull & East Yorkshire FT	**£152K**

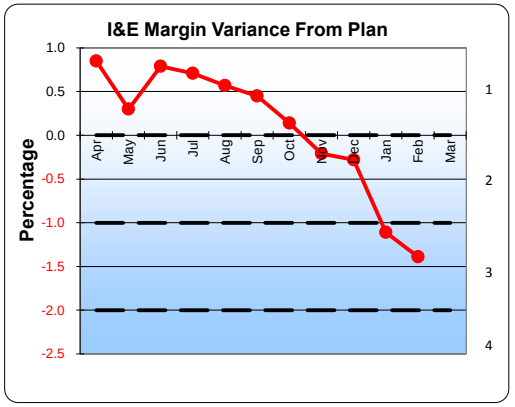
	Under 3 mths	3-6 mths	6-12 mths	12 mths +	Total
	£m	£m	£m	£m	£m
Payables	8.61	0.90	0.73	0.84	11.08
Receivables	16.01	1.01	0.62	0.73	18.37

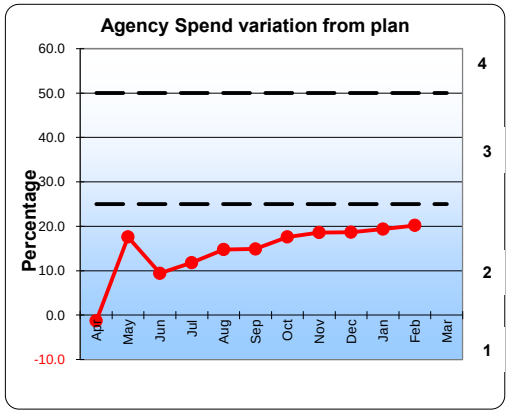


	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquidity (20%)	1	2	2	1
Capital Service Cover (20%)	1	1	2	1
I&E Margin (20%)	1	1	2	1
I&E Margin Variance From Plan (20%)	1	1	3	2
Agency variation from Plan (20%)	1	1	2	2
Overall Use of Resources Rating	**1**	**1**	**2**	**1**









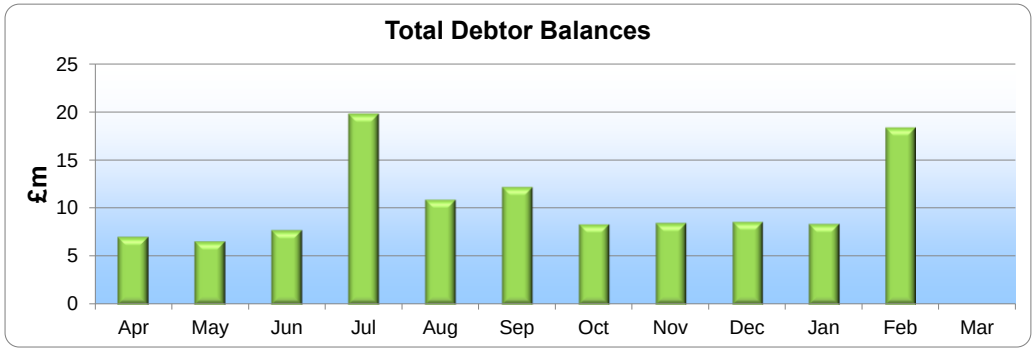
Debtor Analysis

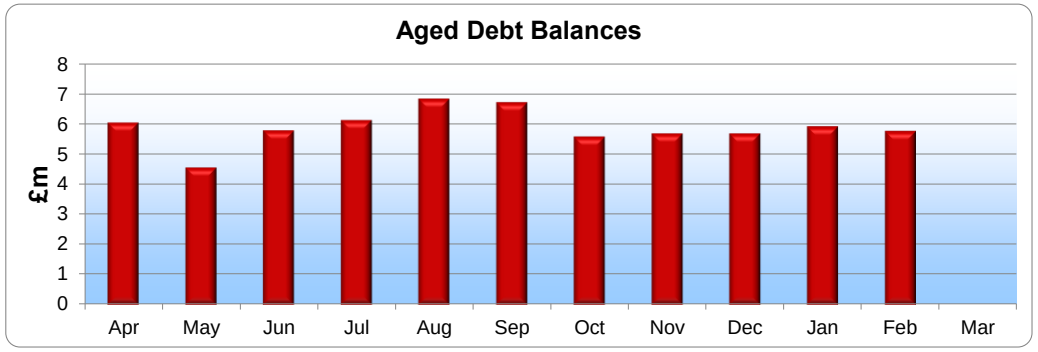
Month 11 - The Period 1st April 2016 to 28th February 2017

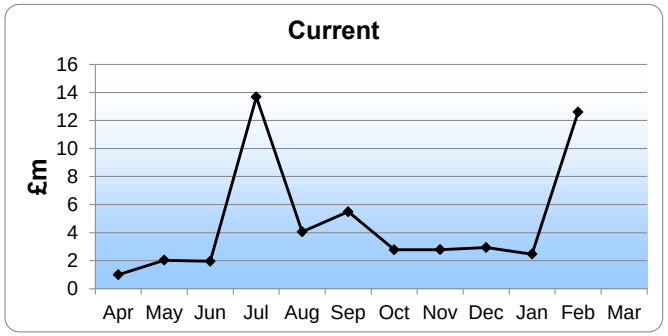
York Teaching Hospital NHS
NHS Foundation Trust

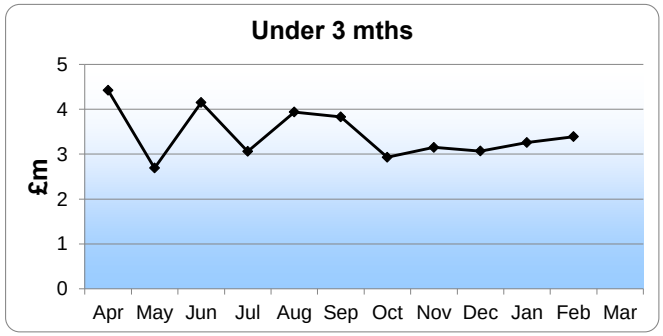
Key Messages:

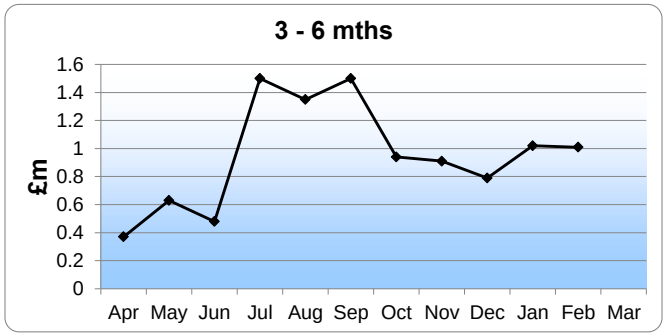
* At the end of February, the total debtor balance was £18.4m, with £12.6m relating to 'current' invoices not due.
* The 'current' balance includes £11m of overtrade invoices raised to VOY CCG, S&R CCG and NHS England. All three organisations have agreed to pay these in March.
* Aged debt reduced slightly to £5.8m, however progress is ongoing with long term aged debt invoices, reflected in the reduction of the 6-12 month category.

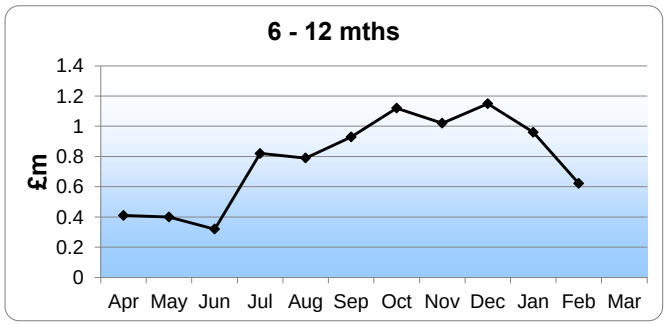


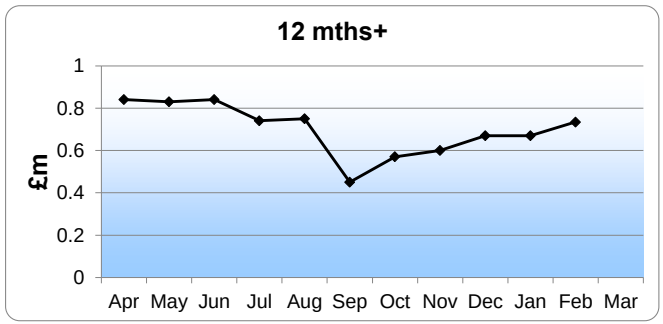










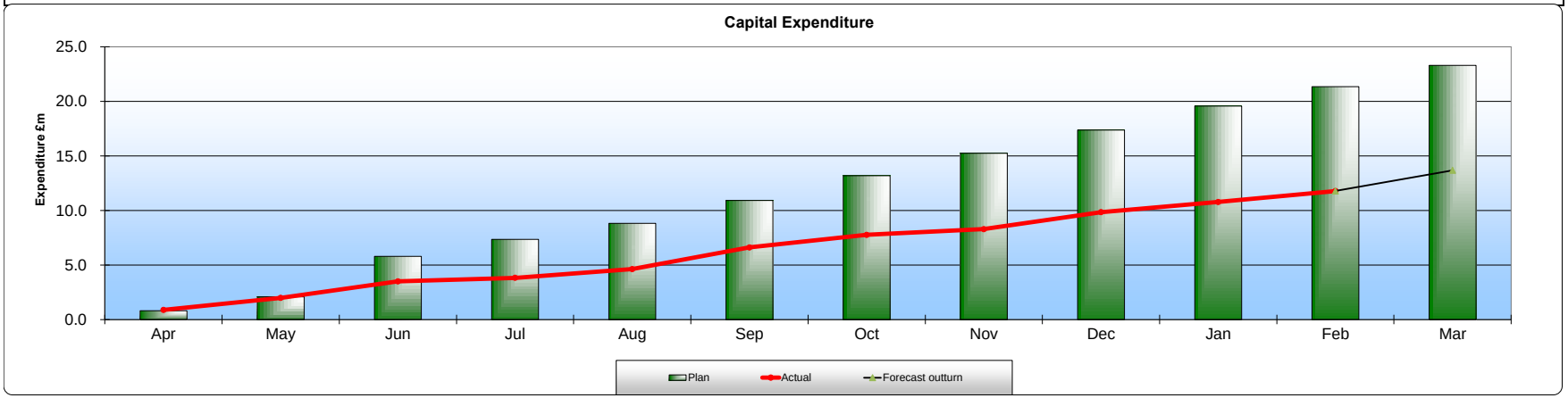


Capital Programme
Month 11 - The Period 1st April 2016 to 28th February 2017

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Total in year spend to 28 Februaury 2017 is £11.78m this is £9.57m behind plan at the end of February. The Trust outturn position has reduced to £13.682m which is shown in the forecast outturn line in the graph.
* ITFF loan for the Endoscopy and VIU schemes has now been approved and work will be started to progress these schemes.
* The Radiology schemes have now been reprogrammed to be delivered over the next financial year.
* Trust forecast outturn has been reduced to reflect NHSI request to defer capital spend where feasible.
* Work has started on the replacment portacabins in Scarborough.



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
Urology Facilities Malton	1,600	2,004	1,719	-119	Vat reclaimed
Purchase of Tanpit Lodge Easingwold	1,000	1,000	1,000	0	
Theatre 10 to cardiac/vascular	1,100	114	250	850	
Radiology Replacement	5,730	67	-	5,730	Slipped to 2017/18
Radiology Lift Replacement SGH	640	98	100	540	Slipped to 2017/18
Fire Alarm System SGH	640	149	160	480	Slipped to 2017/18
Other Capital Schemes	2,719	2,939	3,622	-903	York Admin Block plus Breast imaging PACS
SGH Estates Backlog Maintenance	750	740	950	-200	Roof repairs-Malton & Scarborough
York Estates Backlog Maintenance - York	750	412	600	150	
Surgical Assesment Unit/ Ward 14	-	584	590	-590	
Medical Equipment	450	270	550	-100	
IT Capital Programme	1,600	1,198	1,400	200	
Capital Programme Management	1,350	1,334	1,350	0	
Star Appeal	243	69	191	52	
SGH replacement of estates portakabins	732	53	500	232	
Endoscopy Development	3,500	752	700	2,800	Loan has been approved
Contingency	500	-	-	500	
TOTAL CAPITAL PROGRAMME	**23,304**	**11,783**	**13,682**	**9,622**	A level of capital creditors is included in the total spend figure.

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	
Depreciation	12,000	9,872	11,505	495	
Loan Funding b/fwd	-	-	-	-	
Loan Funding	7,950	752	-	7,950	
Charitable Funding	787	333	758	29	
Strategic Capital Funding	2,567	826	1,419	1,148	
TOTAL FUNDING	**23,304**	**11,783**	**13,682**	**9,622**	

Efficiency Programme

Month 11 - The Period 1st April 2016 to 28th February 2017

York Teaching Hospital NHS
NHS Foundation Trust

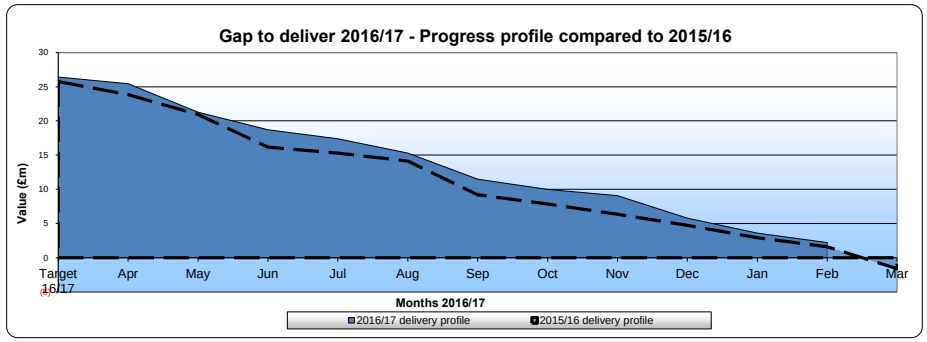
Key Messages:

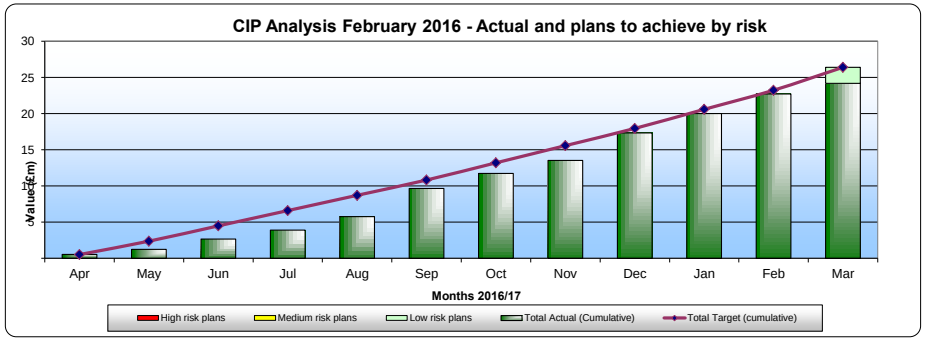
* Delivery - £24.2m has been delivered against the Trust annual target of £26.4m, giving a shortfall of (£2.2m)
* Part year NHSI variance - The part year NHSI variance is (£0.5m).
* In year planning - The 2016/17 planning gap is currently (£0m), High Risk Plans and Medium Risk Plans have now been excluded from the planning position.
* Four year planning - The four year planning gap is (£11.2m). The Target for 17/18 onwards have been updated to reflect the NHSI Plan submitted in December 16.
* Recurrent delivery - Recurrent delivery is £13.7m, which is 52% of the 2016/17 CIP target.

