York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 29 April 2015**

in: **The Boardroom, The York Hospital**

Time	Meeting	Location	Attendees
8.15am-8.55am	Non-Executive Director Meeting with Chairman	Classroom 4, Postgraduate Centre	Non-executive Directors
9.00am- 12.30pm	**Board of Directors meeting held in public**	**Boardroom, York Hospital**	**Board of Directors and observers**
12.30pm-1.15pm	Lunch		
1.15pm-2.30pm	Board of Directors to consider confidential information held in private	Boardroom, York Hospital	Board of Directors
2.45pm – 4.00pm	Remuneration Committee	Boardroom, York Hospital	Non-executive Directors & Chief Executive

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

York Teaching Hospital NHS
NHS Foundation Trust

Restricted – Management in confidence

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

On: **Wednesday 29 April 2015**

At: **9.00am – 12.30pm**

In: **The Boardroom York Hospital**

A G E N D A						
No	**Time**	**Item**	**Lead**	**Comment**	**Paper**	**Page**
Part One: General						
1	9.00-9.05	**Welcome from the Chairman** The Chairman will welcome observers to the Board meeting. Welcome to York St John Corporate Governance business students	Chairman			
2		**Apologies for Absence**	Chairman			
3		**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chairman		A	7
4	9.05-9.10	**Minutes of the Board of Directors meeting held on 25 March 2015** To review and approve the minutes of the meeting held on 25th March 2015	Chairman		B	13
5		**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chairman			

No	Time	Item	Lead	Comment	Paper	Page
6	9.10-9.30	**Chief Executive Report** The Chief Executive's overview of current issues relating to the trust, both internal and external,	Chief Executive		C	29
Part Two: Quality and Safety						
7	9.30-9.50	**Patient Experience** Inpatient Survey	Chief Nurse/ Representative from Picker		D	35
8	9.50-10.20	**Quality and Safety Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Patient and Quality Safety Report • Medical Director Report • EPMA • Chief Nurse Report • Healthwatch Enter and View Report • Child Protection Policy • Safer Staffing	Chairman of the Committee		E E1 E2 E3 E4 E5 E6	41 51 85 91 95 133 179
9	10.20-10.25	**Quarterly Director of Infection Prevention and Control Report** To receive the quarterly report for approval	Medical Director		F	189
10	10.25-10.30	**The Trust complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulation 2009** To receive and approve the report	Chief Nurse		G	195

No	Time	Item	Lead	Comment	Paper	Page
11	10.30-10.40	**Nurse Revalidation** To receive a report on Nurse Revalidation	Chief Nurse		H	205
10 minute break						
Part Three: Finance and Performance						
13	10.50-11.20	**Finance and Performance issues** To be advised by the Chairman of the Committee of any specific issues to be discussed. • Operational Performance Report • Finance Report • Trust Efficiency Report	Chairman of the Committee		I I1 I2 I3	213 225 235 247
14	11.20-11.40	**Annual Plan 2015/16** Final submission of the plan is due on 14th May 2015. The Board is asked to review and approve the final draft document before submission	Director of Finance and Deputy Chief Executive		J J1	253 261
15	11.40-11.55	**Capital Programme 2015/16** To receive the Capital Programme for the financial year 2015/16	Director of Estates and Facilities		K	291
Part Five: Audit Committee						
16	11.55-12.00	**Audit Committee meeting held on 26 March 2015** To receive feedback from the meeting	Chairman of the Committee		L	299

No	Time	Item	Lead	Comment	Paper	Page
Part Six: HR and OD information						
17	12.00-12.10	**R&D Quarterly Report** To receive the quarterly report	Director of Workforce and OD		M	303
18	12.10-12.20	**Equality and Diversity Annual Report** To receive the annual report	Director of Workforce and OD		N	309
Part Seven: Community Services/ Integration Developments						
19	12.20-12.25	**Community Services** To provide an update on the progress of the introduction of the Community Hubs	Deputy Chief Executive		Verbal	
Part Eight: Governance						
20	12.25-12.30	**Quarter 4 submission to Monitor** To approve the submission to Monitor	Director of Finance/ Foundation Trust Secretary		Verbal	
Any other business						
21		**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 27th May 2015 in the Boardroom York Hospital				
22		**Any other business** To consider any other matters of business.				

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

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

The items included in the Private agenda for discussion which are commercial in confidence or business related to issues concerning individual people are:

Annual Plan 2016/17 and 2017/18
Governance Review
Maternity Services Review

Register of directors' interests
April 2015

York Teaching Hospital NHS
NHS Foundation Trust

Additions: Susan Symington, Chair

Changes: No changes

Deletions: Alan Rose, Chairman

A

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS founda-
Ms Susan Symington (Chair)	TBA	TBA	TBA	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	TBA	TBA
Jennifer Adams (Non-Executive Director)	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	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	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

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Michael Sweet (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation 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
Mr Patrick Crowley (Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

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

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Juliet Walters (Chief Operating Officer)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

Blank page

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Boardroom, The York Hospital, on 25 March 2015.

Present:	**Non-executive Directors**	
	Mr A Rose	Chairman
	Mrs J Adams	Non-executive Director
	Mr P Ashton	Non-executive Director
	Mr M Keaney	Non-executive Director
	Ms L Raper	Non-executive Director
	Mr M Sweet	Non-executive Director
	Professor D Willcocks	Non-executive Director
	Executive Directors	
	Mr P Crowley	Chief Executive
	Dr A Turnbull	Medical Director
	Mrs J Walters	Chief Operating Officer
	Corporate Directors	
	Mr Brian Golding	Corporate Director of Estates and Facilities
	Mrs S Rushbrook	Corporate Director of Systems and Networks
Attendance:		
	Mrs A Pridmore	Foundation Trust Secretary
	Ms K Gamble	Head of Patient Experience for item 15/042
	Ms S Burnett	PALs Advisor for item 15/042
	Ms S Longhorn	Workforce Information Manager for item
	Mr G Lamb	Deputy Director of Finance in attendance on behalf of Mr A Bertram Director of Finance for item 15/044
Observers:	Mrs A Bolland	Public Governor – Selby
	Mrs S Miller	Public Governor – Ryedale and East Yorkshire
	Mrs P Worsley	Public Governor – York
	Mrs J Anness	Public Governor – Ryedale and East Yorkshire
	Mrs M Jackson	Public Governor – York
	Ms S Symington	Trust Chair Elect

There were also seven representatives from St John's University York and a member of the public from the NHS Leadership Academy

15/038 Apologies for absence

Apologies for absence were received from Mr M Proctor, Deputy Chief Executive, Mr A Bertram, Director of Finance and Mrs B Geary, Chief Nurse.

15/039 Declarations of Interests

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

15/040 Minutes of the meeting held on the 25 February 2015

15/028 End of Life Care Quality Report

Professor Willcocks asked for the minutes to be amended to show that the Board had considered the recommendations included in the report and had endorsed those recommendations. The Board **agreed** that the amendment should be made to the final record of the Board.

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

15/041 Matters arising from the minutes

15/033 Report from the Chief Executive

Mr Rose asked for the Board to receive an update on the Whitby handover. Mr Crowley advised that Virgin Health were currently in negotiations with the CCG about the finer details in the contract. The Trust has given an undertaking that it will continue to host the service while the discussions take place. He explained that there is no threat to staff, but the situation does naturally create some insecurity.

Mrs Holden added there had been a number of consultation exercises and meetings held with staff to try and address any anxiety. Staff side are working with the CCG to ensure staff are included in the process.

Mr Rose asked who would be responsible for any actions the CQC identify that need to be undertaken at Whitby. Mr Crowley confirmed that while we are responsible for the service and the site, any actions would be the Trust's responsibility. Dr Turnbull added that the Health and Social Care Act requires that from 1 April, the Trust must display the published banding/ ratings from the CQC.

15/028 End of Life Care Quality Report

Mrs Adams updated the Board on the provision of 'comfort boxes'. She advised that the Charitable Funds will now fund the boxes.

15/026 Patient Experience

Mr Sweet referred to the discussion about signage included in the 'enter and view report' from HealthWatch covering Scarborough. He explained that there was some concern about the proposal around bed head information for patients with dementia from the Ethics Committee. The Board discussed the point and noted that internally there was no real consensus on this issue. When the Trust consulted user groups, overwhelmingly those who care for people with dementia and those with dementia have been very keen for the 'forget me not' symbol to be used on the bed heads when appropriate. Dr Turnbull

added that there is a risk that by using the symbol a patient's confidentiality will be compromised. The Trust did consider developing its own symbol, but when this was discussed with the Older People's Assembly, they were keen to keep the 'forget me not' symbol.

Mrs Geary has been working with the wards and patient experience team to ensure there is a process in place for the management of bed head information, including the consultant's name and the use of the 'forget me not' symbol - when appropriate and its removal when the patient is discharged or moved to a different bed.

Mr Sweet was satisfied with the discussion and confirmed he would feed back to the Ethics Committee.

15/042 Patient Experience

The Chairman welcomed Ms Burnett and Ms Gamble to the meeting. Ms Burnett had been asked to talk to the Board about her experience as a Patient Advice Liaison (PALs) officer. She outlined the number of ways patients and relatives can make contact with PALs and talked about the very varied types of enquires the service receives. Ms Gamble added that for NHS Choices comments, historically, there had been a very basic standard response used by the Trust, which was not satisfactory and work was underway to improve the responses.

The Board understood that currently the PALs service has a shortage of staff due to some long term sickness and this is adding additional pressure to the delivery of the service.

Ms Burnett explained that the service now includes an automatic response to email and phone enquires explaining it might take up to 48 hours to respond to the enquiry. In practice however, the team try and ensure all enquires are responded to the day they are received. Ms Gamble added that one of the big changes to the management of the service is the creation of a central point for all PALs contact.

Ms Burnett explained that the team respond to 500-600 contacts each month, which included compliments. She went on to add that the team is proud of the open, honest and transparent service they deliver. Occasionally expectations exceed what the organisation can deliver and the team has to manage these very carefully. Ms Burnett gave an example of an occasion where considerable care and understanding was needed to support a patient who was unhappy with some of the service he had received.

Ms Raper asked if Ms Burnett and the team felt they were supported by the rest of the Trust and if the Trust needs to do anything differently to help. Ms Burnett explained that there are occasions where the responsiveness from the Directorates is slow, which creates frustration. Ms Gamble added a plea that the department receive information on new initiatives such as continued healthcare assessments.

Mrs Adams noted the level of sickness being experienced and asked for assurance that there are no plans to reduce the level of the establishment. Ms Gamble confirmed that was not that case and the staff will be back at work as soon as possible.

The Board **noted** the comments and thanked Ms Burnett and Ms Gamble for the presentation.

15/043 Quality and Safety Committee

Ms Raper reported that it was excellent the committee had been able to meet before the Care Quality Commission (CQC) had undertaken their visit. She reported that the committee had welcomed Ms Helen Hay the Deputy Chief Nurse and Mr Brian Golding, Corporate Director for Estates and Facilities to the meeting as additional attendees.

Ms Raper highlighted the following items from the Quality and Safety Committee:

Mortality – The committee remained concerned about the latest SHMI which has risen by two points.

Dr Turnbull explained that he shares the concern of the committee as the Summary Hospital-level Mortality Indicator (SHMI) rose when it was last reported in December 2014. Historically, the trend had been a reduction in SHMI over the last couple of years. Dr Turnbull explained some of the complex nature of SHMI and the difference between the inpatient and outpatient SHMI. He outlined how the community mortality is attributed to the Trust and the effect this has on the Trust's SHMI. The current value lies within expected limits but has not fallen.

Dr Turnbull reminded the Board that the SHMI is an indicator which reports on mortality at trust level across the NHS in England and includes patients who die within 30 days of discharge.

Dr Turnbull reminded the Board of the other two mortality indictors that are used in trusts – Risk Adjusted Mortality Index (RAMI), this indicator reports on mortality at trust level across the NHS in the UK and is calculated as the ratio of the actual number of in-hospital deaths compared to the expected number of deaths. The index has been within the normal boundaries and stable up to December 2014.

The other indicator is Hospital Standard Mortality Ratio (HSMR), this indicator reports on mortality at trust level across the NHS in the UK which compares the expected rate of death in a hospital with the actual rate of death. Dr Turnbull explained that the HSMR indicator has plateaued, rather than continuing to fall. Dr Turnbull reminded the Board of the processes in place to gain assurance around the level of mortality including the reviews undertaken by consultants and the regular Monday morning meeting to review all deaths from the previous week.

The Board enquired if the level of SHMI seen in community said anything about the quality of services in the community. Dr Turnbull said that he did not believe that was the case and the number of excess deaths remains very low. The Trust continues to benchmark well with peer trusts. He added that two of the main contributors to death in the community are pneumonia and stroke. Dr Turnbull further added that the deaths raised as a concern towards the end of the last calendar year correlated to the increased admissions and the net excess of deaths was still small.

He concluded that he could provide assurance to the Board that the Trust is within normal limits for the level of mortality, but he and the Board should not be satisfied and work will continue to improve mortality levels.

Mrs Rushbrook referred to the notes from the Quality and Safety Committee and advised that under the patient experience section she noted the question raised by the committee about the lack of data included for the Staff Family and Friends test. Mrs Rushbrook explained that the Trust is not required to collect the data for quarter 3, so it was not included.

Falls – Ms Raper explained that the committee remains sighted on this issue and it remains a significant priority. The committee is seeking to understand the current situation to ensure it can provide further assurance to the Board.

Pressure Ulcers – Ms Raper explained that there is a lot of activity being undertaken around reducing pressure ulcers and the committee recognised the complexity of the issues relating to pressure ulcers. Dr Turnbull added that the complexities are increased in a community setting as a result of the reduced level of " influence" staff have in patient's own homes.

Electronic Prescribing Medicines Administration (EPMA) – Mrs Rushbrook referred to the notes from the Quality and Safety Committee and commented that the project is challenging. To support the work, a number of individuals involved in the project have visited other Trusts to see other systems.

Progress is being made on the development of the underpinning elements of the system; these elements tend to be unseen control elements for the system. Mrs Rushbrook acknowledged that there was some frustration from clinical teams. Mrs Rushbrook added that some of the challenge was around the difficulties experienced in recruitment of nurse and pharmacy expertise. She added that medicine administration was a significant element of the project and without the nurse and pharmacy expertise being in place it had slowed the pace of that element of the project.

Mrs Rushbrook reminded the Board of the significant cultural changes the nurses had already gone through, with the increased use of electronic data including electronic boards for handovers. Mrs Holden added that the Board should note that the progress made by nursing around changing the cultural approach was very significant and should not be underestimated.

Ms Raper commented that she received assurance from a recent walk round she had undertaken on the day unit, where the staff were using electronic information as routine.

Professor Willcocks added that EPMA is critical in supporting the reduction of medicine prescribing errors; she asked for the Board to receive a mapping document that demonstrated progress against the expected outcomes.

Mrs Rushbrook confirmed she would supply a mapping document. It was agreed it should be shared with the Quality and Safety Committee at the next meeting.

Action: Mrs Rushbrook to prepare a mapping document and presented to the next Quality and Safety Committee.

Mrs Adams commented that the prescribing errors had been a feature of the corporate risk register for some time and could Mrs Rushbrook give a timeline for when the system would go live.

Mrs Rushbrook advised that the system would go live sometime later this year.

Mr Crowley added that Sheffield had recently agreed to make a £40 million investment in IT on a similar system so in relative terms the Trust is making satisfactory progress.

Pressures in ED – Ms Raper summarised the discussion held by the Quality and Safety Committee and asked about the large number of out of hour's transfers. Mrs Walters explained the transfers and that a clinician must make an out of hour's decision about the transfer of a patient.

Maternity Services at Scarborough – Ms Raper explained that this was an item the Quality and Safety Committee continues to review, particularly following the recently published Kirkup Report on maternity services. She explained that it was work in progress and further discussions would be held with the Board. At this stage the Board would consider the Trust reports in the private session of the Board meeting.

Professor Willcocks asked if the Organisational Development Team's support had been sought. Dr Turnbull confirmed they support had been accessed. He added that this remains for him and Mrs Geary as a concern of the highest priority.

Safer staffing – Ms Raper reminded the Board that this issue required longer term solutions. Mrs Holden assured the board that recruitment activity continues to be an absolute priority.

Mrs Holden explained that the in-house bank has 150 new recruits and a further 50 are being interviewed who have not worked for the Trust in the past, but are seeking to join the bank following an advert. She added that staff in York, that are on the bank, are being offered additional travel expenses to undertake shifts in Scarborough. Next month, there will be further press advertising for fixed evening and twilight shifts and the Trust is looking at more fixed shifts for out of hours.

Mr Rose asked if there is a maximum number of hours a member of staff can work. Mrs Holden explained that while most staff have opted out of the European Working Time Directive (EWTD), individuals have a professional responsibility to ensure they are fit for work.

Ms Raper asked about international recruitment and the timescales for such recruitment. Mrs Holden explained that she has received feedback from other organisations where there has been a high level of attrition, from international recruitment, within 6 weeks. She explained that the Trust is cautious about investing in a project that is not yet proven. Professor Willcocks added that the new Deputy Chief Nurse, Helen Hey has had extensive involvement in overseas recruitment and embedding staff into an organisation and she hoped the Trust was using that expertise.

Mr Crowley commented that staffing levels were part of the concerns raised with CQC when they first arrived and at their final high level feedback they acknowledged the challenges around recruitment and encouraged the Trust to continue with the current actions.

Mrs Holden advised that she is working with Coventry University, to identify a cohort of staff to undertaken further education programmes while working; this is a long term project.

Mr Rose asked if the Trust is doing everything it can with York Universities. Mrs Holden advised that a lot of work has been completed with York Universities.

Mrs Holden added that she believed, looking ahead, that there will be a change in the proportion of registered to non-registered staff in an organisation and this will influence the skill mix the Trust will seek to recruit and retain in the future.

Mrs Adams expressed her continued concern about the large number of vacancies and asked if she was detecting a downgrading ambition to recruit internationally. Mrs Holden explained that this was not the case. She suggested that there may be less interest in recruiting from Europe, in part due to the feedback received from other organisations. There is however work continuing on recruiting internationally.

Seasonal special on quality report – Ms Raper advised that the Quality and Safety Committee would be holding an additional meeting to specifically review the Quality Report. She invited all Non-executive Directors to attend the meeting.

Post meeting note – it has been proposed that a short meeting is held at the end of the Board meeting in April 2015.

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

15/044 Finance and Performance

Mr Keaney highlighted a number of items that were discussed at the Finance and Performance Committee, including the current financial situation, the cost improvement progress, the commitments to Monitor and the number of challenges operationally.

Cost improvement programme – Mr Keaney advised that there had been excellent improvement since the last report, and he is expecting the target to be achieved.

Mr Lamb explained that the big issue was the proportion of recurrent savings against non-recurrent. The Board asked if further work would be undertaken to try to convert further existing CIPs into recurrent CIPs. Mr Lamb confirmed this will be the case, where possible.

Mr Crowley added that the trend in the past has been around a 50/50 split. This has deteriorated in the Trust, reflecting national conditions.

Agency costs – Mr Keaney commented that the level of agency costs continues to be a significant concern. Mr Keaney asked Mr Lamb if provision had been in made for agency costs in next year's budget. Mr Lamb confirmed a provision had been made for locum and agency staff.

Mrs Holden commented that the most expensive agency staff is the doctors. She explained that there are a number of workstreams in place to address the use of agency staff for doctors. That includes looking at skill mix and bolstering the middle tier of the doctor cohort, specifically around general physicians. This will have the effect of providing some relief to specialists and support the consultants. The Trust is also looking at long term employment of agency staff which will allow the Trust to work with more flexible arrangements. Recruitment will remain a priority in to the foreseeable future. The Trust has an aging workforce and a number of consultants will be retiring in the near future. Mrs Holden added that two further academic posts have been created to attract applicants to the Trust.

Mrs Holden highlighted an increasing concern that comparison was being made by some employed staff between the benefits of being employed and those of working as a member of agency staff.

Mr Keany asked if this was going to be the 'norm' in the future. Dr Turnbull commented that he believed that there was no 'norm' these days. He added that 7 day working has an additional impact on staff numbers. Professor Willcocks suggested that the proposed development of the 'northern powerhouse' as described by Mr George Osborne in the recent budget could be a opportunity for the Trust to attract people. Mrs Holden advised recently two offers had been made to the spouses of two consultants in an attempt to attract them to the Trust.

Finance – Mr Lamb explained that it was expected that a proportion of the fines levied by the CCG would be invested as had been discussed with the Board in the past. A process was in place to address the year end contract position and a year-end offer had just been received from the Vale of York CCG and was being considered. The team were meeting to discuss the year end position with Scarborough and Ryedale CCG later in the week. It was expected that the year end position would be a £2million I&E deficit.

Mrs Adams asked about the year end position with NHS England. Mr Lamb confirmed that the year end position had been agreed.

Performance Recovery Plan –Mr Keaney explained that the Finance and Performance Committee had received an excellent presentation from Mrs Walters about the operational plan. Mrs Walter presentation explained the approach and identified the areas where plans had been developed for recovery of performance across the Trust and were developed from the bottom up with the Directorates assessing the change in referral patterns.

Dr Turnbull advised that the data included in the presentation will be used by the CQC. The Board discussed the current diagnostic situation. Dr Turnbull explained there had been a rise in CT requests because of a change in the approach to diagnostics, as a result of this increase, the Trust is outsourcing more CT scans.

Mrs Rushbrook commented that the two main CCGs run referral services. The process from consultant-to-appointment is lengthy and the intention is to shorten this process. The Trust is working with the CCG to identify greater choice for patients including web chats and telephone contact. The referral service run by the CCG is called the Referral Support Service (RSS).

Dr Turnbull added that the RSS system works through the GP screeners who vet the referrals anonymously before they are received by the Trust. Mrs Rushbrook explained that a further service is being developed as an advice and guidance plus service for the CCG to use. This service would mean that the consultants can give advice on particular cases and suggest treatment that could be administered by the GP, rather than the patient coming into the hospital and is a new level of service.

Mr Crowley commented that in the autumn 2014 the Trust made a number of commitments to Monitor which were subject to some caveats. The Trust has not achieved those commitments. The Trust has received a request from Monitor this week for additional data sets. Mr Crowley anticipated that the Trust will be invited by Monitor for further discussions in the near future.

Mr Rose noted that the presentation did not recommend any reconfiguration of services between the sites. Mrs Walters explained that it was not part of brief at the moment; it was more about developing the acute strategy.

The presentation is attached to these Board minutes.

The Board **noted** the comments and thanked Mr Keaney for his report.

15/045 Draft Financial and Annual Plan 2015/16

Mr Lamb advised that the national contract has now been published. He advised that there are some minor changes around fines which the finance department are currently assessing; he commented that they are not likely to have a material impact on the position presented in the financial plan.

Mr Lamb explained the significance of the approval required from the Board at this meeting. He explained that this approval will allow the Trust set up the budgets for the directorates.

Mr Lamb reminded the Board that the plan had been developed using the enhanced tariff option.

Mr Lamb reminded the Board of movements that will take place during the year including, Hambleton, Richmond and Whitby CCG community services terminating on 1 July 2015 which will result in a reduction of income and costs. Whitby Hospital will also be transferred to NHS Property Services. This will result in a technical adjustment of £4.5million cost to the Trust's I&E position.

Mr Lamb described the two stage approach being adopted for the submission of the annual plan. An early draft will be submitted to Monitor on 7th April 2015, with a final plan

requiring submitting in mid May. Mr Lamb confirmed that final plan would be presented to the Board of Directors meeting in April for approval, prior to submission to Monitor on 14th May 2015. The plan to be submitted will be a one year plan, although Monitor has indicated they may ask for a refresh of the five year strategic plan later in the year.

Mr Lamb summarised that the financial plan presents a very challenging financial position for the Trust with a £25.8million Cost Improvement Programme, and a £3.6million I&E deficit. This will give the Trust a provisional Continuity of Service Risk Rating (CoSRR) of 3.

Mr Rose asked what provision had been made for fines. The provision for fines within the plan is £2million. The Board discussed if that was sufficient given the fines are currently running at £1.6million. Dr Turnbull reminded the Board of the additional powers the CQC now have to prosecute trusts.

Mr Rose asked if any contingency had been made for costs against the CQC inspection. Mr Lamb confirmed that there is a prudent provision that can be used for unforeseen circumstances.

Mr Sweet asked if the CIP targets include any big schemes. Mr Lamb confirmed there were some big schemes.

Ms Raper asked about the investment in nurse staffing levels at night. Mrs Holden advised that there was some funding provided for night staff.

Mrs Holden commented that she is also looking at ways of increasing income by developing a trading arm and selling the services of the Trust.

Mr Ashton asked if there was any indication that Monitor is sighted on the removal of the additional support coming up in the next couple of years. The Board discussed the point and agreed that consideration would be given to including it in the next discussions with Monitor. Mr Crowley added that it is clear the assumptions have moved on since the acquisition. The realistic plans the Trust has in place demonstrate that the organisation continues to be financially a going concern.

The Board were **assured** by the report and the discussion and the comments made. The Board thanked Mr Lamb for his presentation.

15/046 Minutes of the Workforce Strategy Committee held on 5 February 2015

Mr Rose commented that the minutes are extensive and bring the Board up to speed on a number of workforce issues.

Professor Willcocks commented that the she felt the committee demonstrated the excellent engagement between Non-executive Directors and Executives.

Professor Willcocks referred to the revised appraisal system. Mrs Holden brought a sample of the appraisal process to the Board meeting; she explained that the current system can be mechanistic and not meaningful. She advised that the revised model has been well received and the testing has been very positive. There are discussions now

taking place to consider how it can be used with Clinical Directors. She added that when she showed it to the CQC they received it very positively.

The Board **noted** the minutes

15/047 Organisational Development Improved Learning Annual Report

Mrs Rushbrook commented that the document demonstrated the work being undertaken and the extensive level of support provide to Directorates by the department. She asked if the intention was to increase the number of coaches that were available in Scarborough. Mrs Holden explained that when coaches were introduced initially, there was some scepticism, but now there are a significant number of staff who are putting themselves forward to train as a coach. There will be an increase in coaches in Scarborough. Mrs Holden added that there are three trained coaches in the community.

Mrs Rushbrook noted that there were three models of coaching at present; she asked if the three models will be retained. Mrs Holden confirmed that would be the case.

The Board asked about the continuation of the 'It's My Ward Programme'. Mrs Holden confirmed that there have been further developments for sisters and deputy ward sisters, although this programme is not currently a priority.

The Board **noted** the report.

15/048 Quarterly Education Report

Professor Willcocks commented on the report. She highlighted the progress against the strategy and the developments that had been put in place. She referred to postgraduate education and advised that this is 'work in progress'.

Mrs Holden added that the report demonstrates that the education strategy is on track. Space is an issue for undertaking education although hopefully with the continued development of the community stadium in York additional space will be available for learning activities.

The Board **noted** the progress made.

15/049 Independent assessment of educational quality

Professor Willcocks commented that the assessment provides some useful pointers for the Trust to consider. The Board **noted** the actions being taken and that most actions have been completed.

The Board **noted** the report.

15/050 Staff Survey

The Board welcomed Ms Longhorn to the meeting. Ms Longhorn explained that this year three common themes have been identified across the Trust and the intention is to focus on these themes. The three themes were

- Staff and Patient suggestions should be used to inform decisions.

- Improved communication between staff and senior managers.
- Incident reporting procedures should be (and should be seen to be) fair and effective.

The information presented related to 2014 survey which ended in February 2015.

The Board received a presentation which highlighted the results of the survey and discussed the information. Ms Raper noted it would be helpful to link this with the revised communication strategy due at Board later in the year. Mrs Adams felt the Trust should take a more proactive stance in terms of working with the survey.

The Board **noted** that the Workforce Strategy Committee would discuss the results in more detail.

The Board thanked Ms Longhorn for her presentation.

15/051 Community Services

Mr Rose explained that Mr Sweet is the Non-executive Lead for community services and in the absence of Mr Proctor and Mrs Scott he had asked Mr Sweet to update the Board.

Mr Sweet explained that there is a lot happening and very quickly. In terms of the Vanguard agreement, the results were disappointing, it was suggested that our bid was not successful because it was not sufficiently advanced to provide delivery in 2015/16.

A ‘fast followers’ programme is being introduced, which the Trust is considering becoming part of. To help take matters forward there has been a ‘developing trust’ meeting with the CCG, CYC NYCC, GPs and other partners. This has led to a commitment to the community projects and high level decisions with regard to the Alliance Provider Board.

The Vale of York CCG and the City of York Council have formed a joint commissioning board that addresses topics such as the use of re-ablement monies.

NHS Elect are assisting the Trust with the framework for the Alliance Provider Board and the work plan for implementation.

With regard to Hubs, Mr Sweet reported they are going well with increasing levels of referrals. As of the last week in March there had been 1200 contacts. It is anticipated that the service will be fully staffed by May. The Community Support in Malton is now based with the Hub team in Ryedale Ward at Malton.

Work is going on with the WRVS ‘Good Neighbour Scheme’ in both Selby and Ryedale and a business case is being prepared.

Mobile technology projects are being piloted with 5 teams. There have been 2 successful rapid improvement events to support the pilot.

There is a lack of clarity around Scarborough and Ryedale's intentions around community services; notice has been given to end the contract in March 2016.

The Board **noted** the report.

15/052 Report of the Chairman

The Chairman reminded the Board that the 'purdah' arrangements are in place from 30th March until after the election. Mr Rose explained the implications for the Trust.

Mr Rose also advised that the Governors had received an extended update on the financial position of the Trust at their last meeting.

Mr Rose also reported that the Governors and the Trust had been recognised by Monitor for the good practice with the introduction of the cards that provide details for members of the role of the governor.

Mr Rose commented that this was his last Board and he wished to put on record his thanks for the support he has received. He wished Ms Symington the very best of luck and hopes she enjoys her time as Chair at York as much as he has.

15/053 Report of the Chief Executive

Mr Crowley thanked Mr Rose for his leadership and his tenure as a Non-executive Director and Chairman. He commented that he was indebted to Mr Rose for all his work over the last 9 years that he has been involved in the Trust.

Mr Crowley advised that the Governance Review would report at the April meeting, and included in the Board information was the organisational leadership structure and overarching governance structure.

The Board **noted** the paper.

Mr Crowley reflected on the feedback from the CQC. He commented that the feedback had highlighted the current staff challenges. The CQC were keen to stress that the Trust should continue with the plans to tackle the challenges. The CQC discussed the integration and reported that in the main the staff were in favour of the integration.

Mr Crowley advised that the report is likely to come in its draft form in late May and the Trust will respond accordingly. The Trust is still in inspection mode for a further two weeks. The Trust is expecting the CQC team to arrive during that time to complete their inspection.

Mr Crowley asked to put on record his thanks to everyone who worked so hard to make sure the inspection was a success.

15/054 Business Case – 2014/15-37 Development of Diabetes & Endocrine Workforce (4th Diabetes Consultant)

Mr Sweet commented on the business case and concluded he was in favour of the case being approved. He noted that it would assist some previous business case to be delivered. He added that it would improve inpatient care to daily ward rounds and allow for a 'Consultant of the Day'. It has a number of other benefits including enhanced training and strengthening the integration. The cost impact is neutral.

The Board considered the business case and agreed to approve the case. It was proposed that post project evaluation should be undertaken. It was **agreed** that would be implemented.

15/055 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 29th April 2015, Boardroom, York Hospital.

15/056 Any other business

No further business was discussed.

Outstanding actions from previous minutes

Minute number and month	Action	Responsible officer	Due date
14/174 Procurement update	Develop and bring to the Board a food and drink strategy.	Mr Golding	During 2015
15/026 Patient Experience Quarterly Report	Kay Gamble, Head of Patient Experience to bring the draft Patient Experience Strategy	Mrs Geary	April
15/026 Patient Experience Quarterly Report	Mrs Geary to include the Health Watch Enter & View Report for York in the Chief Nurse Report for March	Mrs Geary	March
15/028 End of Life Care	Quarterly End of Life Report to the Board	Dr Turnbull	Quarterly
15/032 Chairman's Report	Provision of a detailed understanding of the legal position and responsibilities of the Board and Governors in relation to sign off of the accounts	Mr Bertram	April (part of the Audit Committee Feedback)
15/034 Governance Review	Mrs Kemp-Taylor to bring a Governance Review Report to the April Board	Mr Crowley	April

Action list from the minutes of the 25 March 2015

Minute number	Action	Responsible office	Due date
15/043 Quality and Safety Committee	Prepare a mapping document and presented to the next Quality and Safety Committee.	Mrs Rushbrook	April 2015

Blank page

C

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Chief Executive Report

Action requested/recommendation

The Board is asked to note the content of the report.

Summary

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

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
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 comments in this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Report developed for the Board of Directors.
Risk	No specific risks have been identified in this document.

Resource implications	The paper does not identify resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	April 2015
Version number	Version 1

Board of Directors – 25 April 2015

Chief Executive Report

On 15 April I invited members of the Hospital and Community Boards, alongside other members of the Trust's senior management team, to a time out session where the Executive Directors provided briefings on our main strategic challenges. The purpose of this event was to ensure that those with the highest levels of responsibility within the organisation hear and understand the same message, and importantly, share the responsibility to support the actions we must take to manage this.

There were a number of key messages from the day, the main one being a consensus that as an organisation we need to take control of our own destiny.

The theme across all the presentations is that life is getting more and more complex in terms of regulation, commissioning, the national economy, and the varied demands and expectations of all the different stakeholders with whom we now have working relationships. There is a strong sense that the system is bearing down on us and becoming more demanding.

The national economy and the expectations on NHS organisations to make significant savings mean it is not wholly surprising that it is getting all the more difficult to meet the demands placed on our financial management.

We have always been a strong performer in terms of our financial management and meeting our efficiency obligations, however, despite continuing to achieve our CIP targets, we are for the first time planning a deficit for this year.

This is highly significant and means that the goalposts are moving in terms of how we need to respond. Whilst this is clearly of concern for the current financial year, the magnitude of the challenge will increase to such an extent that, even if we are to meet our CIP targets, our early draft forecasts suggest a growing deficit over coming years. The issue is compounded by the financial support for the integration coming to an end in 2016/17, however these are figures that we simply can not tolerate, and will not be tolerated by our regulators.

The consequences, were this to become a reality, are far reaching. The organisation would run out of cash, impacting on our ability to pay our staff and our suppliers, and we would need to reduce our capital schemes to protect our cash flow. In all likelihood turnaround would be imposed upon us, and we would lose control of our ability to make choices about our services and our longer term strategy. Once we allow control to move away from us, the compounding impact would be wholly destructive.

These consequences are not inevitable, however it is clear that we cannot simply continue to do the same if we are to change our path. There are things we can do to stop this becoming our reality, and how this might be done was discussed at length during the time out. We are considering what action we will take and what this will look like, however there was a strong feeling in the room that we know what we need to do, we just need to garner a sense of urgency and responsibility to make it happen and see results in the areas most in need. This will be challenging for some, and there is work to be done in terms of how we deal with those who choose not to do what is expected of them.

A key element of this is our performance. There are a number of areas where we need to step up our performance, as coupled with our current financial projections, our current position acts as a warning beacon to our regulators.

We continue to incur fines for targets that we have not been able to deliver and other breaches related to national and local standards. These totalled approaching £4m last year, which when you consider that we finished the year around £2m in deficit, tells its own story. Importantly, it is not the norm in organisations such as ours to be incurring penalties at this level, and we need to regain our control of this as a matter of urgency.

We also lost a significant amount of elective income at 100% of tariff and replaced it with non-elective work at 30% of tariff. We are committed to a strategy to separate elective and acute activity where possible, but some of this is of course inextricably linked to our ability to fund our capital programme.

As a Board we have made a commitment to a long term strategy which includes a focus on supporting acute and planned care through better use of our estate, the development of plans around what activity can be delivered at Bridlington, and the priority areas for capital development in Bridlington, York and Scarborough.

I believe we have always been ambitious in our planning and in our desire to continually improve what we do for the benefit of our patients, and we have already delivered a number of schemes that look better, make people feel better and allow us to provide better services. We need to ensure we retain our ability to make these choices for ourselves.

We will be briefing staff with details of our plans in the coming weeks, focussing on a change in our style of performance management and how we hold ourselves and each other to account.

Part of the solution to this is around working more closely with other local organisations and thinking differently about how we deliver services. The Board will be aware that Scarborough and Ryedale CCG, North Yorkshire County Council and ourselves submitted a 'Vanguard' bid under the 'Sustainable Small Hospitals' section to support our work in determining the future configuration of services. NHS England decided not to support any application but are going to revise the criteria for selection and invite re-applications. We always resolved to continue the work as partners whatever the outcome of the bid and we have begun to plan for a launch day workshop in early June in Scarborough where all partners will begin to establish a shared vision and set of priorities for well-being, health care and social care for the next five years. I will bring a report on this event and other progress to the June Board.

<u>Lilac Ward – Scarborough Hospital</u>

Our new £5m purpose built surgical ward and surgical assessment unit opened its doors to its first patients on 13 April. I am impressed with the commitment and team working shown by all the staff concerned to get this ward open and all the patients transferred to the new ward by 8am!

<u>In the news</u>

The Trust continues to feature prominently in the local media, with the press office receiving around 20 requests for information over the last month. Proactive media activity centred around two key announcements regarding the completion of capital developments.

The first was the opening of Lilac Ward, mentioned above, which secured prominent local

coverage with local radio and print media, as well as supportive comments from staff and the public via the Trust's social media channels.

The second was the opening of the self-care renal dialysis unit at Harrogate Hospital. The unit is the first of its kind in the country and enables kidney patients to manage their own dialysis treatment. The development was funded through an appeal by the York Teaching Hospital Charity and a contribution from the Trust towards the capital scheme, as well as support from the British Kidney Patients Association. Local commercial radio ran the story and BBC Look North filmed as part of a feature they will broadcast in the coming weeks.

The high profile of both of these developments helps signal to the public and staff that we continue to invest in services and plan with ambition in the best interest of our patients.

Medial Director Dr Alastair Turnbull gave an interview to BBC Radio York in response to questions about the ongoing review of echocardiography at Scarborough Hospital. The purpose of the interview was to explain what is happening and to reassure the public around the Trust's response to this issue. The interview was requested after the story originally featured in the Yorkshire Post.

Trauma Network lead Clinician appointed

I am delighted to report that Phillip Dickinson, Consultant Anaesthetist at Scarborough Hospital, has been invited to take on the role of Network Lead Clinician for the North Yorkshire and Humberside Major Trauma Network. This is a significant opportunity for both Phillip and the Trust, and is just one example of the many ways in which individuals are representing our organisation and gaining knowledge and experience at a regional and national level which in turn helps enhance our services locally.

Dementia Awareness Week

Dementia Awareness Week takes place from 17-23 May, and a host of activities are planned across the Trust to highlight our work in this important area.

During the week we will be launching a new dining initiative which aims to encourage relatives and carers to stay during mealtimes to provide company and support to patients with dementia. We will also be launching the 'Forget me not' and 'This is me' initiatives.

Tour de Yorkshire 1-3 May 2015

We are finalising plans to mitigate the potential impact of this event on our services.

Day one is around Scarborough and Whitby, day two Selby and outskirts of York to Stamford Bridge, and day three heads off towards Leeds and Wakefield. The event is not on the same scale as the Tour De France, with a maximum of one hour rolling road blocks, however, areas most likely to be effected are putting plans in place.

Author	**Patrick Crowley, Chief Executive**
Owner	**Patrick Crowley, Chief Executive**
Date	**April 2015**

Blank page

York Teaching Hospital NHS Foundation Trust

Board of Directors – 29 April 2015

National Inpatient Survey results 2014

Action requested/recommendation

The Board is asked to consider and discuss the findings and recommendations of this report. The CQC have not released the findings of the National Inpatient Survey 2014; this is expected to be after May 7th 2015

Summary

This report summarises the key findings of the National Inpatient Survey 2014, carried out by The Picker Institute, on behalf of York Teaching Hospital NHS Foundation Trust. The Picker Institute was commissioned by 78 trusts to undertake the Inpatient Survey 2014 which asks the views of adult inpatients having at least one overnight stay in York Hospital and Scarborough Hospital during August 2013. The survey covers the issues that patients consider important in their care and offers an insight into their experience of our 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.

Whilst protected characteristic questions are asked within the survey, the low

number of respondents with protected characteristics means that we are not able to analyse the report by protected characteristic.

Reference to CQC outcomes
1, 4, 9, 16

Progress of report	Quality & Safety Committee
Risk	There is no identified organisational risk
Resource implications	No resource implications identified
Owner	Beverley Geary, Chief Nurse
Author	Kay Gamble, Lead for Patient Experience
Date of paper	April 2015
Version number	Version 1

Board of Directors – 29 April 2015

National Inpatient Survey Results 2014

1. Introduction and background

This report summarises the key findings of the National Inpatient Survey 2014, carried out by The Picker Institute, on behalf of York Teaching Hospital NHS Foundation Trust. The Picker Institute was commissioned by 78 trusts to undertake the Inpatient Survey 2014 which asks the views of adult inpatients having at least one overnight stay in York Hospital and Scarborough Hospital during August 2013. The survey covers the issues that patients consider important in their care and offers an insight into their experience of our Trust.