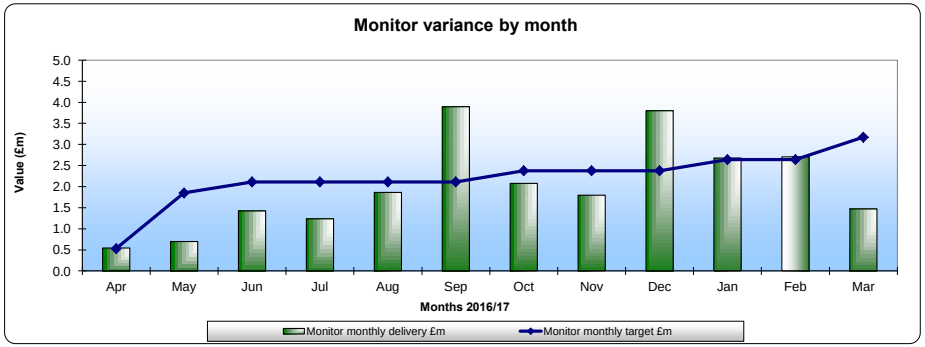
Executive Summary - February 2016	Total £m
TARGET	
In year target	26.4
DELIVERY	
In year delivery	24.2
In year delivery (shortfall)/Surplus	-2.2
Part year delivery (shortfall)/surplus - NHSI variance	-0.5
PLANNING	
In year planning surplus/(gap)	0.0
FINANCIAL RISK SCORE	
Overall trust financial risk score	(1 - RED)

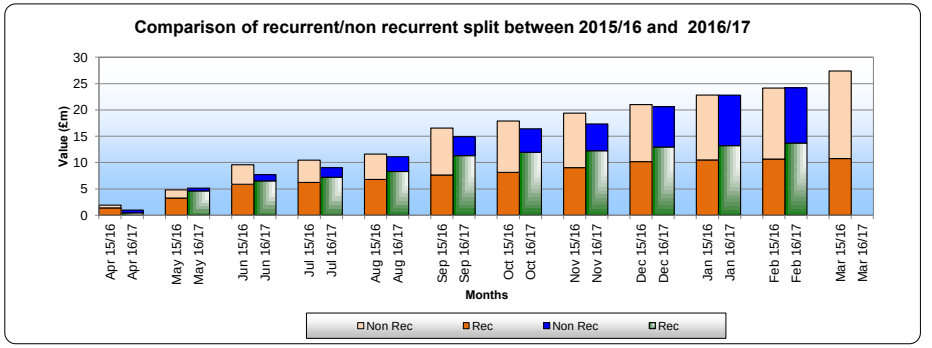
4 Year Efficiency Plan - February 2016					
Year	2016/17	2017/18	2018/19	2019/20	**Total**
	£m	£m	£m	£m	**£m**
Base Target	26.4	22.8	15.4	15.4	**80.1**
Plans	26.4	21.1	13.2	8.1	**68.9**
Variance	0.0	-1.7	-2.2	-7.3	**-11.2**
%	**100%**	**92%**	**86%**	**53%**	**86%**

Risk Ratings			
Financial			
Score	January	February	Trend
1	13	12	↓
2	4	5	↑
3	3	3	→
4	3	2	↓
5	4	5	→
Governance			
Score	January	February	Trend
Red	0	0	→
Green	26	26	→





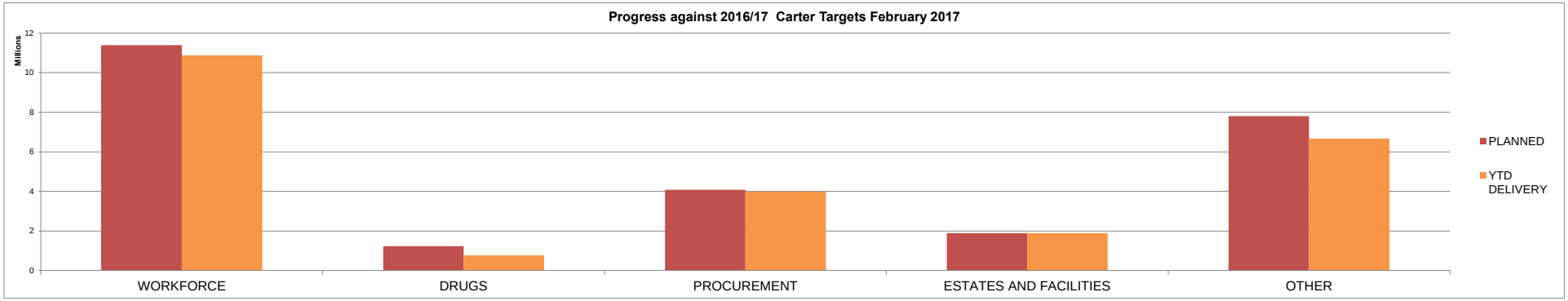




Key Messages:

The Carter Leads for each workstream provide an update on progress against the Carter Agenda to the Carter Steering Group.
The Model Hospital Benchmarking Tool has been updated with 2015/16 Reference Cost Data - validation in progress.

EFFICIENCY PROGRAM - CARTER WORKSTREAM PERFORMANCE FEBRUARY 2017						
CATEGORY	**WORKFORCE**	**DRUGS**	**PROCUREMENT**	**ESTATES AND FACILITIES**	**OTHER**	**TOTAL**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**
2016/17 OVERALL TARGET						26,416
PLANNED	11,394	1,234	4,085	1,895	7,808	26,416
YTD TARGET						23,246
YTD DELIVERY	10,874	774	3,992	1,895	6,665	24,200
YTD VARIANCE				-186		953
4 YEAR TARGET						0
4 YEAR PLANS	20,732	7,160	7,049	4,972	28,964	68,878
4 YEAR VARIANCE						0



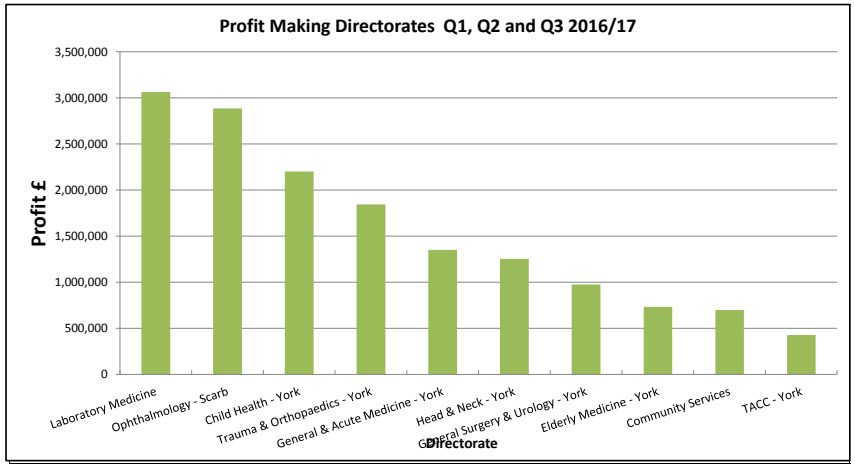
WORKFORCE	DRUGS
1. Draft Internal Dashboard set up and is being reviewed by the Workforce Lead. 2. Back office Costs Data Collection has been validated and final submission sent on 6 January 2017. The Model Hospital will be updated by NHSI to reflect this submission. 3. Review ongoing with Nurse E-Rostering System being led by Senior Nursing Team, E-Roster Team, HR and the Efficiency Team.	1. Draft Internal Dashboard set up and is being reviewed by the Pharmacy Lead. 2. NHSI updated Model Hospital Portal with National Pharmacy Dashboard August 16.
PROCUREMENT	**ESTATES AND FACILITIES**
1. Procurement Steering Group set up and monthly meetings are being held to drive the programme forward. 2. Workshop held with Procurement and a follow-up held in September with schemes being identified and updated on a monthly basis.	1. Work progressing on Internal Dashboard. 2. National Dashboard now live on Model Hospital and being reviewed.

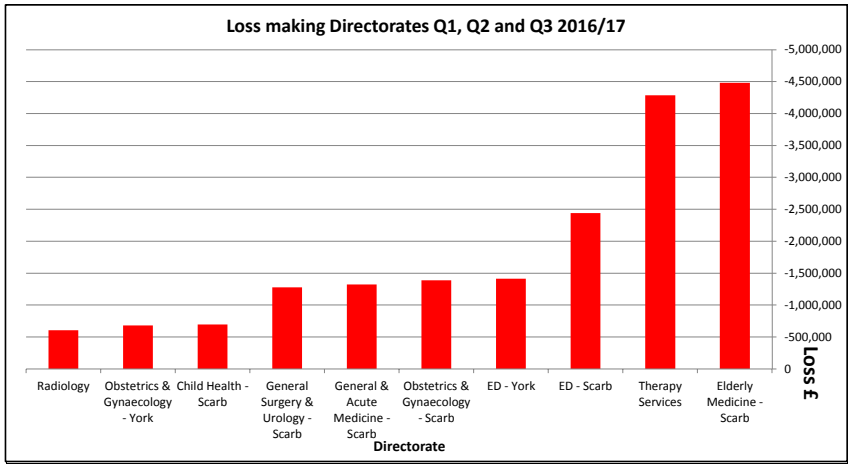
Service Line Reporting
Month 11 - The Period 1st April 2016 to 28th February 2017

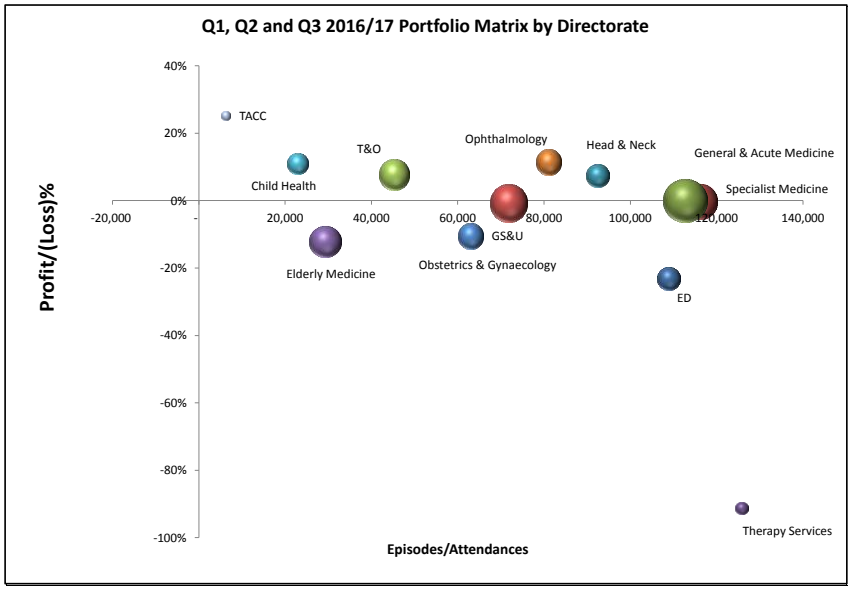
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Current data is based on Q1, Q2 and Q3 2016/17
* It is expected that Q4 2016/17 will be completed towards the middle of June 2017
* Qlikview user guides are continued to be developed to help users log in and navigate round the system







DATA PERIOD	Q1, Q2 and Q3 2016/17
CURRENT WORK	* Q4 2016/17 SLR PLICS reports and Reference Costs are now the key focus for the team *Qlikview user guides have been published to help users log in and navigate round the system. More user guides covering different areas of Qlikview will be released over the coming months * Work with Directorate teams is currently on-going to improve the quality of consultant PA allocations used within the SLR PLICS system for each quarterly reporting period * The SLR team are continuing to work with Directorate teams to improve the quality of outpatient staffing group costs within SLR PLICS
FUTURE WORK	* Work on the Q1 2017/18 SLR PLICS data will commence once the Reference Cost return has been submitted * Future work around junior doctor PA allocations will improve the quality of the SLR data and also inform the annual mandatory Education & Training cost collection exercise * Planning for the NHSI Costing Transformation Programme will soon begin to ensure that we are prepared for future mandatory reporting requirements

FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	**£2.78m**

York Teaching Hospital NHS Foundation Trust

Board of Directors – 29 March 2017

Efficiency Programme Update – February 2017

Action requested/recommendation

The Board is asked to note the February 2017 position.

Executive Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2016/17 target is £26.4m and delivery, as at February 2017 is £24.2m.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC regulations

Progress of report	Finance & Performance Committee
Risk	The Efficiency Programme presents a significant

	financial risk to the organisation.
Resource implications	The aim of this work stream is to ensure the most effective use of the Trust resources.
Owner	Andrew Bertram, Finance Director
Author	Steve Kitching, Head of Corporate Finance & Resource Management
Date of paper	March 2017
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Briefing note for the Finance & Performance Committee Meeting 21 March 2017 and Board of Directors Meeting 29 March 2017

Subject: February 2017 - Efficiency and Carter update

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

Summary reported position for February 2017

Current position – highlights

Delivery - Overall delivery is £24.2m in February 2017 which is (92%) of the £26.4m annual target. This position compares to a delivery position of £24.2m (93%) in January 2016.

Part year delivery is (£0.5m) behind the profiled plan submitted to NHSI.

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

In year planning – At February 2017 CIP is 100% planned, the comparative position in February 2016 was a gap of £1.2m.

Four year planning – The four year planning gap is (£11.2m). The position in February 2016 was a gap of (£22.8m).

The Board Report has been updated with the 2017/18 NHSI plan figures.

Recurrent vs. Non recurrent – Of the £24.2m delivery, £13.7m (57%) has been delivered recurrently. Recurrent delivery is £3m ahead of the same position in February 2016. Work continues to identify recurrent schemes.

The Resource Management Team and Finance Managers are reviewing Non-recurrent delivery with a view to converting to Recurrent where appropriate.

Quality Impact Assessments (QIA) –

A final clinical review of QIA's is underway; this involves reviewing efficiency schemes that were included on the CIP schedules since June 2016.

Overview

The February 2017 position is encouraging with recurrent delivery at £13.7m (52%) of the annual target.

All Directorates have self-assessed their schemes as part of the QIA self-assessment process and clinical reviews are well underway.

Efficiency panel meetings have now taken place with one final Panel scheduled for March. 'Follow-up' Panel meetings have been scheduled for 2 Directorates and these will take place in early March.

Carter

The NHSI Corporate Services Template (back office functions) has been validated and re-submitted and notification has been received that this will be published in the middle of March. This data will provide a focus for any areas where we are above the national average.

Risk

The key risks in the programme:

- The 4 year planning gap of (£11.2m).
- Recurrent delivery to date is £13.7m of the overall target (£26.4m) and remains a key focus in the final month.
- Non-recurrent delivery of schemes at £10.5m (43% of total delivered).

RISK SCORES - FEBRUARY 2017 -APPENDIX 1

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

RISK SCORES - FEBRUARY 2017 - APPENDIX 2

DIRECTORATE	Yr1 Target (£000)	4Yr Target (£000)	Yr 1 Plan v Target %	Yr 1 Plan v Target Score	Yr 1 Delivery v Target %	Yr 1 Delivery v Target Score	Y1 Recurrent Delivery v target %	Y1 Recurrent Delivery v target Score	4 Yr Plan v Target %	4 Yr Plan v Target Score	Risk Score Total Score	Risk Score Monitor Rating
WOMENS HEALTH	1,683	3,430	40%	1	39%	1	35%	1	48%	1	4	1
EMERGENCY MEDICINE	522	1,930	40%	1	40%	1	40%	1	78%	1	4	1
COMMUNITY	1,099	2,281	46%	1	44%	1	31%	1	76%	1	4	1
RADIOLOGY	1,693	3,295	51%	1	51%	1	20%	1	45%	1	4	1
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1,280	3,462	56%	1	55%	1	49%	1	49%	1	4	1
SPECIALIST MEDICINE	3,172	7,189	63%	1	63%	1	50%	1	55%	1	4	1
SEXUAL HEALTH	635	1,329	65%	1	65%	1	2%	1	86%	1	4	1
TACC	2,248	6,274	71%	1	68%	1	37%	1	84%	1	4	1
GEN MED SCARBOROUGH	871	2,311	100%	2	84%	1	63%	2	97%	2	7	1
MEDICINE FOR THE ELDERLY	1,513	3,774	99%	2	99%	3	65%	2	85%	1	8	2
GS&U	1,964	5,109	101%	3	99%	3	49%	1	81%	1	8	2
GEN MED YORK	1,846	5,686	98%	2	98%	3	65%	2	106%	3	10	2
HEAD AND NECK	850	2,050	107%	3	101%	3	59%	1	115%	4	11	2
CHILD HEALTH	1,072	2,374	108%	3	108%	4	59%	1	107%	3	11	2
OPHTHALMOLOGY	763	2,795	109%	3	103%	3	76%	4	110%	3	13	3
PHARMACY	374	1,065	148%	5	126%	5	87%	5	115%	4	19	5
LAB MED	794	2,881	205%	5	204%	5	109%	5	114%	4	19	5
ORTHOPAEDICS	1,228	3,521	216%	5	216%	5	106%	5	147%	5	20	5
CORPORATE												
ESTATES AND FACILITIES	2,701	7,099	73%	1	73%	1	62%	2	86%	1	5	1
MEDICAL GOVERNANCE	195	533	93%	2	93%	2	5%	1	34%	1	6	1
CHIEF NURSE TEAM DIRECTORATE	389	730	94%	2	94%	2	37%	1	67%	1	6	1
FINANCE	417	1,203	154%	5	154%	5	55%	1	53%	1	12	3
SNS	750	1,772	102%	3	102%	3	85%	5	96%	2	13	3
OPS MANAGEMENT YORK	205	568	131%	5	131%	5	85%	5	64%	1	16	4
CHAIRMAN & CHIEF EXECUTIVES OFFICE	74	186	234%	5	234%	5	105%	5	93%	2	17	4
LEARNING ORGANISATIONAL DEVELOPMENT & RESEARCH	217	627	190%	5	190%	5	75%	4	137%	5	19	5
HR	376	1,007	148%	5	148%	5	86%	5	127%	5	20	5
TRUST SCORE	**28,929**	**74,481**	**100%**	**3**	**92%**	**2**	**52%**	**1**	**71%**	**1**	**7**	**1**

Public Performance Report

March 2017

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

Access Targets: 18 Weeks

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**92%**	93.0%	92.5%	90.8%	89.4%	89.4%	89.0%	89.2%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**0**	0	0	0	0	0	0	0
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	Not applicable	**Not applicable**	74.2%	70.6%	68.6%	67.8%	71.7%	70.9%	67.1%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	Not applicable	**Not applicable**	95.3%	95.5%	94.4%	93.3%	93.7%	93.4%	93.1%

Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Nov	Dec	Jan
14 Day Fast Track	Not applicable	**93%**	93.5%	92.8%	89.9%	89.9%	89.8%	94.0%	88.7%
14 Day Breast Symptomatic	Not applicable	**93%**	95.1%	95.6%	93.3%	97.1%	97.8%	96.0%	94.3%
31 Day 1st Treatment	Not applicable	**96%**	98.6%	99.4%	99.0%	98.0%	97.1%	98.8%	96.7%
31 Day Subsequent Treatment (surgery)	Not applicable	**94%**	96.2%	96.5%	97.0%	94.4%	83.3%	97.1%	95.0%
31 Day Subsequent Treatment (anti cancer drug)	Not applicable	**98%**	99.2%	100.0%	100.0%	99.6%	99.2%	100.0%	100.0%
62 day 1st Treatment	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**85%**	85.8%	86.4%	84.3%	80.8%	80.2%	84.8%	83.1%
62 day Screening	Not applicable	**90%**	90.4%	91.0%	92.5%	92.9%	93.4%	89.8%	92.2%
62 Day Consultant Upgrade	Not applicable	**85%**	50.0%	-	-	-	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**95%**	85.0%	87.3%	91.4%	82.9%	81.1%	78.2%	81.4%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**0 > 30min**	715	592	559	834	287	330	289
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**0 > 60min**	553	591	425	709	275	379	303
Ambulance Handovers over 30 and 60 Minutes by CCG	**Ambulance Handovers over 30 and 60 Minutes by CCG**	**Breach Category**	**Q4 15/16**	**Q1 16/17**	**Q2 16/17**	**Q3 16/17**	**Dec**	**Jan**	**Feb**
	NHS VALE OF YORK CCG	30mins - 1hr	183	226	116	371	144	134	112
		1hr 2 hours	122	232	75	219	103	132	68
		2 hours +	69	62	12	66	38	69	20
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	184	165	215	222	70	107	97
		1hr 2 hours	128	101	131	164	56	76	74
		2 hours +	40	29	42	48	11	28	29
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	135	117	146	167	46	69	58
		1hr 2 hours	96	89	90	100	34	40	60
		2 hours +	35	22	23	38	9	16	34
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	19	28	25	21	10	10	10
		1hr 2 hours	21	12	10	20	6	11	7
		2 hours +	9	1	3	4	2	3	6
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	2	3	4	1	1	1	0
		1hr 2 hours	2	1	0	6	2	1	0
		2 hours +	1	0	1	0	0	1	0
	OTHER	30mins - 1hr	25	53	53	52	16	9	12
		1hr 2 hours	20	33	34	31	8	2	4
		2 hours +	12	9	4	13	6	0	1
Total number of patients waiting over 8hrs in A&E	General Condition 9	Q1 - Establish baseline	1656	1045	591	1865	720	1076	842
Trolley waits in A&E not longer than 12 hours	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**0 > 12 hrs**	32	7	0	18	11	45	6
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**95%**	99.0%	98.8%	98.8%	To follow	To follow	To follow	To follow

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	**A banding of "Significantly higher that expected" in SHMI using the "Extract Poisson Distribution" method for deriving upper and lower confidence limits, applied to each sub-group reported**	97	96	95	93	94	95	96
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9		107	108	107	107	108	107	106

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
Minimise rates of Clostridium difficile	*Schedule 4 part G* **Quarterly:** 1 Monitor point tbc	**48**	15	7	6	13	8	10	5
Number of Clostridium difficile due to "lapse in care"	Establish baseline and set trajectory	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	**Quarterly:** General Condition 9	**(TBC)**	33	17	32	14	5	9	8
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases	**Quarterly:** General Condition 9	**30**	7	13	7	17	5	5	5
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	**0**	2	2	2	3	1	0	0
Confirmed cases of MRSA Bacteraemia to be notified to commissioner by next working day	General Condition 9	**100%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) of MRSA bacteraemia/SI report to be provided to the commissioner within 21 working days of the case being identified in line with national data capture system	General Condition 9	**100%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) completed	TBC	**TBC**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All High Risk (non-day case) Elective admissions are screened for MRSA prior to admission	**Quarterly:** General Condition 9	**95%**	74.0%	84.5%	86.1%	87.0%	84.7%	87.7%	86.9%
Emergency admissions are screened for MRSA within 24 hours of admission	**Quarterly:** General Condition 9	**95%**	75.0%	83.4%	86.6%	85.5%	84.7%	85.4%	85.7%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	Not applicable for 2016/17 - part of NHS England Sustainability and Transformation Fund (STF)	**99%**	99.6%	99.3%	99.4%	99.0%	99.0%	99.0%	99.0%
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	3	0	0	0	0	5	0
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	4	13	2	2	0	10	5
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	**0**	0	0	0	0	0	0	0
Cancelled operations within 48 Hours of the TCI due to lack of beds	General Condition 9	**65 per month**	210	61	22	220	71	191	117
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	General Condition 9	**95%**	98.4%	98.7%	98.5%	98.4%	98.3%	98.3%	98.4%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**99%**	99.9%	99.9%	99.9%	To follow	To follow	To follow	To follow
All ELECTIVE patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system within 24 hours of admission	General Condition 9	**Q1 - 91% Q2 - 91% Q3 - 93% Q4 - 93%**	92%	87%	88%	87%	85%	87%	89%
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in General Condition 9 - Trust only to be accountable for Health delays.	**Set baseline in Q1 and agree trajectory**	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	100.0%	100.0%	100.0%	94.9%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	**90%**	Annual statement of assurance						
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	**180 per month**	482	519	531	603	145	185	175
Reduction in number of hospital cancelled first and follow up outpatient appointments for non-clinical reasons where there is a delay in the patient treatment	General Condition 9	**Not applicable**	2599	2760	2504	2328	682	883	877
% Compliance with WHO safer surgery checklist	General Condition 9	**100%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn awaiting figure from CCG**	499	535	530	n/a	183	2 month coding lag	2 month coding lag
Readmissions within 30 days – Non-elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn awaiting figure from CCG**	1660	1624	1662	n/a	522	2 month coding lag	2 month coding lag
Reduction in avoidable transfers within the Trust after 10pm. Excludes transfers for clinical reasons or for patients transferred to a more appropriate ward	General Condition 9	**300 per Quarter**	317	235	239	300	97	138	98
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.2%	99.8%	99.8%	99.8%	100.0%	100.0%	100.0%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	General Condition 9	**Best Practice Standards**	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced quarterly .						
All Red Drugs to be prescribed by provider effective from 01/04/2016	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
All Amber Drugs to be prescribed by provider effective from 01/04/2016	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
NEWS within 1 hour of prescribed time	None - Monitoring Only	**None**	85.9%	87.3%	87.9%	87.6%	87.1%	87.0%	87.5%

Never Events

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

District Nursing Activity Summary

Indicator	Source	Threshold	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17	Dec	Jan	Feb
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	-	3339	3345	3479	3647	1057	1147	1059
	Community nurse/service	-	1317	1463	1482	1619	515	588	467
	Acute services	-	1320	1327	1421	1402	496	519	459
	Self / Carer/family	-	882	863	1047	962	279	344	258
	Other	-	426	521	444	400	125	127	125
	Grand Total	-	7284	7519	7873	8030	2472	2725	2368
Community Adult Nursing Contacts	First	-	5089	5620	6018	6526	2059	2182	1903
	Follow up	-	61791	74408	84084	84989	27805	30519	28128
	Total	-	66880	80028	90102	91515	29864	32701	30031
	First to Follow Up Ratio	-	12.1	13.2	14.0	13.0	13.5	14.0	14.8
Community Hospitals average length of stay (days)	Malton Community Hospital	-	18.2	18.8	18.5	18.6	17.0	19.7	18.5
	St Monicas Hospital	-	18.9	16.4	22.7	17.2	14.7	12.5	15.1
	The New Selby War Memorial Hospital	-	19.5	14.1	23.0	17.7	17.7	21.1	18.4
	Total	-	19.3	17.9	21.9	18.3	17.6	18.8	17.7
Community Hospitals admissions. Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective	Malton Community Hospital	Step up	44	34	39	41	11	11	10
		Step down	82	84	93	76	28	28	28
	St Monicas Hospital	Step up	23	17	14	26	10	5	13
		Step down	28	37	23	32	12	17	8
	The New Selby War Memorial	Step up	22	22	24	24	10	7	6
		Step down	72	75	66	75	25	29	21
	Total	Step up	104	83	81	100	31	23	29
		Step down	255	267	246	234	65	74	57