The response rate was 47%, compared with an average response rate of 45%, with 850 patients being sent a postal questionnaire, with two follow-up letters being sent to patients throughout the course of the fieldwork. The Trust's response rate has reduced by 5% from the previous inpatient survey.

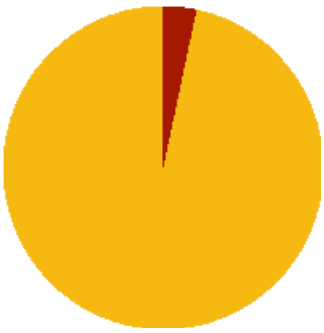
The CQC will publish the full results during May 2015.

2. Findings – A total of 60 questions were used in both the 2013 and 2014 surveys

Have we improved since the 2012 survey?
Compared to the 2013 survey, our Trust is:

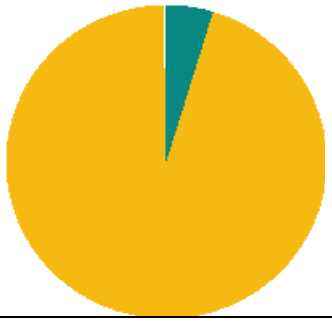
Compared to the 2013 survey, your Trust is:

- Significantly BETTER on 0 questions
- Significantly WORSE on 2 questions
- The scores show no significant difference on 58 questions



How do we compare to other trusts?
Compared to the 2013 survey, our Trust is:

- Significantly BETTER than average on 3 questions
- Significantly WORSE than average on 0 questions
- The scores were average on 59 questions



The three questions where the Trust is **BETTER** than the Picker average are in relation to: (low scores in patients reporting of):

Hospital:

- Hand-wash gels not available or empty

Doctors:

- Talked in front of patients as if they were not there

Nurses:

- Talked in front of patients as if they weren't there

There were no questions where the Trust is significantly **WORSE** than the Picker average, however there were 2 questions were we had performed significantly **WORSE** on. These relate to:

Hospital:

- Room or ward not very or not at all clean
  1% (2013) – 3% (2014)
- Toilets not very or not at all clean
  3% (2013) – 6% (2014)

2.1 Overall

83% of respondents reported they always had confidence and trust in the Doctors.
97% of respondents reported that the room or ward was very/fairly clean.
91% of respondents reported that they always had enough privacy when being examined or treated.

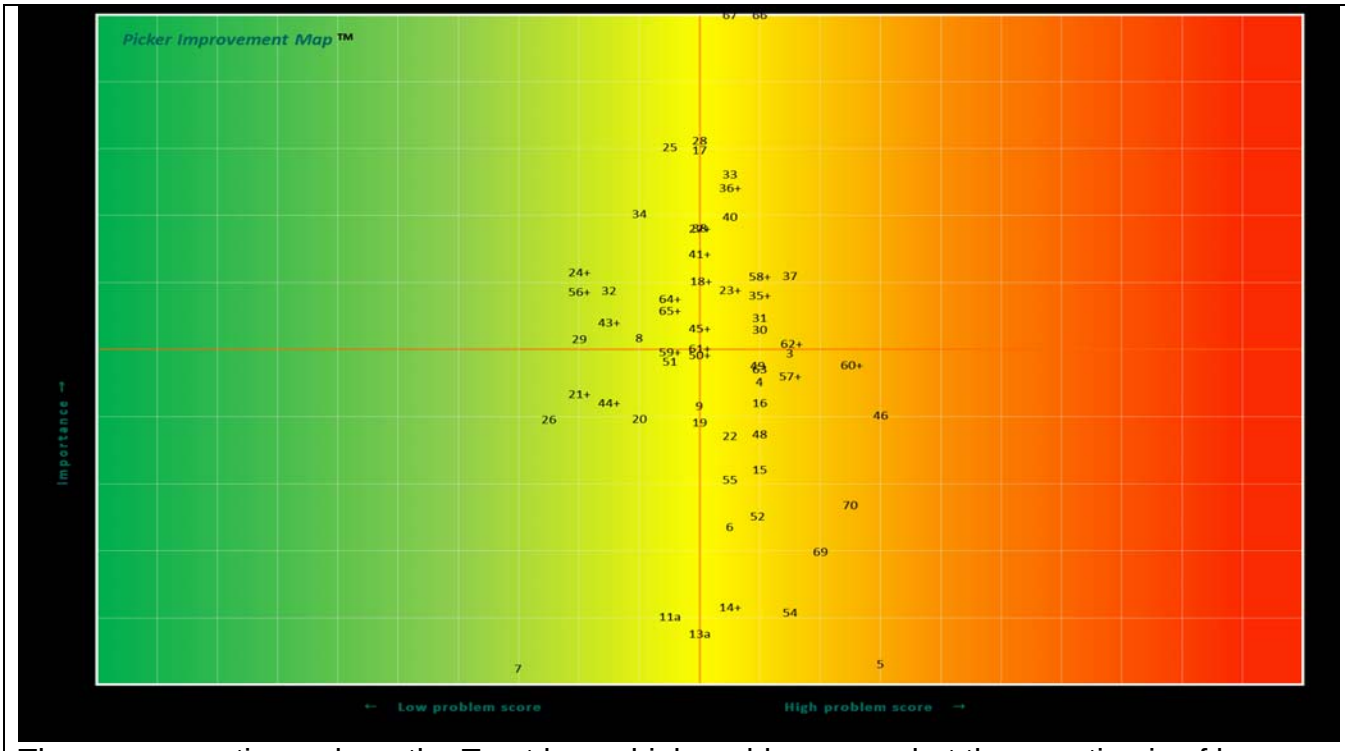
2.2 Areas for Improvement Focus

The standard Picker Inpatient Survey report, whilst still the best way to give a picture of what our patients are saying about the Trust, can ultimately shape our action planning process but can also encourage us to focus on the areas that are significantly worse than the average, or those areas that has shown significant decline from previous surveys. However, there are some questions which are more important to the patient experience than others, and this should be considered when deciding where to direct our improvement focus and resource.

Picker has developed an improvement map which allows us to consider patients' response to each question and how this relates to the overall rating of their experience. This then allows us to achieve a ranking of how important each question is. Using this information allows us to focus on areas of care that are both in need of improvement and important to patients. Some problem scores may be significantly worse than the average, but this does not tell the whole story if this question isn't particularly important to patients.

The improvement map below details the questions with **the 'High Problem Score – High Importance**' areas being shown in the top right quadrant. For clarity some of the questions in the top right quadrant where the Trust should first look to planning improvements are:

- Overall: not treated with respect or dignity
- Overall: did not always feel well looked after by staff
- Nurses: did not always have confidence and trust
- Doctors: did not always have confidence and trust
- Hospital: room or ward not very or not at all clean
- Care: did not always have confidence in the decisions made
- Care: not always enough emotional support from hospital staff
- Hospital: could not always get enough help from staff to eat meals
- Care: could not always find staff members to discuss concerns with
- Care: more than 5 minutes to answer call button
- Discharge: not told how to take medication clearly
- Discharge: not fully told purpose of medications



There are questions where the Trust has a high problem score but the question is of lower importance to the patient and these are detailed in the bottom right hand side of the quadrant. These are still areas for us to consider action planning:

- Not being offered a choice of hospital
- Did not receive any information explaining how to complain
- Not told how to expect to feel after operation or procedure
- Discharge delayed by 1 hour or more

3. Recommendation

It is recommended that the National Inpatient Survey 2014 results are shared across the organisation. By utilising feedback from The Friends and Family Test, PALS, Complaints and other directorate and Trust patient feedback, a trust-wide action plan will be developed, alongside directorate action plans, in response to the findings.

The Picker Institute to present to the directorates during April 2015.

A matron and member of the Patient Experience team to attend the action planning session in Leeds with other trusts to work with Picker staff to identify key priorities and to learn from best practice from other colleagues across the country.

The Patient Experience Team, working with key staff from Directorates, will facilitate the action planning process on behalf of the Trust.

Feedback from the National Inpatient Survey will inform '*Your Experiences Matter'*: Our Patient Experience Strategy (2015-2018) and subsequent implementation plan which will detail the priorities over the next three years.

4. References and further reading

The full Trust report, individual hospital site reports can be accessed through the Patient Experience Team or the via the Trust website. Directorate Speciality reports are also available through the Patient Experience Team.

Author	**Kay Gamble, Lead for Patient Experience**

Owner	**Beverley Geary, Chief Nurse**
Date	**April 2015**

York Teaching Hospital NHS
NHS Foundation Trust

Quality & Safety Committee – 21st April 2015 Boardroom, York Hospital

Attendance: Committee members: Libby Raper, Philip Ashton, Jennie Adams
Attendees: Alastair Turnbull, Beverley Geary, Diane Palmer, Liz Jackson
Observers: Sue Symington, Justin Keen
Apologies: Anna Pridmore

	Agenda Item	Comments	Assurance	Attention to Board
1	**Last meeting notes dated 17 March 2015**	The Committee agreed that the minutes from the previous meeting were a true and accurate record.		
2	**Matters arising** - Comfort boxes - Quality Report update including discussion about priorities	The Committee welcomed observers Sue Symington who has commenced in post as the new Trust Chair and Justin Keen from the University of Leeds, leading a multi trust study on the use of data to inform governance. The Committee noted the increasingly comprehensive set of data contained within the Performance Report, and agreed to prioritise discussion on issues identified through members pre reading. The Committee commended the funding of the comfort box initiative by the trust charity, Friends of Scarborough Hospital. **Quality Report** – The Committee recalled previous discussions on this, and agreed that the specific focus for today was to agree the measurables for inclusion. It is expected that the		

	Agenda Item	Comments	Assurance	Attention to Board
		draft full Report will come to Board next month. Following discussion of key themes and principles, DP agreed to amalgamate the draft priorities with the Patient Experience priorities and circulate to the Committee ahead of Board. BG confirmed that she was the nominated executive lead for this item. The Committee agreed that previous unachieved priorities should be carried forward and delivery will be monitored by the Quality and Safety Committee in the form of a quarterly report. The Committee recalled the discussions relating to the better management of the Quality Report process and asked that the lessons learnt could be applied to the process next year.		
3	**Quality and Safety Performance Report**	**Dementia Screening** – The Committee highlighted the concern over the compliance of dementia screening on the Scarborough site. AJT confirmed that this years CQUIN around demonstrating compliance had not been achieved. Next years CQUIN may be around the steps that are taken following screening. AJT explained that groups of staff may not be understanding the importance of compliance in this area and may see it as less tangible then an assessment that has a clinical consequence e.g. VTE. Work is to be undertaken with Medical Staff to highlight the importance of dementia screening with the possible implications of non compliance being disciplinary action.		

	Agenda Item	Comments	Assurance	Attention to Board
		Senior Review - The Committee focused on the number of patients being reviewed by Senior Medical Staff with in 12 hours of admission and queried what could be done to improve this. AJT explained that there is still a recruitment shortage of physicians in Scarborough with the last two consultant appointment panels being unsuccessful. Clinical Directors will be reviewing job plans as the ones currently in place have no consultants scheduled to be in after 7pm. Job plans have already been adjusted in York showing a successful cultural change. There has also been some inconstancy in reporting between sites. The Committee suggested that cross site working may help improve performance. **Litigation** – The Committee queried the coroner's inquest data. AJT explained that there is an interim coroner in place in York who is working through the back log of inquests. The Scarborough Coroner takes a different approach, holding local organisations to account. SI reports are now being sent to Coroners before inquests begin. The results of non-coronial settled claims are now sent to directorates to be discussed at their governance meetings and they will be asked to proved evidence of improvements. AJT confirmed that the NHSLA will be speaking at the Patient Safety Conference. **Executive Summary** Falls continue to be a significant priority. The Committee discussed that the increase in	The Committee took some assurance with regard to necessary cultural change from the ongoing development of single cross site Clinical Directors.	

	Agenda Item	Comments	Assurance	Attention to Board
		awareness of falls has increased reporting; however the harm occurring from falls is reducing. The Committee discussed the disappointing stoke patient data from the Scarborough site. AJT explained that this will change as hyper acute stroke becomes centralised in York. Stroke patients remain in hospital for rehabilitation and repatriation, the therapies team from Bridlington will be moved to Scarborough to accommodate this. The Committee look forward to an update on this issue at the May Committee meeting. **Emergency Department** – Emergency Department –AJT highlighted that there had been no signs of harm from the way that patients had been allocated by non-clinical staff. However as a result of the CQC expressing concern changes were made resulting in a registered nurse now triaging each patient, although this RN was taken from the main Emergency Department staffing provision. The model will be revised again with non clinical staff signposting patients to minor injuries or triage. The Committee were assured of the difference between the new model and the previous streaming. ED performance deteriorated over the bank holiday due to pressures, AJT confirmed that there were no 12 hour breaches. BG explained that the new out of hours GP service level agreement with Northern Doctors is impacting on the service provided in York.	The Committee showed serious concern around the issues in ED and will continue to seek assurance from the leadership group that plans are being put in place.	AJT to take to Board (Are F&P taking this to Board)

	Agenda Item	Comments	Assurance	Attention to Board
		BG has asked the Lead Nurse in the Emergency Department to look at the staff skill set to deal with demand.		
4	**Electronic Prescribing Medicines Administration (EPMA) mapping Document**	AJT spoke to the document explaining that it was provided as a progress report. The additional recruitment for the project is now complete in both pharmacy and nursing. BG explained that the key risk was resource in IT, with other system developments delaying progress with EPMA. There is also still some debate over the hardware to be used. The Committee encouraged the project management committee to look at best practice so they were able to sign off on the best delivery mechanism. The EPMA roll out is scheduled to take place in February 2016.	The Committee were encouraged by the progress report and look forward to receiving more narrative from Sue Rushbrook at next months Committee meeting.	
5	**Feedback from CQC**	AJT advised the committee that there was currently nothing additional to report on this item. The visit has now formally ended. The CQC came back to the Trust twice during the review for assurance around the Emergency Department.		
6	**Supplementary Medical Director Report**	The Committee discussed the mortality indicators in depth and requested that there be continual focus on the higher levels of post discharge mortality. **HSMR** – AJT explained there are still issues with coding at Scarborough and gave some tangible examples of cases. The Trust remains a high outlier in certain instances because of this. A meeting has been arranged with the Scarborough Commissioners to pick out trends.		AJT to discuss Mortality indicators at Board

	Agenda Item	Comments	Assurance	Attention to Board
7	**Quarterly DIPC Report**	**Clostridium Difficile** – AJT advised the committee that the trajectory for the year ending March 2015 had not been exceeded with 59 cases being recorded. Next years threshold is still under final agreement with the current figure suggested being 53. AJT advised the Committee that the HPV deep clean has now been completed in Scarborough. **MRSA** – There have been two cases of MRSA reported in March one of which is being contested as it was community acquired. **MSSA** – The Committee showed significant concern over exceeding the MSSA threshold, with the Trust being a national outlier and one of the highest reporting. BG and AJT assured the Committee that plans are in place for aseptic non-touch technique training to be delivered to all clinical staff and a project group with several work streams will be put in place. Work will also be continued around invasive devises. BG advised the Committee that a fundamental review of the Infection Prevention and Control team is being undertaken and the proposed new structure will come to the Committee. **Ebola** – AJT advised the Committee that the Trust had has its first incidence of suspected ebola. The system worked well and the case was confirmed as negative.		AJT to discuss at Board
8	**Maternity Services – Scarborough**	The Committee thanked BG for the current version of the report which was a step forward from the previous version. Although the action	The Committee were assured by the actions being attributed to individuals and look forward	BG to discuss at Board

	Agenda Item	Comments	Assurance	Attention to Board
		plan is long and complex the Committee were pleased to see that responsibilities had been attributed to individuals. AJT advised the Committee that the Directorate have set up monthly governance meetings at which progress on the action plan will be discussed. The Committee asked that the action plan be cross referenced with the directorate risk register. The Committee noted the action to review the Maternity dashboard and look forward to seeing additional indictors. The Committee also noted that many of the actions were Estates related and asked that the importance of these be highlighted to the Estates department.	to reviewing the progress at future Committee meetings.	
9	**Female Genital Mutilation**	BG apologised that the paper submitted to the Committee was not the final version and considerable edits have been made. BG will circulate the final version to Committee members. It will be a requirement from September that all instances of identified Female Genital Mutilation (FGM) must be reported to NHS England. BG explained that this was low risk as all midwives have undergone training in this area. The Committee commended the work that has been undertaken and noted the significant developments.		
10	**Child Protection Policy**	BG advised the Committee that the new		BG to take to

	Agenda Item	Comments	Assurance	Attention to Board
		Safeguarding Lead had re-written the policy and it was now fundamentally different. All members of the Committee had reviewed the policy, agreed that it was well written and had no further comments.		Board for approval
11	**Supplementary Chief Nurse Report** - Enter and View HW report - Maple outbreak action plan - Revalidation - Quality Effectiveness and Safety Trigger Tool (EWTT)	Patient Experience – BG advised the Committee of a change of leadership in the Patient Experience team with a new Lead coming in to post in June. The new Lead will have input in to the Patient Experience Strategy which will be coming to Board in May or June. The Committee noted the Health Watch report. BG advised the Committee that Health Watch will be in the Emergency Department in York for the next 24 hours. BG explained to the Committee that the new Matron structure has now been in place for a year. A time out has been planned to take place with the Matrons and the structures effectiveness will be reviewed.		
12	**Safer Staffing Report**	BG briefly updated the committee on recruitment with 36 new Staff Nurses roles being offered and a further 11 being interviewed. A Recruitment event has been arranged to take place on the 11th May. BG advised the Committee that a predictor tool has been developed to look at the turnover on the acute sites and community to predict changes in staffing over the coming 18 months. This tool will be discussed at the Committee meeting next month along with the short,		

	Agenda Item	Comments	Assurance	Attention to Board
		medium and long term staffing plans.		
13	**Any other business Verbal**	No other business was discussed.		
14	**Other** Work Programme			

Blank page

Patient Safety & Quality Report

April 2015

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

Patient Safety and Quality
Executive Summary

18 Serious Incidents (SIs) were declared in March. Six of the SIs were as a result of Category 3 pressure ulcers and six as a result of patient falls incidents. One SI was due to in excess of 12 hour waiting times for admission in the Emergency Department at Scarborough Hospital.

No Never Events were reported.

Patient falls remains the most frequently reported incident and reduction of falls with harm is a priority for the Trust.

Five cases of toxin positive C. difficile were identified in March.

Four cases of MSSA bacteraemia were identified.

Two cases of MRSA were identified.

Seven complaints were reported to the Ombudsman.

Compliance with VTE risk assessment was 96.8% in March.

The proportion of patients with a stroke who spend >90% of their hospital stay on a stroke unit reduced significantly in February at Scarborough Hospital.

Overall performance with the Emergency Department four hour standard was 88.6% in March.

Diane Palmer
Deputy Director of Patient Safety

Mortality

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

Definition

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

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

Analysis of Performance

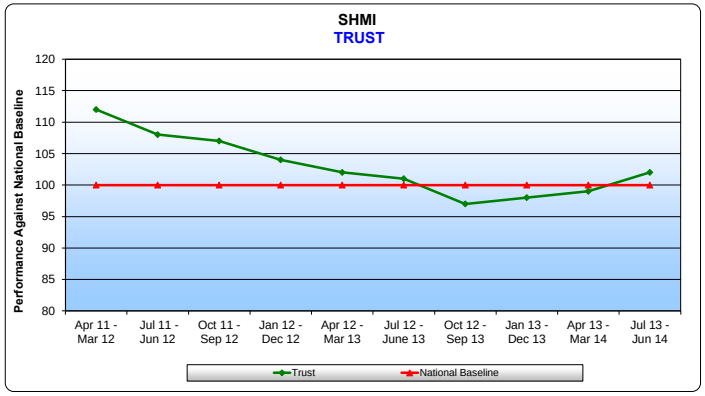
The latest SHMI report for the period July 2013 to June 2014 indicates the Trust to be in the 'as expected' range. In January 2014 the York site saw a spike in the number of patient deaths which was outside normal range, this time period is contained in the latest SHMI release.

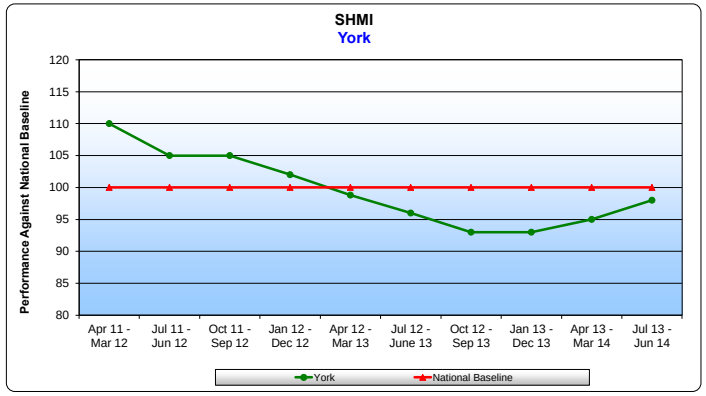
Analysis of SHMI categories is ongoing to identify differences between the York and Scarborough sites, together with any areas of ‘excess deaths’ where audits will be undertaken.

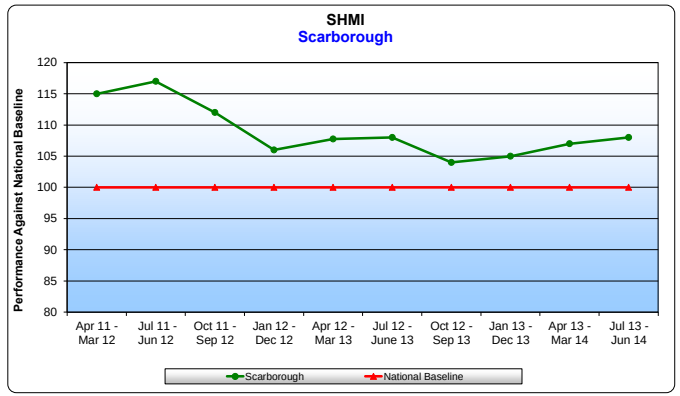
Following a spike in deaths during January 2015, February & March saw deaths fall within expected range. Overall inpatient deaths are up 7.76% (April 14 to March 15) compared to same period in 2013-14 with the highest percentage increase has been in those diagnosed with Other Bacterial Diseases, Hypertensive Diseases & those with Influenza & Pneumonia (based on ICD-10 diagnostic chapters with more than 50 deaths in Apr-Dec 2013 & 2014).

Mortality

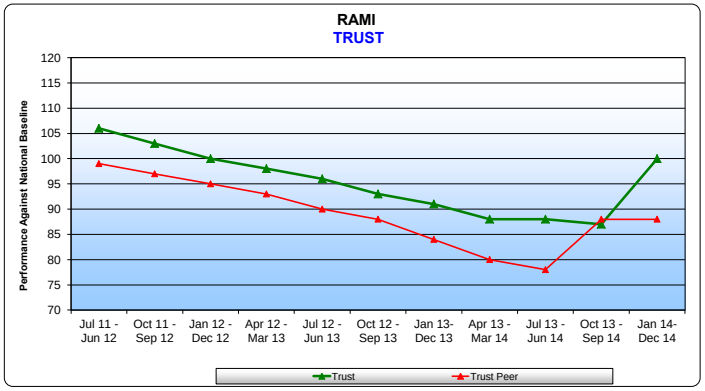
Indicator	Consequence of Breach (Monthly unless specified)	Jan 12 - Dec 12	Apr 12 - Mar 13	July 12 - June 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	July 13 - June 14
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	104	102	101	97	98	99	102
Mortality – SHMI (YORK)	**Quarterly:** General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

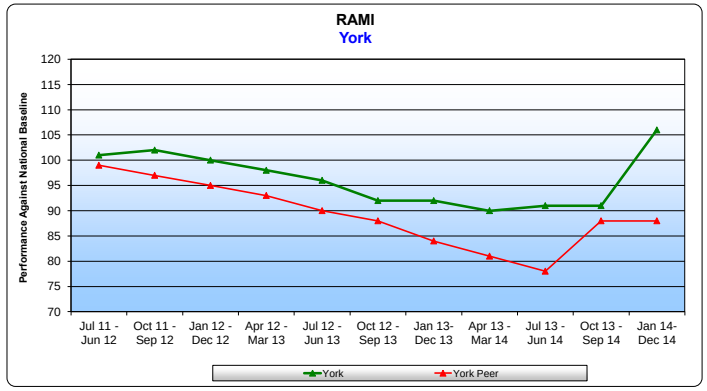


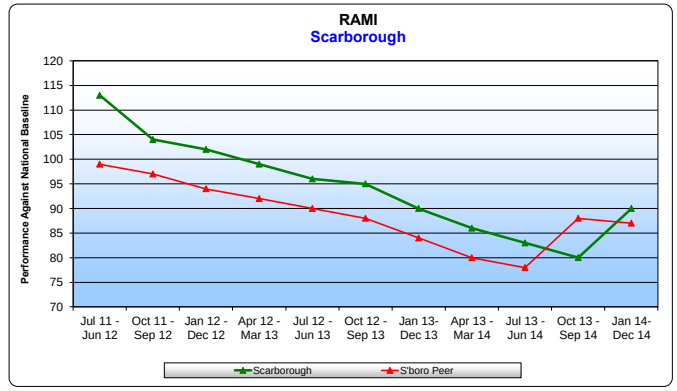




Indicator	Consequence of Breach (Monthly unless specified)	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	July 13 - June 14
Mortality – RAMI (TRUST)	**none - monitoring only**	98	96	93	91	88	88	100
Mortality – RAMI (YORK)	**none - monitoring only**	98	96	92	92	90	91	106
Mortality – RAMI (SCARBOROUGH)	**none - monitoring only**	99	96	95	90	86	83	90

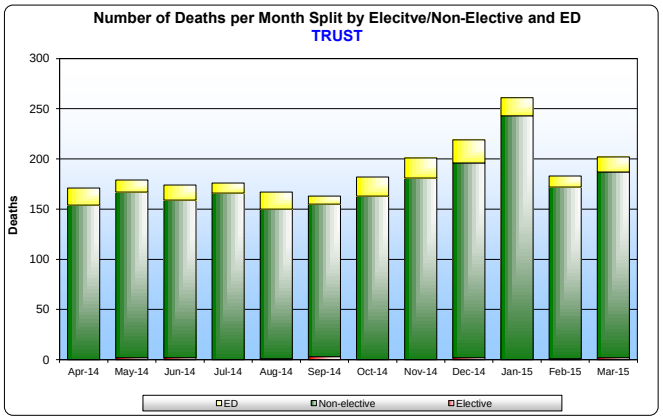


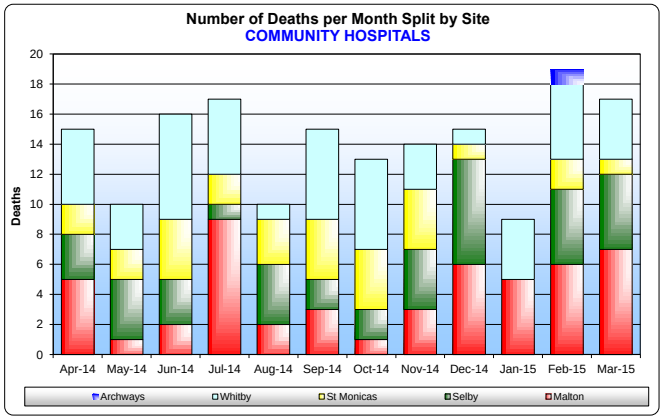




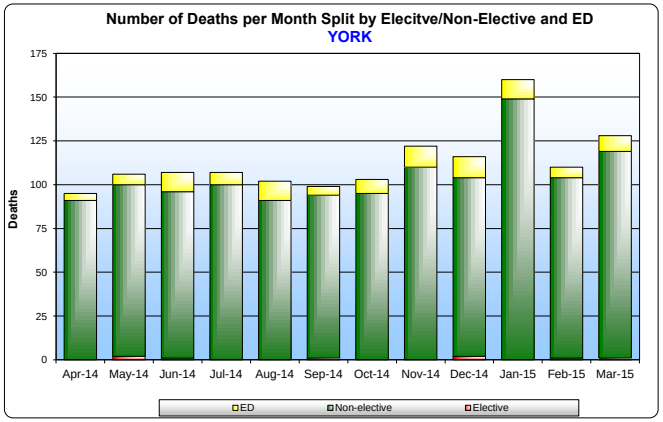
Mortality

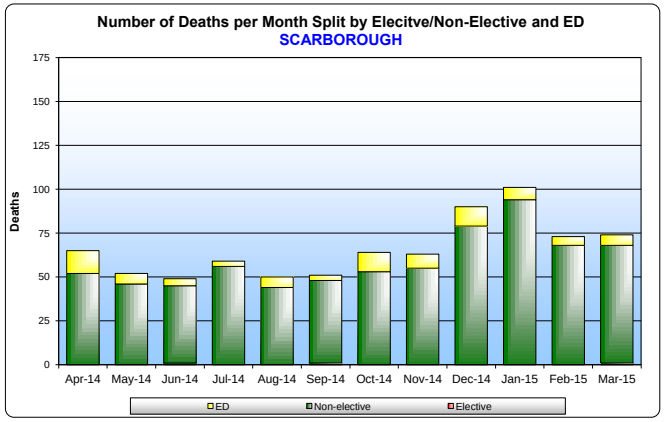
Indicator	Consequence of Breach (Monthly unless specified)	Q1	Q2	Q3	Q4	Jan	Feb	Mar
Number of Inpatient Deaths (excludes deaths in ED)	None - Monitoring Only	480	471	540	602	243	172	187

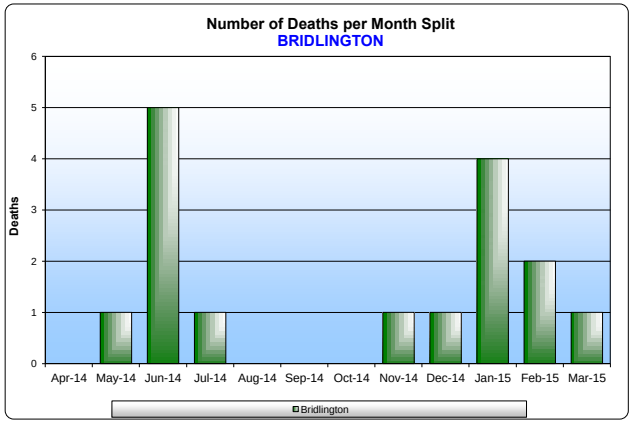




Month	Malton	Selby	St Monicas	Whitby	Archways	Bridlington
Apr-14	5	3	2	5	0	0
May-14	1	4	2	3	0	1
Jun-14	2	3	4	7	0	5
Jul-14	9	1	2	5	0	1
Aug-14	2	4	3	1	0	0
Sep-14	3	2	4	6	0	0
Oct-14	1	2	4	6	0	0
Nov-14	3	4	4	3	0	1
Dec-14	6	7	1	1	0	1
Jan-15	5	0	0	4	0	4
Feb-15	6	5	2	5	1	2
Mar-15	7	5	1	4	0	1







Litigation

Indicator	Site	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Clinical Claims Settled	York	2	1	3	1	5	1	2	1	1
	Scarborough	3	1	4	0	1	0	1	1	3

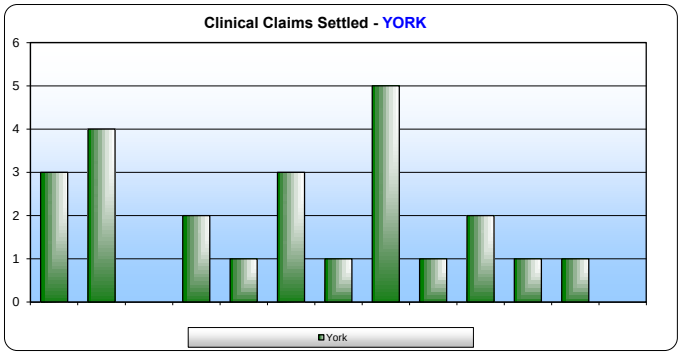
One clinical claim attributed to York and three clinical claims attributed to Scarborough were settled in March.

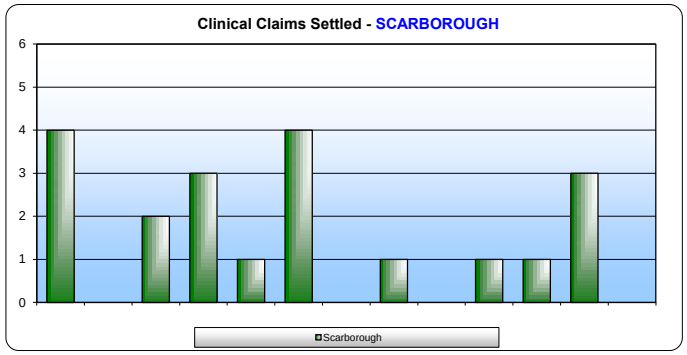
In March, ten clinical negligence claims for York site were received and five were received for Scarborough. York & Scarboro ugh both had four withdrawn/closed claims.

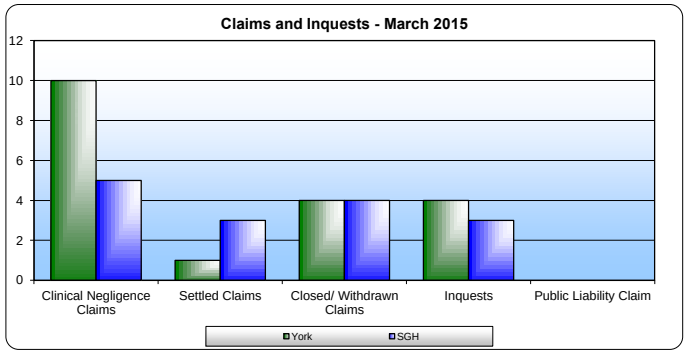
There were seven Coroner's Inquests heard in March; four York and three Scarborough.

Litigation

Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Clinical Claims Settled source: Risk and Legal	York	3	4	0	2	1	3	1	5	1	2	1	1
	Scarborough	4	0	2	3	1	4	0	1	0	1	1	3







Themes for Clinical Claims Settled 01 Jan 2012 to 28 Feb 2015

Incident Type	Total Damaged	Total Number Reported	Number (York)	Number (Sboro)
Failure to investigate further	£2,323,090	19	9	10
Failure to refer to other speciality	£2,047,500	4	4	0
Inadequate surgery	£1,286,816	16	8	8
Delay in treatment	£1,266,000	4	2	2
Lack of appropriate treatment	£387,868	7	2	5
Inappropriate discharge	£333,000	4	1	3
Inadequate examination	£297,347	7	4	3
Lack of monitoring	£230,000	2	1	1
Failure to adequately interpret radiology	£108,113	12	7	5
Inadequate nursing care	£93,500	10	5	5
Not known	£60,000	3	0	3
Inadequate procedure	£58,880	4	2	2
Results not acted upon	£49,500	7	6	1
Failure to diagnose/delay in diagnosis	£48,000	2	1	1
Inadequate interpretation of cervical smear	£37,500	1	1	0
Intraoperative burn	£30,000	4	3	1
Anaesthetic error	£27,500	1	1	0
Inadequate consent	£26,500	3	2	1
Failure to retain body part	£25,000	1	1	0
Lack of risk assessment/action in relation to fall	£24,250	2	2	0
Prescribing error	£22,500	2	2	0
Failure to act on CTG	£13,500	1	1	0
Lack of risk assessment/action in relation to pressure ulcer	£7,000	1	1	0
Maintenance of equipment	£5,000	1	1	0

Patient Experience

Complaints
Complaints registered in York relate to York Hospital and Community Services.
Complaints registered in Scarborough relate to Scarborough Hospital and Bridlington Hospital.
There were 22 new complaints registered to the York site and 25 to the Scarborough site in March.

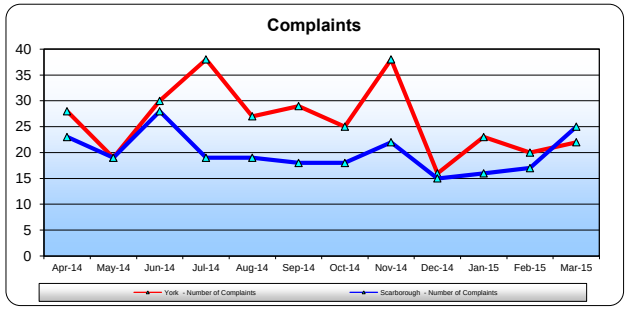
PALS contacts
There were 478 PALS enquiries at York Hospital in March, Scarborough figures are not currently available

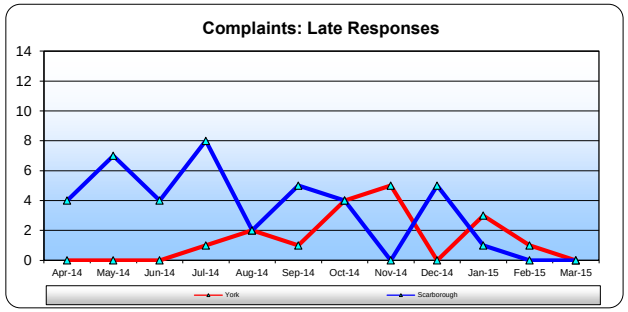
New Ombudsman Cases
Seven attributable to York during March.

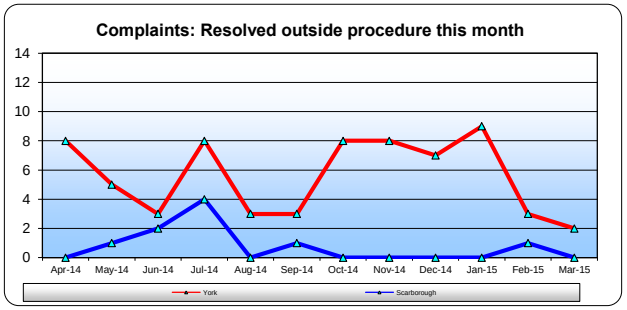
Complaints – Late Responses
None recorded in March.