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Complaints and PALS												
New complaints this month	46	36	30	33	33	50	44	36	37	33	43	32
Top 3 complaint subjects												
All aspects of Clinical Treatment	49	21	26	18	17	26	71	40	36	18	32	16
Communications/information to patients (written and oral)	21	14	6	12	10	26	72	19	17	12	16	2
Patient Care	22	10	11	7	14	18	26	13	36	10	35	17
Top 3 directorates receiving complaints												
Acute & General Medicine	9	8	8	5	6	7	6	3	5	4	8	4
Emergency Medicine	8	5	3	3	6	7	6	10	5	7	8	1
General Surgery & Urology	5	4	3	1	5	6	3	3	7	4	6	5
Number of Ombudsman complaint reviews (new)	0	2	3	4	2	2	0	0	2	0	0	1
Number of Ombudsman complaint reviews upheld	0	0	1	0	0	0	0	0	0	0	0	0
Number of Ombudsman complaint reviews partly upheld	1	2	1	3	0	1	2	0	0	1	1	0
New PALS queries this month	443	480	407	387	315	333	284	279	286	210	278	260
Top 3 PALS subjects												
Communication issues	48	36	25	23	60	60	51	51	76	52	50	56
Any aspect of clinical care/treatment	48	59	55	47	24	34	28	23	20	22	24	28
Appointments	45	56	37	50	31	61	60	50	44	43	40	29

Serious Incidents												
Number of SI's reported	21	19	12	31	15	17	12	9	18	14	28	18
% SI's notified within 2 working days of SI being identified*	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
* this is currently under discussion via the 'exceptions log'												
Compliance with Duty of Candour for Serious Incidents:												
-Verbal Apology Given	8	9	6	20	8	6	7	3	6	4	7	4
-Written Apology Given *	0	0	1	1	1	1	1	2	1	1	1	0
-Invitation to be involved in Investigation	0	2	1	2	2	3	3	1	8	3	2	1
-Given Final Report (If Requested)	0	0	1	0	3	1	0	2	0	1	1	0

Pressure Ulcers**												
Number of Category 2	52	50	44	32	31	36	62	76	81	74	90	67
Number of Category 3	3	2	6	6	2	3	2	5	5	2	5	6
Number of Category 4	0	1	0	1	1	1	0	0	1	1	1	1
Total number developed/deteriorated while in our care (care of the organisation) - acute	57	44	53	37	28	39	57	86	99	87	104	78
Total number developed/deteriorated while in our care (care of the organisation) - community	29	24	20	25	28	26	35	36	26	30	40	37

Falls***												
Number of falls with moderate harm	4	1	3	3	3	2	2	0	0	1	5	0
Number of falls with severe harm	5	4	4	9	3	8	4	4	2	3	3	3
Number of falls resulting in death	0	0	0	0	0	0	0	0	0	1	0	0

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17
Safeguarding												
% of staff compliant with training (children)	85%	86%	86%	85%	86%	86%	86%	86%	86%	87%	87%	85%
% of staff compliant with training (adult)	84%	85%	85%	85%	85%	86%	86%	85%	86%	88%	87%	85%
% of staff working with children who have review CRB checks												
Prevent Strategy												
Attendance at the HealthWRAP training session												
Number of concerns raised via the incident reporting system												
Claims												
Number of Negligence Claims	12	18	16	17	12	10	10	13	14	11	10	8
Number of Claims settled per Month		3	6	2	5	9	5	1	8	2	7	3
Amount paid out per month **		£635,000	£66,500	£125,000	£342,500	£989,450	£262,750	£35,000	£780,500	£250,000	£128,226	£75,000
Reasons for the payment		Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

* As not all SIs result in harm there will be instances where no written letter is required. The approach of the Trust is to bring the patient's relatives in to discuss the report and offer a summary if they require this. Meetings have been arranged with a number of relatives regarding this.
Note ** and *** - falls and pressure ulcers subject to validation. Falls resulting in deaths are investigated as Serious Incidents and the degree of harm will be confirmed upon completion of investigation.

All falls and pressure ulcer data is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers. A change on the way the Trust reports pressure ulcers was implemented on 01/09/16 resulting in a slight increase in the pressure ulcers reported as developing under our care. Category 3 pressure ulcer data excludes Category 3 ulcers which are recorded as having developed within 72 hours of admission to inpatient care.
* * one claim in April was settled for a lump sum payment of £450,000 (included in the data) with yearly payments of £145,000 to fund care needs, with the Claimant's life expectancy being between 3 and 5 years. The ongoing care costs are excluded from the above data as they cannot be quantified at present. Amount paid shows the damages.

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Environment & Estates Committee

Action requested/recommendation

The Board of Directors is asked to receive the minutes of the Environment & Estates Committee meeting held on 7th February 2017 noting the assurance taken from these discussions and the key items that have been highlighted for the attention of the Board.

Summary

The purpose of the Committee is to receive assurance and to provide challenge and scrutiny around environment and estates matters within the Director of Estates & Facilities areas of responsibility.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

CQC outcome regulation 15: premises and equipment.

Progress of report	Prepared for presentation to the Board of Directors.
Risk	None
Resource implications	None
Owner	Michael Sweet, Chair – Environment & Estates Committee
Author	Brian Golding, Director of Estates & Facilities
Date of paper	March 2017
Version number	Version 1

Environment & Estates Committee Meeting – 7.2.17

York Teaching Hospital NHS
NHS Foundation Trust

Committee: Mike Sweet (MS) (Chair), Jennie Adams (JA)

Attendees: Brian Golding (BG), David Biggins (DB), Colin Weatherill (CW), Jane Money (JM), Lynda Provins (LP), Jacqueline Carter (JC)

Observing: Governors – Sheila Miller, Chris Pearson, Helen Fields, Catherine Thompson

	Agenda item	AFW /CRR	Paper	Comments	Assurance	Attention to Board
1.	**Welcome / Introductions**			MS welcomed colleagues to the meeting and in particular the four Governors who were observing the meeting, and for whose benefit, set out the purpose of the Committee.		
2.	**Apologies for absence.**			None.		
3.	**Minutes of last meeting.**			The minutes of the last meeting held on 6th December 2016 were agreed as a correct record.		
	Matters Arising			**Directorate Risk Register** EF06 – failure of chiller unit, ICU – BG confirmed this was now in the maintenance programme budget following the approval of the 17/18 Capital Programme expenditure by the BoD. EF08 – climate change – it was confirmed that a separate sustainable development risk register has now been developed by JM. EF16 – Nurse call system equipment, SGH – this has been rectified. Longer term it was agreed a Trust wide call system will be included in the DRR. Other departmental RRs – matter outstanding – CW to contact FJ to consider a way of sharing other RRs and identifying		

				possible linkages. **Action: CW.** Audit Committee chair review and comment on the modified RR format is still awaited. **Efficiency Scheme charitable rate relief** BG confirmed that A. Bennett had recently met with GVA Grimleys, our ratings advisers. He reported that a number of FTs are in a similar position and as a result GVA have agreed to undertake a test case with a London hospital, therefore, we are awaiting the outcome. This was noted. **Sustainable Development (SD)** Business Cases – JM confirmed she has reviewed a recently approved BC from a sustainable development point of view. As yet she has not sent comments back to Graham Lamb and the BC author but it was unclear how the author had determined the SD impact of the case. She said that going forward Corporate Directors (CDs) have agreed to press for further information on sustainability each time a BC is submitted for approval. BG also confirmed that agreement had been reached for a paragraph on their SD commitment to be added to each Directors job description. As part of this work BG has also suggested running a training session for BC authors. This was noted. SGH CHP - the official opening of the upgraded boiler house and the installation of a combined heat and power unit has been set for Thursday 23rd March. SDMP Action Plan – JM confirmed she now has a contact for models of care and, therefore, will be able to progress this area of the action plan further. **Carter** A new Carter dashboard has been published. **Post meeting note** – this has now been circulated to MS and JA. Analysis of Trust wide space utilisation – DB confirmed this will		

				be completed in time for the next ERIC return. This was noted. **Action: DB.**		
4.	**Board Assurance Framework**			The EEC received the Board Assurance Framework document for noting and discussion. It was noted the BAF is structured around 4 key ambitions and identifies the strategic risks of not achieving those objectives against the E&F ambition. It was noted that for E&F we have received a rating of mainly green with 1 amber and BG asked for the metrics behind this scoring as it was not clear what they were based on. LP agreed to review this as it was felt each sub-committee of the Board should focus on each of the 4 key ambitions of the Trust and have input into those definitions. **Action: LP.** DB said that within PAM there is a question that relates to this and it would be important to align the framework document to the PAM work. This was noted. Following discussion it was agreed that the document would be brought to <u>each</u> EEC to assess whether any issues required escalation to the Board. **Action: BG/DB to discuss progress further.**		
5.	**Directorate Risk Register**			MS clarified what the preferred process was for reviewing the RR: • **Every meeting the EEC would receive the whole RR but only review the reds and ambers.** • **Twice a year (June and December) the EEC would review the whole Register.** • **It was agreed to add dates to each item on the RR to show the latest update.** EF01 – Estates capital availability – regarding backlog maintenance work it was agreed to review this risk again. It was noted that a 6 facet survey was being undertaken as mentioned at the last meeting and once complete those recommendations would then be added to the Capital Programme. Also, any		

				elements deemed to be a corporate risk would be escalated accordingly to the CRR. DB said this work also links to the Carter efficiency metrics which are quantified into high, medium and low risks. He confirmed that SGH is the only site with a high risk maintenance requirement and the items are in the 17/18 capital programme so this new survey will just update that information for us and will provide us with the assurance required. This was noted. Since the last meeting CW confirmed that there had been a new entry on the RR (no. 62) relating to the structural safety of the link bridge from stroke to pathology – north side, SGH. This had been given an amber rating. This was noted. At this point in the meeting JA asked whether it would be beneficial for the EEC to receive Capital information as a regular item as well as the F&P. This was agreed. **Action: BG proposed inviting A.Bennett to become a member of the EEC.** This was agreed as a very positive move.		
6.	**Internal Audit Reports**			BG reported to the EEC that he had recently met with the Internal Audit team to agree the E&F audit programme for 17/18. He said the whole 17/18 audit programme was due to be ratified by CDs this month. This was noted. LP asked that as a minimum any "limited assurance" reports would require to be seen by the EEC. MS confirmed that this was the Committee's practice and that all audit reports would be noted by this group but only limited assurance ones would be discussed. It was agreed to circulate the 17/18 schedule at the next meeting. **Action: BG.** **Y1741 Non-Medical Equipment focussing on Portable Appliance Testing** – BG verbally confirmed that Y1741 had received significant assurance. This was noted.		
7.	**Health, Safety & Security**			**H&S/NCRG minutes, 14/10** The H&S/NCRG minutes of 14th October were received for		

				comment and noting. The following items were highlighted: • H&S training – CW confirmed that in response to a concern that COSHH training was not being undertaken as effectively as it might he had now written a job description for a new training post in the Trust. It was anticipated the role would be filled by April and this would address concerns raised around training. • Management of violence & aggression – v&a is an on-going concern on specific wards in the Trust mainly at York. A training packing for staff dealing with patients with dementia is being worked up and this would emphasise the need for risk assessments to be undertaken. • Policy schedule – a schedule of E&F policies was tabled at the meeting for information. This schedule identifies all the policies/procedures that the E&F Directorate are responsible for including those policies that require BoD ratification. In relation to the policies it was agreed that when due for renewal a full policy would be reviewed by the EEC (not BoD) for approval prior to being referred to the BoD for ratification. It was also agreed to add a date column to the schedule to identify renewal dates. **Action: DB.** **Quarterly report – Health, Safety and Security** The EEC received the latest quarterly report for comment and noting. The following items were highlighted: 1.1 overview of Trust monitoring systems – currently CW is forecasting a 37.5% increase in non-clinical claims against last year's data. This was due in part to legislation changes. He confirmed that a small group meets on a quarterly basis to review open and settled claims as these can impact on the Trust's insurance premiums. The full schedule is reviewed by		

				the H&S/NCRG – a question was raised as to whether the full schedule should also be brought to the EEC. **Action: To be considered at the next meeting.** 1.4 a summary of accident and incident reports was received. Reported falls were showing a downward trend and reported medical gas incidents had appeared to increase, but overall there are no significant trends. 1.5 RIDDOR reportable incidents – it was noted that the 2 items that were reportable were v&a related. As mentioned above there is on-going concern in the Trust particularly on W37 – Helen Hey, Deputy Chief Nurse, is reviewing a training package to aid staff in that area. 1.9 Environment and Estates related complaints and PALS information were reviewed. It was agreed that the information pack submitted contained more information than the Committee required and that much of it was more relevant to the Q&S Committee. CW agreed to provide a more condensed pack to the EEC at its next meeting. **Action: CW.** **Declaration to NHS Protect for reported physical assault** The EEC received the annual RPA survey for noting and comment which had been submitted to NHS Protect in line with DoH requirements which allows them to assess the nature and scale of violence and aggression against NHS staff nationally. For 2015/16 the Trust declared figures for the following areas: Reported assaults / Involving medical factors / Declared Trust staff numbers / Number of criminal sanctions taken / Number of civil and admin sanctions. It was noted that whereas “reported assaults” had fallen against the previous year and that the number of reported incidents per 1000 staff is at its lowest for four years, there is concern that the incidents involving “medical factors” have increased in relation to total incidents as has the level of severity. This relates particularly to W37 (Elderly Care) and the question has to be		MAS to draw the Board’s attention to the concerns

				asked as to whether some of these patients should be in the hospital. The matter is currently being discussed with TEWV. CW confirmed that following receipt of this information NHS Protect will produce an annual report which will be available from Nov. '17. This was noted. MS thanked CW for this update. **Fire Safety Policy** The EEC reviewed the Fire Policy. While it was agreed that the policy was good and sufficient, the formatting and content of the appendices would benefit from being standardised and having the Trust's smaller sites included. As part of this discussion CW assured the EEC that the upgrading of the fire alarm system was a priority and would commence in the new financial year. The Committee asked if there were any other fire risks that we needed to be aware of. BG confirmed that compartmentalisation was an issue as the fire strategy in place relies on breaks. He assured the EEC this was a priority for York in the high risk areas. He confirmed this was also a significant issue at SGH & Malton that required to be addressed. This was noted. JA asked about corridor clutter and obstructions which can be a potential fire risk and of concern in some areas. BG stated that people should be empowered to raise this issue at leadership walk rounds and feel able to challenge people at local level. DB confirmed we have an environment team available on both sites however, over time he acknowledged those teams have been used in a different way than was originally intended and therefore, may have lost impact. Following discussion it was agreed to approve the Policy subject to the Policy being revamped prior to its next review date. **Action: CW.**	The Committee was assured that the work to upgrade the fire alarm systems (Scarborough followed by York) in 2017/18 would address an on-going risk	over V & A MAS/BG Policy to be ratified / update on fire alarm upgrade / walkrounds and fire risk / remind Board members of their responsibilities with regard best practice.