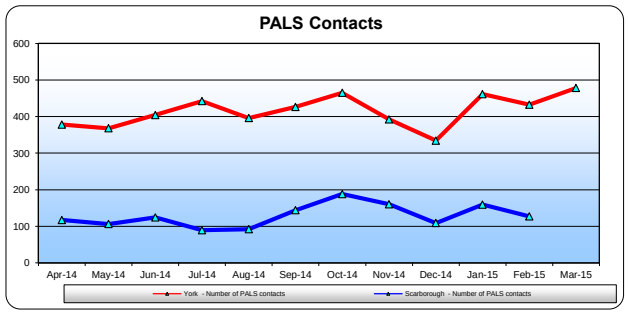
Patient Experience

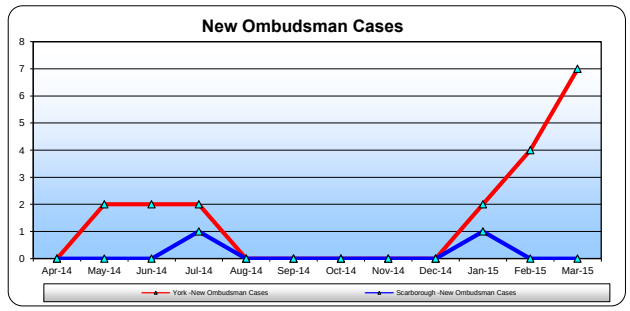
Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Complaints	York	28	19	30	38	27	29	25	38	16	23	20	22
	Scarborough	23	19	28	19	19	18	18	22	15	16	17	25
PALS contacts	York	378	368	404	442	396	426	465	392	334	461	432	478
	Scarborough	117	106	124	89	92	144	188	160	109	159	127	N/A
New Ombudsman Cases	York	0	2	2	2	0	0	0	0	0	2	4	7
	Scarborough	0	0	0	1	0	0	0	0	0	1	0	0
Complaints - Late Responses	York	0	0	0	1	2	1	4	5	0	3	1	0
	Scarborough	4	7	4	8	2	5	4	0	5	1	0	0
Complaints - Resolved outside procedure this month	York	8	5	3	8	3	3	8	8	7	9	3	2
	Scarborough	0	1	2	4	0	1	0	0	0	0	1	0











Patient Experience

March 2015

Complaints by Directorate/Division (Datix)	York	S'boro	Total
Allied Health Professionals	3	0	3
Child Health (Y)	0	1	1
Clinical Support Services (S)	0	0	0
Community Services (Y)	3	0	3
Corporate (Y,S)	0	0	0
Elderly Medicine (Y)	1	3	4
Emergency Medicine (Y)	4	5	9
Facilities (Y,S)	0	0	0
General Surgery and Urology (Y), Surgery (S)	2	3	5
Head and Neck and Ophthalmology (Y)	2	2	4
Medicine (General and Acute, Y), Medicine (S)	3	3	6
Obstetrics and Gynaecology (Y)	2	2	4
Operations (Y)	0	0	0
Orthopaedics (Y)	2	3	5
Pharmacy (Y)	0	0	0
Physiotherapy (Y)	0	0	0
Radiology (Y)	0	2	2
Sexual Health (Y)	0	0	0
Specialist Medicine (Y)	0	0	0
Theatres Anaesthetics and CC(Y)	0	1	1
Total	22	25	47

Complaints by Subject (Datix)	York	S'boro	Total
Admissions, discharge and transfer arrangements	1	1	2
Aids, appliances, equipment, premises	2	0	2
All aspect of clinical treatment	15	17	32
Appointment delay/cancellation (inpatient)	0	0	0
Appointments delay/cancellation (outpatient)	0	2	2
Attitude of staff	2	3	5
Communication/information to patients (written and oral)	2	2	4
Complaints handling	0	0	0
Consent to treatment	0	0	0
Failure to follow agreed procedure	0	0	0
Hotel services, including food	0	0	0
Mortuary and post mortem arrangements	0	0	0
Other	0	0	0
Patients' privacy and dignity	0	0	0
Patients' property and expenses	0	0	0
Patients' status, discrimination	0	0	0
Personal records	0	0	0
Policy and commercial decision of Trust	0	0	0
Total	22	25	47

PALS Contact by Subject	York	S'boro	Total
Aids / appliances / equipment	5	n/a	n/a
Admissions, discharge, transfer arrangements	16	n/a	n/a
Appointments, delay/cancellation (inpatient)	17	n/a	n/a
Appointments, delay/cancellation (outpatient)	52	n/a	n/a
Staff attitude	12	n/a	n/a
Any aspect of clinical care/treatment	84	n/a	n/a
Communication issues	58	n/a	n/a
Compliment / thanks	55	n/a	n/a
Environment / premises / estates	1	n/a	n/a
Foreign language	0	n/a	n/a
Failure to follow agreed procedure (including consent)	4	n/a	n/a
Hotel services (including cleanliness, food)	0	n/a	n/a
Requests for information and advice	126	n/a	n/a
Medication	4	n/a	n/a
Other	1	n/a	n/a
Car parking	5	n/a	n/a
Privacy and dignity	1	n/a	n/a
Property and expenses	14	n/a	n/a
Personal records / Medical records	13	n/a	n/a
Safeguarding issues	1	n/a	n/a
Signer	1	n/a	n/a
Support (eg benefits, social care, vol agencies)	3	n/a	n/a
Patient transport	5	n/a	n/a
Totals:	478	n/a	n/a

Friends and Family

Indicator		Target	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Inpatients – York	York IP Response Rate	Q4: 40% Combined	31.4%	34.5%	39.0%	36.1%	31.7%	34.9%	39.4%	35.1%	32.9%	38.4%	45.4%
Inpatients – Scarborough	Scarborough IP Response Rate		29.3%	27.4%	40.1%	44.4%	43.1%	39.5%	50.0%	37.9%	41.2%	52.4%	55.8%
Inpatients - Bridlington	Bridlington IP Response Rate		82.0%	60.8%	86.0%	71.1%	83.6%	72.3%	77.2%	85.9%	77.0%	90.2%	69.5%
Inpatients – Combined	**Trust IP Response Rate**		**33.9%**	**34.2%**	**41.7%**	**40.2%**	**37.6%**	**38.2%**	**44.1%**	**38.4%**	**37.7%**	**44.7%**	**49.4%**
ED – York	York ED Response Rate	Q4: 20% Combined	14.6%	27.1%	14.5%	9.4%	8.5%	9.6%	15.4%	14.2%	14.8%	14.0%	19.2%
ED - Scarborough	Scarborough ED Response Rate		33.1%	45.2%	35.9%	36.8%	31.5%	27.4%	32.7%	19.1%	28.2%	36.8%	29.8%
ED – Combined	**Trust ED Response Rate**		**21.6%**	**33.9%**	**22.8%**	**20.0%**	**16.7%**	**15.9%**	**21.5%**	**16.0%**	**19.3%**	**21.6%**	**22.8%**
Maternity – Antenatal		None	33.6%	26.0%	27.7%	33.1%	37.2%	39.8%	42.8%	32.2%	30.6%	27.6%	36.0%
Maternity – Labour and Birth			33.3%	32.9%	19.4%	16.2%	20.4%	17.2%	39.7%	15.8%	19.9%	27.9%	38.5%
Maternity – Post Natal			39.2%	37.5%	24.8%	20.9%	29.4%	26.5%	47.1%	19.4%	27.9%	31.9%	32.6%
Maternity – Community			37.2%	24.7%	21.1%	22.7%	17.2%	19.5%	18.4%	18.2%	21.3%	14.6%	23.1%

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

The Trust achieved the CQUIN target of 20% response rate target in ED over Q4 with performance of 22.8%.

The Trust achieved the CQUINS target of 40% response rate target across inpatients over Q4 with performance of 49.4%.

The value of this CQUIN was £139,000.

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

The Trust achieved 8% during Q1 and Q2 for Staff Friends and Family. For Q4 the Trust targeted two Directorates instead of the whole Trust receiving 405 responses from 1,080 staff (38%).

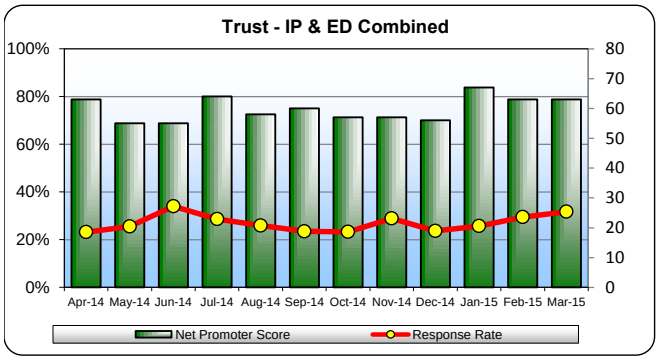
Friends & Family: Inpatients & ED

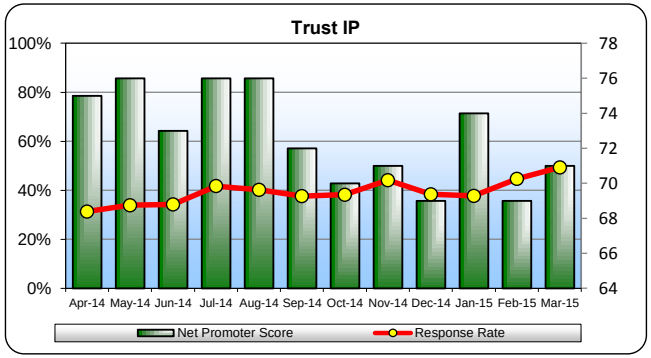
York Teaching Hospital NHS
NHS Foundation Trust

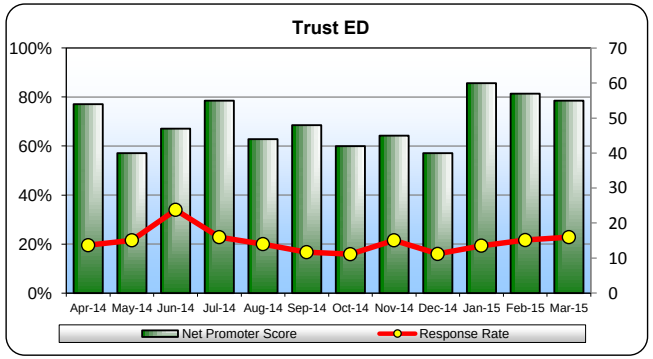
The Friends & Family Test (FFT) has now been rolled out across the Trust, with all adult inpatients, those attending ED and women accessing maternity services being asked the question; "would you recommend this ward/ED/antenatal/labour and postnatal service to your family & friends?". The Trust achieved CQUIN requirements for Q4 and now focuses on the 2014/15 requirements for increased response rate in ED and Inpatients; roll out to community hospital inpatients, all outpatients, day cases and community services. The FFT Steering Group and project workstreams continue to meet and take forward the implementation and development of FFT across the Trust. The focus for the Trust, in addition to roll out is to ensure that the qualitative feedback gained through FFT is used effectively to inform patients of what the Trust is doing to improve their experience of our Services.

	2013-14			2014-15			
	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Combined IP & ED Response Rate	20.0%	30.4%	25.8%	27.6%	26.1%	25.2%	29.0%

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Trust	Response Rate	23.2%	25.5%	34.0%	28.6%	25.9%	23.5%	23.3%	28.9%	23.7%	25.7%	29.5%	31.8%
	Net Promoter Score	63	55	55	64	58	60	57	57	56	67	63	63

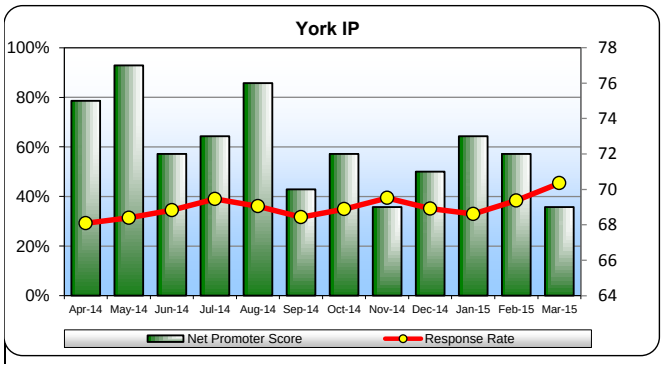


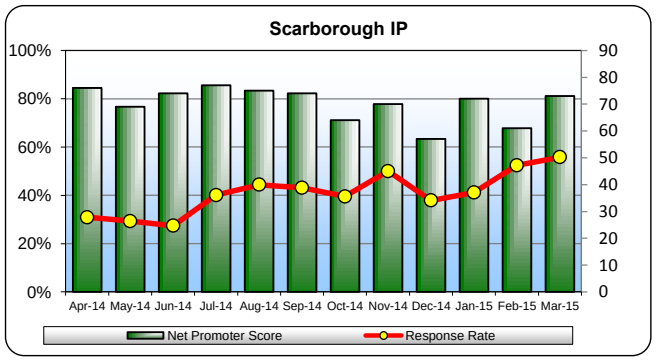


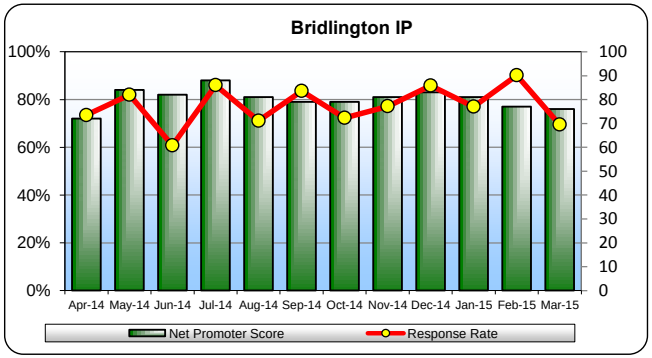


Inpatient Performance

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
York IP	Response Rate	29.2%	31.4%	34.5%	39.0%	36.1%	31.7%	34.9%	39.4%	35.1%	32.9%	38.4%	45.4%
	Net Promoter Score	75	77	72	73	76	70	72	69	71	73	72	69
Sboro IP	Response Rate	30.9%	29.3%	27.4%	40.1%	44.4%	43.1%	39.5%	50.0%	37.9%	41.2%	52.4%	55.8%
	Net Promoter Score	76	69	74	77	75	74	64	70	57	72	61	73
Brid IP	Response Rate	73.5%	82.0%	60.8%	86.0%	71.1%	83.6%	72.3%	77.2%	85.9%	77.0%	90.2%	69.5%
	Net Promoter Score	72	84	82	88	81	79	79	81	83	81	77	76
Combined	Response Rate	31.3%	33.9%	34.2%	41.7%	40.2%	37.6%	38.2%	44.1%	38.4%	37.7%	44.7%	49.4%
	Net Promoter Score	75	76	73	76	76	72	70	71	69	74	69	71





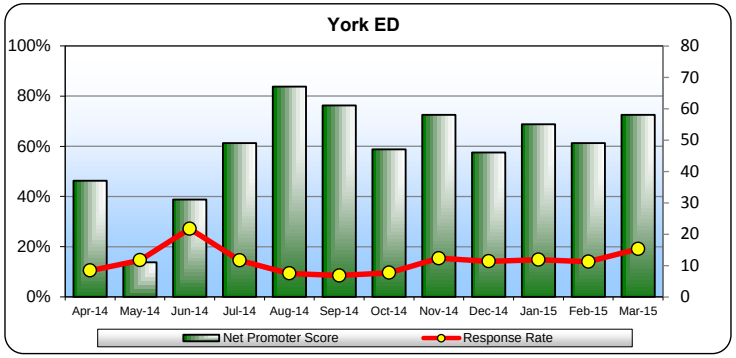


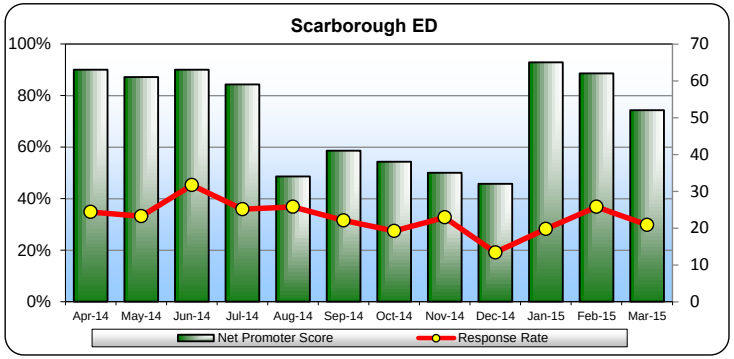
Friends & Family: Inpatients & ED

York Teaching Hospital NHS
NHS Foundation Trust

ED Performance

		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
York ED	Response Rate	10.5%	14.6%	27.1%	14.5%	9.4%	8.5%	9.6%	15.4%	14.2%	14.8%	14.0%	19.2%
	Net Promoter Score	37	11	31	49	67	61	47	58	46	55	49	58
Sboro ED	Response Rate	34.8%	33.1%	45.2%	35.9%	36.8%	31.5%	27.4%	32.7%	19.1%	28.2%	36.8%	29.8%
	Net Promoter Score	63	61	63	59	34	41	38	35	32	65	62	52
Combined	Response Rate	19.5%	21.6%	33.9%	22.8%	20.0%	16.7%	15.9%	21.5%	16.0%	19.3%	21.6%	22.8%
	Net Promoter Score	54	40	47	55	44	48	42	45	40	60	57	55





Responses

Inpatient		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
York IP	Eligible	2003	2182	2153	2187	1930	2123	2313	2110	2210	2065	1992	2202
	Responses	584	686	748	852	696	672	808	831	775	680	764	999
Sboro IP	Eligible	872	830	810	895	855	917	912	816	866	782	662	702
	Responses	269	243	222	359	380	395	360	408	328	322	347	392
Brid IP	Eligible	113	194	166	164	142	165	188	158	163	183	163	210
	Responses	83	159	101	141	101	138	136	122	140	141	147	146
Combined	Eligible	2988	3206	3129	3246	2927	3205	3413	3084	3239	3030	2817	3114
	Responses	936	1088	1071	1352	1177	1205	1304	1361	1243	1143	1258	1537

ED		Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
York ED	Eligible	4079	4356	4283	4451	4305	4265	4418	4131	4003	3750	3636	4041
	Responses	429	636	1162	647	404	362	426	636	570	554	509	774
Sboro ED	Eligible	2388	2614	2580	2793	2712	2346	2379	2240	2195	1939	1826	2097
	Responses	831	866	1167	1003	998	739	652	732	419	546	672	625
Combined	Eligible	6467	6970	6863	7244	7017	6611	6797	6371	6198	5689	5462	6138
	Responses	1260	1502	2329	1650	1402	1101	1078	1368	989	1100	1181	1399

Wards with high % response rates

York Ward 24 - 75.5%
Ward 26 - 59.4%

Scarborough Ann Wright - 91.7%
Chestnut - 76.1%

Bridlington Waters - 92.0%

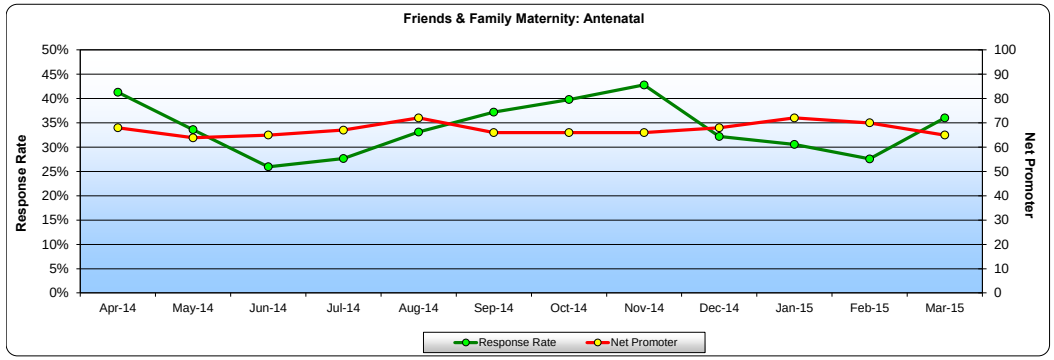
Wards with low % response rates

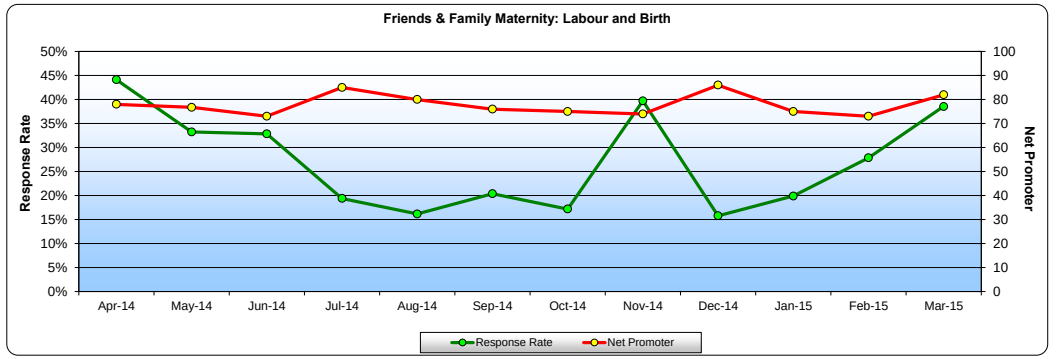
York Ward 37 - 14.3%

Scarborough Beech - 17.8%

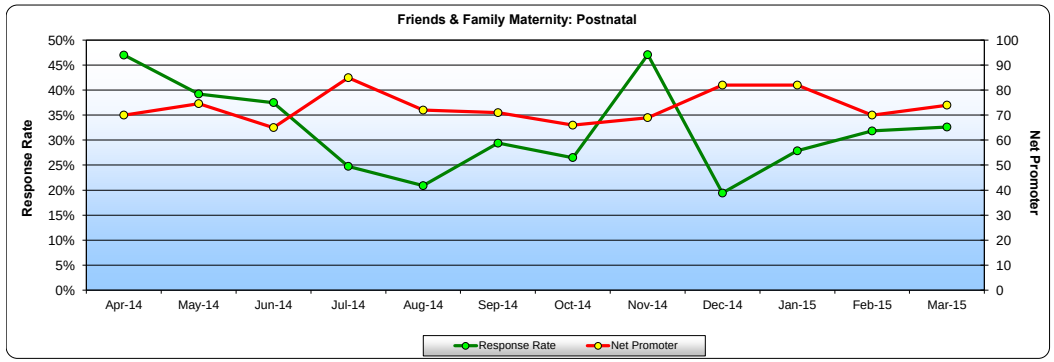
Friends & Family: Maternity

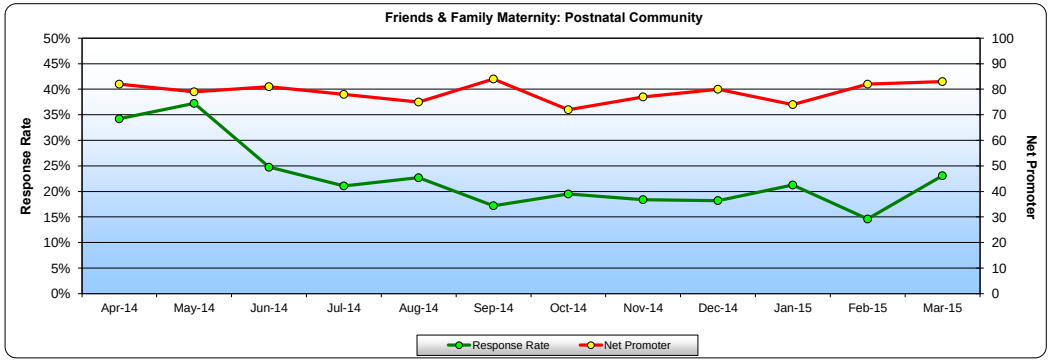
Indicator	Consequence of Breach (Monthly)	Threshold	Q1	Q2	Q3	Q4	Jan	Feb	Mar
Antenatal Response Rate	None - Monitoring Only	**none**	33.6%	32.4%	38.3%	31.4%	30.6%	27.6%	36.0%
Antenatal Net Promoter	None - Monitoring Only	**none**	66	68	67	69	72	70	65
Labour and Birth Response Rate	None - Monitoring Only	**none**	36.4%	18.6%	23.5%	28.8%	19.9%	27.9%	38.5%
Labour and Birth Net Promoter	None - Monitoring Only	**none**	76	80	77	78	75	73	82





Postnatal Response Rate	None - Monitoring Only	**none**	41.1%	24.8%	30.6%	30.9%	27.9%	31.9%	32.6%
Postnatal Net Promoter	None - Monitoring Only	**none**	70	76	71	75	82	70	74
Postnatal Community Response Rate	None - Monitoring Only	**none**	31.6%	20.0%	18.7%	19.9%	21.3%	14.6%	23.1%
Postnatal Community Net Promoter	None - Monitoring Only	**none**	81	79	76	79	74	82	83



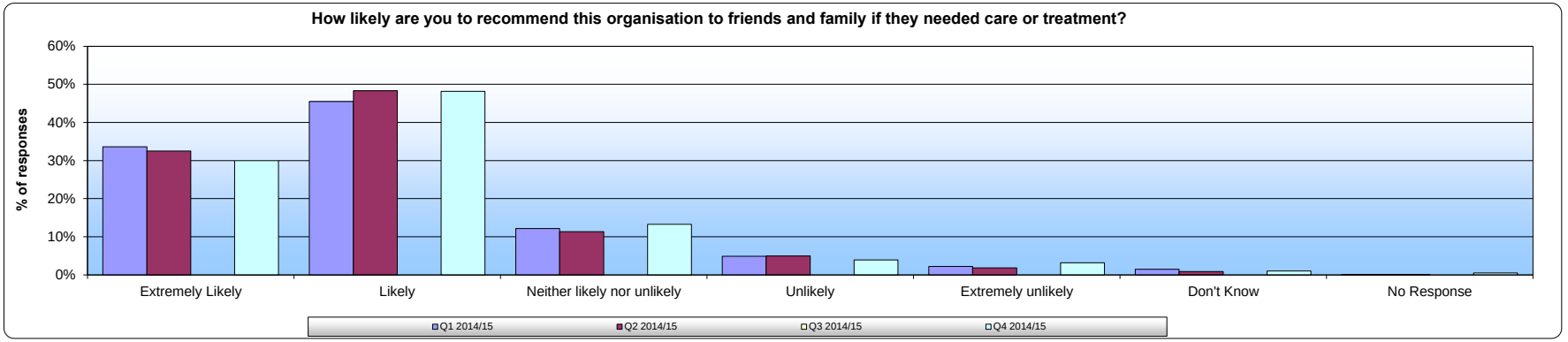


Friends and Family: Staff

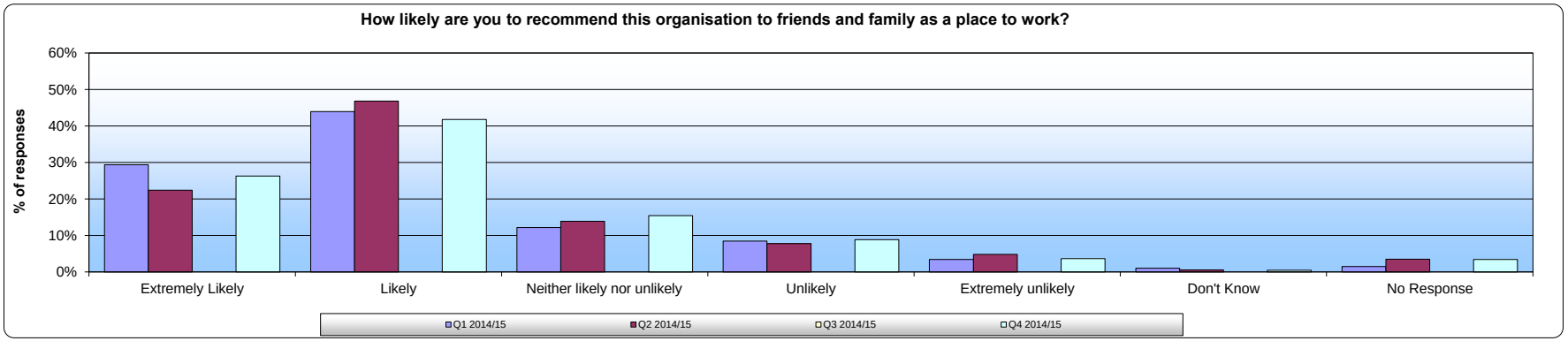
York Teaching Hospital NHS
NHS Foundation Trust

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

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
Response rate - Proportion of Trust employees who responded to the survey	None - Monitoring Only	**none**	**8%**	**8%**	**Not Available**	**38%**
Number of Trust employees who responded to the survey	None - Monitoring Only	**none**	**673**	**704**	**Not Available**	**407**



How likely are you to recommend this organisation to friends and family if they needed care or treatment?							
Quarter	**Extremely Likely**	**Likely**	**Neither likely nor unlikely**	**Unlikely**	**Extremely unlikely**	**Don't Know**	**No Response**
Q1 2014/15	33.6%	45.5%	12.2%	4.9%	2.2%	1.5%	0.1%
Q2 2014/15	32.5%	48.3%	11.4%	5.0%	1.8%	0.9%	0.1%
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	30.0%	48.2%	13.3%	3.9%	3.2%	1.0%	0.5%



How likely are you to recommend this organisation to friends and family as a place to work?							
Quarter	**Extremely Likely**	**Likely**	**Neither likely nor unlikely**	**Unlikely**	**Extremely unlikely**	**Don't Know**	**No Response**
Q1 2014/15	29.4%	44.0%	12.2%	8.5%	3.4%	1.0%	1.5%
Q2 2014/15	22.4%	46.9%	13.9%	7.8%	4.8%	0.6%	3.6%
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	26.3%	41.8%	15.5%	8.8%	3.7%	0.5%	3.4%

Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 18 SIs reported in March:
DNACPR Incident; 1 Scarborough
Unexpected Death (Radiology); 1 Scarborough
Delayed Diagnosis; 1 Scarborough
Mortuary loss of fetal tissue; 1 York
Endoscopy equipment decontamination failure; 1 York
ED 12 hr Trolley waits; 1 instance at Scarborough resulting in 4 breaches
Slips Trips Falls 6; 1 York, 4 Scarborough & 1 Bridlington
Pressure Ulcers 6; 4 York & 2 Scarborough

Patients Falls and Found on Floor (source: Datix)
Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. During March there were 207 reports of patients falling at York Hospital, 97 patients at Scarborough and 30 patients within the Community Services. This is an increase from the number reported in February. These figures may increase as more investigations are completed.

Number of Incidents Reported (source: Datix)
The total number of incidents reported in the Trust during March was 1,392; 750 incidents were reported on the York site, 463 on the Scarborough site and 179 from Community Services. This is a 23% decrease from February.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 546 incidents awaiting sign-off by the Directorate Management Teams. Risk and Legal are working with the Directorates to facilitate the timely completion of incident investigations.

Pressure Ulcers (source: Datix)
During March 30 pressure ulcers were reported to have developed on patients since admission to York Hospital, 21 pressure ulcers were reported to have developed on patients since admission to Scarborough and 30 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.

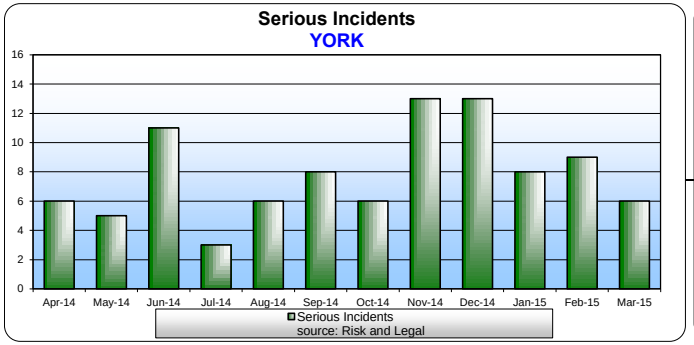
Degree of Harm: Serious/Severe or Death (source: Datix)
During March a total of 5 patient incidents were reported which resulted in serious or severe harm with zero resulting in death.

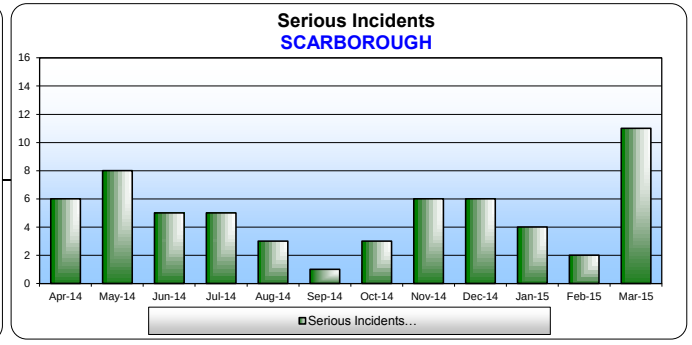
Medication Related Issues (source: Datix)
During March there was a total of 118 medication related incidents reported, although this figure may change following validation. A change of recording was made in December 2014 to improve capture of Medication Related Issues.

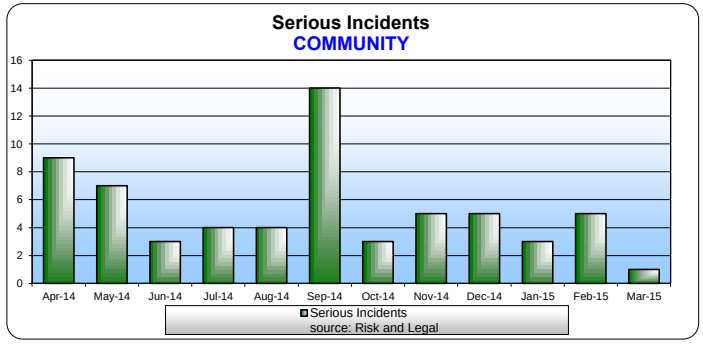
Never Events - none

Measures of Harm

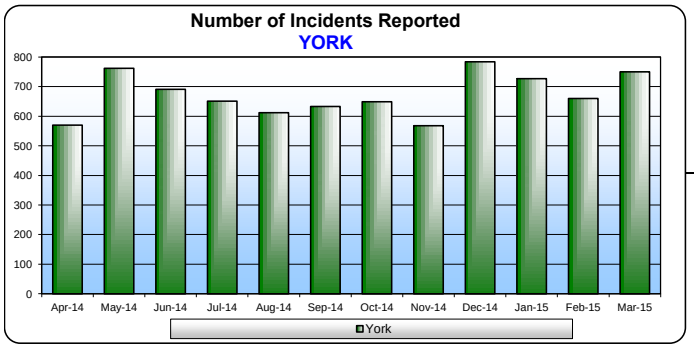
Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Serious Incidents source: Risk and Legal	York	6	5	11	3	6	8	6	13	13	8	9	6
	Scarborough	6	8	5	5	3	1	3	6	6	4	2	11
	Community	9	7	3	4	4	14	3	5	5	3	5	1

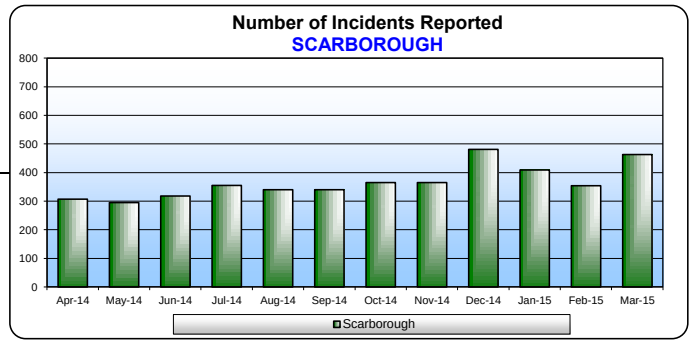


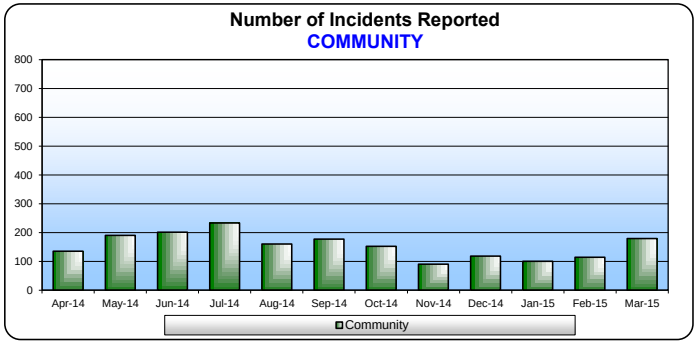




Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Number of Incidents Reported source: Risk and Legal	York	570	762	691	651	612	633	649	568	784	727	660	750
	Scarborough	307	295	318	355	340	340	365	365	481	409	354	463
	Community	135	190	201	233	160	177	152	90	118	100	114	179
Number of Incidents Awaiting sign off at Directorate level		1240	1394	1877	-	1870	1497	1408	858	272	1444	516	546

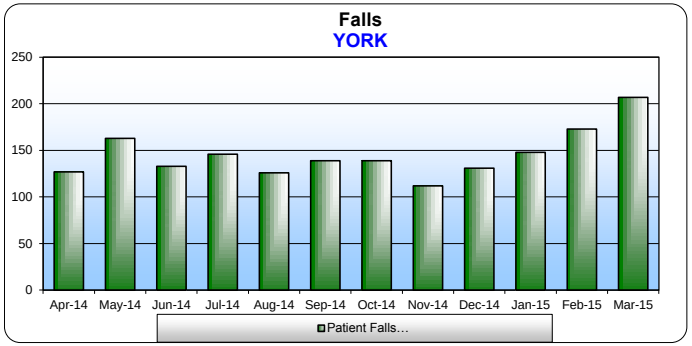


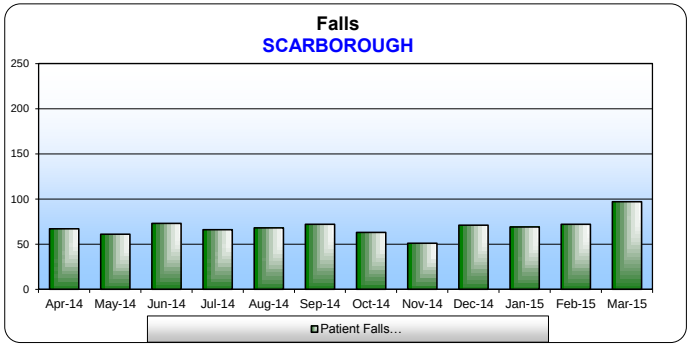


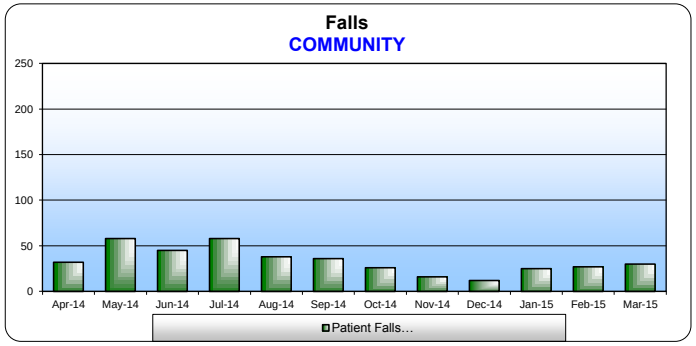


Measures of Harm

Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Patient Falls source: DATIX	York	127	163	133	146	126	139	139	112	131	148	173	207
	Scarborough	67	61	73	66	68	72	63	51	71	69	72	97
	Community	32	58	45	58	38	36	26	16	12	25	27	30

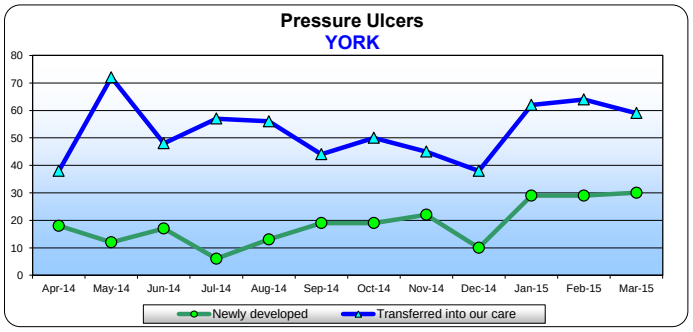


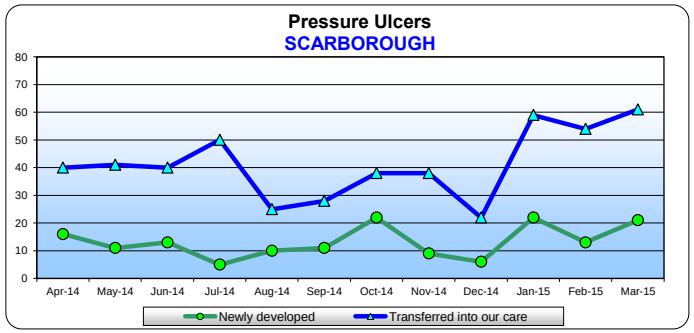


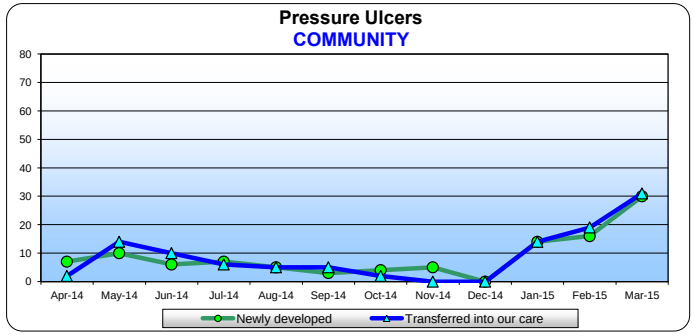


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.

Indicator			Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Pressure Ulcers source: DATIX	York	Newly developed	18	12	17	6	13	19	19	22	10	29	29	30
		Transferred into our care	38	72	48	57	56	44	50	45	38	62	64	59
	Scarborough	Newly developed	16	11	13	5	10	11	22	9	6	22	13	21
		Transferred into our care	40	41	40	50	25	28	38	38	22	59	54	61
	Community	Newly developed	7	10	6	7	5	3	4	5	0	14	16	30
		Transferred into our care	2	14	10	6	5	5	2	0	0	14	19	31



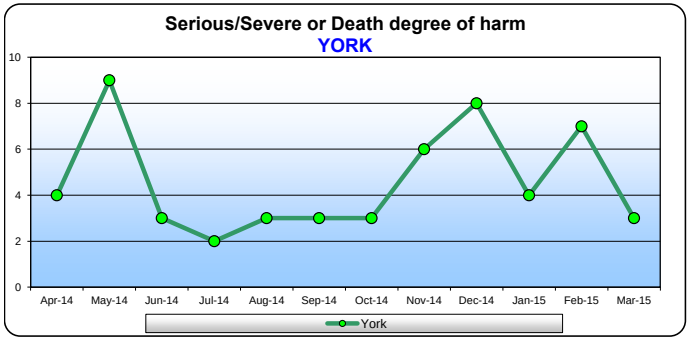


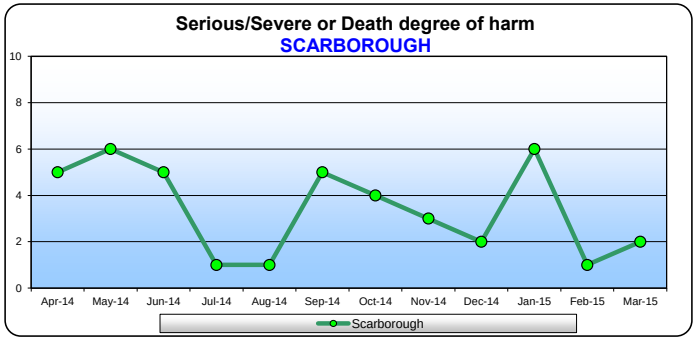


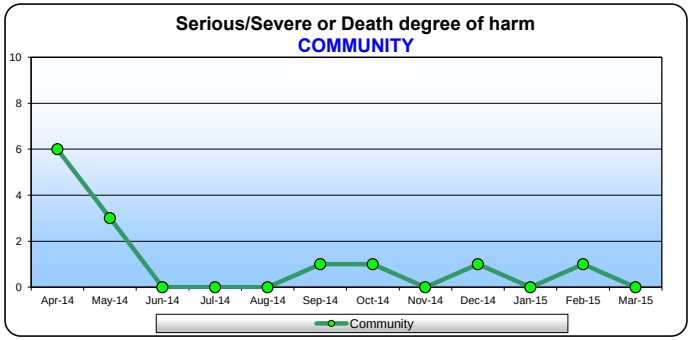
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised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

Measures of Harm

Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Degree of harm: serious/severe or death source: Datix	York	4	9	3	2	3	3	3	6	8	4	7	3
	Scarborough	5	6	5	1	1	5	4	3	2	6	1	2
	Community	6	3	0	0	0	1	1	0	1	0	1	0

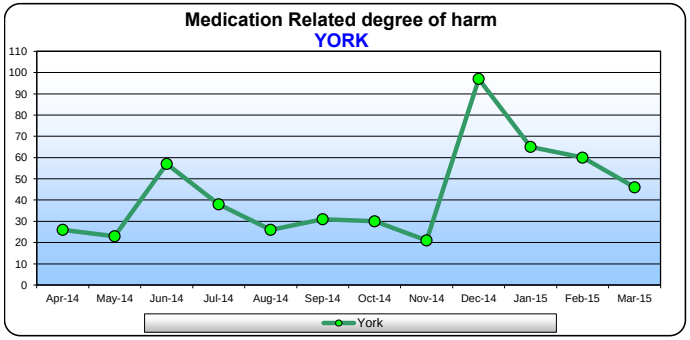


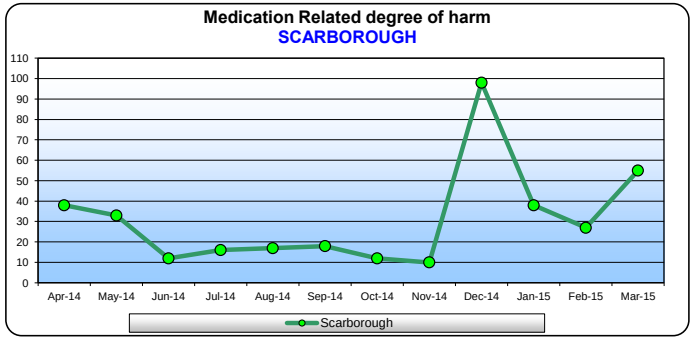


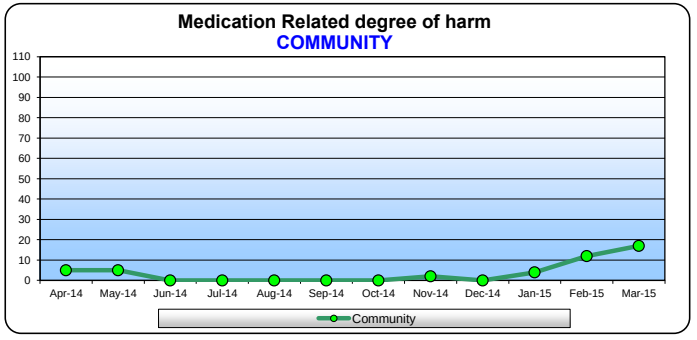


Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Degree of harm: Medication Related Issues source: Datix	York	26	23	57	38	26	31	30	21	97	65	60	46
	Scarborough	38	33	12	16	17	18	12	10	98	38	27	55
	Community	5	5	0	0	0	0	0	2	0	4	12	17

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

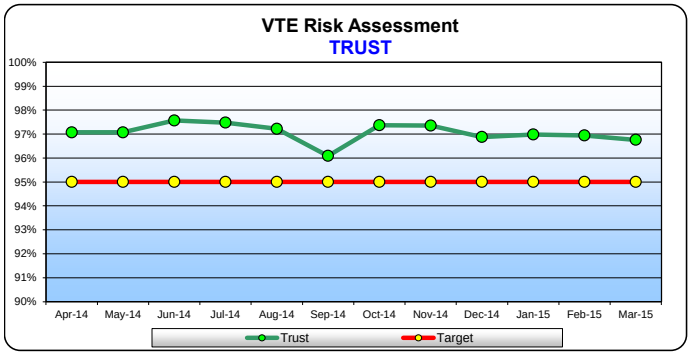


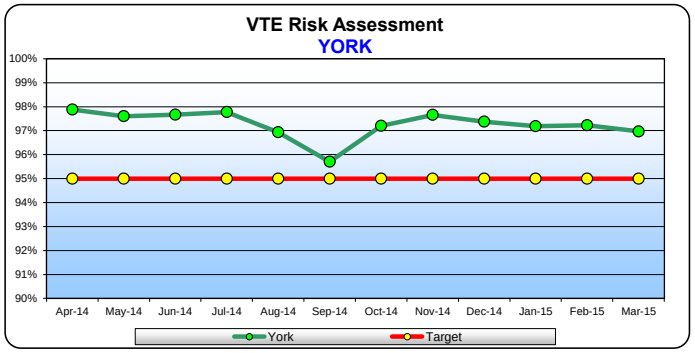


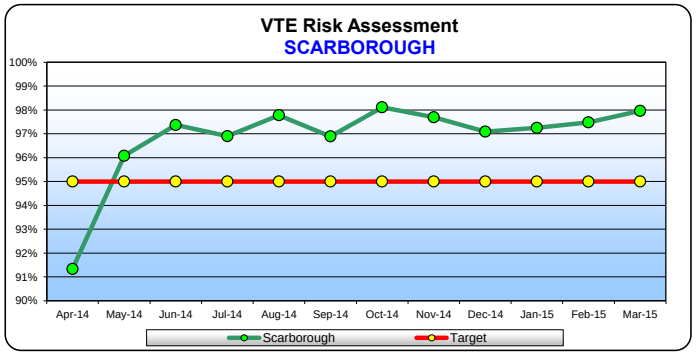


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q1	Q2	Q3	Q4	Jan	Feb	Mar
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	£200 in respect of each excess breach above threshold	Trust	90%	96.8%	96.9%	97.1%	96.9%	97.0%	96.9%	96.8%
		York	90%	97.7%	96.8%	97.4%	97.1%	97.2%	97.2%	97.0%
		Scarborough	90%	94.9%	97.2%	97.6%	97.6%	97.3%	97.5%	98.0%







Drug Administration

Insulin Errors
There were 10 insulin related errors reported at York and Communities, and 1 at Scarborough/Bridlington in December. Q4 2014/15 figures are not yet available due to remapping of the reporting system.

Omitted Critical Medicines
The audit of critical medicines missed during March indicated 2.9% for Scarborough and 1.3% for York .

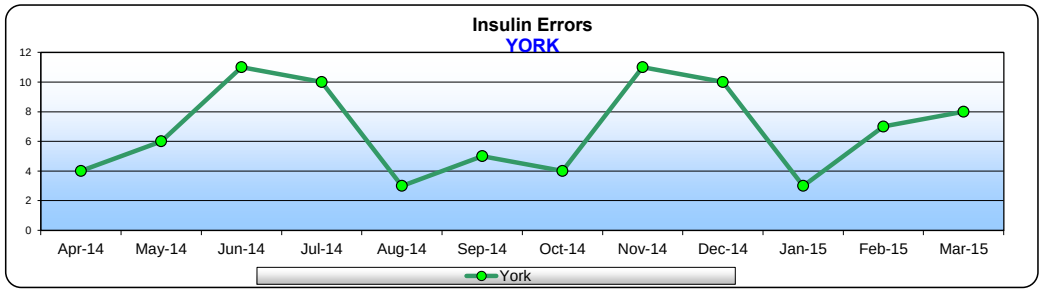
Prescribing Errors
There were 20 prescribing related errors in March; 11 from Scarborough, 8 from York and 1 from Community.

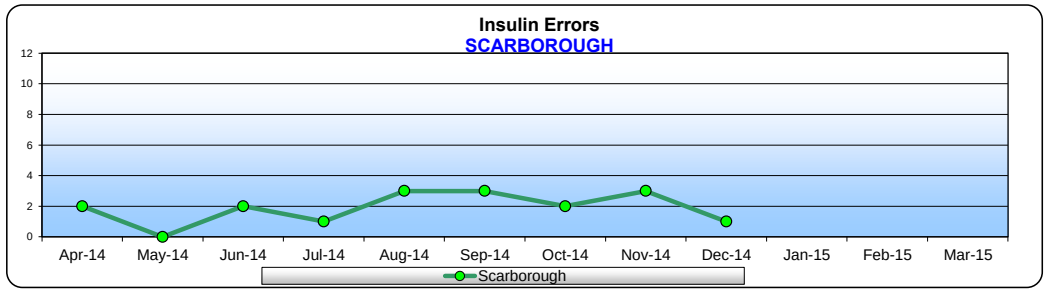
Preparation and Dispensing Errors
There were 26 preparation/dispensing errors in March; 12 from Scarborough, 11 from York and 3 from Community.

Administrating and Supply Errors
There were 45 administrating/supplying errors in March; 18 from York, 20 from Scarborough and 7 from Community.

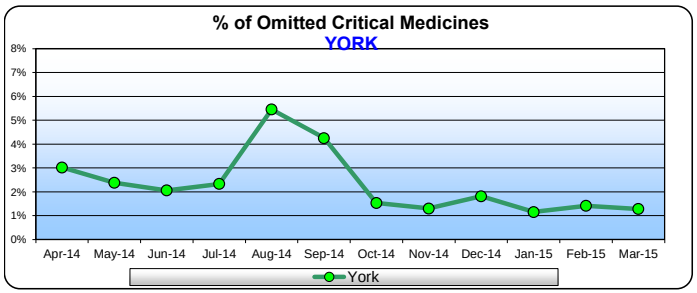
Drug Administration

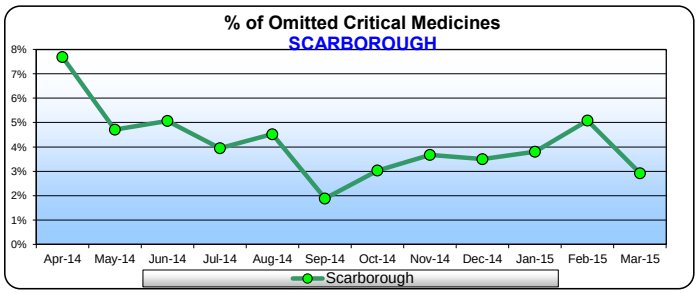
Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Insulin Errors source: Datix (one month behind)	York	4	6	11	10	3	5	4	11	10	3	7	8
	Scarborough	2	0	2	1	3	3	2	3	1	Not Available	Not Available	Not Available

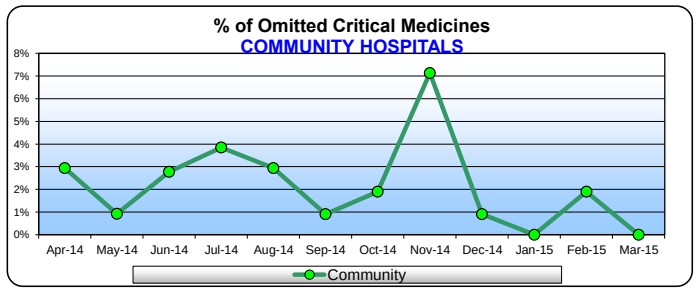




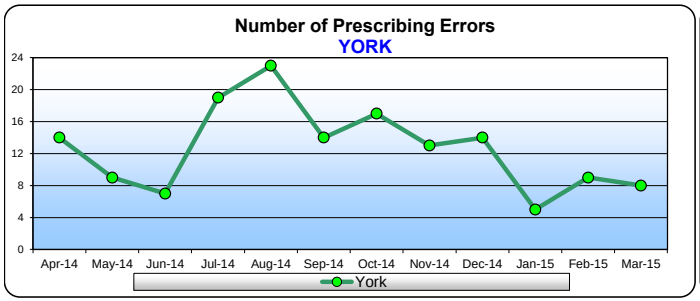
Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Number of Omitted Critical Medicines source: Datix	York	13	11	9	10	20	18	7	6	8	6	6	6
	Scarborough	17	9	11	9	9	4	7	9	9	9	12	7
	Community Hospitals	3	1	3	4	3	1	2	7	1	0	2	0

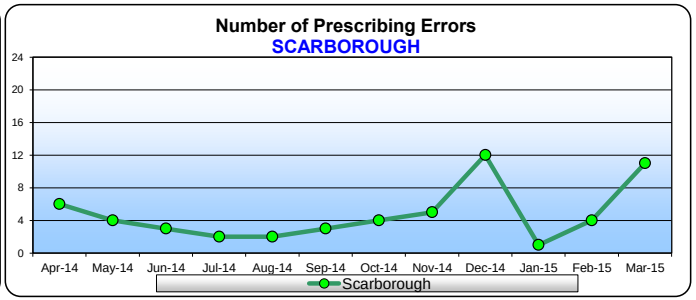


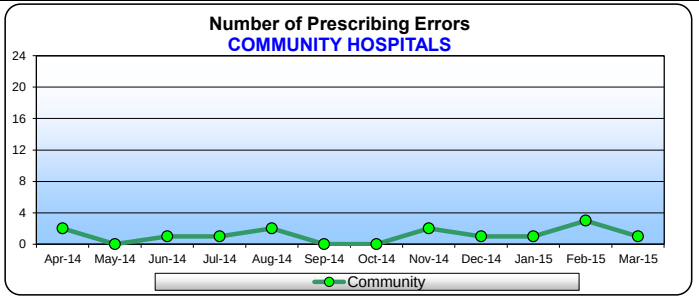




Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Number of Prescribing Errors source: Datix	York	14	9	7	19	23	14	17	13	14	5	9	8
	Scarborough	6	4	3	2	2	3	4	5	12	1	4	11
	Community Hospitals	2	0	1	1	2	0	0	2	1	1	3	1

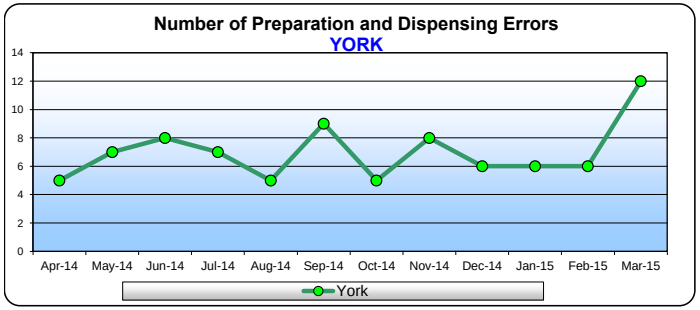


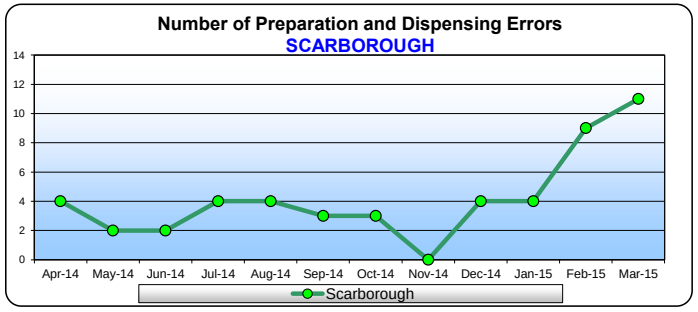


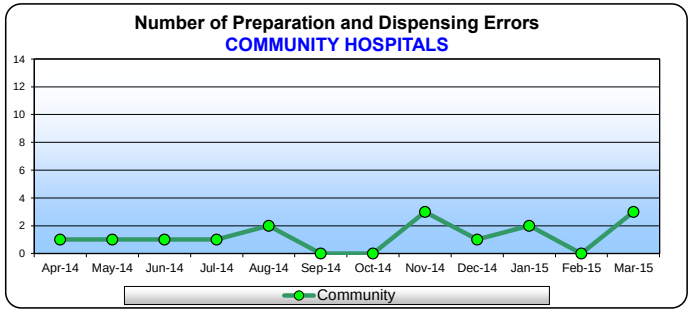


Drug Administration

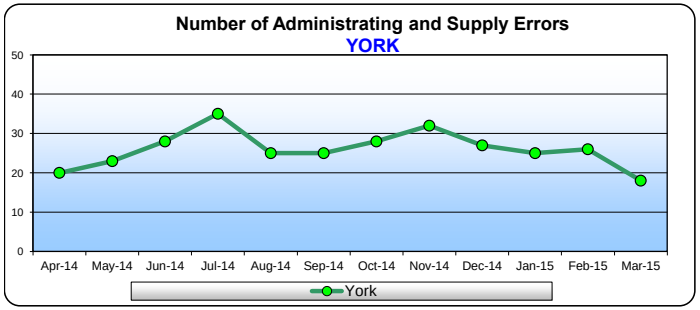
Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Number of Preparation and Dispensing Errors source: Datix	York	5	7	8	7	5	9	5	8	6	6	6	12
	Scarborough	4	2	2	4	4	3	3	0	4	4	9	11
	Community Hospitals	1	1	1	1	2	0	0	3	1	2	0	3

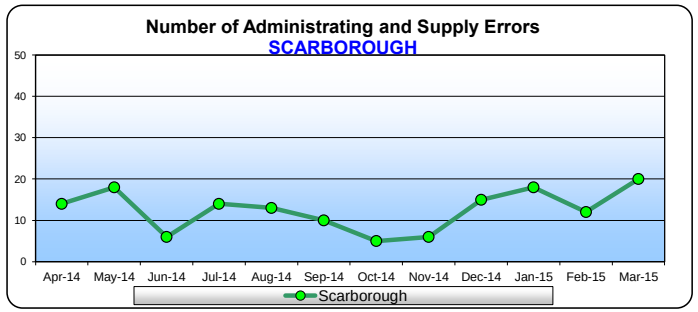


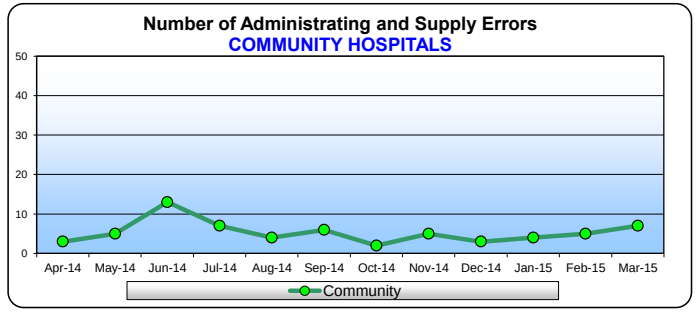




Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
Administrating and Supply Errors source: Datix	York	20	23	28	35	25	25	28	32	27	25	26	18
	Scarborough	14	18	6	14	13	10	5	6	15	18	12	20
	Community Hospitals	3	5	13	7	4	6	2	5	3	4	5	7







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 March the percentage receiving care “free from harm” following audit is below:

·York: 96.7%
·Scarborough: 90.2%
·Community Hospitals: 89.9%
·Community care: 95.2%

VTE

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

·York: 0.2%
·Scarborough: 0.7%

Harm from Catheter Associated Urinary Track Infection

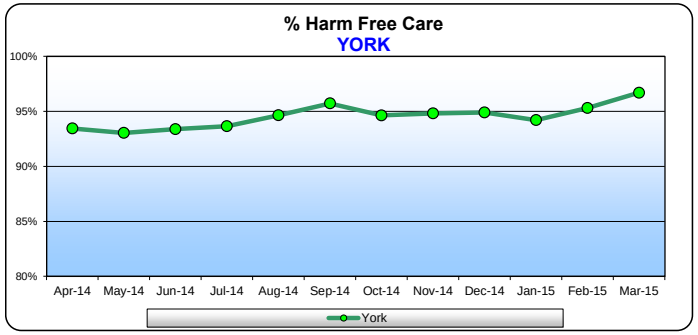
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, monthly measurement of prevalence:

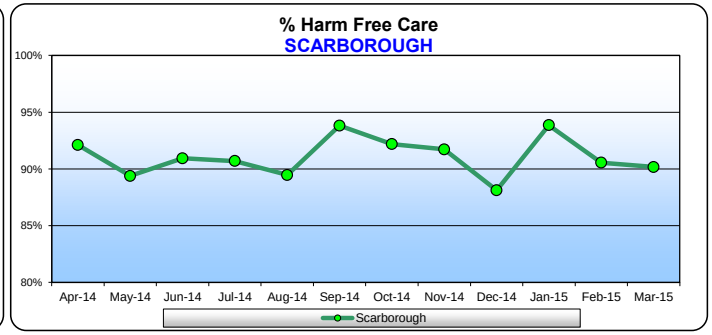
·York: 1.0%
·Scarborough: 3.4%
·Community Hospitals: 2.8%
·Community Care: 0.2%

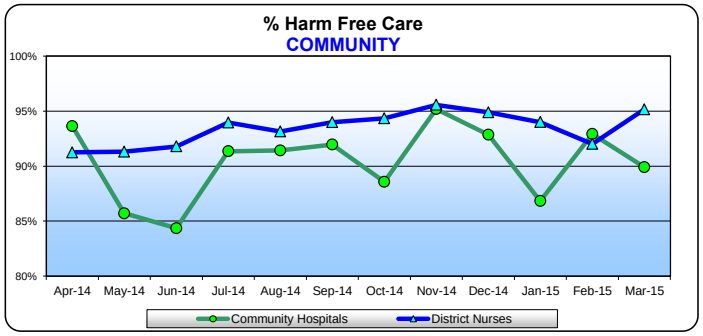
Safety Thermometer

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

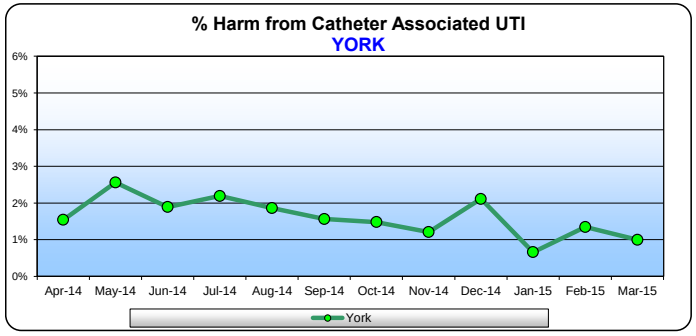
Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
% of Harm Free Care source: Safety Thermometer	York	93.5%	93.0%	93.4%	93.6%	94.6%	95.7%	94.6%	94.8%	94.9%	94.2%	95.3%	96.7%
	Scarborough	92.1%	89.4%	90.9%	90.7%	89.5%	93.8%	92.2%	91.7%	88.1%	93.9%	90.6%	90.2%
	Community Hospitals	93.6%	85.7%	84.4%	91.4%	91.4%	92.0%	88.6%	95.2%	92.9%	86.8%	92.9%	89.9%
	District Nurses	91.2%	91.3%	91.8%	94.0%	93.1%	94.0%	94.4%	95.6%	94.9%	94.0%	92.0%	95.2%

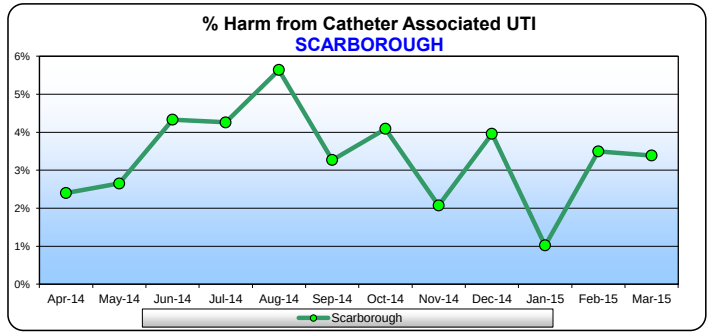


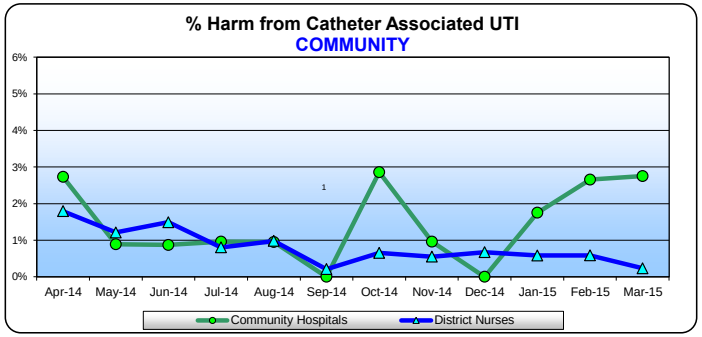




Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	1.5%	2.6%	1.9%	2.2%	1.9%	1.6%	1.5%	1.2%	2.1%	0.7%	1.3%	1.0%
	Scarborough	2.4%	2.7%	4.3%	4.3%	5.6%	3.3%	4.1%	2.1%	4.0%	1.0%	3.5%	3.4%
	Community Hospitals	2.7%	0.9%	0.9%	1.0%	1.0%	0.0%	2.9%	1.0%	0.0%	1.8%	2.7%	2.8%
	District Nurses	1.8%	1.2%	1.5%	0.8%	1.0%	0.2%	0.7%	0.6%	0.7%	0.6%	0.6%	0.2%



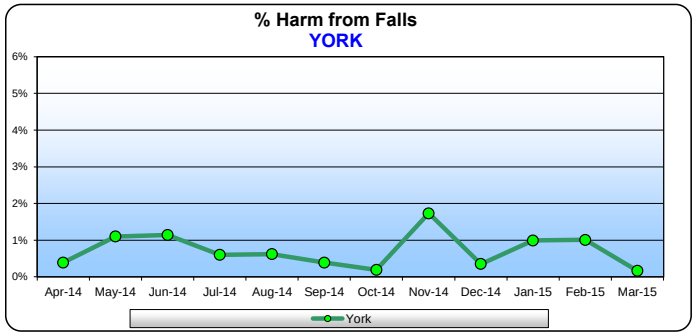


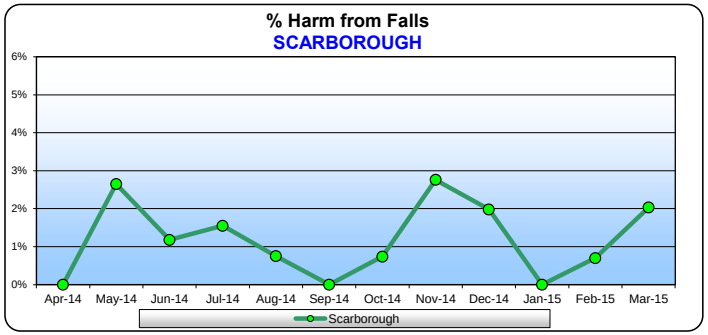


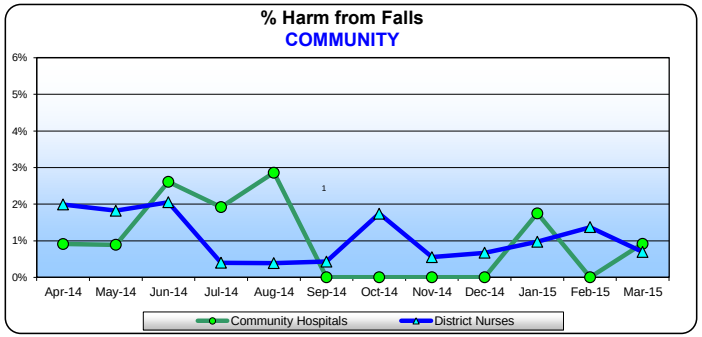
Safety Thermometer

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

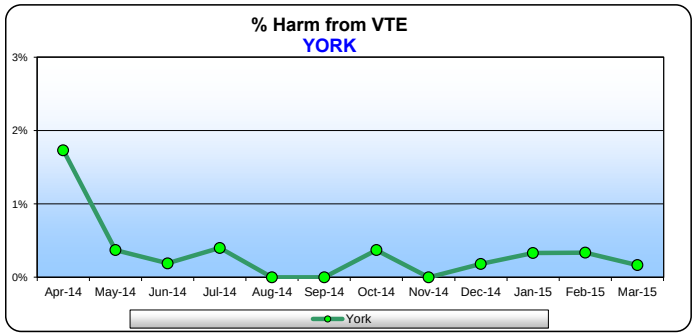
Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
% of Harm from Falls source: Safety Thermometer	York	0.4%	1.1%	1.1%	0.6%	0.6%	0.4%	0.2%	1.7%	0.4%	1.0%	1.0%	0.2%
	Scarborough	0.0%	2.7%	1.2%	1.6%	0.8%	0.0%	0.7%	2.8%	2.0%	0.0%	0.7%	2.0%
	Community Hospitals	0.9%	0.9%	2.6%	1.9%	2.9%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	0.9%
	District Nurses	2.0%	1.8%	2.1%	0.4%	0.4%	0.4%	1.7%	0.6%	0.7%	1.0%	1.4%	0.7%

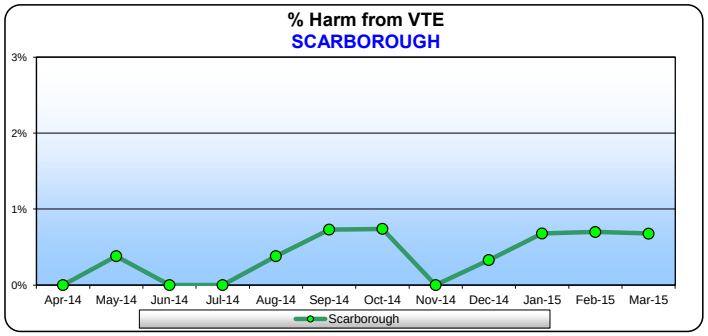


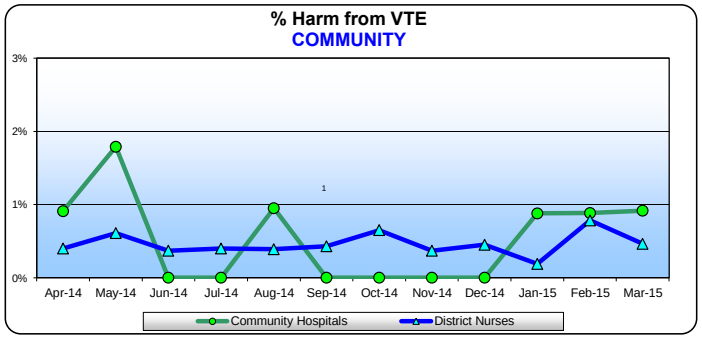




Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
% of VTE source: Safety Thermometer	York	1.7%	0.4%	0.2%	0.4%	0.0%	0.0%	0.4%	0.0%	0.2%	0.3%	0.3%	0.2%
	Scarborough	0.0%	0.4%	0.0%	0.0%	0.4%	0.7%	0.7%	0.0%	0.3%	0.7%	0.7%	0.7%
	Community Hospitals	0.9%	1.8%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.9%	0.9%
	District Nurses	0.4%	0.6%	0.4%	0.4%	0.4%	0.4%	0.7%	0.4%	0.5%	0.2%	0.8%	0.5%



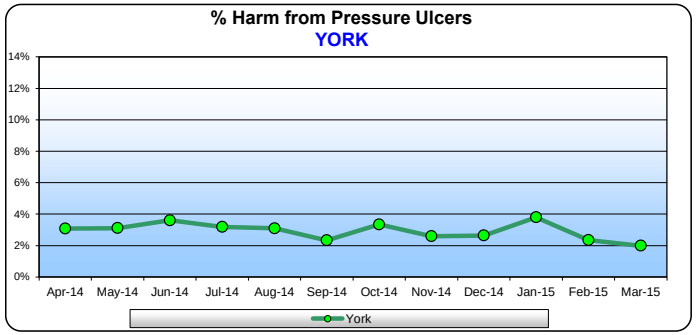


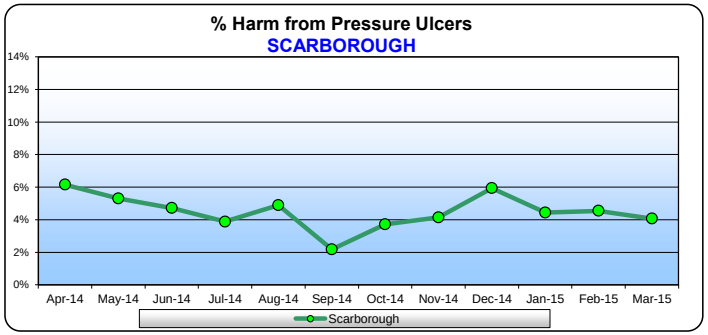


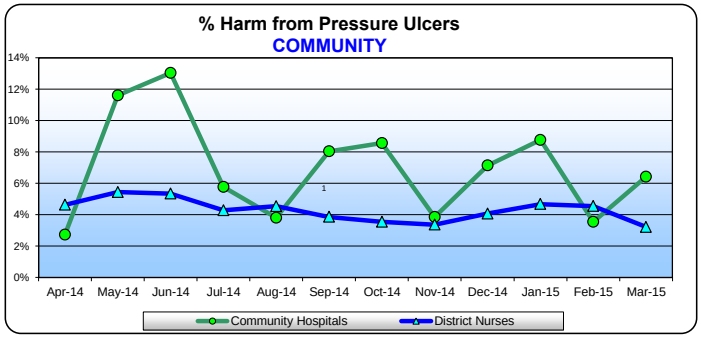
Safety Thermometer

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

Indicator		Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15
% of Pressure Ulcers source: Safety Thermometer	York	3.1%	3.1%	3.6%	3.2%	3.1%	2.3%	3.3%	2.6%	2.6%	3.8%	2.3%	2.0%
	Scarborough	6.2%	5.3%	4.7%	3.9%	4.9%	2.2%	3.7%	4.1%	5.9%	4.4%	4.5%	4.1%
	Community Hospitals	2.7%	11.6%	13.0%	5.8%	3.8%	8.0%	8.6%	3.9%	7.1%	8.8%	3.5%	6.4%
	District Nurses	4.6%	5.4%	5.3%	4.3%	4.5%	3.9%	3.6%	3.4%	4.1%	4.7%	4.6%	3.2%







Never Events

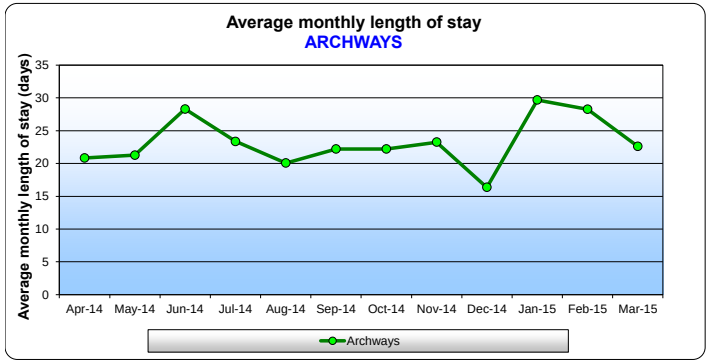
Indicator	Consequence of Breach	Threshold	Q1	Q2	Q3	Q4	Jan	Feb	Mar
SURGICAL									
Wrong site surgery	As below	>0	1	0	0	0	0	0	0
Wrong implant/prosthesis		>0	0	0	0	0	0	0	0
Retained foreign object post-operation		>0	0	0	0	0	0	0	0
MEDICATION									
Wrongly prepared high-risk injectable medication	In 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	0	0	0	0	0
Intravenous administration of epidural medication		>0	0	0	0	0	0	0	0
Maladministration of insulin		>0	0	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

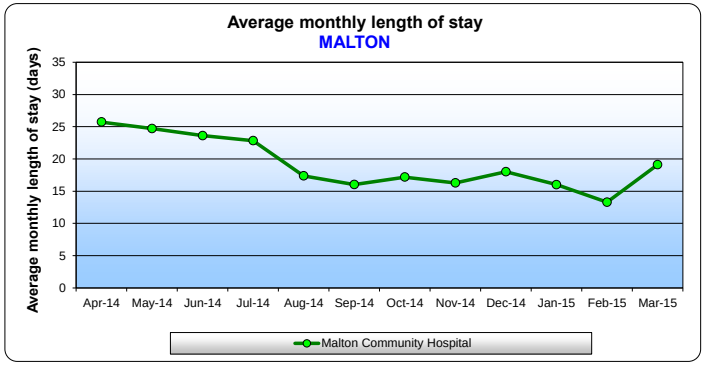
Patient Safety Walkrounds – March 2015

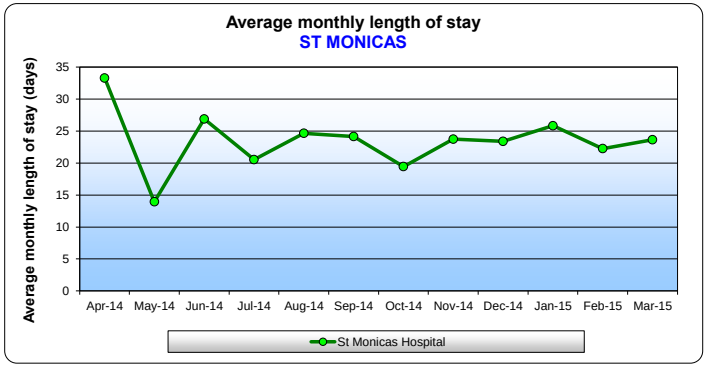
Date	Location	Participants	Actions & Recommendations
12/02/2015	Ophthalmology Outpatients, Eye Ward, Day Unit & Theatre	Sue Holden – Director Nicola Topping – Clinical Director David Pullen – Directorate Manager Katrina Swires – Matron Alan Rose - Chairman	**Access -** NT and DP raised ongoing concerns regarding theatre capacity. To meet current demand and to be able to repatriate high income procedures extra theatres are needed. DP and NT to raise via exec PMM **Lasers -** Annual laser safety audit has identified gaps in governance for the service. DP has produced an action plan to rectify issues identified. **Patient Notes storage -** Notes for clinics are stored in boxes in front of clinicians clinic rooms. It had been identified on inspection as a risk. Discussion was held on options to mitigate the risk. KS to investigate. **Area opposite reception -** It was identified that the area opposite reception was used for storage and holding bay. The area was deemed to look cluttered and untidy. A suggestion was raised to have the area blocked off with doors. DP to investigate
05/03/2015	Critical Care Unit, ESA (Ash Ward) & Pre Assessment	Patrick Crowley – Chief Executive Tariq Hoth – Clinical Director Gemma Ellison – Directorate Manager Beth Horsman – Matron Mike Keaney - NED	Report to follow.
09/03/2015	Ward 36 & Ward 39	Diane Palmer – Deputy Director John Coyle – Clinical Director Jamie Todd – Directorate Manager Hilary Woodward – Matron Dianne Willcocks - NED	Cancelled due to annual leave of directorate staff – rearranged for May 2015.
19/03/2015	White Cross Court	Sue Rushbrook – Director Sharon Hurst – Locality Manager Marianne Pipes – Ward Manager Mike Sweet - NED	Cancelled during the CQC Visit – Re-arranged for April 2015.
24/03/2015	Theatres & PACU - York	Brian Golding - Director Tariq Hoth – Clinical Director Gemma Ellison – Directorate Manager Pauline Guyan – Matron Libby Raper - NED	**Different WHO checklists are in operation on different sites** - Standardise on a trustwide checklist. **Lack of capacity at Scarborough leading to cancellations** - Support the Bridlington theatre expansion plans. **Ensure all staff understand AIRS reporting** - Roll out new processes to review and close out actions. Ensure Scarborough staff understand the system. **Ash ward being used for outlying medical patients -** Continue discussions at directorate PMM. **Lack of capacity in PACU** - Develop case to maximise theatre efficiency for the benefit of all directorates.