				Security Policy The EEC reviewed the Security Policy. It was noted that at the present time there is no nominated NED as required by the policy. MS agreed to take on this role following agreement from the Chair and Chief Executive. Following discussion it was agreed to approve the Policy subject to some small amendments. **Action: CW.** **Legislation** CW brought to the attention of the committee new legislation and particularly the new sentencing guidelines applicable to H&S around corporate manslaughter. CW was asked to produce a single page document setting out the fines / penalties and to ensure that each Director receives a copy. **Action: CW** The Committee was advised that BoD security awareness training is scheduled to take place in the near future.		Board to ratify Policy BoD. Details of new penalties / Awareness Training
8.	**Sustainable Development**			**Sustainable Development Management Plan (SDMP)** JM provided a verbal update to the EEC on the SDMP. Items to note: The SGH plant room was now operational. The official opening day has been set for 23rd March @ 11am. Invitations will be sent out accordingly. This was noted. The CHP plant room in York had experienced some technical issues around the design which has resulted in the engine having to be replaced in April at no cost to the Trust. It was noted that whilst it was being investigated there had been a period of time where the CHP was out of action which has impacted on its benefits realisation. Regarding the proposed staff engagement project JM confirmed the tender stage has now closed and she was evaluating the		BG to brief on

				submissions received. JM was seeking a NED to be involved in the next stage of the process. It was agreed that JA will be involved in the scoring and MS the presentation stage. **Action: JM/JA/MS.** A company who works on carbon reduction ideas from a capital investment point of view had been asked to look at what other cost savings we can achieve in terms of energy. They have come up with a number of ideas for which they will undertake to provide the cost benefit analysis and the report is expected in 3 months' time. This was noted. One Planet York – JM had recently attended a leaders meeting in York. The next one is planned for 13th June which will be an opportunity to see what organisations have done so far in terms of best practice. **Minutes of Sustainable Development Group meeting, 16/11** The minutes of the SDG were received for comment and noting. The following items were highlighted: • Selby - Estates had rectified the operational issues with the CHP at Selby and plans have been put in place to enable estates in York to monitor and control the plant in Selby via the BMS system. • SDMP action plan – JM had recently met with Kevin Wilson, AHP Senior Manager, who is now the point of contact for the "models of care" section and he would be looking to develop his role with regards to the SDMP. This was noted. • Feasibility study – The Trust is still in discussions about the possibility of establishing a local district heat network. Awaiting to hear from CoYC regarding next steps. • One Planet York - a savings suggestion that had been raised within the Trust is about looking at the way sterile clinical packs are used in the Trust and whether a standardised approach to clinical practice could be	The Committee took considerable assurance from the breadth of the work undertaken by the Sustainable Development Group	the engagement project

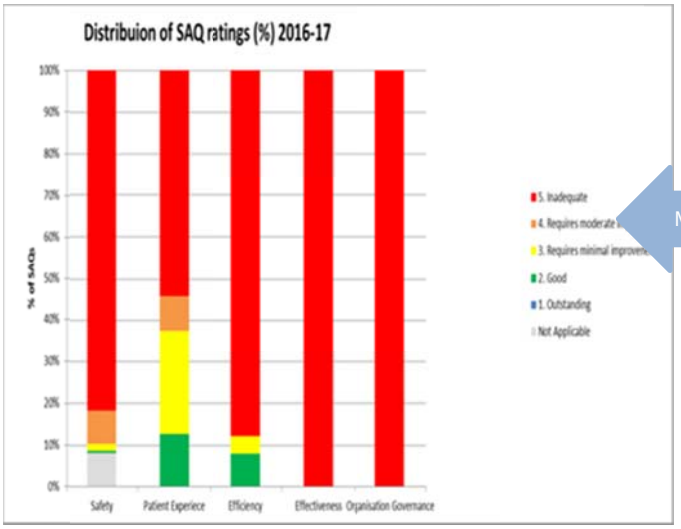
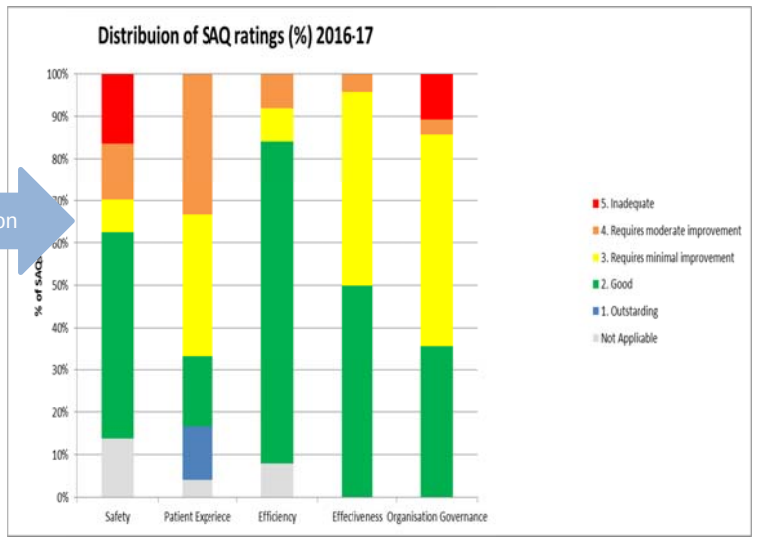
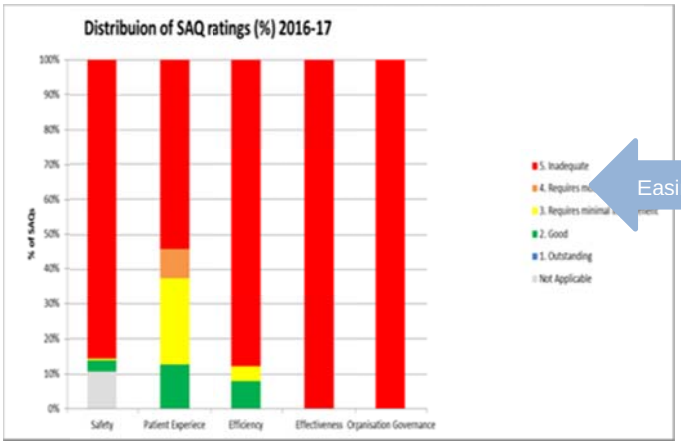
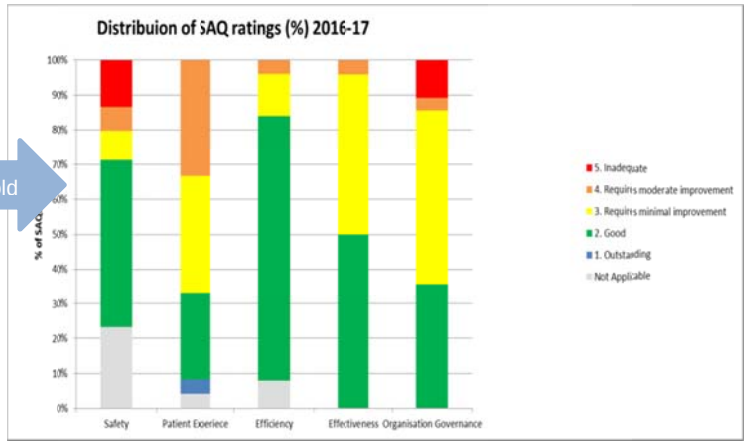
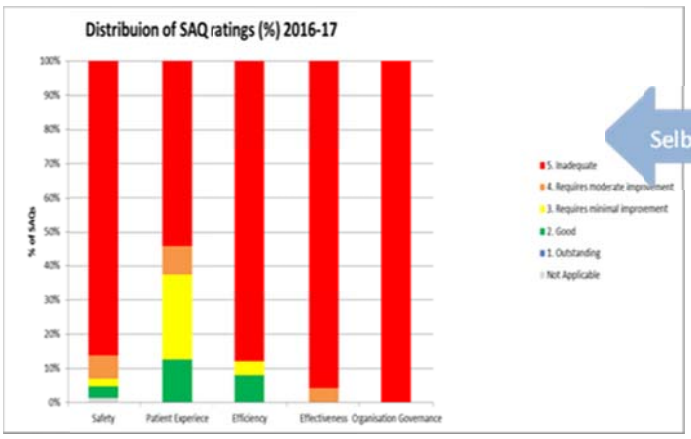
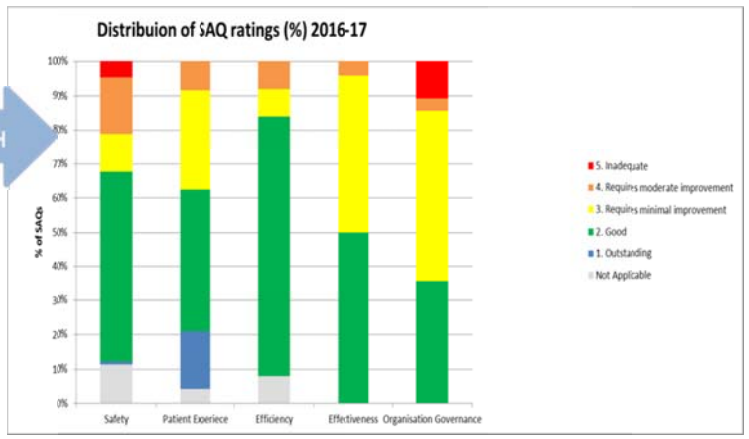
				developed. Mike Davison from CET is working with the Procurement team and the Trust's Waste Manager will be undertaking some audit work in order to take this forward. This was noted. • MS raised concerns about attendance at the SDG meetings following review of the attendance register. JM acknowledged that members should be sending deputies if they were unable to attend. JM assured the EEC that this would be addressed in time for the next meeting. This was noted. • Climate change levy – a question was raised about whether the Trust had to pay CCL for the SGH CHP once it was operational. JM confirmed that the Trust receives an exemption. This was noted. For information, at this point in the meeting BG reported that an audit had been undertaken recently in the Trust by Grant Thornton, Accountants, who had suggested that the Trust could make savings by reviewing our energy bills and current tariffs to ensure the Trust was buying at best price. BG was pleased to report that they found no evidence of this not being the case. MS thanked JM for this update.		
9.	**Premises Assurance Model (PAM)** **YTH PAM compliance quarterly Report**			DB provided the EEC with a position statement as at January '17 on current compliance with the revised PAM model 2016. The Trust is still showing limited assurance however, DB was pleased to report that significant improvements have been made. In the main the red ratings refer to the absence of written action plans to address specific requirements and he assured the Committee that now the revised model had been issued he has costed action plans in place to rectify the position. Appendix 2 of the report showed the current number of outstanding NHS PAM action plans against the November '16 position. BG asked DB to circulate the April 2016 position to members so that progress over the year could be evidenced. **Action: DB.**	The	BG to explain

				Post Meeting note – the April 2016 and January 2017 PAM reports are attached to these minutes. To demonstrate the significant improvements made since April 2016. For the benefit of the Governors and the Committee DB pointed out that it is not mandatory to complete the PAM at the present time. However, the Trust's E&F managers use this tool in order to help them assess our services and ensure that evidence and increased scrutiny is in place to provide assurance. The E&F management consider PAM to be a powerful tool. The model is embedded in the workings of many of the E&F committees and enables full scrutiny. DB considers that the Trust is ahead of the curve in implementing PAM and York is the only Trust that reports at individual site level. It was noted that there will be further domain assessments required to be undertaken prior to submission of our annual NHS PAM model return in April. MS congratulated DB on behalf of the EEC for his work to improve the position.	Committee were assured that significant progress has been made in PAM action plans since January '16	the attached charts and the importance of PAM to the Trust
10.	**Carter Report – E&F efficiencies**			**Quarterly report** DB provided an update to the EEC on the E&F position against the Carter metrics. Appendix 2 of the document highlighted the Trust's current position against the NHS E&F dashboard metrics and showed our position at 2015/16 compared to 2014/15 against the benchmarking tool median. He said we are able to interrogate the information and use it at a high level but also use it locally to inform CIP projects and improve quality. DB was pleased to report we have seen improvement in a number of areas such as food costs but he said there were also some further efficiencies that could be made in other areas within the Directorate. MS asked about the current position on the amount of non-clinical space and whether that has to be presented. BG confirmed nationally we are obliged to submit an organisational action plan by April to the Centre which includes metrics on	The Committee was assured that the E&F team was making good use of the latest data	

				clinical space -v- non-clinical space. He confirmed that moving staff out of York St John will improve the position further. This was noted. JA commented that the data available shows that for under-utilised space we are reporting 7%. It was noted BDH does contribute to that high percentage but BG assured the EEC there were plans in place to develop that space. He also confirmed there is some property disposal in hand such as the sale of Groves Chapel which again will improve the position. MS asked for the SGH accommodation information to be made available at the next meeting. **Action: BG to contact A. Bennett.** **Example of model hospital - cleaning** Following discussion at the last meeting regarding the DoH model hospital portal which provides the ability to compare and validate costs, DB presented to the EEC some information around the cleaning contract as an example of how York compared to others. The charts circulated showed the lowest and highest costs nationally and demonstrated that York was sitting at the lower (better) end although as an organisation it was recognised there is a lot more we can do in terms of savings particularly around sourcing cleaning products. BG explained that he and DB were meeting with other Trusts to look at best practice, and whether we can implement further efficiencies. JA commented that it would be important to bring costs down but without losing quality. DB assured the EEC they looked at all aspects of services including for example, headcount and waste disposal. MS thanked DB for this update.		
11.	**Any Other business.**			**Water Safety -** DB provided some background to the current position on water safety following concerns raised at a recent Quality & Safety meeting. BG said concerns had also been raised by the TIPSG. DB explained that BG had commissioned an NHS PAM audit to be undertaken which highlighted some areas around lack of evidence to support the fact that we had		

				the right procedures in place. Since then we have restructured the Water Safety Committee to make it more robust; going forward Paul Bishop would chair the group. The Terms of Reference have also been reviewed and a water safety plan has been received from our Authorising Engineer (AE). This has highlighted weak processes in documenting procedures. That will be presented to the next Water Safety Group meeting. This would be managed through the Water Safety Group through to the EEC and TIPSG. This was noted. **Front pages** – LP reported that she would shortly be reviewing how cover sheets are produced for the EEC and would work with those relevant managers to ensure a consistent approach was being taken when producing meeting papers. This was noted. **Action: LP.** **NHS Sustainability Day** – 23rd March 2017. Prior to this date JM confirmed that on 20th March we will have a stand on display in the hospital which may be left up unmanned as we move towards the 23rd March. This was noted. JA congratulated BG on the **new unit for SAU** near ED.		
12.	**Date of next meeting**			Tuesday 11th April 2017 @ 12noon. Venue: Park House meeting room, York Hospital. *(Changed from 5th April).*		