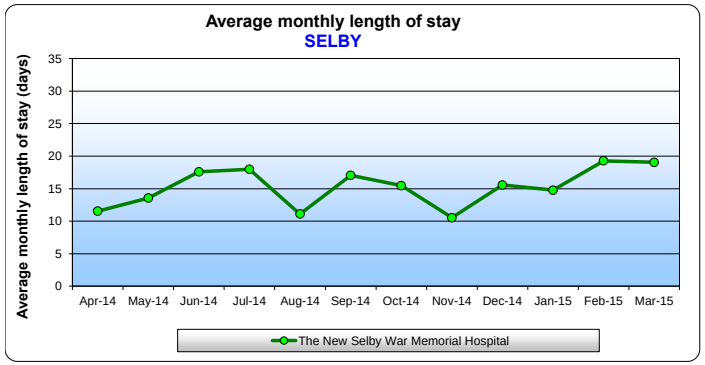
Community Hospitals

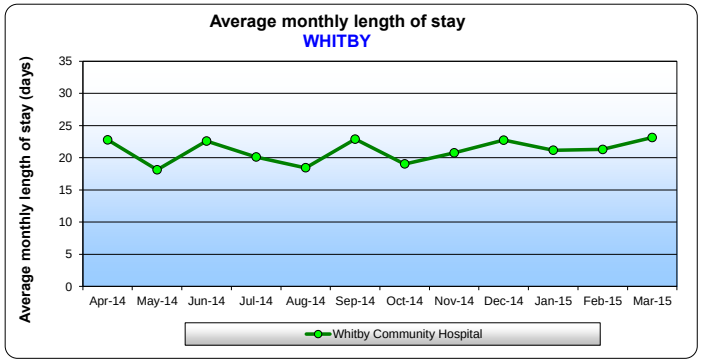
Indicator	Hospital	Q1	Q2	Q3	Q4	Jan	Feb	Mar
Community Hospitals average length of stay (days)	Archways	23.4	22.1	20.6	26.8	29.7	28.3	22.6
	Malton Community Hospital	24.5	18.6	17.1	16.0	16.0	13.3	19.1
	St Monicas Hospital	24.5	23.2	22.0	24.0	25.8	22.3	23.6
	The New Selby War Memorial Hospital	13.8	15.6	13.7	17.6	14.8	19.3	19.0
	Whitby Community Hospital	21.1	20.3	20.9	21.9	21.2	21.3	23.1
	Total	20.4	19.4	18.1	20.2	19.6	19.8	21.1

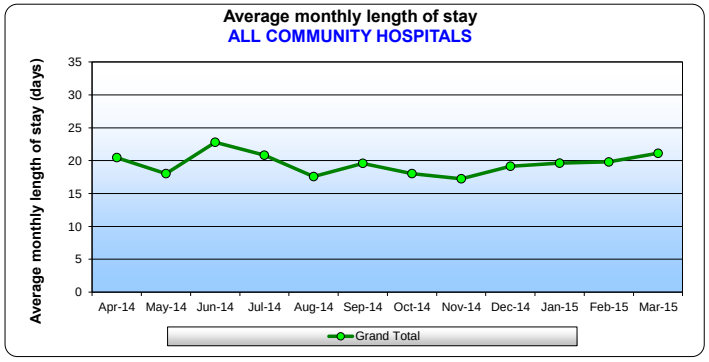






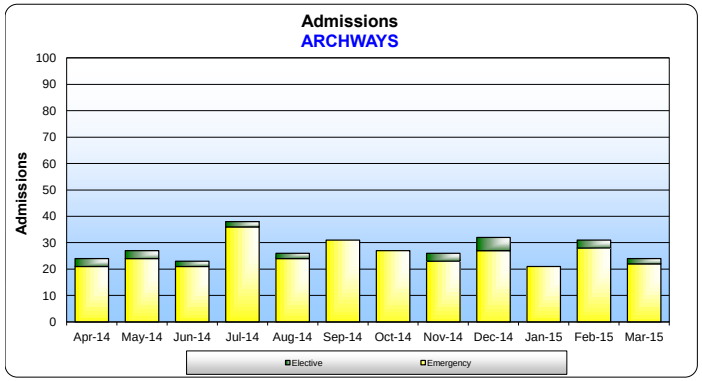


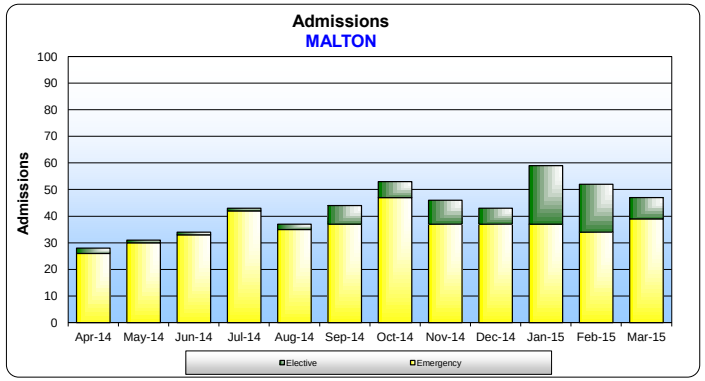


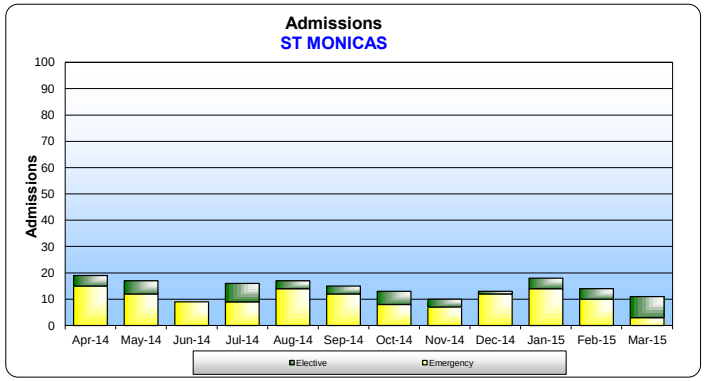


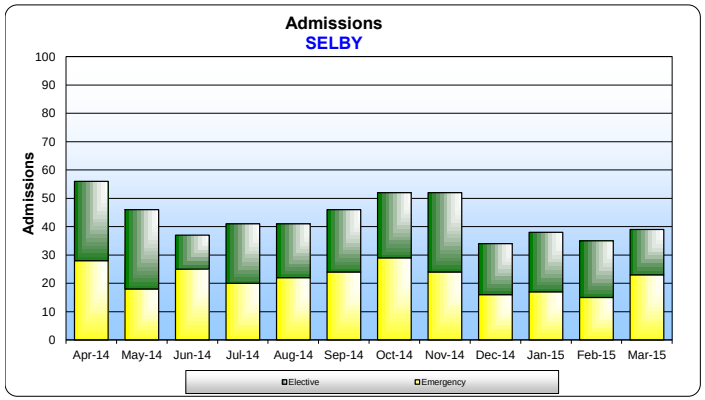
Community Hospitals

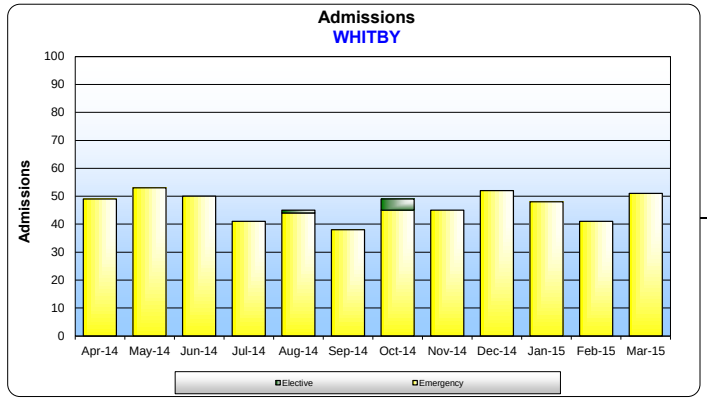
Indicator	Hospital		Q1	Q2	Q3	Q4	Jan	Feb	Mar
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	8	4	8	5	0	3	2
		Emergency	66	91	77	71	21	28	22
	Malton Community Hospital	Elective	4	10	21	48	22	18	8
		Emergency	89	114	121	110	37	34	39
	St Monicas Hospital	Elective	9	13	9	16	4	4	8
		Emergency	36	35	27	27	14	10	3
	The New Selby War Memorial	Elective	68	62	69	57	21	20	16
		Emergency	71	66	69	55	17	15	23
	Whitby Community Hospital	Elective	0	1	4	0	0	0	0
		Emergency	152	123	142	140	48	41	51
	Total	Elective	89	90	111	126	47	45	34
		Emergency	414	429	436	403	137	128	138

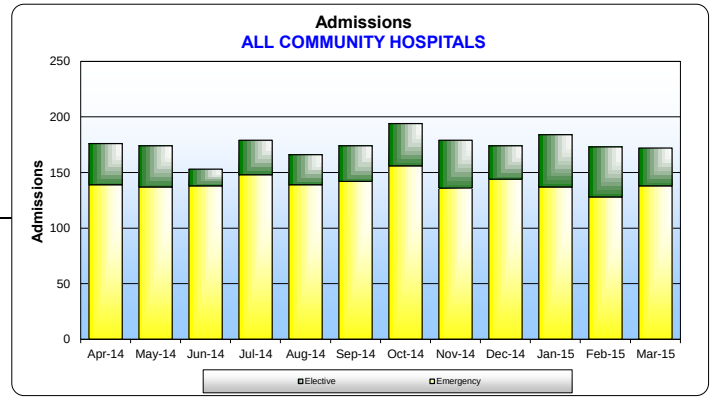












YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Flag Source	April	May	June	July	August	September	October	November	December	January	February	March	Av. Monthly YtD
Activity	Births	Bookings	1st m/w visit	CMIS from Jan CPD	≤302	302-329	≥330	prev. stats	276	297	253	302	254	325	314	296	246	311	300	266	286.7
		Bookings <13 weeks	No. of mothers	CMIS from Jan CPD	≥90%	76%-89%	≤75%	CQUIN	84.1%	82.8%	88.4%	89.7%	86.6%	86.3%	86.6%	88.0%	87.0%	88.0%	90.0%	96.2%	87.8%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	CQUIN	8.0%	4.7%	5.5%	3.0%	6.3%	7.1%	8.3%	6.4%	5.3%	6.0%	5.0%	2.3%	5.7%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	CQUIN	-	-	-	-	-	-	-	-	-	-	-		-
		Births	No. of babies	CPD	≤295	296-309	≥310	prev. stats	250	292	289	308	317	308	319	244	264	269	228	273	280.1
		No. of women delivered	No. of mothers	CPD	≤296	296-310	≥311		243	290	289	302	311	303	316	239	261	265	224	272	276.3
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more		0	2	0	0	0	1	1	3	1	3	1	4	1.3
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more		0	0	0	0	0	0	1	0	0	1	0	0	0.2
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more		1	2	4	4	2	1	5	1	1	3	1	4	2.4
		Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	1	1	0	0	0	0	0	0	0	0		0.2
		SCBU at capacity	number of times	SCBU	0	1	2 or more		0	5	0	1	1	0	0	0	0	1	0		0.7
Workforce	Staffing	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	29.0	29.0	29.0	29.8	30.5	31.4	31.3	31.9	33.2	32.5	32.5		30.9
		1 to 1 care in Labour	CPD	CPD	≥75%	61%-74%	≤60%		79.4%	76.2%	77.9%	79.8%	83.6%	78.5%	79.0%	86.6%	83.9%	82.3%	80.8%	76.8%	0.8
		L/W Co-ordinator supernumary %		Risk Team					71	51	50	45	61	48	43	56	55	70	63	42	5450.8%
		Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth	76	76	76	76	76	76	76	76	76	76	76	76	76.0
		Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10		10	10	10	10	10	10	10	10	10	10	10	10	10.0
		Supervisor : M/w ratio 1 :	Ratio	Rota	12	13-15	15	SHA	14	14	14	14	14	14	14	14	14	14	14	14	14.0
Clinical	Neonatal/Maternal	Normal birth	No. of svd	CPD	≥65%	64%	≤63%		58.0%	58.5%	65.6%	62.7%	61.4%	64.4%	58.2%	58.2%	57.5%	61.9%	62.1%	59.2%	60.6%
Indicators	Morbidity	Assisted Vaginal Births	No. of instr. births	CPD	≤15%	16-19%	≥20%	prev. stats	22.4%	19.9%	14.6%	12.7%	13.2%	11.2%	14.9%	15.9%	18.0%	17.4%	12.5%	13.6%	15.5%
		C/S Deliveries	Em & elect	CPD	≤24%	24.1-25.9	≥26%	prev. stats	25.8%	26.0%	23.3%	27.3%	22.8%	21.1%	25.6%	24.3%	22.2%	19.2%	24.6%	26.5%	24.1%
		Eclampsia	No. of women	CPD	0		1 or more		0	1	0	0	0	0	1	0	0	0	0	0	0.2
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	prev. stats	0	2	1	3	0	0	1	1	1	2	1	0	1.0
		ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	2	0	0	0	0	0	1	1	0	0	0.3
		HDU on L/W	No. of days	Handover Sheet					10	30	30	20	20	15	25	15	28	15	14	14	19.7
		Uterine Rupture from Jan 14	No of women	CPD	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	0	0.0
		BBA	No. of women	Risk Team - Datix	1	2-3	4 or more	prev. stats	4	5	3	4	3	7	4	2	8	4	4	2	4.2
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	0	0	1	0	0	1	0	1	1	1	1	0.5
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more		-	-	-	-	-	-	-	-	-	1	1	0	0.7
		Intrapartum Stillbirths	No. of babies	Risk Team	0	0	1 or more		-	-	-	-	-	-	-	-	-	0	0	0	0.0
	Risk Management	SI's	Total	Risk Team	0	1	1 or more		0	1	0	0	0	0	0	0	0	0	0	0	0.1
		PPH > 2L	No. of women	Risk Team - Datix	2 or less	3-4	5 or more		1	5	4	4	1	2	2	0	2	1	2	2	2.2
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	RCOG	1	3	5	2	3	7	5	1	6	4	1	3	3.4
		3rd/4th Degree Tear	% of tears (vaginal b	CPD	≤1.5%	1.6-6.1%	≥6.2%	RCOG	5.4%	5.3%	6.4%	6.3%	2.3%	3.5%	2.2%	2.2%	3.0%	1.5%	5.4%	2.9%	3.9%
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		96.0%	94.0%	92.0%	91.0%	91.0%	91.0%	89.0%	91.0%	92.0%	86.0%	89.0%	77.0%	89.9%
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		78.0%	83.0%	74.0%	71.0%	71.0%	46.0%	46.0%	50.0%	50.0%	79.0%	76.0%	58.0%	65.2%
		Training cancelled	No. of staff affected	Risk Team	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0.0
	New Complaints	Informal	Total		0	1-4	5 or more		3	0	3	3	1	1	1	2	0	0	1	0	1.3
		Formal	Total		0	1-4	5 or more		2	0	0	1	0	2	0	4	0	0	2	1	1.0

SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Flag Source	April	May	June	July	August	September	October	November	December	January	February	March	Av. Monthly YtD
Activity	**Births**	Bookings	1st m/w visit	Evolution from Jan CPI	≤200	201-249	≥250	prev. stats	193	183	185	187	176	192	193	139	136	151	131	266	184
		Bookings <13 weeks	No. of mothers	Evolution from Jan CPI	≥90%	76%-89%	≤75%	CQUIN	94.3%	88.1%	94.6%	87.1%	84.7%	87.4%	87.2%	92.4%	90.4%	87.0%	91.6%	96.2%	90.1%
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	CQUIN	4.1%	9.7%	3.8%	9.8%	11.9%	9.9%	11.7%	6.5%	8.8%	9.8%	7.6%	2.3%	8.0%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	CQUIN	-	-	-	-	-	-	-	-	-	-	-		
		Births	No. of babies	CPD	≤170	171-189	≥190	prev. stats	119	119	125	134	158	146	148	129	138	142	125	125	134
		No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190		116	119	124	132	158	146	145	127	136	138	125	127	133
	Closures	Homebirth service suspended	No. of closures	Comm. Manager	0-3	4-6	7 or more		0	0	1	0	0	0	0	0	1	0	0	1	0
		Homebirth service suspended	No. of women	Comm. Manager	0	1	2 or more		0	0	1	0	0	0	0	0	1	0	0	1	0
		Escalation Policy implemented	No. of times	Comm. Manager	3	4-5	6 or more		0	0	1	0	0	0	0	1	1	0	0	0	0
		Maternity Unit Closure	No. of closures	Matron	0		1 or more		0	0	1	0	0	0	0	0	1	0	0	0	0
		SCBU at capacity	no of times	SCBU	0	1	2 or more		7	26	10	4	21	10	8	8	20	26	5	14	12
Workforce	**Staffing**	M/W per 1000 births	Ratio	Matron	≥35.0	34.9-31.1	≤31.0	DH	43.3	43.5	42.5	43.7	40.1	38.2	38.0	39.9	38.6	42.0	42.3	41.1	41.5
		HCA's	Ratio	Matron				staffing paper	15.7	15.3	15.7	14.5	14.5	15.9	15.9	15.3	15.8	16.3	16.3	16.3	16.0
		1 to 1 care in Labour		Risk Team	≥75%	61%-74%	≤60%		88.0%	86.0%	87.0%	88.0%	88.0%	92.0%	93.0%	91.3%	91.3%	90.6%	93.6%	76.8%	89.9%
				Risk Team					64.5%	70.9%	75%	58%	50%	50%	58%	50%	59%	55%	64%	62.0%	63.3%
		Consultant cover on L/W	av. hours/week	Rota	40		≤40	Safer Childbirth	40	40	40	40	40	40	40	40	40	40	40	40	40
		Anaesthetic cover on L/W	av.sessions/week	Rota	10		≤10		3	3	3	3	3	3	3	3	3	3	3	3	3
		Supervisor : M/w ratio 1 :	Ratio	Rota	15	16-19	20	SHA	14	14	14	14	14	14	14	14	14	14	14	14	14
Clinical	**Neonatal/Maternal**	Normal birth	No. of svd	CPD	≥65%	64%	≤63%		76.7%	68.9%	64.0%	76.5%	70.3%	76.0%	71.0%	72.4%	69.9%	77.5%	75.2%	68.0%	71.9%
Indicators	**Morbidity**	Assisted Vaginal Births	No. of instr. births	CPD	≤15%	16-19%	≥20%	prev. stats	3.4%	6.7%	6.5%	3.8%	9.5%	9.0%	5.5%	4.7%	7.4%	5.8%	9.6%	8.8%	6.3%
		C/S Deliveries	Em & elect	CPD	≤24%	24.1-25.9	≥26%	prev. stats	19.8%	23.5%	29.0%	18.9%	20.9%	15.2%	22.8%	22.8%	22.8%	22.5%	24.8%	23.2%	22.5%
		Eclampsia	No. of women	CPD	0		1 or more		0	0	0	0	0	0	0	0	0	0	0	0	0
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	prev. stats	1	1	0	0	0	0	0	0	1	0	0	0	0
		ICU transfers	No. of women	Risk Team - Datix	0	1	2 or more	prev. stats	0	0	0	0	0	0	0	0	0	0	0	0	0
		HDU on L/W	No. of days	Handover Sheet					3	0	0	2	2	2	2	3	2	4	0	1	2
		P/N Hysterectomies < 7days p/n	No of women	Risk Team	0	1	2 or more		0	0	0	0	0	0	0	0	0	0	0	0	0
		BBA	No. of women	Risk Team - Datix	1	2-3	4 or more	prev. stats	0	0	0	3	2	0	2	1	1	3	0	1	1
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	prev. stats	0	1	0	0	0	0	0	0	0	0	0	0	0
		Stillbirths Antepartum	No of babies	Risk Team	0	1	2 or more	prev. stats	-	-	-	-	-	-	-	-	-	1	0	0	0
		Stillbirths Intrapartun	No. of babies	Risk Team	0	0	1 or more	prev. stats	-	-	-	-	-	-	-	-	-	1	0	0	0
	Risk Management	SI's	Total	Risk Team	0	1	2 or more		1	0	0	0	0	1	1	0	0	0	1	0	0
		PPH > 2L	No. of women	Risk Team - Datix	1 or less	2-3	3 or more		2	0	0	2	0	1	3	0	0	1	0	1	1
		Shoulder Dystocia	No. of women	Risk Team - Datix	1 or less	2-3	3 or more	RCOG	0	1	1	0	1	0	0	0	0	1	1	2	1
		3rd/4th Degree Tear	% of tears (vaginal b	CPD	≤1.5%	1.6-6.1%	≥6.2%	RCOG	0.4%	0.7%	1.6%	0.0%	1.3%	0.7%	2.1%	0.0%	3.7%	1.4%	1.1%	0.9%	1.6%
	Training Attendance	YMET - Midwives	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		91.0%	90.0%	94.0%	93.0%	93.0%	93.0%	94.0%	84.0%	89.0%	66.0%	80.0%	80.0%	87.9%
		YMET - Doctors	% of staff trained	Risk Team	≥75%	61%-74%	≤60%		0.0%	0.0%	77.0%	92.0%	92.0%	92.0%	92.0%	100.0%	92.0%	93.0%	86.0%	86.0%	73.6%
		Training cancelled	No. of staff affected	Risk Team	0		≥1		0	0	0	0	0	8	0	0	0	0	0	0	1
	New Complaints	Informal	Total	Matron	0	1-4	5 or more		0	1	0	1	2	3	1	1	0	0	1	0	1
		Formal	Total	Matron	0	1-4	5 or more		2	0	0	0	1	4	0	0	0	0	0	0	1

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Director's – 29 April 2015

Medical Director's Report

Action requested/recommendation

Board of Director's should:

- Note the Consultants joining the Trust
- Note the most recent results of the monthly antibiotic and probiotic prescribing audit
- Note the results from the National COPD Audit.

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 others than those specifically referenced in the paper.
Resource implications	None identified
Owner	Dr Alastair Turnbull, Medical Director
Author	Diane Palmer, Deputy Director of Patient Safety
Date of paper	April 2015
Version number	Version 1

Board of Director's – 29 April 2015

Medical Director's Report

1. Introduction and background

In the report this month:

- New consultants
- Antimicrobial prescribing audit
- National COPD Audit.

2. Consultants new to the Trust

Javed Ali
Consultant in Elderly medicine (York)

Andrew Griffiths
Consultant in Anaesthetics (York)

Sarah Snowden
Consultant Paediatrics (Scarborough)

3. Antimicrobial prescribing audit

SUMMARY OF ANTIBIOTIC PRESCRIPTION AUDIT RESULTS
January – March 2015

indication on antibiotic prescription	Jan	Feb	Mar	Apr	May	Jun
York Hospital	85%	87%	89%			
Scarborough Hospital	81%	76%	86%			
Trust average	83%	82%	87%			

duration / course length on antibiotic prescription	Jan	Feb	Mar	Apr	May	Jun
York Hospital	84%	88%	91%			
Scarborough Hospital	84%	88%	85%			
Trust average	84%	88%	89%			

% patients >65 years co-prescribed VSL#3 (NB the audit did not investigate if any of the patients >65 years who were not on VSL#3 met any of the exclusion criteria)	Jan	Feb	Mar	Apr	May	Jun
York Hospital	71%	64%	59%			
Scarborough Hospital	79%	67%	59%			
Trust average	75%	65%	59%			

% of in-patients prescribed antibiotics	Jan	Feb	Mar	Apr	May	Jun
York Hospital	24%	25%	23%			
Scarborough Hospital	36%	36%	27%			

ELDERLY MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	83	73	44			
Antibiotic prescriptions with INDICATION	86%	85%	91%			
Antibiotic prescriptions with DURATION / REVIEW	93%	90%	86%			
% patients >65 years co-prescribed VSL#3 *^	96%	89%	86%			

MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	91	103	83			
Antibiotic prescriptions with INDICATION	82%	83%	86%			
Antibiotic prescriptions with DURATION / REVIEW	81%	94%	92%			
% patients >65 years co-prescribed VSL#3 *^	73%	56%	37%			

SPECIALIST MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	2	3	3			
Antibiotic prescriptions with INDICATION	100%	67%	67%			
Antibiotic prescriptions with DURATION / REVIEW	100%	67%	33%			
% patients >65 years co-prescribed VSL#3 *^	n/a	n/a	n/a	n/a	n/a	n/a

ORTHOPAEDICS & TRAUMA DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	11	21	6			
Antibiotic prescriptions with INDICATION	73%	71%	83%			
Antibiotic prescriptions with DURATION / REVIEW	64%	76%	100%			
% patients >65 years co-prescribed VSL#3 *^	60%	78%	40%			

GENERAL SURGERY & UROLOGY	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	40	51	61			
Antibiotic prescriptions with INDICATION	80%	88%	90%			
Antibiotic prescriptions with DURATION / REVIEW	75%	84%	87%			
% patients >65 years co-prescribed VSL#3 *^	42%	59%	56%			

Obs & Gynae DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	0	8	6			
Antibiotic prescriptions with INDICATION	n/a	38%	67%			
Antibiotic prescriptions with DURATION / REVIEW	n/a	63%	100%			
% patients >65 years co-prescribed VSL#3 *^	100%	50%	0%			

HEAD & NECK DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun
Number of antibiotic prescriptions audited	1	4	1			
Antibiotic prescriptions with INDICATION	100%	100%	100%			
Antibiotic prescriptions with DURATION / REVIEW	100%	100%	100%			
% patients >65 years co-prescribed VSL#3 *^	50%	43%	40%			

NB With effect from January 2015, Directorate results are derived from the consultant assigned to each patient on CPD on audit day, and may therefore differ slightly from ward results.

* The audit did not investigate if any of the patients of 65+ years of age, who were not prescribed VSL#3, met any of the exclusion criteria

^ VSL#3 prescribing results are based on “by ward” results, not “by Consultant” results

4. National COPD Audit

COPD: Who cares matters. National COPD Audit Programme: Clinical audit of COPD exacerbations admitted to acute units in England and Wales 2014.

This was a wide ranging audit covering many aspects of patient care.

We performed extremely well across the board on the recording of key clinical information (such as smoking cessation advice, spirometry, MRC score, etc.). This was far better than national average results. Thanks to the hard work of the Respiratory Nursing Team and their use of the COPD bundle.

In the Audit of admitted patients it was noted that our population was significantly older with more comorbidities and higher proportion with consolidation on the CXR than the national average. This probably accounts for the longer length of stay, higher inpatient mortality and high proportion admitted under Care of Elderly.

Managing respiratory failure - there was a slightly higher proportion of patients with no record of decision on ceiling of care (64% vs. national 53%) and a significantly higher proportion of patients reviewed by the ITU team (presumably related to the work that has been done by CCOT around the deteriorating patient). Results around arterial blood gases being done, rates of non-invasive ventilation and of intubation, etc. were very close to the national results.

Integrating Care - we had disappointingly low numbers of patients discharged to early supported discharge. This may have been due to the older, sicker, frailer nature of the patients we admitted or possibly to short-staffing at the time of the audit.

5. Recommendations

Board of Director's should:

- Note the Consultants joining the Trust
- Note the most recent results of the monthly antibiotic and probiotic prescribing audit
- Note the results from the National COPD Audit.

Author	**Diane Palmer, Deputy Director for Patient Safety**
Owner	**Dr Alastair Turnbull, Medical Director**
Date	**April 2015**

Blank page

E3

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Electronic Prescribing and Medicines Administration – Progress Report

Action requested/recommendation

Board of Director's should:

- Note the progress with EMPA, including key dates and plans for roll out and be aware of the highlighted risks.

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

Implications for equality and diversity

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

Reference to CQC outcomes

This paper supports the overall principles of the CQC outcomes.

Progress of report	Quality and Safety Committee
Risk	Associated risks have been assessed and identified.
Resource implications	Considered within the project plan.
Owner	Alastair Turnbull, Medical Director
Author	Caroline Mullholland, EPMA Project Manager
Date of paper	April 2015
Version number	Version 1

Board of Director's – 29 April 2015

Electronic prescribing and medicines administration (EPMA) project update

1. Summary of key project dates

Summary of Key Dates:

Functional Specifications written (IT)	April 2015
Allergies Management roll out	Summer 2015
Medicines Admin Modules completion	September 2015
Prescribing Modules completion	October 2015
Hardware / wireless etc in place	October 2015
Test Ward	November / December 2015
Pilot	January 2016
Rollout Phase 1	February – August 2016

2. Progress to date

35% of the coding (programming) for EPMA is complete
- work on the database & storage of data at an advanced stage
- preparatory development completed includes (but not limited to) FDB & SNOMED CD data loads.

Formulary management screens development completed
- Formulary drugs being clearly identified on FDB Drug database.

Prototype drug selection screens developed to support on-going clinical engagement & system design.
Development work in progress for interactions & warnings
- Pharmacy testing due to commence April '15.

Engagement with Junior Doctors Improvement Group for demonstrations.
Met with Governors February '15 re project background/progress.
.Project Risk Register in place; Clinical Safety Hazard log in progress.
Ongoing monthly reports to SHSW fund
- Baseline audits ongoing as per statement of planned benefits.

Programme in draft pending confirmation of pilot sites.

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

3. Planned progress to July 2015

Prescribing Screen development and demonstration / testing.
Completion of drug selection screens & final formulary definition.
Business Continuity plan drafted for corporate discussion.
Agreement of trial ward and pilot areas
- Improvement work with these areas as required prior to EPMA.

Additional power points / wireless improvements (where necessary).
Final agreement on additional laptops / trolleys required.

4. Risks

- Lack of clinician / prescriber engagement & support.
- Other system developments taking precedence.
- Failure to agree scope in a timely manner.

5. Recommendations

Board of Director's should:

- Note the progress with EMPA, including key dates and plans for roll out and be aware of the highlighted risks.

Author	**Caroline Mulholland, EMPA Project Manager**
Owner	**Dr Alastair Turnbull, Medical Director**
Date	**April 2015**

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Chief Nurse Report – Quality of Care

Action requested/recommendation

The Board is asked to note the Chief Nurse report for April 2015 and:

1. Note the progress towards the delivery of the Nursing and Midwifery strategy and updates of the key work streams for Nurses and midwifery services across the organisation.

2. Approve the Healthwatch York action plan at appendix 3.

Summary

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

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

Implications for equality and diversity

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

Reference to CQC outcomes

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

Progress of report	Executive Board & Quality and Safety Committee
Risk	Associated risks have been assessed.
Resource implications	None identified.
Owner	Beverley Geary, Chief Nurse

Author	Beverley Geary, Chief Nurse
Date of paper	April 2015
Version number	Version 1

Board of Directors – 29 April 2015

Chief Nurse Report – Quality of Care

1. Key priorities

Nursing and Midwifery Strategy

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

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

As part of the nursing and midwifery strategy the focus of senior nurses on patient experience, leadership, patient safety and staff experience was highlighted as a priority. As a result in April 2014; following a period of consultation, a restructure of the senior nursing team was undertaken. Significant changes were made to the role of some of the Matrons, job descriptions were re-written and cross site working was introduced.

Given we are now a year into the new structure it is timely to review the role and the objectives in line with the nursing and midwifery strategy. This is currently being undertaken and will be reported.

2. Safer Staffing

Reduction in nursing vacancies across the Trust has been a key area of focus for some time. The Committee is aware that a number of initiatives have been employed to address these and the Chief Nurse team are working closely with the recruitment team to continue to be creative and introduce a range of recruitment initiatives. These include website and radio advertisements, and attendance at local university recruitment fairs specifically targeting Year 3 student nurses and Return to Practice Nurses.

The Trust has also introduced the opportunity for nurses to join the Trust, working twilight shifts and a recruitment campaign for these is currently on-going. It is hoped that twilight shifts will be attractive to some registrants with young families and increase the numbers of registered nurses out of hours.

A significant amount of interest has been generated through these campaigns and interviews are being held during April, May and June 2015.

A full review of all recruitment and retention activities for nursing is currently underway. The Chief Nurse Team have worked with Human Resources to examine our projected nurse staffing levels, utilising average starter and leaver information for the last two years to inform our projection until March 2016. This work will inform an options

appraisal paper which will examine the wider immediate and future recruitment requirements for the Trust, this will be presented to the Committee at a future meeting.

On 1st April 2015, the Nurse Bank was introduced at York Hospital. The development of the York bank; as an expansion of the existing bank arrangements already at Scarborough Hospital, has enabled the Trust to move away from its previous arrangement with NHS Professionals. This is a positive development which will increase patient safety and continuity of care by using our own staff who are familiar with our sites and our procedures. This will enable us to have a more consistent approach to care, with shifts being worked by staff that are familiar with the hospital site and who have been recruited by the Trust in line with our values.

3. Revised Nursing and Midwifery Council Code

The revised Nursing and Midwifery Council Code of Conduct was introduced on 31st March 2015. This revised code reflects changes in contemporary professional nursing and midwifery practice, as well as, the wider expectations of health and social care. Its focus is to drive continuous improvements in the quality and safety of care.

The standards have been expanded to include:

- A professional duty of candour
- A requirement to offer help if an emergency arises outside a nurse or midwife's normal area of practice
- Ensuring the fundamentals of care are delivered effectively during all stages of life
- New standards on dealing with complaints
- Use of all forms of communication, including social media
- More detail about raising concerns and whistleblowing
- Guidance on effective record keeping
- Greater clarity on delegation and decision-making
- Guidance on prescribing and medicines management.

All nurses and midwives have an obligation to be aware of the revisions to the Code, which will be central to compulsory revalidation of nurses and midwives in late 2015. A separate paper details the proposed arrangements for NMC revalidation.

4. Early Warning Trigger Tool

The Early Warning Trigger tool was introduced to replace Nursing Care Indicators, and wards are continuing to submit their trigger tool data monthly. The quarterly report for the period January to March 2015 is provided to the Committee as a separate board paper.

63% (34) of wards were rated as green during March 2015, an increase of 11% on February 2015 during which only 54% of wards were reporting green and 52% during January 2015.

Feedback from many of the ward Sisters regarding the tool is positive, and a review is planned for July 2015.

5. Medicines Management

Statutory and mandatory training
Following the change to 3 yearly medicines management update and the introduction of the HUB compliance is at 73%.

Non medical prescribing (NMP)
The return rate for Annual Declaration of Competence has been good this year and the few remaining outstanding declarations are now being followed up.

Applications for those who would like to undertake a non-medical prescribing course are now being processed.

CPD days for all Trust NMPs have been booked and are being planned form 2015/2016.

Documentation Development and Governance
Documentation to support Community Health Care Support Workers in the Community Response Teams (CRT) is being processed through the ACP group. The new CRT prescription chart is being evaluated and minor alterations made as a result.

A pilot of the new community insulin chart is in progress in four teams across the Trust, this is in addition to the chart being piloted as part of the HCA administration of insulin pilot.

A prescription chart for the District Nursing (DN) Teams is in development to further facilitate safer administration of medicines in the community. This will also act to ensure appropriate governance for the Healthcare Assistants (HCAs) who work in the communities teams. A training programme, protocol and competencies are also being developed to support of HCAs administering medicines in DN teams as part of a task and finish group.

A work stream to address medicines management issues that have been identified has been commissioned by the Chief Nurse. Terms of reference and plans with be presented at a future committee.

6. Safeguarding Children

Policy Development
Since the previous report to Board both the Safeguarding Children/Child Protection Policy & Allegations Against Staff of Child Abuse or Neglect Policy have been completely re-written. This will go to April board for approval.

Training
A review of training uptake & delivery has recently been undertaken. This has resulted in the training needs of all members of Trust staff being reviewed and has resulted in an improvement in the compliance ratings for all levels (see table).
For Level 3 training (staff who work predominantly with children, young people & their families) the system of training has been amended in order to develop modules which staff can attend depending on their needs (both in terms of hours training they are expected to undertake within each 3 year period, and in terms of topics which are to them).
As levels of Safeguarding Children training uptake by medical staff within the Trust remains poor the named Doctor for Safeguarding Children, has agreed to write

bespoke packages for medical staff.

Current & historical uptake:

	Mar 2014	Jan 2015	Feb 2015	Mar 2015
Level 1	59%	63%	68%	75%
Level 2	36%	49%	52%	54%
Level 3	70%	53%	61%	67%

Additionally, all maternity staff across both sites have now completed the Home Office Female Genital Mutilation e-learning package.

7. Outbreak at Scarborough site

The committee are aware that following and outbreak of Shigella on Maple ward at the Scarborough site we were issued a letter Notification of Contravention by the Health and Safety Executive (HSE).

As a result we are required to respond with an action plan based upon the HSE findings and recommendations.

The action plan is attached at appendix 1, updates will come to Quality and Safety Committee until the plan has been delivered and finally signed off.

8. Midwifery update

UNICEF Baby Friendly Initiative (BFI)
The UNICEF Baby Friendly Initiative is the first ever national intervention to have a positive effect on breastfeeding rates in the UK, the standards are to promote, protect and support breast feeding and bonding with baby
I am pleased to report that Maternity services are now fully accredited to BFI standards.

Baby Friendly awards are based on a set of interlinking evidence based standards for maternity, health visiting, neonatal and children's centres services. These are designed to provide parents with the best possible care to build close and loving relationships with their baby and to feed their baby in ways which will support optimum health and development. Facilities implement the standards in stages over a number of years. At each stage they are externally assessed by UNICEF UK. When all the stages are passed they are accredited as Baby Friendly

External service review of Scarborough site
As the Committee are aware, a detailed review of services has been undertaken on the Scarborough site by the Directorate team and also by externally appointed experts. We have received the final external report and an action plan has been developed which has encompassed the recommendation from each of the review's findings and will be presented in a separate paper.

Two senior midwives have been placed at Scarborough site in the role of Labour Ward Manager and Labour Ward Co-ordinator for a period of 3 months initially to provide senior support, leadership and management to this high risk area.

A report of the Morecambe Bay investigation by Dr Bill Kirkup
The Committee will be aware of the high profile review of the Morecambe Bay Maternity services and the publication of the report in March which outlines the failings

in Furness General Hospital Maternity service with serious concerns over clinical practice.

The report makes 44 recommendations for the Trust and wider NHS aimed at ensuring the failings are properly recognised and acted upon.

In order to ensure we learn from this investigation and it's findings a review of our Maternity services; in line with the recommendations' has been undertaken. The recommendations will form part of the Maternity service action plan.

NICE Safe midwifery Staffing of Maternity services
The new guidance was published in February. A review of this has commenced this and a benchmarking exercise will be undertaken against current staffing establishments.

The Committee are aware of the acuity audits that are currently being undertaken using *birthrate plus* this data has been analysed and a business case is under development and will be submitted to increase staffing levels on York Labour Ward.

Kings Fund report into Maternity services at Morecambe Bay published in January 2015 following the Parliamentary and Health Service Ombudsman's report into midwifery regulation (Dec 2014).
This report made recommendation to remove statutory supervision for midwives from legislation. This was accepted by the Nursing and Midwifery Council (NMC) in January 2015 and the NMC, as health care professional regulator will have direct responsibility and accountability for nurses and midwives and statutory supervision is to cease. The changes are expected to take place over the next 2-3 years, until then the current statutory supervisory function will continue.

Strategic Clinical Network Group
Maternity services have been accepted to be a pilot site for national work on reducing stillbirths (care bundles). The work focuses on reducing smoking in pregnancy, management of small for gestational age babies, fetal movements in pregnancy and fetal monitoring in pregnancy.

Research: BaBY (Born and Bred in Yorkshire) study
This study has been ongoing since June 2011, we have managed to recruit 5961 persons in York – which is a great achievement the last baby for this study has now been born.

The data provided from their healthcare records will help the Research team at the University of York to monitor the health of our local population. The cord blood samples donated will help to identify which illnesses now and of the future can be detected at birth.

Maternity services are proud to have been a part of this study which will benefit our region for generations to come.

Maternity Services Liaison Committee (MSLC)
This user forum has been under review during the last few months and is now regrouping with new terms of reference and membership to include a wide range of service users including the National Childbirth Trust, Association of Improvements in Maternity Services, Refugee Action York, Doulas, Homebirth support representatives, breast feeding peer supporters and Kyra women's project (supporting women with perinatal mental health problems)

The group plan to focus on 4 key areas in 2015;

- Reducing stillbirth (fetal movements in pregnancy and reducing smoking)
- Homebirth
- Perinatal mental health
- Breast feeding

Members of the group supported a 'café' style engagement event in February. This was held in a Children's Centre with the aim to gain input from women regarding what parent education they would like to be provided in York.

9. Patient Experience – Healthwatch Enter and View report

The Committee are aware that Healthwatch York conducted an enter and view report in the York site discharge lounge on Friday 24th October 2014.

The report and the action plan are attached at appendices 2 & 3.

Healthwatch York have requested an enter and view visit to the Emergency Department on 21st and 22nd April 2015. The report of this visit will be shared in due course.

10.Recommendation

The Committee is asked to note the Chief Nurse report for April 2015 and:

1. Note the progress towards the delivery of the Nursing and Midwifery strategy and updates of the key work streams for Nurses and midwifery services across the organisation.

2. Approve the Healthwatch York action plan at appendix 3.

11. References

1. Nursing and Midwifery Council, March 2015, "The Code – Professional Standards of practice and behaviour for nurses and midwives", www.nmc.org.uk/standards/code/

Author	**Beverley Geary, Chief Nurse**
Owner	**Beverley Geary, Chief Nurse**
Date	**April 2015**

Appendix 1

Action Plan to address the outbreak on Maple Ward

Letter Ref No	Key actions to address areas for improvement	Risk L/M/H	Date for completion	Person responsible	Monitoring assurance committee	Progress	Date Updated	RAG rating with date
C1.1	Review and amend COSHH assessment / control measures to include remedial actions post inspection findings.	L	01/03/15	Deputy DIPC	HIPCG	COSHH assessment revised and circulated to key stakeholders	01/03/15	
C1.2	Ensure the COSHH assessment and control measures identified are available for workers to use and supervise their use.	L	01/03/15	Deputy DIPC	HIPCG	Revised COSHH assessment disseminated via matrons and ward managers. New COSHH assessment will be discussed at Professional Nurse Leaders Forum (PNLF). The new COSHH assessment is now available on the Infection Prevention web page on the intranet The new COSHH assessment has been	01/03/15	

						incorporated into Infection Prevention Statutory and Mandatory training		
C1.1.1	Ensure a consistent method of disposing infectious linen is in place.	M	In place 30/04/15	Ward Managers and Matrons	Professional Nurse Leaders Forum	Trust Linen Guidelines reflects CFPP guidance which outlines safe linen disposal. Guidelines to be re launched for implementation by Ward Managers at the Professional Nurses Leaders Forum in April 2015. Undertaken at Scarborough PNLF. To be on next York PNLF agenda	13/04/15	
		M	Immediate effect and on-going	Infection Prevention and Control Team	Assistant Director of Nursing and Matron's 1:2:1	The Infection Prevention and Control Team will undertake spot audits when known infected patients are being cared for in the Trust. The results of the spot audits will be fed to the Assistant Directors of Nursing and action taken if required.	13/04/15	
C1.1.3	Clarification of method of ensuring how the laundry service is	L	In place	Ward Managers and Matrons		The external laundry service commissioned by the Trust understands national guidance for the safe handling of	13/04/15	

	informed that white laundry bags contain infected laundry.					contaminated linen. Use of the ‘ infected’ linen tape alerts the laundry service to infected linen and is the way the laundry service are made aware.		
C1.2.1	Cardboard bed pan protectors are available and used at all sites.	L	In place	Ward Managers and Matrons		Cardboard protectors now available and in use across the whole Trust.	13/04/15	
C1.2.2	Consideration of alternative methods of disposal for bed pan contents other than removal to sluice, namely: • More local disposal • Use of gelling agent for watery matter	L	In place	Ward Managers and Matrons		En-suite facilities are reserved for patients with infections as a priority, thus minimising the transport of infectious waste. Gelling agents use has been discussed and agreed across the Trust. It is now available to order on all sites	13/04/15	
C1.3	Full-body waterproof gowns to be used when high risk patients require care which involves	L	In place	Ward Managers and Matrons		Ward Managers to maintain a stock of full body gowns for high risk situations	13/04/15	

	close contact with potential highly infectious agents.							
C1.4	Method of how gloves are managed after care of high risk matter	L	In place	Ward Managers and Matrons		Staff are taught in Infection Prevention Statutory and Mandatory training to practice standard precautions as per Trust guidelines when exposed to blood and body fluids from any patient regardless of diagnosis.	13/04/15	
C1.5	Method of glove removal prior to leaving a room, after nursing a known infectious patient or handling potentially infected materials.	L	In place	Ward managers and matrons		Glove removal and disposal covered in Infection Prevention Statutory and Mandatory training to practice standard precautions as per Trust guidelines when exposed to blood and body fluids from any patient regardless of diagnosis.	13/04/15	
C 1.6	Ward cleaning and / or decontamination programme not delivered in accordance with original plan	M			Decontamination Steering Group and HIPCG	HPV of the ward was recommended by Infection Prevention Control but was not delivered due to operational pressures. Microbiology expertise indicated no clinical need for HPV. Chlor Cleaning	13/04/15	

						had been in place for the duration of the out-break and considered appropriate. A pro-active plan for HPV has been developed for the whole site for 2015		
C 1.7	Not all staff on Maple Ward had completed statutory hand hygiene training. Practical sessions on hand hygiene for all Maple Ward staff will be delivered and a record maintained of attendance / completion.	L	In place	Infection Prevention and Control Team, Ward Manager and Matron	Training records	All staff have been trained in hand hygiene The ward will have a plan that all new / returning staff complete their hand hygiene training as part of their induction programme Any individuals who fail during the hand hygiene audit will be managed in accordance with the performance management framework The impact of the hand hygiene training will be monitored in the twice weekly hand hygiene audits	13/04/15	
C 1.8	Twice weekly hand hygiene audits are mandated for Maple Ward and therefore they will be reported	M	In place	Ward Manager and Matron	Assistant Director of Nursing and Matrons 1:2:1 meetings and Matrons and Ward Managers	Matron to send completed audit twice weekly to Assistant Director of Nursing and Deputy DIPC Assistant Director of Nursing to arrange	13/04/15	

	twice weekly to the Assistant Director of Nursing. In addition, the Assistant Director of Nursing will arrange a monthly unannounced hand hygiene peer audit and report, conducted by a Senior Sister from another Ward.				1:2:1 meetings	monthly peer Hand Hygiene Audit and receive a monthly report Any deviance from audit schedule to be managed in accordance with performance management framework Results to be recorded and monitored. Any results of concern to be discussed at Matrons and Ward Managers performance meeting		

The Infection Prevention team are developing an Isolation Practice Toolkit throughout the organisation to enhance and maintain best practice standards.

The action plan above sets out the immediate and on-going actions undertaken following the Shigella outbreak.

Some of the actions require a monitoring framework to ensure new or re-launched work is fully embedded into the practices specifically of Maple Ward, but also Trust wide, this is in development.

It is incumbent for the Trust to undertake on-going audits to deliver an evidence base that provides assurance that specific concerns have been addressed, namely, hand hygiene and environmental audits. In addition, the Trust will undertake two unannounced spot audits in three and six months' time covering both Maple Ward specific assurances and Trust wide assurances. Results of these will be reported to the Quality and Safety Committee.

Maple Ward Assurance Audit to be conducted July 2015 and October 2015

- A review of the hand hygiene audit data and evidence of actions taken for any poor performance
- A review of Statutory and Mandatory Training records of all staff and compliance level with Hand Hygiene Training and Infection Prevention and Control Training
- Staff short questionnaire on COSHH Assessment and Control (5 staff to complete)
- A review of the cleaning records of Maple Ward to include ChlorClean and HPV cleaning regime.

The Infection Prevention and Control Team will design the above audit and conduct it with a Matron from another ward area. A report will be issued to the Assistant Director of Nursing, Deputy Chief Nurse and Chief Nurse, this will then be reported to Quality and Safety Committee. If required a further set of actions will be generated.

Trust wide Assurance Audit to be conducted July 2015 and October 2015

A spot audit of 10 wards Trust wide (5 wards on each acute hospital site) to check that:

- COSHH Assessment and Control requirements are understood (question 2 members of staff per ward)
- Staff are aware of how to dispose of infected linen (question 2 members of staff per ward)
- Staff are aware of how to remove and manage gloves after managing the care of a patients who may have infected body fluid (question 2 members of staff per ward)
- The availability of cardboard bedpan protectors; gelling agents for infectious watery waste; full body waterproof gowns (observational audit)

  The Infection Prevention and Control Team will design the above audit and conduct it across 5 wards on each site. The results of the audit will be reported to the Assistant Director of Nursing and Deputy Chief Nurse. If required a further set of actions will be generated.

This action plan will be monitored every month by the Deputy DIPC and Assistant Director of Nursing for Scarborough, updates to quality and safety committee, this sub board committee will have responsibility for signing off the action plan.

Enter and View report

York Teaching Hospital NHS Foundation Trust
York Hospital **24th October 2014**

What is Enter and View?

Enter and View is the opportunity for authorised representatives to visit publicly funded health and social care services to see and hear for themselves how services are provided.

Authorised representatives collect the views of people receiving services and observe service delivery. They can also talk to families and carers.

Healthwatch York authorised representatives are members of the public who have been recruited as volunteers and have received specific training. Training includes disability awareness, safeguarding (level 1 alerter) and Enter and View training (in line with Healthwatch England's recommendations).

Why did we carry out this visit?

Discharge from hospital was voted onto Healthwatch York's work plan by members of the public in our 2014 survey. Over 75% of people who responded to our survey felt that discharge from hospital should be on our work plan. Their concerns included:

- Planning for leaving hospital and getting home as soon as possible
- Involving patients and carers in planning discharge from hospital
- Planning care for when patients get home

We carried out this visit as part of our planned programme of work on this topic, in accordance with Healthwatch England guidelines. This Enter and View report will be included in our full work plan report on discharge from hospital, which will be published in Spring 2015.

Disclaimer

This Enter and View report relates to the visit which took place on October 24th 2014. It is not representative of all users of the service, only those who were consulted at the time.

About York Hospital's discharge facilities

York Hospital's discharge lounge aims to provide patients who are fit for discharge with a safe, pleasant and comfortable environment. It's a place where they can wait for their transport home or relatives to collect them, freeing up space on the hospital wards. Whilst in the discharge lounge the patient is under the care of a staff nurse/health care assistant at all times. Patients can be provided with food and refreshments and staff can help with transport issues. Patient transport staff always refer to the discharge lounge staff before taking a patient home – this makes sure that they are collecting the right patient, and that the patient has all the necessary medication and equipment they need.

The discharge lounge is located just off the main entrance to York Hospital, near the York Wheels office. There is a dedicated collection point outside the main entrance for safe and easy use by patient transport staff, taxi drivers and relatives.

York Hospital have a team dedicated to facilitating rapid elderly discharge (FREDA). Their focus is on getting people home at the right time. Healthcare assistants co-ordinate activities to help speed up morning discharge – helping patients get washed dressed and packed up. They also support elderly patients who are not on the elderly care wards.

What was the purpose of this visit

The purpose of this visit was to speak to patients, families/carers and staff to find out about peoples' experience of the discharge process.

Who carried out the visit?

The following Healthwatch York authorised representatives took part in the visit:
Fiona Benson, Karen Hukins, Laura Branigan, Lesley Pratt, Polly Griffith, Sheila Jackson

Two members of the Healthwatch York staff team took part in the visit:
Siân Balsom (manager), Carol Pack (information officer)

What did we do?

This was an announced Enter and View visit and we liaised with Kay Gamble, York Teaching Hospital NHS Foundation Trust's Lead for Patient Experience. We were aware that nationally Friday is the busiest day for hospital discharges and chose Friday 24th October 2014 for the visit. We formally notified the hospital in writing three weeks prior to the visit. (see Appendix 1)

We arranged a rota so that a member of staff and 2 - 3 authorised visitors were in the discharge lounge at any one time. We attended from 8am until 5pm. We put together a questionnaire (see Appendix 2) and used this when we spoke to patients to record details of their experience of the discharge process.

All authorised representatives introduced themselves to patients, briefly explained the role of Healthwatch York and outlined the purpose of the visit. Reassurance was given that all information would be treated as confidential and no one would be identified in any report. All the patients we approached agreed to speak to us. We spoke to 24 patients in total, 22 in the discharge lounge and 2 on elderly care wards. 1 patient did not want to complete the questionnaire but enjoyed a conversation with volunteers.

At the end of each conversation we asked whether people would be willing for us to contact them 2 weeks later, to find out how they were getting on. 15 patients gave us consent to do this. We were able to contact 8 patients to ask them some further questions (see follow up questionnaire appendix 3)

What did we find out?

Where patients were being discharged from

Three of the people we spoke to were day unit patients, two had been discharged from Ward 23, two from Ward 29. The others were all being discharged from different wards.

How long patients had been in hospital
Four patients had been in hospital just for the day. Of the others:

4 patients	1 night
2 patients	2 nights
2 patients	3 nights
2 patients	4 nights
1 patient	5 nights
3 patients	1 week
2 patients	10 nights
3 patients	2 weeks

Arriving at hospital
Thirteen patients had arrived at hospital by ambulance, seven had been referred by their GP, one had been admitted via A & E, one arrived by bus, one was unsure.

How people felt about their treatment on the wards
There were a lot of very positive comments about the care and treatment patients had received during their stay in hospital. Comments included 'Very good', 'excellent', 'I was well looked after', 'absolutely excellent', 'no one could have been more hard working and kind', 'fantastic', 'I was treated with kindness and humanity', 'perfect treatment', 'very good – all the staff are excellent'.

There were two positive comments about the food in hospital.

The only negative comments were: 'terrible mattress' (ward 25), 'very noisy at night' (ward 22), 'not enough information is given by doctors due to time restrictions and the use of jargon in explanations' (ward 22).

Additional health conditions
Thirteen patients had additional health conditions when they came into hospital. All these patients felt that their additional health conditions had been managed effectively.

Did patients feel ready to be discharged?
Twenty patients said they felt ready to be discharged. One said they 'were a little bit anxious', one felt they 'could have done with a couple more days' and one said they still felt a bit weak.

Did patients have everything they needed?
Nineteen patients said they had everything they needed. One was still waiting for their discharge letter, three were still waiting for their medication.

Where were patients being discharged to?
Eighteen patients were being discharged to their own homes, three were being discharged to care homes, one was being discharged to sheltered accommodation and one to St Helens rehabilitation hospital.

How were patients getting home
Thirteen patients were being collected by family or friends, five were using the patient transport service, three were getting taxis, two were using public transport.

When did patients know they were being discharged?
Four patients had only been admitted for day care. Of the rest, one patient said they knew when they were going to be discharged before they came into hospital, one knew ten days before. Three patients were told two days before, three were told the previous day. Eleven patients had been told on the day of their discharge. One patient who had been in hospital for two days was told they were being discharged twenty minutes earlier.

Were patients and their families involved in the discharge process?
Only one patient said that neither they nor their family had been involved in discharge planning. All the rest of the patients said that they and their families had been involved as appropriate.

Would people need help after they were discharged?
Ten patients said they would need help after they were discharged. Four of these people said they would be getting help from family members.

Were patients happy to go home in the clothes they were wearing?
All the patients we spoke to were happy to go home in what they were wearing, including the three patients in their nightwear.

What did patients think could be improved?
Three patients said that said getting their medication from the pharmacy more quickly would improve their experience. One patient said that they would have preferred to have a shower, and have more time to talk about their condition and medication. This patient was in the discharge

lounge at 10.50am, and had only been told they were to be discharged that morning.

How did people feel about the discharge process two weeks later?
Two weeks after their discharge we were able to ask eight people how they felt about the discharge process. All eight people felt they had been discharged at the right time. No one identified any problems or suggested anything about the discharge process that they would change.

Conclusion

We observed that the discharge lounge at York Hospital provides a comfortable environment for patients to wait for their transport home and works well. The location of the lounge is very convenient and the dedicated collection point makes it easy for patients to be picked up from the lounge.

Staff manage the discharge lounge well and this helps facilitate an organised and professional discharge process. We observed that discharge lounge nurses ask patient transport staff to always go to the nurses' desk first. This makes sure that the right patient gets the right transport. The nurses check that the patient has everything they need before they go. This service is particularly valuable for patients who are confused or who have dementia.

Discharge of elderly patients often requires additional planning and co-ordination. The FREDA team is key to supporting and facilitating the discharge of elderly patients as quickly and effectively as possible.

We observed that the FREDA team were not able to be as effective as they would wish because the IT system is frequently not up to date. Staff we spoke to reported that frequently patients who were recorded on the system as due for discharge that day were not actually ready for discharge.

56 % of patients we spoke to were relying on family and friends for transport home. Many people do not qualify for patient transport, and public transport is often not suitable for people who have just left hospital. Taxis are expensive and there is no onus on drivers to make sure people get into their homes safely.

Eleven of the patients we spoke to had only been told they were being discharged on the day they were discharged. This does not give either patients or carers very much time to prepare for discharge.

Recommendations

- Consider ways in which reliance on family and friends for transport home can be reduced. For example working in partnership with voluntary organisations such as Age UK York and York Wheels to make sure patients have access to affordable and safe transport home.

- Patients should be given at least 24 hours notice of their discharge time, and this time should be kept to as closely as possible.

- Consider whether patients who are ready to be discharged could be 'fast tracked' so that they receive their medication from the pharmacy as quickly as possible.

- Review the frequency with which the IT system is updated with the expected date of discharge for patients. This would help the FREDA team correctly identify patients who were ready for discharge and not spend time with patients who were not actually ready to go home.

Thank you!

Healthwatch York would like to thank all the York Hospital staff who were involved in our Enter and View visit, both in planning the visit and on the day. We would also like to thank all the patients who spoke to us and shared their experiences with us.

Appendices

Appendix 1: Notification letter to York Hospital: Planned Enter and View visit to York Teaching Hospital NHS Foundation Trust

Appendix 2: Enter and View visit questionnaire

Appendix 3: Follow-up Questionnaire

Appendix 1

Notification letter to York Hospital: Planned Enter and View visit to York Teaching Hospital NHS Foundation Trust

Friday October 24th 8am – 5pm

Legislation in the Health and Social Care Act 2012 gives local Healthwatch organisations the power to Enter and View all publicly funded health and social care premises to gather evidence at the point of service delivery.

Discharge from hospital is one of the topics which members of the public voted on to the Healthwatch York work plan for 2014-15. As part of our planned programme of work on this topic, we intend to carry out an Enter and View visit to the Discharge Lounge at York Hospital on Friday October 24th 2014 from 8am to 5pm.

The purpose of the visit is to speak to patients, families/carers and staff to find out about peoples' experience of the discharge process. Feedback gathered during the visit will form part of a report on discharge from hospital, which will be published at the end of this year. In line with our report writing protocol, we will send you a copy of the draft report and give you the opportunity to check it for factual accuracy before it is published.

Two members of the Healthwatch York staff team will take part in the visit:

Siân Balsom (manager) Carol Pack (information officer)

Healthwatch York volunteers who have been trained and authorised as Enter and View visitors will also taking part in the visit, working in pairs either with another volunteer or a member of staff, in pre-arranged timeslots. At least one member of staff will be present at all times.

The following is a list of all the Healthwatch York volunteers who have been authorised as Enter and View visitors and who may take part in the visit.

Fiona Benson
Laura Branigan
Kath Briers
Jackie Chapman
Jill Clark
Polly Griffith
Karen Hukins
Sheila Jackson
Zoe Mains
Lesley Pratt
Anne Rose

All staff and volunteers will wear a photo ID badge during the visit.

If you have any questions or need further information about the visit, please don't hesitate to get in touch.

Siân Balsom

Manager, Healthwatch York

Name of interviewer:	Time of in

I'm a volunteer with Healthwatch York. We're a local charity that finds out what social care in York. We are working with the hospital to find out more about pe hospital. Would you mind answering a few questions? Any information you giv No details about you will be given to anyone else without your permission.

QUESTIONS

1 Where have you been discharged from?
Name/number of Ward:

Name of Department:

2 What were you being treated for?

3 How long have you been in hospital?

4 How did you arrive at hospital?

Ambulance ☐ Referred by GP ☐

A & E ☐ 111 ☐

Don't know/not sure ☐

5 When you were on the ward, what was your treatment like? Do you have any comments about it – positive or negative?

6 When you came into hospital, as well as the reason you were admitted, did yo have any additional health conditions? (e.g. diabetes, MS)

Yes ☐ (please specify)

No ☐

If yes, were these managed effectively while you were in hospital? Yes/No

7 Do you feel ready to be discharged now? Yes/No

If no – why not?

8 Do you have everything you need with you?

Your medicines ☐

Your clothes ☐

Your personal possessions e.g. glasses, walking stick, keys ☐

Is there anything you need that you haven't got with you? (please specify)

9 Are you going to your home when you leave hospital? Yes/No

If no, where are you going?

10 How are you getting there?

Patient transport ☐ Other (please specify) ☐

Family friends collecting ☐ Taxi ☐

Don't know ☐

11 When did you find out you were being discharged?

11 (a) Who told you that you were being discharged?

12 Have you been involved in the plans for you to leave hospital? Yes/No

12 (a) Have members of your family been involved in the plans? Yes/No

13 Do you feel confident you can look after yourself when you get home or will you need support?

I can look after myself ☐

I will need help ☐

If you need help, do you know what support you will get after you leave? If so, please give details:

14 Are you comfortable going home dressed as you are? Yes/No

15 Do you have any suggestions to improve things for people when they are leaving hospital?

16 We'd like to contact you in a couple of weeks to find out how you're getting on – would that be ok?

Yes, by phone ☐ Yes, write to me ☐

Yes, e mail me ☐ No ☐

If yes:

Name: .....

Address: .....

.....

Phone: ..... E mail: .....

17 Finally, it would help us if you could answer some questions about yourself but you don't have to answer these questions if you'd rather not:

First half of your postcode: ..... (not needed if we have their address above)

Age: .....

Do you consider yourself to be a disabled person? Yes/No

Do you consider yourself to have a mental health condition? Yes/No

How would you describe your ethnic background?

White British ☐ Asian ☐ Black ☐

Chinese ☐ Other (please specify):

How would you describe your sexual orientation?

Heterosexual ☐ Gay ☐ Other (please specify):

Thank you very much for taking the time to answer these questions. We'll be us report to let the people who organise discharge from hospital know what is wo improve. No personal details about you will be included in the report

Can I give you a leaflet which tells you a bit more about Healthwatch York and

Healthwatch York: Follow-up Questionnaire to the Survey on Discharge from York Hospital, Friday 24th October 2014

Patient's name:

1. Now you are out of hospital:

Do you feel you left at the right time?	Yes ☐	No ☐
Was any support put in place for you?	Yes ☐	No ☐

If so, what worked well?

Were there any problems?

2. When we spoke to you in hospital, you were getting home by ?

Did that work well?	Yes ☐	No ☐
Did you get settled alright?	Yes ☐	No ☐

3. Have you been given any details about support groups, etc who might be able to offer you help and support in the future e.g.

Yes ☐ No ☐

If no, is there any information you would like Healthwatch York to send you?

4. Thinking about the whole process of being discharged from hospital, what could have been done differently to make it better or easier? What changes would you make if you were in charge?

5. We produce a newsletter every quarter with lots of information about health and social care in York. Would you like to be added to our mailing list so you receive this? Yes ☐

No ☐

If yes would you like a paper copy Yes ☐ No ☐

Or for it to be sent by email Yes ☐ No ☐

If by email please print your address here:

.....

Thank you for completing this questionnaire. Your name and contact details will not be used within our report on discharge from York Hospital and will remain entirely confidential to Healthwatch York.

York Teaching Hospital NHS
NHS Foundation Trust

Healthwatch Enter-and-View
York Hospital – 24th October 2014
(Healthwatch York)
Scarborough Hospital – 12th November 2014
(Healthwatch North Yorkshire)

Action Plan

Introduction:

Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level, and tries to ensure that the views of the public and people who use services are taken into account

Local Healthwatch was launched in April 2013 and took on the work of the Local Involvement Networks (LINks) and additionally:

- represents the views of people who use services, carers and the public on the Health and Wellbeing boards set up by local authorities.
- report concerns about the quality of health care to Healthwatch England, which can then recommend that the CQC take action.

Our Trust is served by three Local Healthwatch organisations; North Yorkshire, City of York and East Riding. This report is in relation to the Enter and View visits carried out by Healthwatch North Yorkshire and Healthwatch York.

The Local Government and Public Involvement in Health Act 2007 allows for authorised Healthwatch representatives to undertake visits of premises of Health and Adult Social Care providers within Local Authority areas such as North Yorkshire. These visits are described as "to enter, view and observe".

The purpose of the visits was for Healthwatch to:

- gather the views of patients, relatives and carers in relation to their experience of the services being provided
- identify examples of good working practice
- make observations as care is being provided to patients, and their interactions with staff and the surroundings

During 2014 Healthwatch (York) requested to carry out an Enter and View visit on 24th October 2014 where the main focus was on Discharge arrangement at York Hospital. The Enter and View Team carried out interviews with patients mainly in the discharge lounge but additionally on some wards. Healthwatch (North Yorkshire) requested to carry out an Enter and View visit on 12th November 2014 at Scarborough Hospital where the focus was on inpatients and discharge.

Expected Outcome: Make improvements based on agreed recommendations with Healthwatch North Yorkshire

Recommendation	Trust Response and Action	Lead	Update/Progress
Update signage and environment to be more accessible and user friendly "We are investing significant funds in making improvements to the hospital and its facilities".	Explore the introduction of benches within the corridors to act as 'rest stops'. Consider how the Trust can improve signage and way-finding on the site.	B Golding & Estates	
Standardise all procedures across wards, including dementia signs and compliment/complaints forms	"The Trust has agreed, following consultation with staff and community groups, to standardise the Forget Me Not symbol across all wards". A programme of Dementia Awareness has been rolled out across the whole Trust with a large number of staff having attended this training. All wards provide information leaflets on how to provide feedback, raise a concern or make a complaint. The Trust has recently updated leaflets to '*Your Experiences Matter'* in collaboration with key stakeholders including Healthwatch York. All wards and departments seek patient feedback through The Friends and Family Test (FFT) – '*would you recommend this ward to your friends and family if they needed similar care or treatment'*	Chief Nurse Team Chief Nurse Team Patient Experience Team	Forget Me Not symbol is now being rolled out across the Trust to all Inpatient Wards. The programme roll-out continues. A dementia CQUIn for 2015/2016 focuses on care plans for patients with dementia; and continued capture of views from carers through the carers survey following discharge of a patient. New leaflets have been produced and are now available across the whole Trust. The old complaint leaflet has now been removed. A FFT CQUIN scheme has been achieved for 2014/15 which saw the Trust roll out to all areas, the FFT and achieve the required 40% response rate for inpatients. The Trust in Q4 2014/2015 achieved 50% response rate

Recommendation	Trust Response and Action	Lead	Update/Progress
	Wards display feedback from patients on 'Knowing How We Are Doing' boards. These give patients and their families feedback about what has been done as a result of their feedback through 'You Said, We Did' or 'You Said, We Couldn't' (if there are some suggestions that the Trust is not able to take forward and the reasons for this).	Patient Experience Team / Wards / Departments	across all inpatients. The Knowing How We Are Doing boards have now been rolled out to all inpatient wards and some outpatient areas. The boards are updated on a rolling quarterly basis. The future focus for the Trust is to roll-out to all outpatient areas.
Personalise bed areas using patient names and not just numbers.	"The Trust must strike a balance between confidentiality, privacy, dignity and safety". The Trust has approved new boards to go above patient beds, which will show patient name and preferred name, consultant's name as well as the forget-me-not where appropriate	Chief Nurse Team	April 2015 rolled out commenced with 60 Boards now in situ on Oak Ward and the Stroke Ward at Scarborough Hospital. Procurement of the boards for the remaining wards will commence throughout 2015
Decide which wards are for what conditions and adhere to the plan as much as possible	"When we are busy, we have more elderly/medical patients than we have beds on dedicated wards. We are looking at our bed base to see what changes might be made to improve this. We are also taking a number of steps to improve patient flow and reduce the pressure on beds"	Lead?	Update required
As much as possible, reduce the reliance on agency staffing, which should hopefully save costs.	"The Trust must ensure that we have safe staffing levels, and agency staff is one way of doing this. We have difficulties recruiting nursing staff and doctors within certain specialties".	Chief Nurse Team/ Human Resources	We ran recruitment events in October 2013, March 2014 and September 2014. We recruited 47 nurses into permanent posts. In December 2014 the Board of Directors approved the recruitment of a number of nurses from Spain using an

Recommendation	Trust Response and Action	Lead	Update/Progress
			experienced agency. The aim is to recruit up to 40 nurses. Timescales for this recruitment exercise are still being finalised.
There is a great need for a forum to be created for regular senior management and staff liaison, where staff can be empowered to be involved in some of the decisions that will inevitably affect their day to day work.	"We have well-established forums for staff and senior management to meet and discuss issues. The Chief Executive and Chief Nurse hold regular drop-in sessions across the Trust", which began in November 2014".	Corporate Directors	Chief Executive and Chief Nurse drop-in sessions commenced across the Trust during November 2014 'Blue Thursday' was introduced in September 2014. This is a new initiative whereby members of the senior nursing team work on the wards. Staff Friends and Family Test was rolled out across the Trust during July 2014. The feedback received has been largely positive, and we are keen to increase the response rate so that we can gather further detailed feedback from staff. A confidential helpline has been launched which allows any member of staff with a concern to leave a confidential message which will be escalated to the appropriate senior manager.
Consider asking all patients on admission and discharge whether they currently look after anyone and use this information to identify appropriate support within the community for the cared for person.	"Patients are asked for information about their social circumstances when they are admitted, however this is an area that we would like to explore in more depth".	Matrons and Ward Sisters	We will take this to our Patient Experience Steering Group for discussion. Dependent on the outcome of that discussion, there is the potential to work in partnership with Healthwatch on how we might better meet the needs of carers.

Response to other action points raised in the Healthwatch North Yorkshire report:
Regarding driving conditions on the site, we have not received feedback or complaints of this nature, and feedback suggests that driving conditions on the site have improved since the opening of the new visitor car park.

In relation to staff requests for scrubs a review of nursing uniforms has been undertaken across the Trust and we are currently looking at the procurement of uniforms.

Expected Outcome: Make improvements based on recommendations with Healthwatch York

Recommendation	Trust Response and Action	Lead	Update/Progress
Consider ways in which reliance on family for transport home could be reduced.	We will consider further what patient preference is in relation to transport home by speaking further with patients prior to discharge as feedback from patients and their relatives has not highlighted this as a concern.	To be identified	
Patients should be given 24 hours notice of discharge time, and this should be kept to as closely as possible	When a patient is admitted a plan for discharge should is usually commenced and discussion between staff and patient takes place around approximate discharge date. Review key communication messages between staff and patients prior to discharge.	Ward Sisters	
Consider whether patients ready for discharge could be 'fast-tracked' so they receive medication as soon as possible	Liaise with pharmacy to explore feasibility of fast tracking	Lead Nurse for medicines management	
Review frequency with which IT system is updated with expected date of discharge. This would help FREDA team	Director of Systems and Network meet with Directorate Managers every day – a huge focus on updating EDDs. Twice daily meetings between bed managers who provide information – directorates act upon this.	Directorate Managers	

Blank page

E5

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Safeguarding Children/Child Protection Policy

Action requested/recommendation

The Board of Directors is asked to note the comments of the Safeguarding Children's Governance Group and the recommendation that the Board approves the policy.

Summary

This paper introduces to the Board of Directors the revised policy on safeguarding child protection.

The Trust has a Child Protection Policy in place that is extensive and requires updating. The revised policy builds on the current version and supports staff and provides clear direction in variety of settings including wards, Emergency Department and Community Services.

Strategic Aims	**Please cross as appropriate**
• Improve quality and safety	☒
• Create a culture of continuous improvement	☐
• Develop and enable strong partnerships	☐
• 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

Outcome 7 – Safeguarding & Safety

Progress of report	Safeguarding Children's Governance Group Quality and Safety
Risk	Current policy unfit for purpose
Resource implications	None
Owner	Beverley Geary, Chief Nurse
Author	Sue Roughton, Head of Safeguarding
Date of paper	April 2015
Version number	Version 1

Board of Directors – 29 April 2015

Safeguarding Child Protection Policy

1. Introduction and background

The Trust has a Child Protection Policy in place that is extensive and requires updating. The revised policy builds on the current version and supports staff and provides clear direction in a variety of settings including wards, Emergency Department and Community Services.

Importantly, the revised version ensures the Trust is compliant with the requirements of the statutory multi-agency guidance – *Working Together to Safeguard Children* and *Safeguarding Children & Young People: Roles and Competencies for Health Care Staff (2014).* It also is compliant with the procedures and expectations of the two Safeguarding Children Boards (City of York and East Riding & North Yorkshire).

2. Development of the Policy

The Safeguarding team have considered the key legislation and guidance documents as part of the work to update the policy. The team undertook a consultation exercise with key staff including, Matron of Children's Services, Matron of Emergency Care, Named Nurse for Safeguarding Children, Named Doctors for Safeguarding Children, and all members of the Trust's Safeguarding Children Governance Group.

The outcome of that consultation has been included in the policy.

The policy has been considered by the Trust's Safeguarding Children's Governance Group. The Group have satisfied themselves that the document is complete and will ensure appropriate systems and processes are in place for the protection of children. The group recommend to the Board of Directors that the policy is approved at the April meeting.

3. Recommendation

The Board of Directors is asked to note the comments of the Safeguarding Children's Governance Group and the recommendation that the Board approves the policy.

4. References and further reading

Working Together to Safeguard Children (DfE, 2013)

Safeguarding Children & Young People: Roles & Competencies for Health Care Staff (RCPCH, 2014)

City of York Safeguarding Children Board www.saferchildrenyork.org.uk

East Riding Safeguarding Children Board www.erscb.org.uk

North Yorkshire Safeguarding Children Board www.safeguardingchildren.co.uk

Author	**Sue Roughton, Head of Safeguarding**
Owner	**Beverley Geary, Chief Nurse**
Date	**April 2015**

Safeguarding Children/Child Protection Policy

The use of this policy may require support from the following Trust policy and Guidance: Safeguarding Adults, Mental Capacity

Author:	Sue Roughton, Head of Safeguarding (Children & Adults)
Owner:	Chief Nurse
Publisher:	Healthcare Governance
Version:	5.0
Date of version issue:	January 2015
Approved by:	Safeguarding Children Governance Group
Date approved:	20 February 2015
Review date:	January 2018
Target audience:	All Trust Staff
Relevant Regulations and Standards	CQC Outcome 7
Links to Organisational/Service Objectives, business plans or strategies	Trust Safeguarding Children& Adults Strategy

Executive Summary

This policy describes the Trusts approach and procedures to be followed to ensure children are safeguarded.

This is a controlled document. Whilst this document may be printed, the electronic version is maintained on the Q-Pulse system under version and configuration control. Please consider the resource and environmental implications before printing this document.

Version History Log
This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1	2004	Jane Martin	Policy Library	New document
2	2007	Jane Martin	Policy Library	See version history
3	2010	Jane Martin	Policy Library	See version history
4	2011	Jane Martin	Policy Library	See version history
4.1	Feb 2014	Jane Martin	Policy Library	Policy updated to reflect recommendation from City of York LSCB Serious Case Review
5.0	Feb 2015	S Roughton	Staffroom	Revised and Integrated

Contents

1 Introduction & Scope

1.1 The Children Acts 1989 and 2004 and the statutory guidance Working Together to Safeguard Children (2013 & prior versions of this document) have set out the principles for safeguarding and promoting the welfare of children and young people (i.e. anyone who has not yet reached their 18th birthday). This policy reflects the principles outlined within this document, and is in accordance with safeguarding children procedures & policies of City of York Safeguarding Children Board (CYSCB), North Yorkshire Safeguarding Children Board (NYSCB) & East Riding Safeguarding Children Board (ERSCB) multi-agency procedures, which can be accessed at www.saferchildrenyork.org.uk, www.safeguardingchildren.co.uk and www.erscb.org.uk respectively.

1.2 The Children Act 2004 emphasises that we all share a responsibility to safeguard children and young people and to provide for their welfare, and that all members of the community can help to do this. The most important messages are therefore that **safeguarding is everyone's responsibility, and the welfare of children is paramount.**

1.3 York Teaching Hospital NHS Foundation Trust (hereafter known as 'the Trust') has a duty to take reasonable care to ensure the high quality of the services they provide, and therefore there is an expectation that the organisation demonstrates robust safeguarding systems and safe practice within the agreed local multi-agency procedures mentioned above.

1.4 This policy and procedures document describes the roles and responsibilities within the Trust in relation to the safeguarding of children.

1.5 It applies to all children (including unborn babies) and young people under the age of 18 years who have or may have suffered, or be likely to suffer physical injury, neglect, failure to thrive, emotional or sexual abuse or exploitation, which the person or persons who had custody, charge or care of the child either caused or knowingly failed to prevent.

1.6 Safeguarding & protecting the welfare & safety of children must concern all staff who come in to contact with children, young people &/or their parents or carers. This document sets out the actions that you must take if you have concerns that any child (i.e. person under 18 years) may be being abused or neglected, during the course of your work. This Policy & Procedures are applicable to all employees of YTHFT, including locums, agency staff, students & learners, volunteers and independent contractors working for YTHFT or within YTHFT sites.

1.7 This document, along with City of York Safeguarding Children Board, North Yorkshire Safeguarding Children Board & East Riding Safeguarding Children Board Procedures, relates to children and young people up to 18 years of age, and their parents &/or carers, or unborn children.

1.8 This Policy & Procedures should also be read in conjunction with related Trust Policies, Procedures & Guidance, including:

- Records Management Policy (http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/records-management-policy/view)
- Policy, Procedures & Guidance for Responding to Allegations of Abuse or Neglect of a Child Against An Employee (hyperlink to be inserted when the revised policy goes live);
- Whistle Blowing Policy (http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/whistleblowing-policy/view);
- Recruitment, Selection & Employment Policy (http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/recruitment-selection-and-appointment-policy/view);
- Disciplinary Policy & Procedure (http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/disciplinary-policy-and-procedure/view);
- Corporate Statutory Mandatory Training Guidelines (http://staffroom.ydh.yha.com/policies-and-procedures/corporate-policies-and-procedures/corporate-statutory-mandatory-training-identification-policy/view).

2 Definitions

2.1 Safeguarding and promoting the welfare of children is defined for the purposes of this document as:

- protecting children from maltreatment;
- preventing impairment of children's health or development; and
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

2.2 A child is defined as anyone who has not yet reached their 18th birthday.

2.2.1 The fact that a child has reached 16 years of age and is:

- living independently;
- in further education;
- a member of the armed forces;
- in hospital;
- in custody; or
- in a secure estate for children & young people

does not change his or her status as a child, or entitlement to services under the Children Act 1989.

2.2.2 Additionally, a person aged between 18 & 24 years, who has been Looked After by the Local Authority (previously know as In Care) or who has a disability, also has protection under the Children Act 1989. You must also refer to the Trust Safeguarding Adults Policy where concerns are raised in relation to this age group.

2.3 Young People 16-18 Years where there are Child Protection or Safeguarding Children Concerns

2.3.1 Where people aged 16-18 years attend the Emergency Department, are seen within the community services, or are admitted to any area/ward of the Trust, staff must still follow these Safeguarding Children procedures.

2.3.2 Where there are concerns that the young person may have experienced or be at risk of experiencing abuse or neglect, a

documented discussion must take place with the Named Doctor for Child Protection or, if out of office hours, with the Consultant Paediatrician on call regarding management of the child protection/safeguarding issues. This *does not* mean that the Consultant Paediatrician will take over the care of the patient; the role of the Paediatrician in such cases is, primarily, to offer support and expert guidance to colleagues regarding safeguarding/child protection issues.

2.4 Private Fostering is when a child under the age of 16 years (or under 18 years, if disabled) is cared for by someone who is neither their parent nor a close relative (i.e. step-parent, grand-parent, brother, sister, uncle, aunt), and this is via a private arrangement made between the carer & the child's parent, and last for 28 days or more. NB: All instance of Private Fostering must be reported to Children's Social Care.

2.5 Child Protection is a part of safeguarding & promoting the welfare of children & young people. Child Protection refers to that activity which is undertaken to protect specific children who are known to be suffering or at risk of suffering significant harm, as defined by the Children Act 1989, Section 47. (http://www.legislation.gov.uk/ukpga/1989/41/contents)

2.6 Children in Need are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services (Section 17(10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken in to account in deciding whether a child is in need under the Children Act 1989 are: i) what will happen to the child's health or development without services being provided, and ii) the likely effect that the services will have on the child's standard of health and development (Working Together to Safeguard Children 2013).

2.7 Parental Responsibility (PR) means the legal rights, duties, powers, responsibilities and authority a parent has for a child & their property. A person who has PR for a child has the right to make decisions about their care & upbringing. Important decisions n the child's life (e.g. whether or not a child receives **medical treatment) must be agreed with anyone else who has PR.**

The following people automatically have PR: birth mother, father if married to mother at the time the child was born, father if not married to the mother but is registered in child's birth certificate if birth registered after 2003, civil partners of mother registered as the child's legal parent on the birth certificate. It is also possible to obtain PR in the following ways:

- Biological Fathers: if a father is not married to the mother, and is not registered on a child's birth certificate, he will not automatically have PR. If he is registered on the child's birth certificate, but the birth certificate was issues before December 2003, he will also not automatically have PR. A biological father who does not have PR can get PR by: i) re-registering the birth of the child (if the father's name is *not* on the original birth certificate and the mother agrees to this; ii) by making a Parental Responsibility Agreement with the mother, which is witnessed by a Court Official; ii) allying to the Court for PR through a Parental Responsibility Order; iv) being granted a 'Residence Order' by the Court; v) marrying the mother & re-registering the child's birth.
- Married & Civil Partnered Step-Parents: a step parent will not automatically get PR by marrying or entering into a civil partnership with the mother. A step-parents can get PR by: i) by making a Parental Responsibility Agreement with the mother, which is witnessed by a Court Official; ii) allying to the Court for PR through a Parental Responsibility Order.
- Others Who are Not Parents: it is possible for other people who are not the child's parent or step-parent to gain PR: i) where there is a **Care Order or Interim Care Order**, the Local Authority shares PR with the mother and any other people with PR; ii) if a person has a **Residence Order** they will gain PR for the duration of that Order; iii) being appointed as **Guardian** to a child automatically gives that person PR shared with any other people with PR; iv) being appointed as a **Special Guardian** to a child automatically gives that person PR. The biological parent(s) will keep their PR, but they will not have equal PR to the Special Guardian who can override decisions made by the parent if there is an issue they disagree on; v) if a child is **adopted**, their adoptive parent(s) automatically get PR and the biological parent(s) will lose PR.

2.8 Significant Harm

There are no absolute criteria in which to rely when judging what constitutes 'significant harm'. Consideration of the severity of the ill-treatment may include the degree & extent of physical harm, the duration & frequency of the abuse and neglect, the extent of premeditation, the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these have been associated with the more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes a single traumatic event may constitute significant harm (for example a violent assault, suffocation, poisoning) but more often significant harm results from a compilation of incidents or events, both acute & long standing, which interrupt, change or damage the child's physical and/or psychological development. Some children live in family & social circumstances where their health & development are neglected. For them it is the corrosiveness of the long term emotional, physical or sexual abuse that causes the impairment, to the extent of constituting significant harm. In each case it is necessary to consider any child maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and supports (Working Together to Safeguard Children 2013).