NHS PREMISES ASSURANCE MODEL- Position comparison

April 2016	January 2017
	
	
	

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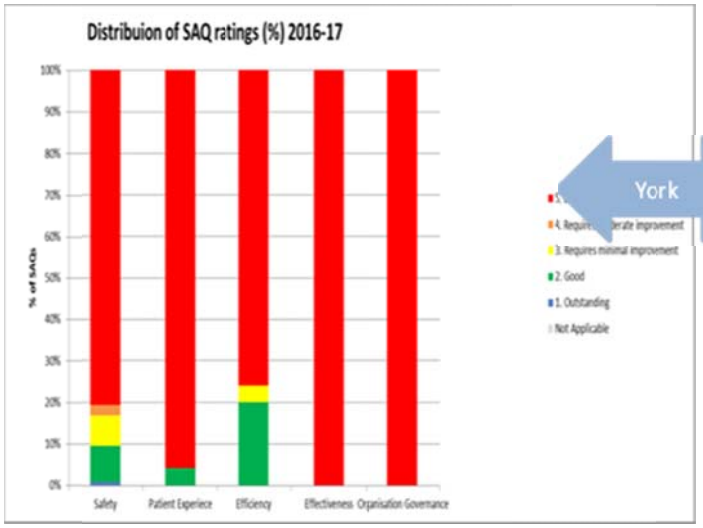
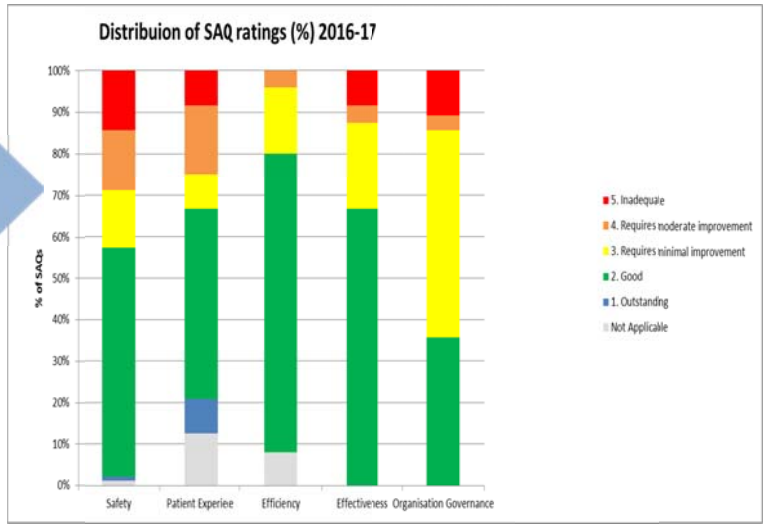
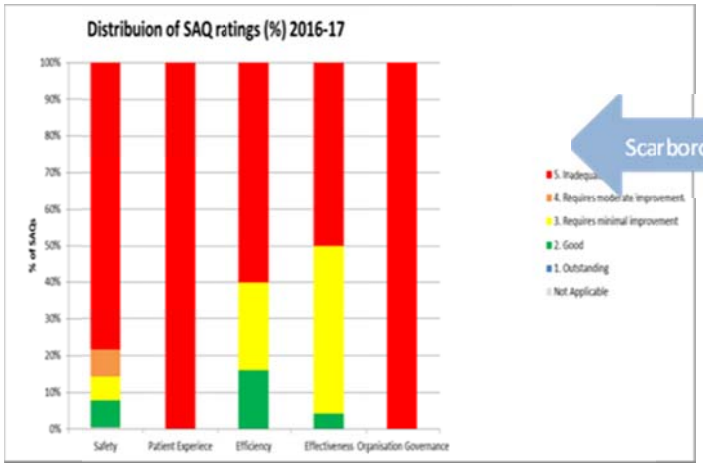


York





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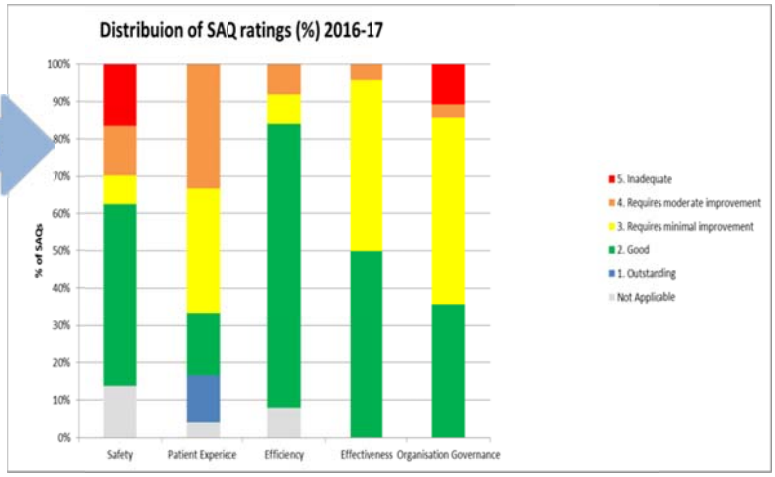

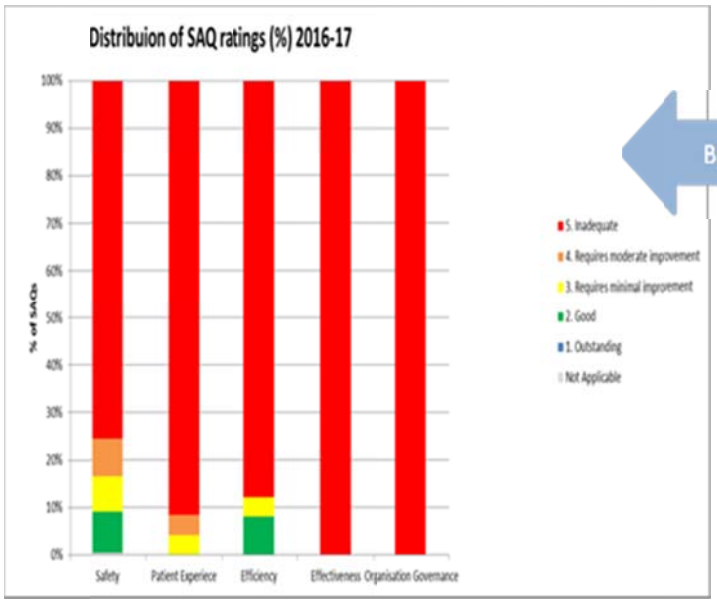

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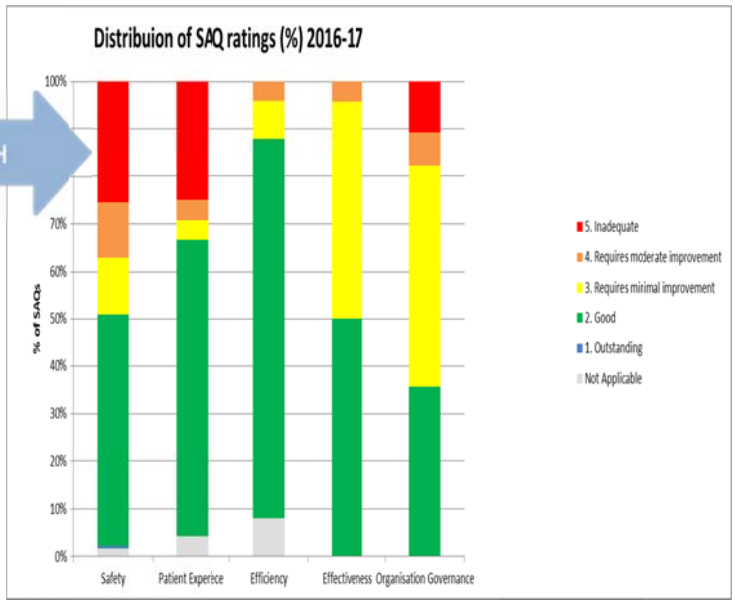

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 March 2017

Delivering Home First : Re-Providing Archways Intermediate Care Unit - Update Report

Action requested/recommendation

The Board of Directors are asked to note the successful implementation of the re-provision of the Archways Intermediate Care Unit.

Executive Summary

The Out of Hospital Directorate has undertaken a number of audits of patient needs across community hospital and community units. These audits represent a 'snap shot in time' but they have indicated that a significant number of patients could in fact be cared for at home, if services were available to support their needs. This reinforces the audit findings undertaken by the Emergency Care Improvement Support Team during their visit in December 2015. Emerging national evidence suggests that harm is caused to patients by deconditioning associated with bed-based care and this clearly reinforces the need for a 'home first' methodology across acute and community inpatient wards, with a focus on home based care wherever possible. York Hospital NHS Foundation Trust (YFT), in collaboration with the Vale of York Clinical Commissioning Group (VoYCCG), made a decision to re-provide the Archways Intermediate Care Unit service as a 'home-based model'. A detailed plan was developed (supported by VoYCCG) for the closure of the unit (during December 2016). This plan was predicated on the implementation of a number of alternative support services including:

- Expanded Community Response Team - allied health professionals, nurses and generic support workers who work as part of a multidisciplinary team providing nursing, therapy and social care interventions;
- Community Discharge Liaison Service – ensuring that people receive the most appropriate community service appropriate to their level of need;
- Advanced Clinical Practitioners – providing enhanced assessment, diagnosis and treatment of people in their own homes;
- An Outreach Pharmacy service – providing support in managing multiple medicines following discharge from hospital.

The closure of Archways was completed, on time, on the 19 December 2016 and alternative services (as above) were established. Despite the anticipated challenges regarding recruitment, all posts have been filled and all existing Archways staff have been successfully redeployed within YFT.

A performance monitoring report has been established to track progress against key indicators and a multi-disciplinary project group review this on a weekly basis.

One of the key objectives of re-providing home-based care was to increase the

number of people receiving intermediate care (short term support to prevent admission or prolonged hospital stays) in their usual place of residence. As a minimum, the York Community Response Team was expected to manage an additional 350 referrals per year (with a corresponding reduction in the number of admissions to community inpatient units).

The latest performance report demonstrates that the team exceeded expectations during January 2017 with 54 more referrals received than in 2016, 20 more than planned. This included an increase in the number of step up referrals that were received directly from the community (for example from GPs) and from the Emergency Department (preventing the need for an admission to hospital). Case studies have been developed to demonstrate the impact of Advanced Clinical Practitioners and the Outreach Pharmacist service on the care of individuals.

The performance report also demonstrates that there has been an increase in referrals to all Community Response Teams (providing home-based intermediate care across York, Selby and Ryedale) in January 2017. Despite the anticipated reduction in admissions to community inpatient beds (following the closure of the 22 beds at Archways), community hospital/unit admission numbers in January 2017 were the same as those in 2016. The overall impact of these changes has been very positive in that an additional 129 patients were supported in their own homes in January 2017 compared to January 2016.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC regulations

Progress of report	Corporate Directors Meeting – 06 March 2017 Provider Alliance Board Meeting – 09 March 2017

Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Wendy Scott, Director of Out of Hospital Care
Authors	Gillian Younger, Out of Hospital Care Project Manager Steve Reed, Head of Strategy for Out of Hospital Care
Date of paper	March 2017
Version number	Version 2

Board of Directors – 29 March 2017

Delivering Home First: Re-Providing Archways Intermediate Care Unit Update Report

1. Introduction and Background

Archways Intermediate Care Unit consisted of 22 beds (arranged over two floors) and was based at Clarendon Court, York (this represented 2% of York Teaching Hospital NHS Foundation Trust (YFT) bed stock). Typically, 350 patients were managed via the unit annually, of which 270 of these were over 75 years old. It was established over twelve years ago as an intermediate care unit; typically providing short term rehabilitation and support to adults who need a period of rehabilitation, recovery or reablement after a stay in hospital or because of 'a crisis' which means that they can't remain at home (or their usual place of residence).

YFT has, over the last twelve months, participated in the national Emergency Care Improvement Programme (ECIP). The ECIP aims to support local health and social care systems to review and improve the way that emergency care services are delivered. As part of this programme, the national ECIP team have undertaken audits across all YFT community units. This audit work determined that many of the patients being managed at Archways could, in fact, be supported at home if alternative services were available. In addition, emerging national evidence suggests that elderly patients suffer from the harmful effects of deconditioning relatively quickly, following admission into a hospital bed. After 24 hours, muscle power reduces by 2-5% and circulating volume by up to 5%. At 7 days, this has deteriorated even further with a reduction in muscle power of 5-10% and circulating volume of up to 20%. In many cases this isn't reversible. Therefore, minimising hospital stays (or avoiding admission altogether) is essential.

On this basis, a plan was developed to close Archways and reinvest the resources released into an expanded range of community services. This meant that only those patients who cannot be managed at home (or in their usual place of residence) with support are admitted into an inpatient bed. This proposal to enhance and re-provide these services form part of the Vale of York CCG and YFTs out of hospital strategy that sets out an ambition to deliver care closer to home.

However, for some patients remaining at home with support may not be clinically appropriate and for these people 'bed based' intermediate care remains available at other community units such as either Whitecross Court [23 beds] or St Helen's [20 beds] rehabilitation units. These units are located on Huntington Road and Tadcaster Road respectively. Admission to these units is based on individual clinical need.

This approach is consistent with the learning from conversations that the Vale of York CCG has held with the public about 'what good care or services looks like'. People have told them that they would prefer to be supported at home by coordinated health and social care services that are tailored to meet their own individual needs. When asked, the local community has told us that they want to tell their story once and they want to receive treatment and care at home, in their own familiar surroundings.

Reinvesting the resources released from closing Archways into community based services

is providing an alternative for those people/patients who do not need to be in a hospital bed. The services previously delivered from Archways are being provided through an expanded York Community Response Team and other appropriate support services enabling a greater number of patients to be supported at home by nursing, therapy and social care assessments, rehabilitation support and treatment.