2.9 Child Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g. via the internet). They may be abused by an adult or adults, or another child or children.

Abused children may present with signs and symptoms within a variety if settings. Acute physical or sexual abuse may present at any department, for example the Emergency Department with a physical injury, infection at Dermatology clinics and a variety of genitor-urinary and behavioural symptoms to acute paediatric wards or children's outpatients, for example.

2.10 Child Maltreatment (Working Together to Safeguard Children 2013)

<u>Physical Abuse</u>

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise

causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

2.11 Emotional Abuse

The persistent emotional maltreatment of a child, such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

2.12 Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy

as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3 Policy Statement

3.1 Aims & Purpose

This document sets out the child protection/safeguarding children principles, structures & systems that the Trust has implemented to ensure that all children (i.e. those under the age of 18 years) accessing the services of the organisation will receive the appropriate measures to ensure that they are safeguarded to the best of our ability in respect of all child protection/safeguarding children issues.

York Teaching Hospital NHS Foundation Trust (the Trust) believes that it is always unacceptable for a child or young person to experience abuse of any kind and recognises its responsibility to safeguard the welfare of all children and young people, by a commitment to practice which protects them.

York Teaching Hospital NHS Foundation Trust recognises that:

- the welfare of the child/young person is paramount;
- all children regardless of age, disability, gender, racial heritage, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse;
- working in partnership with children, young people, their parents, carers and other agencies is essential in promoting young people's welfare.

3.2 The purpose of the policy

- To provide protection for the children and young people who receive any services from York Teaching Hospital NHS Trust, including the children of adult users of services;
- To provide staff, volunteers, agency staff/locums, students & contractors with guidance on procedures they should adopt in the event that they suspect a child or young person may be experiencing, or be at risk of, harm.

This policy applies to all staff, including senior managers and Board members, paid staff, volunteers and contractors, locums, agency staff, students or anyone working on behalf of York Teaching Hospital NHS Foundation Trust.

York Teaching Hospital NHS Foundation Trust will seek to safeguard children and young people by:

- valuing them, listening to and respecting them;
- adopting child protection guidelines through procedures for staff and volunteers;
- recruiting staff and volunteers safely, ensuring all necessary checks are made;
- sharing information about child protection, and good practice with children parents, staff and volunteers;
- sharing information about child protection concerns with agencies who need to know, and involving parents and children appropriately;
- providing effective management for staff and volunteers through supervision, support and training.

It is the responsibility of ALL STAFF (both employed or contracted by the Trust, or volunteers, locums, students or other learners, and agency staff) to take appropriate action when they know or suspect a child has been subject to abuse or neglect, or is at risk of being abused or neglected.

3.3 Background

3.3.1 Abuse and neglect are forms of maltreatment of a child.
Someone may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm.

Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. Children may be abused by an adult or adults, or another child or children. Abuse can be wilful or unintentional, and can be seen in different forms including physical, sexual and emotional abuse, sexual exploitation and neglect.

Safeguarding children and young people includes any work which aims to prevent abuse, or to protect those who may already be experiencing abuse.

Effective safeguarding depends on a culture of zero tolerance of abuse, and where concerns can be raised with confidence that action will be timely, effective, proportionate and sensitive to the needs of those involved. The Munro Review (2011) gave particular emphasis to the importance of effective, early intervention for vulnerable children & families.

The wide body of research into child abuse & maltreatment over the last 50 years, the Munro Review 2011, the reports of the public inquiries into the deaths of children (Brandon et al 2007, 2009 & 2011), plus the reports of the recommendations from local & national Serious Case Reviews, have shaped current & emerging legislation and guidance.

Of particular note are the high profile child death inquiry chaired by Lord Laming, "*The Victoria Climbié Inquiry"*, in 2002, and his second report in 2009 following the death of Baby Peter Connelly in Haringey. These reports highlighted ongoing themes reported in many other child death inquiries:

- failures to intervene early enough, inadequate information sharing;
- poor record keeping;
- a lack of accountability;
- poor management support;
- a lack of child protection reflective supervision; and
- poor training of workers and managers.

Public awareness continues to improve and there is an increasing expectation that all health care providers have systems in place to identify early indicators of abuse, prevent abuse wherever possible,

and that they act quickly and effectively, in partnership with other relevant agencies, to safeguard children and young people when it is discovered that they are, or may be, experiencing abuse or significant harm.

3.3.2 Safeguarding & Promoting the Welfare of Children

Health professionals and organisations have a key role to play in safeguarding & promoting the welfare of children. The general principles that must be applied are:

- To aim to ensure that all abused or neglected children receive appropriate and timely preventative & therapeutic interventions;
- Those professionals who work directly with children & young people should ensure that safeguarding & promoting their welfare forms an integral part of all stages of the care & involvement that they offer;
- Those professionals who come in to contact with children & young people, parents & carers in the course of their work also need to be aware of their safeguarding responsibilities; and
- Ensuring that all clinical health professionals can recognise risk factors and contribute to identification of abuse or neglect, case reviews, enquiries and Child Protection Plans, as well as planning support for children & providing ongoing promotional & preventative support through proactive work with children, young people & their parents/carers.

3.3.3 Responding to 'Historical' Abuse (i.e. an adult disclosing about their own history of abuse in childhood)

When an adult discloses a personal history of abuse as a child, there are three elements that need to be taken in to consideration:

- The welfare of the adult what was abused as a child: this may entail referring the adult for counselling or other talking therapy;
- The welfare of any children who may currently have contact with the person who abused: it is of note that where an adult has been sexually abused during their childhood, it is likely that the abuser will continue to abuse other children. If the

adult making the disclosure has any suspicions that their abuser may currently have contact with known children, a referral in relation to those children should be made to the relevant Children's Social Care department. Advice regarding this can be obtained from the Trust Safeguarding Children Team (see Appendix 4 for contact details).

- Prosecution of the perpetrator: the adult making the disclosure should be encouraged to speak to the Police (Protecting Vulnerable People Unit), who will discuss with the adult the range of actions they could take & all implications of such actions. This will also include the protection of children who may currently be at risk of abuse by this alleged perpetrator. Advice regarding this can be obtained from the Trust Safeguarding Children Team (see Appendix 4 for contact details).

3.3.4 Impact Upon Individuals with Protected Characteristics

This policy aims to safeguard all children and young people who are in receipt of services (or whose family members or carers are in receipt of services) from YTHFT, and who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation.

All Trust staff must respect the alleged victim's (and their family's/carers) culture, religious beliefs, gender and sexuality. However this must not prevent action to safeguard children and young people who are at risk of, or experiencing, abuse. Support in clarifying or understanding diversity issues can be sought from the Equality and Diversity Facilitator.

All reasonable endeavours must be used to establish the child, young person and family's/carer's preferred method of communication, and to communicate in a way they can understand. This will include ensuring access to a professional interpretation service where people use languages (including signing) other than spoken or written English. Every effort must be made to respect the person's preferences regarding gender and background of the interpreter.

4 Accountability

Recruitment Procedures: All members of staff commencing employment within the Trust, and who will be working in any 'regulated activity' (as defined by the Disclosure & Barring Service – see Appendix 3) with children or vulnerable people must have enhanced Disclosure & Barring Service clearance prior to commencing in post.

The following Safeguarding statement will be in every YTHFT job description:

"All employees have a responsibility to protect & safeguard vulnerable people (children & adults). They must be aware of child & adult protection procedures and who to contact within the Trust for advice & guidance. All employees are required to undertake Safeguarding Children Awareness Training, and to undertake additional training appropriate to their role"

It is expected that all recruitment will follow the Local Safeguarding Children Board Safer Recruitment guidance:

City of York: http://www.saferchildrenyork.org.uk/safer-recruitment-guidance.htm
North Yorkshire: http://www.safeguardingchildren.co.uk/section-11-procedures.html
East Riding: http://www.erscb.org.uk/professionals-and-volunteers/safer-employment-and-volunteering/

The success of this policy is dependent on a range of individuals being involved in the implementation of this document. The responsibilities on individuals in ensuring compliance with this document are detailed below:-

- **The Chief Executive** has overall responsibility for Trust wide legislative compliance and management of risk in safeguarding adults and children;
- **The Chief Nurse** has Board responsibility for all aspects of safeguarding adults at risk and children. This post also has delegated responsibility for keeping the Trust Board fully informed about any serious incidents linked to child protection & safeguarding;

- **The Head of Safeguarding (Children & Adults)** has delegated responsibility for safeguarding adults & children across the Trust;
- **The Named Nurse/Midwife for Safeguarding Children** has responsibility for providing advice & supporting staff in the discharge of their safeguarding children duties;
- **The Named Doctor for Child Protection** has responsibility for providing advice & supporting staff in the discharge of their safeguarding children duties;
- **Divisional Management Teams** have a responsibility to ensure that when staff are concerned that a child may have suffered or be at risk of suffering significant harm, that these concerns are acted upon in accordance with this Policy & Procedures;
- **Ward/Departmental Managers** have responsibility to advise/seek advice and support for their staff members in dealing with the assessment and management of any concerns relating to potential or actual significant harm of children.

ALL STAFF (both employed or contracted by the Trust, or volunteers, locums, students or other learners, and agency staff) will take appropriate action when they know or suspect a child has been subject to abuse or neglect, or is at risk of being abused or neglected.

Appendix 1

Child Protection Procedures

1. General Principles

Prompt action must always be taken to ensure the immediate safety of a child. Consideration must also be given to the safety of other children at the family home address, or who are part of the family. The parent/carer should always be asked if the child has any siblings or if the parent has care of any other children or dependent adults, or if they are privately fostering any other children. The parent or carer should also be asked, in routine history taking, about what job they undertake & where**. If such information gives rise to concerns about the ability for the parent/carer to undertake their work safely (e.g. if allegation is that father abused child, and father states that he is a teacher/nurse/social worker/doctor) then advice must be sought from the Head of Safeguarding (Children & Adults).**

If you **know or suspect** that a child is suffering, may be suffering or is likely to suffer significant harm, you have a ***duty*** to refer your concerns immediately to Children's Social Care and/or the Police. The Duty Social Worker within Children's Social Care (CSC) must be contacted at an early stage, by telephone, to report the concerns. This will be undertaken by a qualified member of staff in the YTHFT team/department where the concern has been raised. The verbal referral to Children's Social Care must then be followed up in writing, using the agreed referral document, within 24 hours, to ensure that action is taken as appropriate to safeguard the child in question. See Appendix 4 for contact details & Appendix 5 for copies of the local referral forms.

If you are referring a child to CSC for concerns about **Child Protection**/significant harm, you **do not need consent** from the parent/carer to make that referral; it is however good practice to **inform** the child's parents/carers that you intend to refer the child to CSC, *unless you have reason to believe that so doing would increase the risk to the child*. However, if you are referring the child as a **Child in Need** (i.e. a child who needs additional support, but for whom there are no concerns about abuse or neglect) **you must have consent** from the child's parent or someone with parental

responsibility.

Only the Police have powers to intervene in emergency situations, such as where a child is believed to be at imminent danger of significant harm. In such cases you should **dial 999** and ask for North Yorkshire Police.

2. Procedure For All Employees of YTHFT Staff (including Community staff) and those providing services under an SLA or Honorary Contract:

- If you suspect child abuse or neglect but are not sure, or if you require advice, contact the Safeguarding Children Team (see Appendix 4 for contact details) for advice, guidance & support.

- Where possible, explain your planned action with the parent(s)/carers of the child. Exceptions to this are:

  - if you suspect sexual abuse.
  - if you suspect Fabricated or Induced Illness (previously known as Munchausen Syndrome by Proxy).
  - if you consider that discussing your actions with parents would place the child (or yourself) in danger.

- If you are working on the premises of another agency (e.g. in a school), the relevant person must be informed of your concerns and the action to be taken, i.e. the Designated Teacher for Child Protection.
- Qualified professional staff should make a check against the Child Protection Register of City of York (01904 551900), or Child Protection Central Database of North Yorkshire (24 hour tel: 01845 574742), or the East Riding Safeguarding Children Advice Line (tel: 01482 395500), or the Child Protection Database/Register of the area where the child normally lives to assess whether the child is subject to a Child Protection Plan. North Yorkshire's or City of York's Child Protection Database/Register can give you Child Protection Database/Register telephone numbers for other areas.

- Child Protection referrals should be made to the appropriate Customer Relations/Customer Advice Unit of Social Care (see Appendix 4 for contact details).

- Out of hours referrals should be directed to the relevant Emergency Duty Team (see Appendix 4 for contact details).

- Any child protection medical examination should always be conducted/supervised or co-ordinated by a Consultant Paediatrician.

- Record all events and action taken (to include conversations with other professionals and agreed outcomes) in accordance with Trust policies and professional guidance. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map (See Appendix 6 for body maps).

- Notify other health professionals (including the GP) involved with the child or young person.

- If you are unsure of what actions need to be taken, discuss/take advice from the Safeguarding Children Team or Named Doctor for Child Protection (see Appendix 4 for contact details). Out of hours, seek such advice from the On Call Consultant Paediatrician.

- Notify your line manager/team leader of situation and action taken.

- Follow up your telephone referral in writing using the agreed referral form, found at www.saferchildrenyork.org.uk for City of York Children's Social Care or www.safegaurdingchildren.co.uk for North Yorkshire Children's Social Care or http://www.erscb.org.uk/procedures-and-guidance for East Riding Children's Social Care. One copy of this form should be sent via secure email (i.e. NHS.NET to a GCSX.GOV.UK email address), safe haven fax system, or registered post to the relevant Social Care Customer Relations/Advice Unit, one copy to be included in the child/young person's clinical notes; one copy to be uploaded onto the child's Core Patient Database (CPD) records; and

one copy to be sent to the Safeguarding Children Team (who will upload the referral to CPD ONLY for those staff who do not have access to CPD).

- Community staff may encounter an emergency situation (e.g. where a child has been badly injured as a consequence of abuse, or a young child has been left unattended in the home). In these circumstances, community staff should ring 999 and request assistance from the Police and any other appropriate service. The above procedure should then be followed.

3. Procedure For Staff Working In Emergency Department & Minor Injuries Unit

This guidance applies to all children and young persons up to the age of 18 years where there are actual or possible child protection concerns.

Ensure all fields are completed on an attendance card, including who is accompanying the child, GP, school/nursery, next of kin and any temporary address. N.B.: Next of kin needs to be the person who has 'parental responsibility' for the child/young person (see Definitions section for definition of Parental Responsibility').

Admin Staff:

- Check CPD (or ask manager to arrange this for you) to ascertain whether there is a safeguarding alert re this child, and make senior nursing staff aware if alert/flag is present.
- Check hospital /clinical database for all previous attendances.
- Retrieve previous records if available.
- Ensure medical/nursing staff are aware of children on the Child Protection Register/Central Database by following departmental policy.

Nursing/Medical Staff:

- Identify and document who is accompanying the child and their relationship to the child.
- Identify who is accompanying the child and who has parental responsibility.
- Obtain clear history of events and document, including time scales of incidents and presentation in ED/MIU.

- Check the Child Protection Register of the area where the child is normally resident when there is:
  - clear medical diagnosis of non-accidental injury, or
  - inconsistent explanation of injury to a child, or
  - any actual or suspected fracture in a non-mobile child, or any suspicion of child abuse: physical, sexual, emotional or neglect.

- If the child is resident in North Yorkshire/City of York/East Riding, call the Child Protection Register – North Yorkshire Tel: 0845 034 9410, or City of York Tel: 01904-551900, or East Riding Tel: 01482 395500 (they will also have the contact numbers for other local authority areas if needed). Out of office working hours the Child Protection Register/Database can be checked by contacting the Emergency Duty Team. See Appendix 4 for contact details

- If you are unsure of what actions need to be taken, discuss/take advice from the Safeguarding Children Team or Named Doctor for Child Protection (see Appendix 4 for contact details). Out of hours, seek such advice from the On Call Consultant Paediatrician.

- All children below age one year, or children who are not yet mobile, with fractures **must** be discussed with the Consultant Paediatrician on call, and the content and outcome of this discussion recorded in the patient notes. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map.

- Parents should be informed that admission to the ward for children with fractures under the age of one year/pre-mobile children is usually routine. However, admission to the Children's Ward will be at the discretion of the Consultant Paediatrician on call.

- All children with suspected abuse should be seen by a Consultant Paediatrician (or Named Doctor for Child Protection) even if referred to another speciality. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map.

- Where possible, discuss your plan of action with parents/carers. Exceptions are:

- If you suspect sexual abuse, or
- Fabricated or Induced Illness may be a possibility, or
- If this would place the child or yourself in danger.

- Always consider the critically ill child *may* be the result of abuse and /or neglect.

- Establish the identities of accompanying adults & children, as well as any other family & household members. Record these in the child's records and share this information with Children's Social Care when making a child protection referral.

- Notify the Safeguarding Children Team, GP, Health Visitor/ School Nurse by phone within 24 hours of any referral to Children's Social Care.

- Any referral to Children's Social Care should be followed up in writing, using the agreed form found in the Safeguarding Children intranet pages, or attached at Appendix 5 for City of York, North Yorkshire & East Riding Children's Social Care.
  - One copy of this form to be sent to Social Care Customer Relations / Advice Unit;
  - One copy to be included in the clinical notes and uploaded on to CPD;
  - One copy to be sent to the Safeguarding Children Team(who will upload the referral to CPD ONLY for those staff who do not have access to CPD).

- Remember to ascertain and document the names and whereabouts of other children in the family, and consider their safety. Children's Social Care need to be informed of these children.

- When handing over the patient to another staff member within the department, document name and time of handover.

- When adults present with problems related to:
  - Domestic abuse
  - Drug and alcohol misuse
  - Mental health or social care issues

- *It should be established whether they have any caring responsibility for children, where the children are and if they are safe.*

- *If there are immediate concerns that the children are/could be at risk of significant harm, a referral should be made to Children's Social Care (see above).*
- *If you have concerns that are not immediate, seek advice from your line manager and/or the Safeguarding Children Team (see Appendix 4 for contact details)*.

- If the child's name **is known** to be on the Child Protection Register, or if the child is known to be a Looked After Child (i.e. subject to a care order), even if the attendance is not of concern, you must:-

- *Inform Children's Social Care of the attendance and outcome. Document clearly on the ED/MIU/UCC (Urgent Care Centre) card that you have done so.*
- *Notify other involved health practitioners e.g. GP & Health Visitor/School Nurse by sending a copy of the ED/MIU/UCC card or letter.*
- *If admission is required, it must be noted in the Child's Medical Records that the child's name is on the City of York, North Yorkshire, or East Riding (or other Local Authority area, if living out of our area) Child Protection Register, or that the child is a Looked After Child.*

4. Procedure For All Staff On Children's Wards, Special Care Baby Unit, Children's Outpatients Department, and Maternity/Midwifery Staff

All staff must:
Inform the registered nurse/midwife/line manager in charge of the ward or department if you suspect child abuse or neglect.

The Registered Nurse/Midwife/line manager in charge will:
- *Check CPD to ascertain whether there is a safeguarding alert re this child;*
- Seek and record:
  a) Name of child(ren) and/or alleged perpetrator concerned
  b) Address of child(ren) and/or alleged perpetrator

concerned

c) Date of birth and NHS Number of child(ren) or alleged perpetrator concerned

d) Name of the informant

e) Nature of injuries/concerns. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map.

f) Date and time of receiving the information

g) General Practitioner and Consultant of the child(ren) and/or alleged perpetrator concerned

NB: Failure to obtain any of the above MUST NOT delayaction.

- Where possible, discuss your plan of action with parents/carers. Exceptions are:
  - If you suspect sexual abuse.
  - Fabricated or Induced Illness may be a possibility
  - If actions would place the child or yourself in danger.

- Inform and discuss with the Consultant Paediatrician and record the content and outcome of this discussion. Advice can be accessed via the Safeguarding Children Team.

- Refer to Social Care Customer Relations/Advice Unit or Emergency Duty Team if outside of normal office hours. Discuss with Duty Social Worker (or Key Worker if it is an active case) and develop a plan of action. Make sure you have discussed the referral with the Consultant Paediatrician. However, even if Consultant Paediatrician does not agree to referral, if as a registered health professional you feel a child protection referral is necessary, you should make that referral.

- Record appropriately (see Trust Guidance on Record Keeping), including discussions taken place regarding the suspicions/incident, times child seen/discussed/referrals made, messages left, with whom and of what agency, advice received from those liaised with, decisions made and actions taken. All records must be signed, dated & timed.

- Inform the child's GP and Health Visitor/School Nurse that you have referred the child to Children's Social Care.

- Follow up in writing the telephone referral made to Social Care on the agreed referral form within 48 hours. Keep one copy in the

child's medical record, upload one copy onto the child's CPD record, and send another copy to the Safeguarding Children Team (who will upload the referral to CPD ONLY for those staff who do not have access to CPD).

NB: For all children admitted to the ward, details must be requested regarding any previous or current safeguarding concerns, or children's social care involvement, for <u>any</u> family members.

Chronologies of significant events re safeguarding are also to be kept in the child's notes, and all children with Child Protection Plans will be flagged on the Core Patient Database (CPD) system by the Safeguarding Children Team.

Where there are known concerns regarding family members who may pose a risk to a child/children, these people will have restricted/supervised/no access to the ward, with further discussions with Children's Social Care and/or Police as appropriate. Hospital Security staff must be informed should a family member be restricted from visiting the hospital.

5. Procedure For All Staff Whose Main Work Is With Adults But Who May Suspect Child Abuse

(This also includes staff who usually care for adults, but may also care for young people up to 18 years of age.)

- Any member of staff who suspects or is concerned that child abuse or neglect is or may be taking place, or who is informed of this by a client/patient, **MUST** follow this procedure.

- Discuss your concerns/the issues with your line manager and the Safeguarding Team, and agree an action plan.

- Collate all family information known to you including names, dates of birth and addresses (if known) of all children and young people within the family, any other household members, and of any known or suspected perpetrator of the abuse. Any unexplained marks or bruising noted on a child should always be recorded on a body/face map.

- Refer to the appropriate Customer Relations/Advice Unit (see Appendix 4 for contact details).

- Out of hours referrals should be directed to the Emergency Duty Team (see Appendix 4 for contact details)

- Where possible, discuss your planned action with the parent(s)/carers of the child/the adult disclosing historic abuse. Exceptions to this are:
  - If you suspect sexual abuse.
  - If you suspect Fabricated or Induced Illness (previously known as Munchausen's Syndrome by Proxy).
  - If you consider that to discuss your actions with parents would place the child or yourself in danger.

- Any child protection medical examination should be conducted/supervised or co-ordinated by a Consultant Paediatrician.
- Record all events and action taken in accordance with Trust Record Keeping policies and professional guidance.

- Notify your line manager of situation and action taken.

- Follow up your telephone referral in writing, within 48 hours, using the agreed referral form (attached for North Yorkshire Children's Social Care, City of York Children's Social Care & East Riding Children's Social Care). One copy of this form should be sent to Social Care's Customer Relations/Advice Unit, one copy to be included in the clinical notes, one copy uploaded onto the child's CPD record (if you have the child's details to be able to do this), and one copy to be sent to the Trust Safeguarding Children Team(who will upload the referral to CPD ONLY for those staff who do not have access to CPD).

6. Procedure for all staff where you suspect abuse of a child by a member of trust staff or volunteer

See your Trust Policy, & Procedures for Responding to Allegations of Abuse or Neglect of a Child Against An Employee on Staffroom

- Advice may be sought from the Trust's Safeguarding Children Team (see Appendix 4 for contact details), Head of Safeguarding (Children & Adults) or Named Doctor for Child Protection.

IT IS ESSENTIAL, IN ORDER TO SAFEGUARD VULNERABLE CHILDREN, THAT ANY CONCERNS ARE SHARED PROMPTLY WITH THE HEAD OF SAFEGUARDING (CHILDREN & ADULTS), NAMED DOCTOR FOR CHILD PROTECTION (OR NOMINATED DEPUTIES), WHERE THERE ARE INDICATIONS THAT A PERSON HAS/MAY HAVE:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or,
- Behaved towards a child or children in a way that indicates s/he may pose a risk of harm to children

WHETHER OR NOT THE CONCERN / ALLEGATION RELATES TO CURRENT, RECENT OR HISTORICAL BEHAVIOUR.

Appendix 2

Making A Child Protection Referral – Quick Guide

1. Clearly document concerns and collate any family information known to you – check the Core Patient Database (CPD), (or ring Safeguarding Children Team if you do not have access to CPD) to see whether there is a safeguarding alert re this child.
2. If you are unsure how to proceed, seek advice from one of the following: line manager, YTHFT Safeguarding Children Team (01904-725724 or 01723-342252) Children's Social Care; or duty Paediatrician at York/Scarborough Hospital.
3. If a child protection referral is required, contact Children's Social Care (for numbers see Appendix 4)
4. Give all details/information regarding your concerns and confirm that you are making a child protection referral.
5. Follow verbal referral up in writing within 24 hours. Retain a copy of your referral for your reference, and send a copy to the YTHFT Safeguarding Children Team. (Referral forms available on LSCB websites)
6. Wherever possible, share your intent to refer with parents/carers of child (exceptions outlined on page 14).
7. Always follow these Safeguarding Children & Child Protection Procedures.
8. If you believe that a child is at risk of immediate harm, call the Police on 999, as an emergency.

Further information and multi-agency child protection procedures can be found on the City of York Safeguarding Children Board website (www.saferchildrenyork.org.uk); North Yorkshire Safeguarding Children Board website (www.safeguardingchildren.co.uk); and the East Riding Safeguarding Children Board web site (www.ercb.org.uk).

Appendix 3

DBS Regulated Activity. Please see the document below.

DBS Regulated Activity

Appendix 4

CONTACTS:

YTHFT Safeguarding Children Team **Named Midwife & Child Protection Advisor (CPA) for Safeguarding Children (both sites)**	01904-726647 (York site); 01723-342252 (Scarborough site) Named Midwife – 01723-7712101 CPA - 01904-721814
Customer Services Centre (North Yorkshire)	0845 034 9410
Advice, Assessment & Early Intervention ('Front Door') (York)	01904 551900
Early Help & Safeguarding Hub (East Riding)	01482 395500
Out of Hours Emergency Duty Team (North Yorkshire & York)	0845 034 9417
Central Database of Children subject of Child Protection Plans (North Yorkshire)	0845 034 9410
Child Protection Register of Children subject of Child Protection Plans (City of York)	01904 551900
Child Protection Register of Children subject of Child Protection Plans (East Riding)	01482 395500
North Yorkshire Police, Vulnerable Persons Unit (Also use this number if trying to contact Police in East Riding, if non-emergency)	Contact all local units via central control room, Tel: 101
Head of Safeguarding (Children & Adults), York Teaching Hospital NHS Foundation Trust.	01904-721812 or 07943-077210
Named Doctor for Child Protection York site – Scarborough site -	 Dr Liz Baker – bleep via York Hospital switchboard (01904-631313) Dr Venkatesh – bleep via Scarborough General Hospital switchboard (01723-368111)

Appendix 5:

City of York Children's Social Care, Confirmation of Referral Form:

City of York

North Yorkshire Children's Social Care, Confirmation of Referral Form:

North Yorkshire

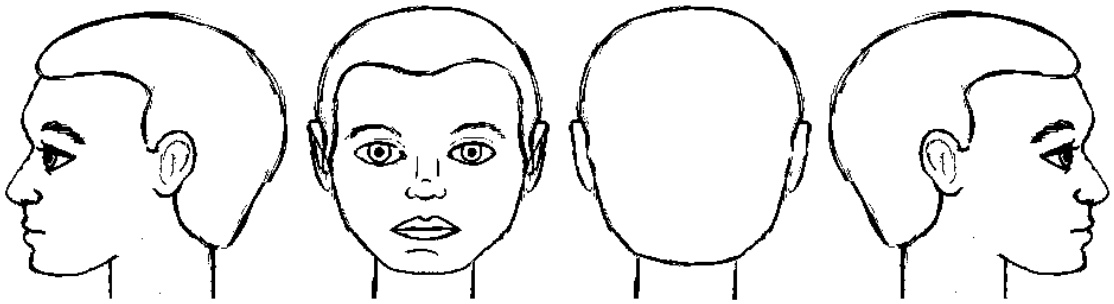
East Riding Children's Social Care, Confirmation of Referral Form:

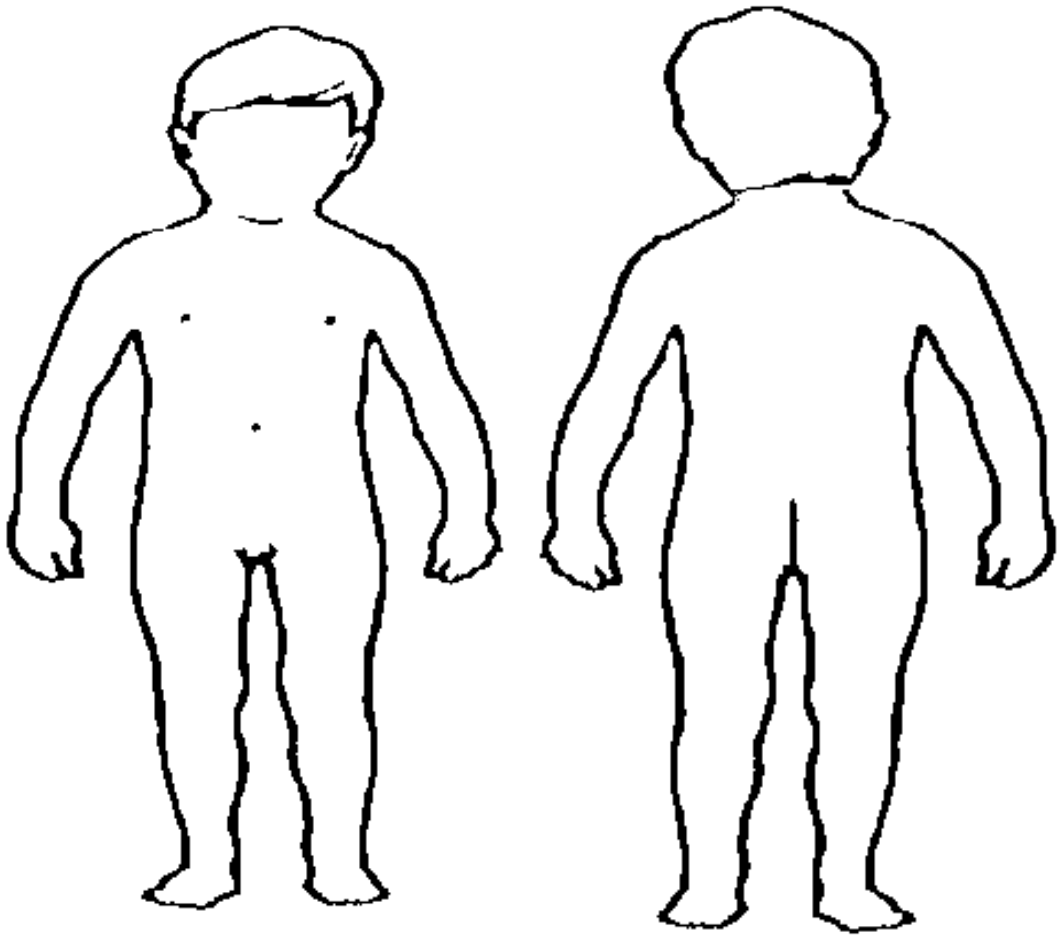
East Riding

Appendix 6:

Body Maps **(NB: these are NOT to be used by medical staff for forensic/court reports)**

(Please print/photocopy body/face maps as necessary)





Appendix 7

Policy Management

1 Consultation, Quality Assurance and Approval Process

Consultation Process

Consultation has been undertaken with the Matron of Childrens Services; Matron of Emergency Care; Named Nurse for Safeguarding Children; Named Doctor for Safeguarding Children; and all members of the YTHFT Safeguarding Children Governance Group.

Quality Assurance Process

The author has consulted with the following to ensure that the document is robust and accurate:

- Designated Doctor for Safeguarding Children, NHS in North Yorkshire & York.

The policy has also been proof read by the Policy Manager prior to being submitted for approval.

Approval Process

The approval process for this policy complies with that detailed in the Policy Guidance.

The Checklist for Review and Approval has been completed and is included at Page 40.

2 Review and Revision Arrangements

The Trust Named Nurse for Safeguarding Children Named Midwife for Safeguarding Children will be responsible for review of this policy in line with the timeline detailed on the cover sheet.

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number applied. Subsequent reviews of this policy will continue to require the approval of the Trust Safeguarding Children Governance Group.

3 Dissemination and Implementation

See Appendix 10

4 Document Control

Register/Library of Policies

Please refer to the Policy Development Guideline for detail

Archiving Arrangements

Please refer to the Policy Development Guideline for detail

Retrieval of Archived Policies

Please refer to the Policy Development Guideline for detail

5 Standards/Key Performance Indicators

- Staff awareness of the policy and procedures;
- Adherence to the policy and procedures;
- Attendance by staff at appropriate Safeguarding Children training;
- Care Quality Commission Inspections.
- Approval & acceptance of Policy & Procedures by City of York Safeguarding Children Board, North Yorkshire Safeguarding Children Board & East Riding Safeguarding Children Board.

6 Training

Training will be offered to staff at 4 mandatory levels:

Induction: for ALL Trust staff, within 3 months of appointment;

Level 1: for ALL Trust staff;

Level 2: Those staff (including non-clinical managers and staff working in health care settings) who are not expected to do Level 2 or 3 training

Level 3: for all clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns;
Level 4: for specialist roles – i.e. Named Professionals for Safeguarding Children;

Level 5: for Specialist/Expert roles – e.g. Head of Safeguarding (Children & Adults).

All Levels mentioned above relate to the competencies, knowledge, skills & values set out in: "Safeguarding Children and Young people: roles and competences for health care staff" (2014).

7 Trust Associated Documentation

- Policy for Responding to Allegations of Abuse or Neglect of a Child Against An Employee;
- Whistle Blowing Policy;
- Recruitment, Selection & Employment Policy;
- Disciplinary Policy & Procedure.

8 External References

- Children Act 1989
- Children Act 2004
- Working Together to Safeguarding Children (HMSO : 2013)
- "Safeguarding Children and Young people: roles and competences for health care staff" (RCPCH: 2014)
- City of York Safeguarding Children Board – www.saferchildrenyork.org.uk
- North Yorkshire Safeguarding Children Board – www.safeguardingchildren.co.uk
- East Riding Safeguarding Children Board – www.erscb.org.uk

9 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and ensure effective review, the policy will be monitored as follows:-

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
a. Staff awareness of the policy and procedures;	Questioning of staff re awareness of new Policy & Procedures.	Safeguarding Children Team	At each verbal contact	Safeguarding Children Operational Group	Named Nurse & Midwife for Safeguarding Children	Safeguarding Children Operational Group
b. Adherence to the policy and procedures;	Reviewing of Child Protection Referrals to Children's Social Care;	Named Nurse & Midwife for Safeguarding Children & Child Protection Advisors	At each receipt of a copy of a referral form	Safeguarding Children Operational Group	Named Nurse & Midwife for Safeguarding Children	Safeguarding Children Operational Group
c) Attendance by staff at appropriate Safeguarding Children training;	Review of Statutory & Mandatory Training Compliance Reports	Named Nurse & Midwife for Safeguarding Children	Quarterly	Safeguarding Children Governance Board	Named Nurse & Midwife for Safeguarding Children	Safeguarding Children Operational Group

d) Approval & acceptance of Policy & Procedures by City of York Safeguarding Children Board, North Yorkshire Safeguarding Children Board & East Riding Safeguarding Children Board.	Policy & Procedures accepted by the three named Local Safeguarding Children Boards.	Head of Safeguarding	At each revision of Policy & Procedures	Safeguarding Children Governance Board	Head of Safeguarding	Safeguarding Children Governance Board

Appendix 8 Checklist for Review and Approval

Authors need to be confident that their policy meets all of the criteria identified below before submitting this to the appropriate Group/ Committee for approval. The Approving Group/Committee should also assure themselves that the document complies with the criteria below.

	Criteria	Yes/No	Comments
1.	**Compliance with Policy Guidance**		
	Is the title clear and unambiguous?	Y	
	Is the correct policy template used?	Y	Policy transferred to template by YTHFT Policy Manager
	Does the style and format of the policy meet the requirements of section xx of the Policy Guidance	Y	Policy formatted by YTHFT Policy Manager
	Does the policy contain a list of definitions of terms used?	Y	
2.	**Rationale**		
	Are reasons for the development of the document stated?	Y	
3.	**Development Process**		
	Is the reason for the development of the document identified?	Y	
	Do you feel that all of the relevant stakeholders have been consulted with?	Y	
	Does the document identify the individuals or groups consulted with?	N	Not appropriate
4.	**Content**		
	Is the document linked to a strategy?	N	Safeguarding Children Strategy in development
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Is the content clear and unambiguous?	Y	
	Does it meet all of the requirements of external agencies/bodies where applicable?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the	Y	

	Criteria	Yes/No	Comments
	document identified explicitly?		
	Are supporting references cited in full?	Y	
	Are local/organisational supporting documents referenced?	Y	
	Are all associated documents listed and updated?	Y	
6.	**Approval**		
	If appropriate, have the staff side committee (or equivalent) approved the document?	N/A	
	Does the document identify which committee/group will approve it?	Y	
	Has the document been sent to the Policy Manager for proof reading immediately prior to submission to the Group/Committee for approval?	Y	
7.	**Dissemination and Implementation**		
	Does the dissemination plan identify how this will be done and is it clear?	Y	See Page 44
	Does the plan include the necessary training/support to ensure compliance?	Y	
	Does the policy detail what evidence will be collated to demonstrate compliance with it?	Y	
8.	**Process for Monitoring Compliance**		
	Are the Monitoring Compliance & Effectiveness table arrangements robust and achievable?	Y	
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Y	
9.	**Review Date**		
	Is the review date identified?	Y	
	Is the frequency of review identified? If so, is it acceptable?	Y	
10.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for the operational implementation, delivery and monitoring of the policy?	Y	
11.	**Impact Assessment on other Corporate Departments**		
a	Does the policy require staff to attend statutory training?	Y	

b	If the answer to the above is yes, have you discussed and agreed this with the Learning Coordinator in CLaD? Please include date and outcome in comments box.	Y	Training requirements are ongoing since 2010
c	Could the introduction of this document have any impact on the following departments:- Procurement/SNS/ Information Governance/Risk and Legal Communications/Occupational Health/Estates and Facilities or Health and Safety? If the answer is yes, please contact the relevant department(s) and detail who you spoke with, the date and the outcome in the comments box.	N	
d	Could there be any additional costs associated with the implementation of this policy, which are not supported by an approved business case?	N	
e	Does the document require any change in financial process arrangements (e.g. Payroll, Invoicing, Payments etc)	N	
f	If the answer to questions 11d & e are yes you should immediately seek the advice of the Deputy Director of Corporate Finance on extension 772 5039 and detail the outcome in the comments box.	N/A	

Policy Approval	
Name of Group or Committee Approving the Policy	Safeguarding Children Governance Group
Name of Chair of Group or Committee	Ms Sue Roughton, Head of Safeguarding
Date of Approval	20th February 2015

Submission of Document for Logging and Publishing
Policy authors must obtain a copy of the minutes or an extract of the minutes of the approving group demonstrating approval of the document. This can be obtained from the relevant Group/Committee administrator. This evidence of approval should be emailed with a copy of the final document to the Policy Manager who will then log the document and publish it for use.
In the event of a Chair of a Group/Committee providing Chair's Approval for the document, the policy author should forward the email providing this to the Policy Manager as evidence of approval and again ensure the final document is also included. The Policy Manager will log the document and publish it for use.

Appendix 9 Dissemination and Implementation Plan

Title of document:	Safeguarding Children Policy & Procedures
Date finalised:	20th February 2015
Previous document in use?	Yes
Dissemination lead	Named Nurses, & Midwife for Safeguarding Children; Named Doctors for Child Protection
Implementation lead	Named Nurses, & Midwife for Safeguarding Children; Named Doctor for Child Protection
Which Strategy does it relate to?	Safeguarding Children Strategy

Dissemination Plan	
Method(s) of dissemination	Staff Brief; Email to all Directorate Leads for dissemination to staff; Specific email to Senior Sisters/Charge Nurses in Children's Directorate; Unscheduled Care Directorate and Head of Midwifery & Midwifery Matrons to highlight changes in Procedures.
Who will do this	Chief Executive; Communications Team; Head of Safeguarding;
Date of dissemination	Within 2 weeks of Trust Safeguarding Children Governance Group Approval
Format (i.e. paper or electronic)	Electronic
Implementation Plan	
Name of individual with responsibility for operational implementation, monitoring etc	Named Nurse, & Midwife for Safeguarding Children; Named Doctor for Child Protection
Brief description of evidence to be collated to demonstrate compliance	i) Verbal evidence collected at contacts with Team; ii) quality of safeguarding children referrals; iii) training attendance.

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Staffing Exception Report

Action requested/recommendation

The Board of Directors is asked to receive the exception report for information and note the current recruitment campaigns which are on-going.