These services include:

- Expanded Community Response Team (CRT) - allied health professionals, nurses and generic support workers who work as part of a multidisciplinary team providing nursing, therapy and social care interventions;
- Community Discharge Liaison Service – ensuring that people receive the most appropriate community service appropriate to their level of need;
- Advanced Clinical Practitioners – providing enhanced assessment, diagnosis and treatment of people in their own homes;
- An Outreach Pharmacy Service – providing support in managing multiple medicines following discharge from hospital.

2. Actions to Date

The closure of Archways inpatient unit was successfully completed, as planned, on the 19 December 2016.

The York Community Response Team (CRT) was expanded by 50% to ensure that an additional 350 patients each year can be safely managed at home and that an equivalent number of step-up patients (patients admitted to Archways directly from home which averaged 3 per month) can be accommodated and managed at home by the CRT. The expanded CRT has also extended their hours of service from 8pm to 10pm (365 days a year).

Importantly, all Archways staff have been redeployed within other YFT services. As expected, recruitment to the expanded CRT was challenging for some posts, however, all posts in the expanded team have now been appointed to.

From 19 December 2016, 70% of the planned additional capacity was in place, allowing the team to support 15 additional patients at home (at any one time). From the end of January 2017 the team were able to support an additional 22 patients at home (as planned).

The Discharge Liaison Team are in place to:

1. Facilitate acute hospital transfer/discharge into community inpatient beds;
2. Proactively ‘pull’ patients into community services;
3. Work with partner organisations and families to facilitate discharge from community wards.

As part of the reconfiguration, the criteria for admission to White Cross Court and St Helens Rehabilitation Units has also been expanded to take a wider range of patients. Additionally, White Cross Court is now able to admit patients directly from the community and the Emergency Department. The Community Discharge Liaison Team has in fact been shortlisted for the National Health Service Journal ‘Value in Healthcare’ awards.

The Advanced Clinical Practitioners (ACP) provides clinical support and advice to the CRT and liaises directly with GPs as needed. The ACPs attend multi-disciplinary team meetings to identify any concerns the team may have regarding the on-going health/progress of CRT patients, and initiate early clinical review/intervention of individuals

as required. The ACPs are able to prevent admission to hospital where appropriate and provide early assessment at home.

The Outreach Pharmacist carries out clinical medication reviews that aim to improve safety and compliance with taking medicines as well as increasing people's ability to manage their own conditions and minimise waste. They do this through the assessment of people's own medicines and the review of repeat prescriptions.

The main aim of both the ACP and outreach pharmacy role is to allow patients to be cared for at home and to avoid admissions or prevent re-admissions to hospital (where appropriate).

3. Impact

Charts 1 and 2 show the total number of referrals to the Community Response Team and the split between patients who have 'stepped up' from the community and those who 'stepped down' from hospital. Chart 1 shows progress against the planned increase in referrals to CRT. As a result of the expected shortfall in capacity whilst recruitment was completed, additional therapist support was allocated to the CRT throughout January 2017 to mitigate the impact.

Chart 1: Number of referrals into York CRT

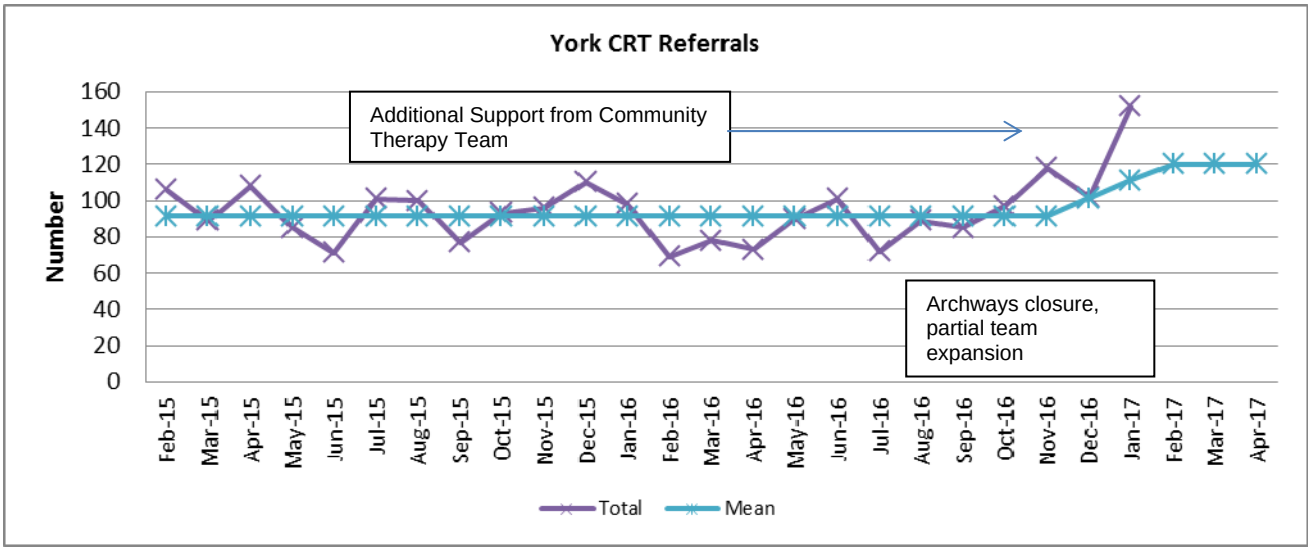

Chart 1 demonstrates that the team have exceeded the increased number of referrals that were planned from November 2016 onwards.

Chart 2 : % Split between step up /step down referrals

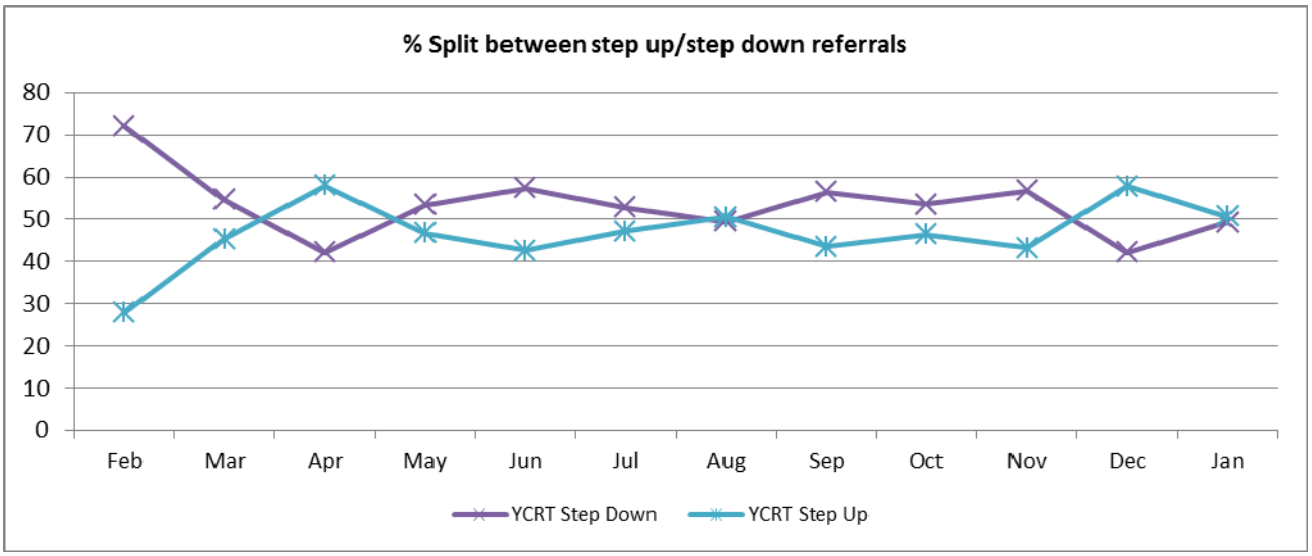

Chart 2 demonstrates that there has been an increase in the proportion of referrals for people 'stepping up' from the community (potentially avoiding the need for an acute hospital admission).

Chart 3 shows the actual number of 'step up' referrals to the CRT against the planned increase of 4 additional step up referrals per month. Chart 4 shows the admissions to Whitecross Court and St Helen's Rehabilitation Units, split by step up and step down referrals.

Chart 3: **Step up patients referred to York CRT**

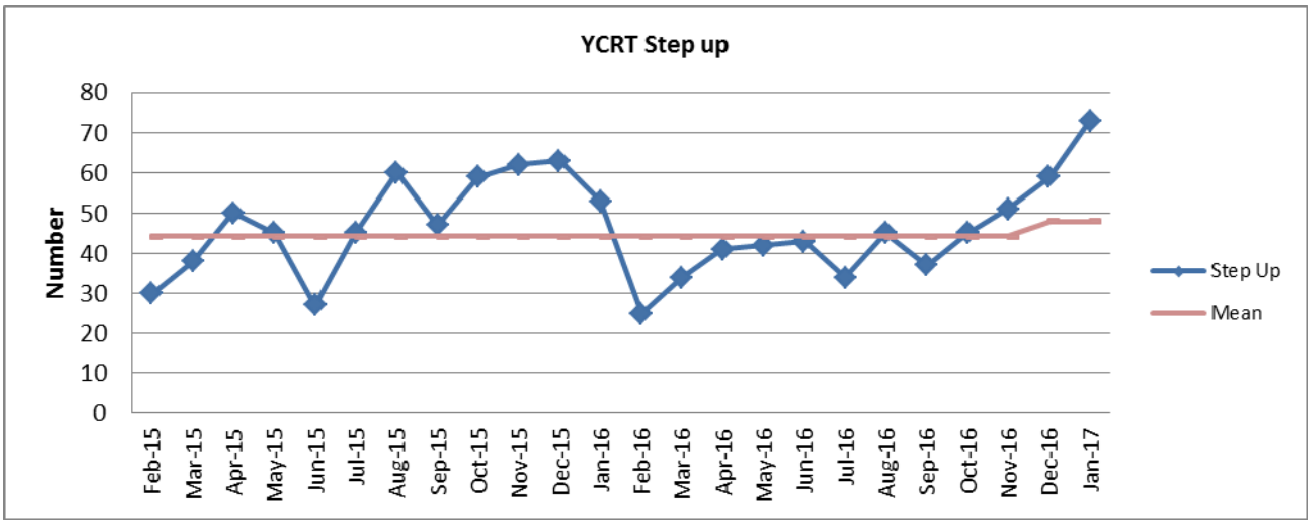

Chart 3 demonstrates that the number of step up admissions has exceeded the planned increase from December 2016 onwards.

Chart 4: Step up admissions to Whitecross Court

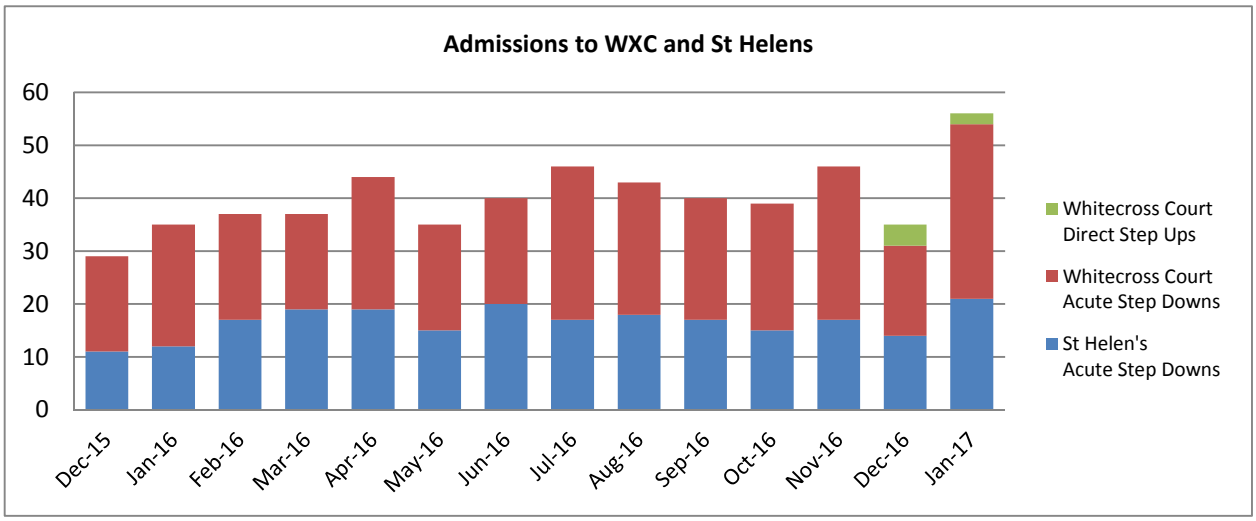

Chart 4 demonstrates that Whitecross Court has also provided capacity for patients who required a direct admission into a community inpatient bed.

Chart 5 shows the monthly referrals to the CRT from the Emergency Department (including the Rapid Assessment Team Service (RATS) that works within the department).

Chart 5: Monthly referrals to York and Selby CRTs from ED/RATS

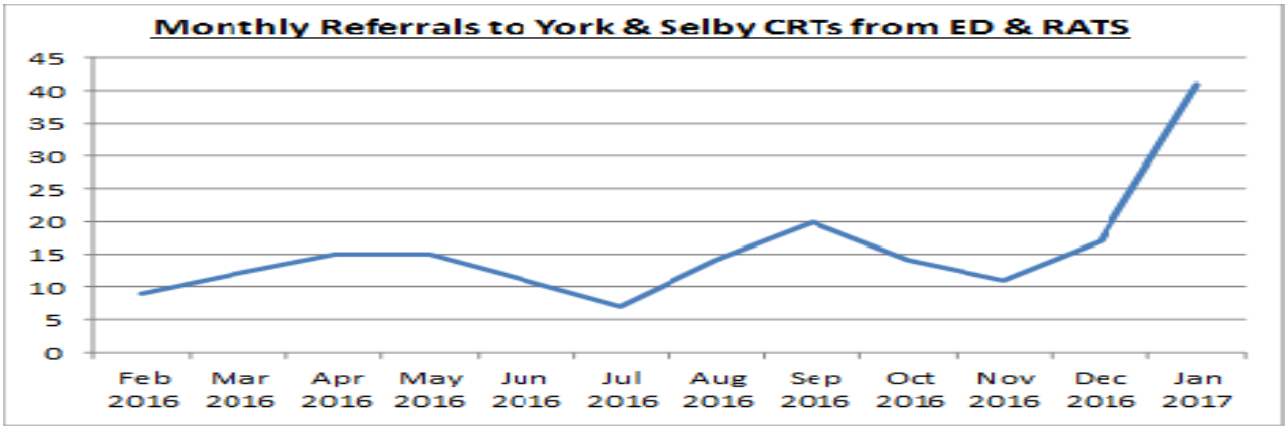

Chart 5 demonstrates the increase in referrals from the Emergency Department directly into the CRT, (potentially avoiding the need for an inpatient admission to an acute or community bed).

The Discharge Liaison Team provides a single point of triage into community inpatient beds. This enables better overall utilisation of the community resources and enables flow across the system. The following charts (6-8) show the utilisation of the community resources.

Chart 6: Total number of admissions to community inpatient beds

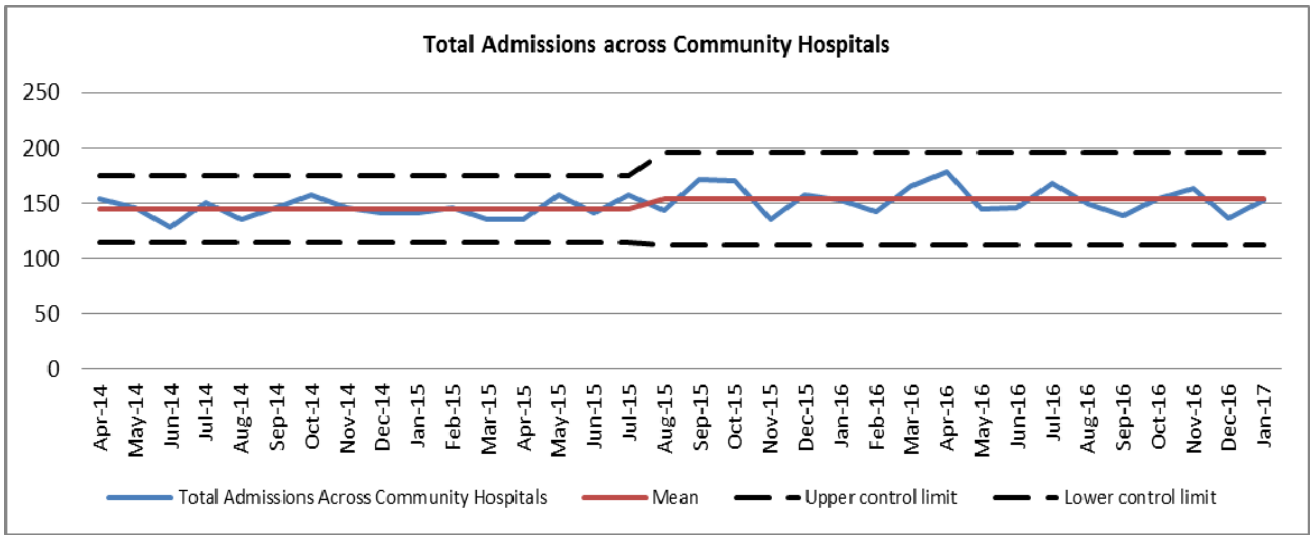

Chart 6 demonstrates that, despite the reduction of 22 beds as a result of the Archways closure, there was no reduction in the number of admissions (a reduction was anticipated) during January 2017.

Chart 7: Percentage of beds occupied within the community units

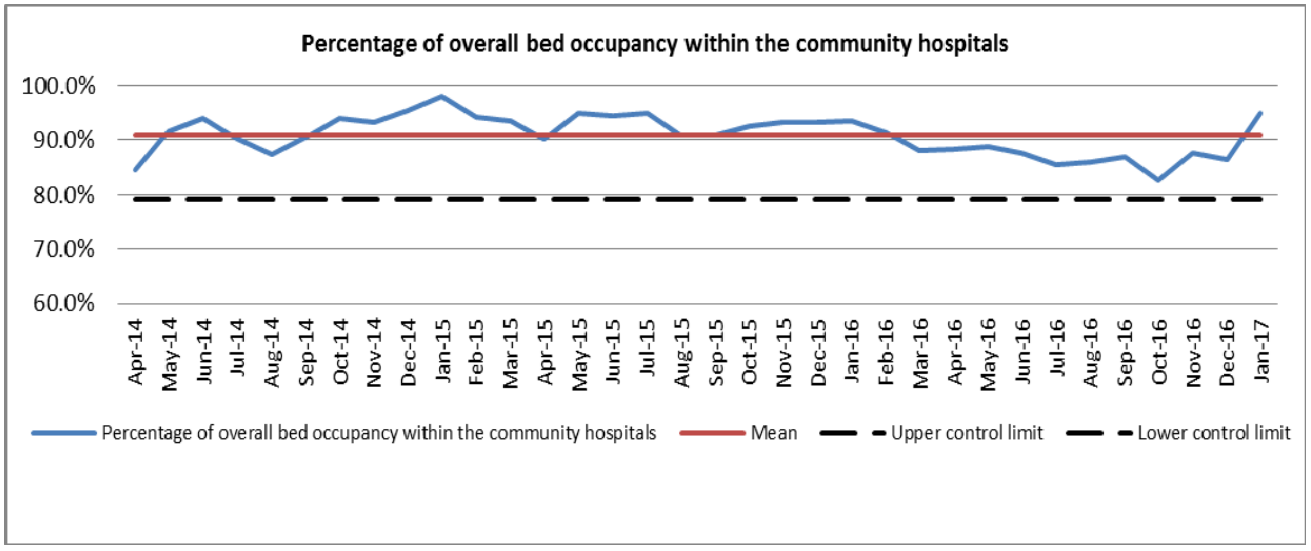

Chart 7 demonstrates an increase in bed occupancy levels in community hospitals in January 2017.

Chart 8: Average length of stay across community hospitals/units

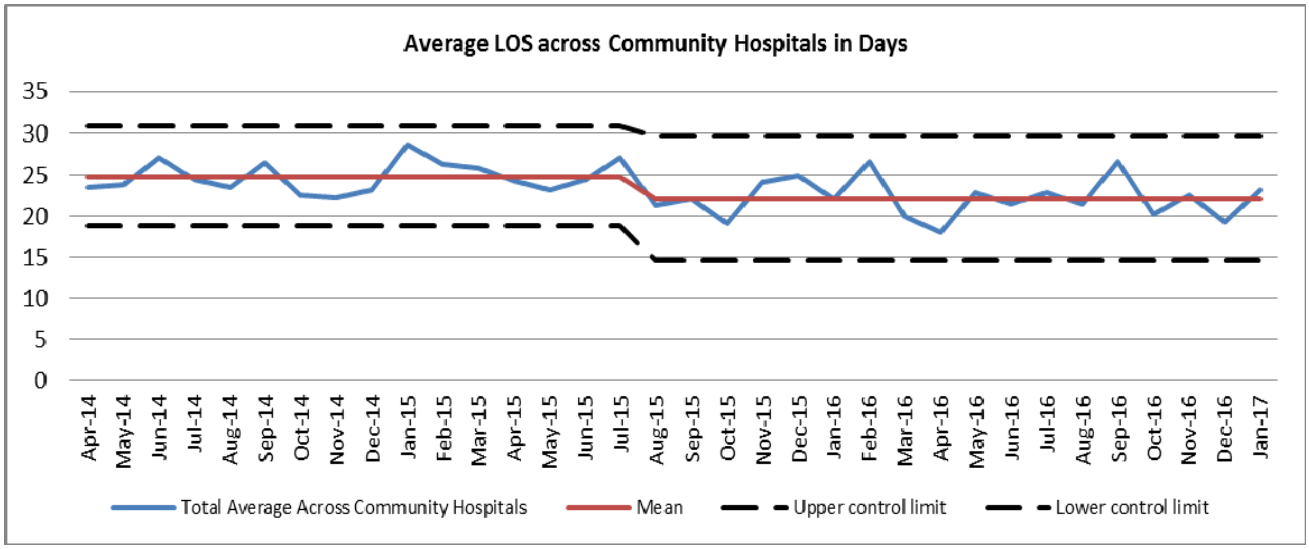

Chart 8 demonstrates that the average length of stay has continued to remain static following the trial of the Discharge Liaison Team which commenced in August 2015.

Chart 9 shows the monthly number of referrals to the Advanced Clinical Practitioners.

Chart 9 Referrals to the Advanced Clinical Practitioners

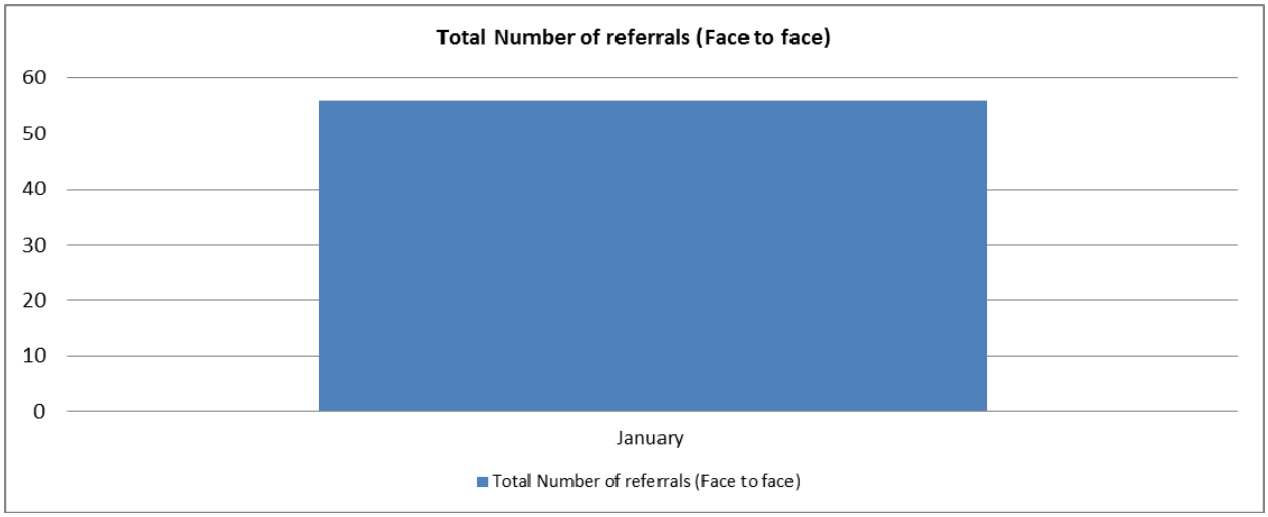

Chart 9 demonstrates that 56 referrals were received by the ACPs in January 2017.

Table 1 provides a comparison of intermediate care activity across YFT between January 2016 and January 2017.

Table 1: January 2016/17 activity comparison

Service	Jan 16 activity	Jan 17 activity	Comments
York CRT	98 referrals	152 referrals	York CRT managed an additional 54 patients at home compared to the equivalent month last year
All CRTs	205 referrals	334 referrals	Overall CRTs managed an additional 129 patients at home compared to the equivalent month last year
Community Inpatient Units	153 admissions	153 admissions	Managed the same of number of admissions with 22 fewer beds
Total community intermediate care (CRT + IPU)	358	487	Overall an additional 129 patients were managed by community intermediate care services in January compared to the equivalent month last year

Table 1 demonstrates that overall in January 2017, an additional 129 patients were supported by community intermediate care services when compared to the same month in 2016.

The project group continues to monitor activity on a weekly basis to ensure that referral growth meets the planned rates, and to take corrective action if there is divergence from this.

4. Case Studies

Case studies 1 and 2 provide real examples of how the ACPs have been able to react promptly to manage and assess patients in their own homes. Case study 1 identifies a patient who was able to be assessed and managed appropriately at home and as a result of this an admission to hospital was avoided. Case study 2 demonstrates a patient who was promptly assessed and triaged to the most appropriate service to manage their care needs.

Case Study 1: (ACPs)

Situation: CRT asked an ACP to urgently assess an 86year old lady (Mrs A) who lived alone and who was complaining of chest pain.

Background: The warden was present and was staying with Mrs A until the ACP arrived.

Assessment: On arrival she looked well but was complaining of chest pain radiating to her jaw. The warden was concerned and wanted to dial 999. Mrs A looked well in herself, was mobilising and her observations were all within normal ranges.

Recommendation: Following a full examination, Mrs A was diagnosed with heartburn (which was treated). She had a painful jaw as a result of her arthritis (which was treated) She was very anxious but felt reassured and was able to remain at home.

Without the input of the ACP, Mrs A would have been taken to hospital by an emergency

ambulance.

Case Study 2: (ACPs)

Situation: A 91 year old lady (Mrs B) was discharged home from hospital with CRT support. An ACP was asked to review Mrs B as CRT had concerns that she had not been well since discharge; her shortness of breath was worsening and she had abdominal pain.

Background: Mrs B was originally admitted to York Hospital with loin pain and a urinary tract infection.

Assessment: The ACP visited Mrs B and assessed the problem as an acute abdominal problem with a potential bowel obstruction.

Recommendation: The ACP was able to re-admit the lady directly to the Surgical Assessment Unit at York Hospital for further investigation and on-going management.

This ACP intervention avoided a GP visit or Emergency Department attendance and allowed Mrs B prompt access to the care she needed.

Case Study 3: Outreach Pharmacist

Situation: The Outreach Pharmacist was asked to review Mrs C's medication as she required four visits daily by the CRT to administer eye drops.

Background: Mrs C had been prescribed lubricating eye drops following an ophthalmic procedure at YFT. She has dexterity problems and lacks the strength to use the drop dispenser.

Assessment: The Pharmacist switched to an alternative product that fitted a different type of dispenser that Mrs C was able to use.

Recommendation: The Pharmacist prescribed alternative eye drops, collected the prescription and delivered it to Mrs C's home (and assessed her ability to use them with the dispensing device). He was also able to provide further advice and support and followed up with a telephone call the following day.

The patient was able to use the device and is confident to self-administer her medication.

This pharmacist intervention enabled Mrs C to self-care and prevented the need for four visits per day from the CRT.

5. Conclusion

The Archways Intermediate Care Unit was successfully closed as planned on the 19 December 2016. Alternative services were implemented and the latest performance data has demonstrated that activity has exceeded planned activity assumptions.

6. Recommendation

The Board of Directors are asked to note the successful implementation of the re-provision of the Archways Intermediate Care Unit.

Authors	**Gillian Younger, Out of Hospital Care Project Manager** **Steve Reed, Head of Strategy for Out of Hospital Services**
Owner	**Wendy Scott, Director of Out of Hospital Care**
Date	**March 2017**