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

Outcome 13

Progress of report	Quality and Safety Committee
Risk	Risks identified in the report
Resource implications	Potential resources implications where staffing falls below planned or where acuity or dependency increases due to case mix.
Owner	Beverley Geary, Chief Nurse

Author	Nichola Greenwood, Nursing Workforce Projects Manager
Date of paper	April 2015
Version number	Version 1

Board of Directors – 29 April 2015

Staffing Exception Report

1. Introduction and background

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

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

A detailed breakdown is attached at appendix 1.

2. High level data by site

Site Code	Site Name	Day		Night	
		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
RCBAW	Archways Intermediate Care Unit	94.4%	87.5%	96.4%	92.7%
RCBNH	Bridlington And District Hospital	87.1%	77.4%	109.5%	151.6%
RCBL8	Malton Community Hospital	102.9%	104.4%	101.8%	105.1%
RCBCA	Scarborough General Hospital	77.8%	91.8%	94.3%	118.6%
RCB07	Selby And District War Memorial Hospital	102.8%	101.7%	117.9%	113.7%
RCBTV	St Helen's Rehabilitation Hospital	113.3%	97.5%	108.2%	108.2%
RCB05	St Monica's Hospital	122.7%	78.9%	100.0%	100.0%
RCBG1	Whitby Community Hospital	89.9%	87.3%	91.8%	91.7%
RCBP9	White Cross Rehabilitation Hospital	95.2%	69.9%	158.0%	103.3%
RCB55	York Hospital	88.2%	92.1%	108.2%	113.3%

3. Exceptions

All the Trust sites continued to be very busy during February 2015 and vacancies and sickness continued during this period.

Over 100%

Enhanced Supervision

A number of areas show an over 100% fill rate – usually in care staff. This is due to the enhanced supervision patients who require a higher level of observations such as those who wander, are very high risk of fall or have mental health issues. These areas were:

Bridlington	York	
Waters	Acute Stroke Unit	Ward 32
	Ward 11	Ward 33
	Ward 14	Ward 34
	Ward 26	Ward 35
	Ward 28	Ward 37
	Ward 31	Ward 39

Work is now being undertaken to understand why there is a significant variation between sites.

Low patients numbers

The data is analysed on the basis of bed occupancy reference points of midday and 23:59 hours each day. Staffing levels are determined on the basis of full bed occupancy. Where beds are not occupied at the bed occupancy reference points, this represents a higher staffing percentage on ward areas, as follows:

Community	Scarborough	York
Selby Inpatient Unit	Ann Wright	CCU
Kent	Hawthorn Unit	ICU
	Lloyd	Ward 29
	Duke of Kent	G2
		G3
		Ward 17

Provision of Safe Ward Cover

A number of areas have had to change the ratio of registered and unregistered staff to ensure basic care needs are delivered due to vacancies, sickness or variations of operative procedures. This has resulted at times in additional staff being rostered to work or moved to other wards to ensure safe patient care. These ward areas are:

Community	Scarborough	York
St Helens	Stroke	Ward 25
	Duke of Kent	Ward 17

Additional Bed Capacity

Due to the high activity across the Trust in March 2015, it was necessary to open the Extended Stay Unit, in York. This is in addition to the planned winter escalation areas.

Under 80%

Vacancies, Sickness and the Trust's ability to fill shifts can reduce the average percentage staffing levels each month.

Vacancies

Community	Scarborough	York
Whitecross Court	Ash	ICU
	Beech	Short Stay Ward
	Cherry	Ward 23
	Chestnut	Ward 26
	CCU	Ward 35
	Holly	Ward 39
	ITU	
	Oak	
	Maple	

Sickness

Community	Scarborough	York
St Monica's	Beech	AMU
	Chestnut	G1
	CCU	

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

4. Vacancies by Site

The vacancies reported below, for adult inpatient areas, are based on information provided on a weekly basis by matrons as part of their weekly vacancy reporting. The information below shows the position as at 10th April 2015.

	Bridlington		Community		Scarborough		York	
	RN	HCA	RN	HCA	RN	HCA	RN	HCA
Actual Vacancies	8.99	2.64	3.9	3.7	33.89	7.29	74.57	15.76
Pending Start	0	1.8	2.2	2.2	3	3.4	16.6	5.2
Outstanding Posts	8.99	0.84	1.7	1.5	30.89	3.89	57.97	10.56

Registered nurse vacancies at Bridlington has increased by 1.5 wte since the last reported position on 6th March 2015. Vacancies in Scarborough have reduced by 11.37 wte and in York by 18.98 wte since early March 2015.

HCA Vacancies have continued to reduce following the generic recruitment campaign. Further HCA recruitment has commenced across both York and Scarborough sites with anticipated start dates from this campaign during June and July.

The Chief Nurse Team has attended a number of recruitment fairs targeting newly qualified nurses and return to practice nurses. To date, 35 individuals have been offered posts at the Trust, with potential commencement dates from October 2015. Further interviews are

scheduled for 21st April and 5th May. A recruitment campaign to attract nurses to work twilight shifts is on-going with interviews planned for June 2015.

5. Sickness, Bank and Agency Fill Rates

Sickness

The overall absence rate for the Trust for the month of February 2015 was 3.57%. The overall absence rate for the last 3 months is about 3.78% lower than in the previous 3 month period. By site, sickness within the Nursing and Midwifery workforce across the inpatient areas was, as follows:

- York Acute Hospital – 3.61%
- Bridlington Hospital – 7.76%
- Scarborough Acute Hospital – 5.87%
- Community Services – 3.96%

The contract with NHS Professionals ceased on 31st March 2015 with the Trust extending the nurse bank across York sites.

Temporary Staffing (Scarborough) - March

Overall fill rate of bank shifts requested through the internal bank was 80.96%, a reduction of 2% from February 2015. The fill rate for qualified shifts was 79.28% and the fill rate for unqualified shifts was 83.76%.

The percentage of shifts filled by agency reduced this month for both RN shifts and unqualified shifts with 30% of shifts being filled by external agency compared with 34% in February and 37% in January 2015.

6. Next Steps

The Trust has now been collating and submitting the monthly Safe Nurse Staffing return for 11 months. Nationally there has been no response to our submissions to date, however, we continue to undertake this work every month in accordance with the requirements. As the process to collate the data requires nursing capacity the team are in the process of examining the data collection method, in order to make this more efficient in future months. There is slight concern that, due to the varying shift patterns across some adult in-patient areas; we may have on occasions reported a lower percentage compliance, than our actual care delivery in hours and this will be assessed and, if needed, rectified during April 2015.

7. Recommendation

The Board of Directors is asked to receive the exception report for information and note the current recruitment campaigns which are on-going.

8. 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

Author	**Nichola Greenwood, Nursing Workforce Project Manager**

Owner	**Beverley Geary, Chief Nurse**
Date	**April 2015**

Fill rate indicator return

Org: RCB | Hospital NHS Foundation Trust

Staffing: Nursing, midwifery and care staff

Period:h_2014-15

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

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

http://www.yorkhospitals.nhs.uk/about_us/reports_and_publications/safer_staffing_data/

Validation alerts (see control panel)	Hospital Site Details		Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night				Day		Night	
						Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward 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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	RCB55	YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1780.4484	1641.5	1069.6753	830	661.57049	641.5	661.57049	636.17	92.2%	77.6%	97.0%	96.2%
	RCB55	YORK HOSPITAL - RCB55	14	100 GENERAL SURGERY	101 - UROLOGY	1802.5753	1353.75	1201.7169	1029.67	928.36103	1081	618.90735	691.5	75.1%	85.7%	116.4%	110.1%
	RCB55	YORK HOSPITAL - RCB55	15	120 - ENT	101 - UROLOGY	1676.804	1556	1257.603	1284.25	974.53521	1004.5	324.84507	353.75	92.8%	102.1%	103.1%	108.9%
	RCB55	YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		2312.5915	1892	989.0776	904.5	1240.1114	1320	577.29326	614.34	81.8%	91.4%	106.4%	106.4%
	RCB55	YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		738.62069	1214	492.41379	245	564.82759	1022.83	188.27586	197.92	164.4%	49.8%	181.1%	105.1%
	RCB55	YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1789.316	1312.5	1118.3225	1102.5	690.525	652	690.525	631	73.4%	98.6%	94.4%	91.4%
	RCB55	YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1792.3636	1330	1120.2273	1017.5	678.7834	651	678.7834	713.83	74.2%	90.8%	95.9%	105.2%
	RCB55	YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1777.9713	1325.92	1111.2321	1200	682.27403	611.25	682.27403	681.5	74.6%	108.0%	89.6%	97.0%
	RCB55	YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1894.4184	1718.67	1052.4547	895.25	608.0625	651	608.0625	735	90.7%	85.1%	107.1%	120.9%
	RCB55	YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1620	1424.75	810	710.25	610	651	305	325.25	87.9%	87.7%	106.7%	106.6%
	RCB55	YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		1972.5	1607	876.66667	715.5	677.28623	651	338.64311	452.58	81.5%	81.7%	96.1%	133.6%
	RCB55	YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY		1808.0326	1488.25	1356.0244	1464	686.53132	669.5	686.53132	990.83	82.3%	108.0%	97.5%	144.3%
	RCB55	YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	361 - NEPHROLOGY	1811.7405	1456.5	1358.8054	1232.5	680.7306	665.83	680.7306	793.5	80.4%	90.7%	97.8%	116.6%
	RCB55	YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1806.9654	1509.5	1355.224	1217.5	679.73631	657.58	679.73631	821.67	83.5%	89.8%	96.7%	120.9%
	RCB55	YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1774.7933	1221.7	1109.2458	1191.5	675.76556	630	675.76556	724.5	68.8%	107.4%	93.2%	107.2%
	RCB55	YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE		1528.9831	1374	955.61441	1198	858.86842	818.5	572.57895	839.33	89.9%	125.4%	95.3%	146.6%
	RCB55	YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1377.8571	1115	1607.5	1278.25	703.14286	651.17	703.14286	787.5	80.9%	79.5%	92.6%	112.0%
	RCB55	YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1286.0526	1017	1071.7105	1052	663.36842	619	331.68421	367.5	79.1%	98.2%	93.3%	110.8%
	RCB55	YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2357.5076	2186.25	1964.5897	1516	1416.9518	1489	1133.5614	1207.5	91.9%	77.2%	105.1%	106.5%
	RCB55	YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1455	1487.83	181.875	222.5	1110	1176.42	0	0	102.3%	122.3%	106.0%	-
	RCB55	YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY	120 - ENT	806.86327	842.75	403.43164	454.75	264.54035	499	0	52.5	104.4%	112.7%	188.6%	-
	RCB55	YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		3631.65	4015.92	330.15	237	2873.9583	3455.92	261.26894	110.08	110.6%	71.8%	120.2%	42.1%
	RCB55	YORK HOSPITAL - RCB55	Short Stay Ward	300 - GENERAL MEDICINE		1758.4368	1293.6	1318.8276	1298.2	658.74169	638.33	658.74169	827.66	73.6%	98.4%	96.9%	125.6%
	RCB55	YORK HOSPITAL - RCB55	G1	502 - GYNAECOLOGY		1515.9249	1402.67	757.96247	679.75	559.24832	661	559.24832	583.25	92.5%	89.7%	118.2%	104.3%
	RCB55	YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1384.3162	1213.5	692.1581	480	655.81242	673	327.90621	562.33	87.7%	69.3%	102.6%	171.5%
	RCB55	YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		495	791.25	247.5	313.25	360.33333	659	0	0	159.8%	126.6%	182.9%	-
	RCBAW	ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		930	878	1162.5	1017.5	356.5	343.75	713	661	94.4%	87.5%	96.4%	92.7%
	RCBL8	MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		896.78571	922.5	1569.375	1638.42	659.21429	671	659.21429	693	102.9%	104.4%	101.8%	105.1%
	RCB07	SELBY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB07	Inpatient Unit	925 - COMMUNITY CARE SERVICES		996.19565	1023.92	996.19565	1012.67	292.21739	344.5	584.43478	664.5	102.8%	101.7%	117.9%	113.7%
	RCBTV	ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		862.5	977.17	1078.125	1051	329.625	358.5	329.625	356.5	113.3%	97.5%	108.2%	108.2%
	RCBG1	WHITBY COMMUNITY HOSPITAL - RCBG1	War Memorial	925 - COMMUNITY CARE SERVICES		930	828.5	1395	1234.5	372	341	744	682	89.1%	88.5%	91.7%	91.7%
	RCBG1	WHITBY COMMUNITY HOSPITAL - RCBG1	Abbey	925 - COMMUNITY CARE SERVICES		692.74432	630.5	1154.5739	992.5	371.16027	341	371.16027	341	91.0%	86.0%	91.9%	91.9%
	RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		1044.6429	937.5	1462.5	1283.5	647.28571	651	323.64286	336	89.7%	87.8%	100.6%	103.8%
	RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		832.03125	956.56	665.625	716.07	241.5	357	0	294	115.0%	107.6%	147.8%	-
	RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE		1034.375	883	1034.375	1069.33	641.125	651	320.5625	451.5	85.4%	103.4%	101.5%	140.8%

Validation alerts (see control panel)	Hospital Site Details		Only complete sites your organisation is accountable for	Main 2 Specialties on each ward		Day				Night				Day		Night	
						Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward 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	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	RCB05	ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		453.02419	555.75	686.00806	541	372	372	372	372	122.7%	78.9%	100.0%	100.0%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1377.5	939.5	1147.9167	1330.75	671	675.5	335.5	728.5	68.2%	115.9%	100.7%	217.1%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		1071.0938	771.75	856.875	880.34	648.44266	525	0	42	72.1%	102.7%	81.0%	-
####	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1828.125	1397.18	1589.6094	1229.5	1094.625	843	729.75	803	76.4%	76.9%	77.0%	110.0%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	2051.4706	1742.17	1641.1765	1491.25	1428.4314	1368.5	1142.7451	1451.25	84.9%	90.9%	95.7%	127.0%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2495.2169	1952.75	453.6758	649.92	1426.2857	1129.75	356.57143	484	78.3%	143.3%	79.2%	135.7%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1825.7143	1334.5	1369.2857	962	721.78571	674.42	721.78571	627	73.1%	70.3%	93.4%	86.9%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		1067.5497	1263.5	266.88742	411.5	379.4235	681	189.71175	308	118.4%	154.2%	179.5%	162.4%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		2166.9643	1573.65	1516.875	1201.01	1271.2857	1006.5	635.64286	603.5	72.6%	79.2%	79.2%	94.9%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Haldane	100 - GENERAL SURGERY	502 - GYNAECOLOGY	1283.9127	1201.25	1069.9273	1056.5	644.21133	651	322.10567	325.5	93.6%	98.7%	101.1%	101.1%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1370.4087	945.08	1370.4087	1358.5	684.25	640.5	684.25	646	69.0%	99.1%	93.6%	94.4%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE		2250	1822	375	235	1510.8945	1725	0	0	81.0%	62.7%	114.2%	-
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE		2289.7059	1487.5	2060.7353	1736.33	1050.2206	825	1050.2206	1021.25	65.0%	84.3%	78.6%	97.2%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	430 - GERIATRIC MEDICINE		1760.5843	1185.92	890.29213	873.25	1061.3185	924	353.77283	373.5	66.6%	98.1%	87.1%	105.6%
	RCBCA	SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		796.06491	777.84	398.03245	368	504	678.5	0	322	97.7%	92.5%	134.6%	-
	RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		1035	659.17	862.5	46	90	115.42	90	31.5	63.7%	5.3%	128.2%	35.0%
	RCBP9	WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		912.45283	869	1140.566	797.75	351.34827	555	351.34827	383	95.2%	69.9%	158.0%	103.3%
			Total			78230.793	67287.97	54034.05	48954.71	38984.217	40345.17	24326.12	27652.49				

Blank page

F

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Director of Infection Prevention and Control (DIPC)

Action requested/recommendation

The Board of Directors is asked to review the content and the assurance provided by the Quality and Safety Committee and approve the report.

Summary

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

The Trust did not exceed trajectory for *Clostridium difficile* infection.

MSSA Bacteraemia incidence was above trajectory for which actions and interventions aimed at reduction have been identified.

Compliance with antimicrobial prescribing continues to improve.

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

Regulation 12 of the Fundamental Standard – Safe care and treatment: (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014)

Progress of report	Quality and Safety Committee.
Risk	Risk to patient safety where compliance falls below required standards.
Resource implications	Staffing, activity and capacity when outbreaks and periods of increased incidence of infection occur.
Owner	Alastair Turnbull, Medical Director
Author	Vicki Parkin, Deputy Director of Infection and Prevention Control
Date of paper	April 2015
Version number	Version 1

Director Infection Prevention and Control QUARTERLY INFECTION PREVENTION REPORT FOR TRUST BOARD. Q4 2014-2015										
Parameter		Incidence 2013/14	Q1	Q2	Q3	Jan	Feb	Mar	YTD	Notes
MRSA Bacteraemia attributable to Trust	Community	0	0	0	0	0	0	0	0	
	Elderly	1	0	0	0	0	0	0	0	
	Head + Neck	0	0	0	0	0	0	0	0	
	Medicine	1	0	0	0	0	0	1	0	Patient had multiple co-morbidites and remained bacteraemic from first diagnosis which was on admission. Was non compliant with treatment. Case to be appealed
	Obstetrics + Gynaecology	0	0	0	0	0	0	0	0	
	Ophthalmology	0	0	0	0	0	0	0	0	
	Paediatrics	0	0	0	0	0	0	0	0	
	Specialist Medicine	0	0	0	0	0	0	0	0	
	Surgery + Urology	0	0	0	0	0	0	0	0	
	Trauma + Orthopaedics	0	0	0	0	0	0	1	0	
	Trust	2	0	0	0	0	0	2	2	
MSSA Bacteraemia attributable to Trust Annual threshold 2014 to 2015 = 30 cases	Community	0	0	0	1	0	0	0	1	Reduction initiatives: Procured Aseptic Non Touch Technique (ANTT) e-learning package to be integral to Stat & M and training. ANTT workshop training from external experts to develop competency in pracitce through Train the Trainer and Champions structure. Optimise skin prep on all sites pre inseertion of intravenous devices. Improve electronic documentation via CPD of intravenous devices to to enable monitoring and audit of insertion and ongoing care. Extend secondment of IV nurse role for further 6 months.
	Elderly	6	2	2	1	3	1	1	10	
	Head + Neck	0	0	0	0	0	0	0	0	
	Medicine	14	8	6	9	0	2	2	27	
	Obstetrics + Gynaecology	0	0	0	0	0	0	0	0	
	Ophthalmology	0	0	0	0	0	0	0	0	
	Paediatrics	1	1	0	2	0	1	0	4	
	Specialist Medicine	3	1	0	1	0	0	0	2	
	Surgery + Urology	9	1	1	4	1	1	1	9	
	Trauma + Orthopaedics	2	1	0	1	0	0	0	2	
	Trust	35	14	9	19	4	5	4	55	
MSSA per 100000 bed days attributable to Trust	York		23.1	11.8	17.7	10.4	22.9	11.0	17.5	
	Scarborough + Bridlington		7.0	10.3	28.5	17.7	10.0	18.7	14.5	
	Community hospitals		0.0	0.0	4.9	0.0	0.0	0.0	2.1	
	Trust		14.8	9.7	19.4	11.2	15.8	12.0	14.3	
E coli Bacteraemia attributable to Trust No threshold set	Community	4	5	0	2	1	0	0	8	
	Elderly	31	6	4	7	1	0	4	22	
	Head + Neck	1	0	0	0	0	0	0	0	
	Medicine	25	5	2	6	1	2	2	18	
	Obstetrics + Gynaecology	1	1	0	0	0	0	1	2	
	Ophthalmology	0	0	0	0	0	0		0	
	Paediatrics	1	0	0	0	0	0		0	
	Specialist Medicine	13	5	1	1	3	3	1	14	
	Surgery + Urology	29	8	13	12	5	1	2	41	
	Trauma + Orthopaedics	3	0	0	0	0	0	0	0	
	Trust	108	30	20	28	11	6	10	105	
Elective MRSA admission screening (report produced by SNS Team)	York sites	100%	86%	89%	90%	88%	91%	90%		Green = >95%, Amber = 75%-95%, Red = <75%
	Scarborough sites	100%	80%	79%	83%	77%	72%	76%		
	Trust	100%	83%	86%	89%	86%	85%	86%		

Parameter		Incidence 2013/14	Q1	Q2	Q3	Jan	Feb	Mar	YTD	Notes
Emergency MRSA admission screening (report produced by SNS Team)	York sites	100%	69%	72%	69%	68%	68%	70%		Staff reminded to obtain screens on admission. Compliance and assurance required now at PIM's via Directorate
	Scarborough sites	100%	76%	72%	67%	69%	73%	74%		
	Trust	100%	72%	72%	68%	68%	70%	71%		
Clostridium difficile Infection (CDI) attributable to Trust Annual threshold 2014 to 2015 = 59 cases	Community	8	0	**2**	**1**	0	**1**	**3**	7	
	Elderly	26	**5**	**5**	**9**	**5**	**5**	**1**	30	Revised PIR process ensures identification of lapses in care to inform practice and policy change. Commissioners to be invited to review meeting to agree lapses in care and agree santion.
	Head + Neck	0	0	0	0	0	0	0	0	
	Medicine	20	**4**	**1**	**4**	0	**1**	0	10	
	Obstetrics + Gynaecology	0	0	0	0	0	0	0	0	
	Ophthalmology	0	0	0	0	0	0	0	0	
	Paediatrics	0	0	0	0	0	0	0	0	
	Specialist Medicine	4	**2**	0	0	**1**	**1**	**1**	5	
	Surgery + Urology	9	**1**	**1**	**2**	**1**	**1**	0	6	
	Trauma + Orthopaedics	0	0	**1**	0	0	0	0	1	
	Trust	59	12	10	16	7	9	5	59	CDI under threshold
CDI per 100000 bed days attributable to Trust	York		13.5	3.9	11.0	20.7	28.6	11.0	11.9	
	Scarborough + Bridlington		17.5	20.5	36.1	26.5	30.0	0.0	24.4	
	Community hospitals		0.0	13.6	4.9	0.0	23.8	65.7	8.5	
	Trust		12.7	10.8	16.3	19.7	28.4	15.0	15.3	
CDI Saving Lives care bundle compliance	York	95%	94%	80%	85%	86%	94%	92%		Green = >95%, Amber = 75%-95%, Red = <75%
	Scarborough + Bridlington	95%	86%	82%	81%	96%	96%	75%		
	Trust	95%	88%	81%	83%	91%	95%	83%		

Parameter		Incidence 2013/14	Q1	Q2	Q3	Jan	Feb	Mar	YTD	Notes
Outstanding CDI post infection review NB: Refers to month of result.	Community		0	0	0	0	0	3		
	Elderly		0	0	1	0	0	1		
	Head + Neck		0	0	0	0	0	0		
	Medicine		0	0	0	1	3	0		
	Obstetrics + Gynaecology		0	0	0	0	0	0		
	Ophthalmology		0	0	0	0	0	0		
	Paediatrics		0	0	0	0	0	0		
	Specialist Medicine		0	0	0	0	1	0		
	Surgery + Urology		0	0	1	0	1	0		
	Trauma + Orthopaedics		0	0	0	0	0	0		
	Trust		0	0	4	1	5	4	10	
Deaths where Clostridium difficile is reported on certificate Part 2 unless specified otherwise	Community		0	0	0	0	0	0	0	
	Elderly		1	3	0	2	0	1	7	Q1 = 1b, Q4 = 1a + 2
	Head + Neck		0	0	0	0	0	0	0	
	Medicine		0	1	0	0	0	0	1	Quarter 2 = 1b
	Obstetrics + Gynaecology		0	0	0	0	0	0	0	
	Ophthalmology		0	0	0	0	0	0	0	
	Paediatrics		0	0	0	0	0	0	0	
	Specialist Medicine		0	0	0	0	0	0	0	
	Surgery + Urology		0	0	1	0	0	0	1	
	Trauma + Orthopaedics		0	0	0	0	0	0	0	
	Trust		1	4	1	2	0	0	8	
Readmissions within 30 days where CDI is diagnosed on and thought to be reason for admission - NB: refers to discharging directorate	Community		0	0	0	0	0	0	0	
	Elderly		1	0	1	0	0	1	3	
	Head + Neck		0	0	0	0	0	0	0	
	Medicine		0	0	0	0	0	0	0	
	Obstetrics + Gynaecology		0	0	0	0	0	0	0	
	Ophthalmology		0	0	0	0	0	0	0	
	Paediatrics		0	0	0	0	0	0	0	
	Specialist Medicine		0	0	0	0	0	0	0	
	Surgery + Urology		0	1	2	0	0	0	3	
	Trauma + Orthopaedics		0	0	0	0	0	0	0	
	Trust		1	1	3	0	0	1	5	
Antimicrobial pathway compliance with indication (information from Antimicrobial Stewardship Team)	Elderly		90%	89%	88%	86%	85%	91%		Green = >95%, Amber = 90%-95%, Red = <90%
	Head + Neck		54%	72%	77%	100%	100%	100%		
	Medicine		85%	84%	92%	82%	83%	86%		
	Specialist Medicine		Included in medicine			100%	67%	67%		
	Surgery + Urology		81%	77%	85%	80%	88%	90%		
	Trauma + Orthopaedics		75%	83%	87%	73%	71%	83%		
	Trust		82%	80%	86%	83%	82%	87%		
Antimicrobial pathway compliance with duration or review date (information from Antimicrobial Stewardship Team)	Elderly		91%	87%	87%	93%	90%	86%		Green = >95%, Amber = 90%-95%, Red = <90%
	Head + Neck		65%	81%	78%	100%	100%	100%		
	Medicine		86%	83%	88%	81%	56%	92%		
	Specialist Medicine		Included in medicine			100%	67%	33%		
	Surgery + Urology		83%	73%	87%	75%	84%	87%		
	Trauma + Orthopaedics		83%	78%	85%	64%	76%	100%		
	Trust		84%	78%	85%	84%	88%	89%		
Percentage patients >65 years co-prescribed VSL#3 (information from Antimicrobial Stewardship Team)	Elderly		x	77%	82%	96%	89%	86%		Green = >95%, Amber = 90%-95%, Red = <90%
	Head + Neck		x	0%	8%	50%	43%	40%		
	Medicine		x	55%	64%	73%	56%	37%		
	Surgery + Urology		x	25%	48%	42%	59%	56%		NB: exclusion criteria not checked if patient not on VSL#3
	Trauma + Orthopaedics		x	43%	26%	60%	78%	40%		
	Trust		x	56%	46%	75%	65%	59%		

Parameter		Incidence 2013/14	Q1	Q2	Q3	Jan	Feb	Mar	YTD	Notes
Ventilator acquired pneumonia in ICU (information provided by ICU)	York ICU		0	1	0	0	0	0	1	
	Scarborough ICU		0	0	0	0	0	0	0	
	Trust		0	0	0	0	0	0	0	
CVC associated infections in ICU (information provided	York ICU		0	0	1	0	0	0	1	
	Scarborough ICU		0	0	1	0	0	0	1	
	Trust		0	0	2	0	0	0	2	
Trust attributed CAUTI (Safety Thermometer data)	York		1	3	3	0	4	1	12	
	Scarborough + Bridlington		2	3	1	1	1	0	8	
	Community hospitals		4	3	2	2	2	2	15	
	Trust		7	9	6	3	7	3	35	
Hand Hygiene compliance	Anaes,Theatre and Crit care				86%	78%	77%	90%		Compliance and implementation of the revised tool continues to be supported and monitored by the IP Team. Issues addressed with Nursing Leads at the time of audit with actions for sustained improvement agreed Green = >95%, Amber = 75%-95%, Red = <75%
	Community				90%	93%	97%	93%		
	Elderly				74%	87%	82%	93%		
	Emergency				70%	93%	87%	85%		
	Head + Neck				85%	86%	83%	93%		
	Medicine				88%	97%	92%	87%		
	Obstetrics + Gynaecology				85%	96%	93%	94%		
	Ophthalmology				100%	100%	100%	100%		
	Paediatrics				88%	96%	96%	100%		
	Radiology				100%	99%	93%	92%		
	Sexual Health				100%	100%	100%	100%		
	Specialist Medicine				97%	90%	100%	88%		
	Surgery + Urology				51%	73%	87%	91%		
	Therapies (AHPs)				89%	80%	93%	91%		
	Trauma + Orthopaedics				97%	79%	85%	91%		
	Trust total				89%	90%	94%	94%		
Environment audit results	Anaes,Theatre and Crit care		93%	95%	93%	90%	94%	96%		Green = >95%, Amber = 85%-95%, Red = <85%
	Community		99%	99%	98%	98%	98%	99%		
	Elderly		94%	94%	92%	92%	94%	96%		
	Emergency		94%	93%	95%	96%	72%	96%		
	Head + Neck		85%	79%	100%	93%	82%	95%		
	Medicine		96%	95%	93%	90%	95%	97%		
	Obstetrics + Gynaecology		96%	98%	98%	98%	94%	98%		
	Ophthalmology		No audits	79%	71%	87%	87%	77%		
	Paediatrics		96%	98%	98%	100%	100%	100%		
	Radiology		96%	97%	97%	96%	99%	98%		
	Sexual Health		100%	99%	98%	100%	98%	100%		
	Specialist Medicine		93%	91%	87%	96%	75%	98%		
	Surgery + Urology		90%	93%	95%	97%	96%	99%		
	Therapies (AHPs)		99%	98%	98%	95%	94%	98%		
	Trauma + Orthopaedics		93%	92%	89%	94%	90%			
	Trust total		96%	96%	95%	94%	95%	97%		
Infection Prevention training completion (data provided by Corporate, Learning and Development Team)	Anaes,Theatre and Crit care		3	24	59	33	36	35	190	Directorates are now asked to report IP training uptake and actions to improve via the Directorate Assurance template
	Community			34	54	27	40	23	178	
	Elderly		12	41	37	3	18	6	117	
	Emergency			14	11	2	8	8	43	
	Head + Neck		2	9	19	6	4	5	45	
	Medicine		10	29	56	23	29	22	169	
	Obstetrics + Gynaecology		15	29	45	8	7	9	113	
	Ophthalmology			7	18	2	9	5	41	
	Paediatrics			12	27	14	14	12	79	
	Radiology			5	43	22	14	18	102	
	Sexual Health			6	2	7	3	2	20	
	Specialist Medicine		1	11	26	6	15	8	67	
	Surgery + Urology		8	16	35	10	16	17	102	
	Therapies (AHPs)		2	9	78	32	15	37	173	
	Trauma + Orthopaedics		1	5	24	2	6	5	43	
	Trust total		54	251	534	197	234	212	1482	

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Patient Experience – Complaint, Concerns and compliments - 1 April 2014 to 31 March 2015

Action requested/recommendation

The Board is asked to note the detail in the report and the level of complaints received by the Trust, and to support the on-going work to review the patient experience function and procedures.

Summary

The paper provides a summary of the number of complaints, concerns and compliments that had been received during the year and the developments that have been made during the year in ensuring the Trust responds and learns from the patients' experience.

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

CQC Regulation 19 - Outcome 17

Progress of report	This report was written for the Board of Directors
Risk	No specific risks are identified in the report
Resource implications	Resources implication detailed in the report
Owner	Beverley Geary, Chief Nurse
Author	Kay Gamble, Lead for Patient Experience
Date of paper	April 2015

Board of Director – 29 April 2015

Patient Experience – Complaint, Concerns and compliments - 1 April 2014 to 31 March 2015

1. Introduction and background

The Trust has a Patient Experience Team (PET) to manage and handle complaints, concerns and feedback in accordance with its complaints policy.

The Patient Experience Team comprises 11.6 WTE staff. The team has worked towards full integration across all Trust sites and services during 2014/2015.

The functions of the Patient Experience team are:

- The management of complaints in accordance with the NHS Complaints Procedure
- Delivery of the Patient Advice and Liaison Service (PALS)
- Coordination and management of Patient and Public Involvement (PPI)
- Serious Incident Family Liaison Officer role
- Management of The Friends and Family Test
- Coordination of the mandated national patient surveys, analysis and reporting of results

2. The Patient Experience Team Functions

Concerns and Complaints

This report details the nature and number of complaints and concerns received and managed by the Trust during 2014/15. The Trust has declared compliance with the Care Quality Commission Regulation 19 - Outcome 17.

<u>Data collection and analysis</u>

Complaints and PALS data are entered onto the Trust's Datix electronic reporting system. As well as, recording the number of formal complaints and PALS contacts, a vast amount of qualitative data are entered into the data set, as follows:

- the nature of concerns reported,
- evidence of actions undertaken and resulting outcomes arising from both concerns and formal complaints.

All concerns and complaints are categorised to enable more detailed analysis of themes and have included categories such as care and treatment (medical and nursing), attitude of staff, choose and book, communication, discharge arrangements, and patient transport. However, data collection and analysis is limited due to the current software arrangements for complaints and PALS.

One of the recommendations from The Patient Experience Review paper (June 2014) included integrating the Patient Experience Team. One of the major barriers is not having access to the same IT functions and access to the same information on both the

Scarborough and York sites. This has resulted in the registering and management of complaints and PALS information being carried out on separate sites and on separate IT systems. The Governance team have been seeking solutions to providing an integrated IT system which would enable one system to be accessed Trust wide and further provide information from a range of sources including PALS, Complaints, AIRS, and SIs. Datix Web is an option which would enable Risk and Legal and Patient Experience information to be recorded and linked onto one system. This system has been procured and the new system will be installed in April 2015.

Formal complaints and PALS information are discussed separately in this report to address specific issues relating to each.

Complaints

Number of complaints registered 1 April 2014 to 31 March 2015	**Number of complaints which you have decided were well founded i.e. upheld**	**Number of complaints which were referred to the Parliamentary and Health Service Ombudsman**
554	As at 31/3/15, 81 cases are still current. Of the closed complaints, 84% generated actions for improvement	20

1.Subject Matter of Complaints	**Subject Matter**	**No of Complaints Received**
	Aspects of clinical treatment	376
	Attitude of staff	65
	Admission/discharge/transfer	31
	Appointments delay/cancel-outpatient	19
	Communication & information	26
	Privacy & dignity	9
	Hotel Services	2
	Appointments delay/cancel-inpatient	9
	Personal records	3
	Aids/appliances/equipment/premises	2
	Consent to treatment	1
	Failure to follow agreed procedure	1
	Patients property	1
	Patient's status	2
	Other	7
2. Any matters of general importance arising out of those complaints, or the way in which they were handled	In accordance with the 2009 complaints regulations, 101 complaints were resolved outside the procedure, which gives a total of 655 complaints. Following review and/or investigation by the Parliamentary Health Service Ombudsman (PHSO), 2 complaints were partly upheld, 4 complaints were not upheld (but 2 of theses cases received financial redress of £250 in recognition of distress caused). In the remaining 13 cases, the Trust is awaiting the outcome of the initial review. A process mapping exercise carried out in December 2014 in conjunction with the Service Improvement Team identified opportunities to streamline the complaints process and share	

	good practice in investigating and handling complaints. The recommendations have been generated into an action plan for the Patient Experience Team to lead on. An escalation flow chart has been developed to ensure that where directorates who don't always meet timescales in responding to complainants are monitored and appropriate escalation plans implemented.
3. Any matters where action has been taken to improve services as a consequence of those complaints	Examples of action plans: (14/15-296Y) Patient who experienced a change in vision should have been referred back to clinic sooner. Directorate recognised that aspects of the care pathway needed improving to ensure a speedier referral into the service when needed. Actions included further training sessions for Nurse Practitioners to clarify protocols for onward referral of urgent triage telephone calls and improvements to the written records of telephone calls to provide a clear audit trail of advice given. (14/15-140S) Relative of a patient complained that her mother, whilst receiving daily bed baths had not had her hair washed due to access difficulties to the shower. The ward recognised the importance for patients and their relatives in being able to have their hair washed and now ensures that dry shampoo is available on the ward as an alternative to washing hair with water and shampoo. (14/15-177S) Following concerns raised by this complainant and by another patient in general feedback, the Medical Director wrote to all senior clinicians and directorate managers to remind them of the need to afford priority (over other patients with the same clinical need) to military veterans where a condition is likely to be service related. Patient access team also made aware and information to be included in future training packs. (13/14-226S) A relative complained about the care of her mother on an elderly medicine ward where the main issues were in relation to nutrition and hydration. A meeting with senior staff and the relative was held and the Directorate then reviewed the management of nutrition and hydration with a number of actions identified by the ward. These included the formulation of a 'Nutrition Standard' for the ward; Review of ward mealtime processes; Training for staff in relation to nutrition and fluid management with particular reference to the care of the patient with dysphasia; Introduction of the 'Patient Preference' signage to be posted at the head of every bed with the concurrent use of the 'Information for Visitors' signage explaining its purpose. Sister for the ward presented the complaint as a case study at both the Scarborough Hospital and York Hospital Professional Nurse Leaders Forum (a forum where all Senior Sisters, Charge Nurses and Matrons meet each month with the Assistant

	Director of Nursing). The learning from this complaint and subsequent improvements were shared with the patient and her relatives, whilst also being shared Trust wide. This also formed a case study for the DoH. Following several complaints regarding the inappropriate waiting area (in a corridor) for gynaecology assessment, the directorate is using this feedback to support a business case to develop a more suitable area. In the meantime, staff have converted a dining room on Ward G1 to a waiting room with appropriate facilities to ensure patients can wait in a more peaceful and dignified environment.
4. Any trends that have been identified	Feedback has been received from a number of patients who are confused that the Out Of Hours Service situated in York Emergency Department comes under the jurisdiction of Harrogate Hospital. A number of concerns were raised regarding the cleanliness of toilets in main reception area. These are now monitored regularly.

Complaints may originate from a concern, written or verbal, which it has not been possible to resolve at ward or departmental level or through PALS. Complaints may be sent directly to the Chief Executive or Patient Experience Team. All complainants are given information about independent complaint advocacy services which can help and support them through the process.

A total of 655 complaints were received and investigated by the Trust during 2014/15 compared to 687 received during 2013/14.

Adjustments are made where necessary to accommodate individual needs, for example,

- Letters in larger fonts
- Meeting with a complainant to share outcome of investigation verbally for patient with mild learning disability
- Liaison with Learning Disability Nurse to transfer written information into a format and language to meet recipients requirements
- Use of Big Word to translate leaflets, letters and information into other languages
- Arranging meetings in venues suitable for complainants with mobility issues

Further scrutiny

- All complaints received are reviewed on a weekly basis by the Chief Executive/Deputy Chief Executive, Chief Nurse and the Lead for Patient Experience.
- Issues raised in complaints relating to professional conduct are forwarded to the Medical Director or the Chief Nurse. Issues relating to patient safety are raised with the Patient Safety Team. Complaints featuring issues relating to medication, end of life, possible information governance breaches, or safeguarding concerns are forwarded to the

relevant Trust team.

Discussion

- Complaint Officers are meeting regularly with the management teams in Acute and General Medicine, Elderly Medicine, Orthopaedics and Emergency Medicine to review current complaints, identify any problems and offer support and advice. This will be extended to other directorates during 2015.

- It is recognised that a number of complaints received by the Trust are complex and require additional time and contribution from staff in order that they are responded to in the agreed timeframe and to the complainant's satisfaction. Some complaints considered complex are due to the number of issues or areas involved and sometimes due to the number of agencies involved such as GP, Ambulance, Hospital and Social Care. However, while these may be considered complex due to the aforementioned interactions, they are not always complex in nature and can be managed effectively.

- Trust is receiving an increased numbers of complaints where the complaint is not complex, but the complainant is, for a range of reasons, taking a disproportionate amount of time and energy from the staff involved. The Chief Nurse and staff from the Patient Experience Team now meet monthly to review complex cases to ensure that concerns are escalated appropriately and the Chief Nurse team can become involved where necessary.

- A process mapping session was delivered by the Service Improvement Team with all members of the Patient Experience Team and a number of staff involved in responding to complaints, Matron, Lead Nurse and Deputy Directorate Managers. The aim of the session was to map the complaints process, from receiving a concern/complaint through PALS or other sources (letters/emails) to the point when the investigation report is complete. This allowed the team to identify if there are points in the process where we could identify opportunities to simplify/improve the process. Findings from the process mapping session were reported in January 2015. The Patient Experience Team incorporated the opportunities for development into an action plan and will lead on delivery.

- In response to feedback from complainants the Complaints Officer role now incorporates the Family Liaison role for Serious Incidents to support the patient and/or relative and provide a coordinated approach.

Learning from Concerns, Complaints and Compliments

The Trust places a high value on concerns, complaints and compliments as a resource to provide assurance that the care and treatment provided at our hospitals and across community services meets the needs and expectations of patients and the public in terms of quality, outcome and safety. The team recognises that complaints can provide us with valuable insight into where further improvements can be made. Compliments enable us to feedback to staff when they are providing an excellent service. Patients, their families and visitors are encouraged to share any concerns or suggestions they have with us so that their comments and suggestions can be investigated and responded to, and so that we can learn lessons from their experiences.

Three information leaflets, How to Complain, PALS and the Quality of Care feedback form have been reviewed and replaced by a new leaflet, 'Your Experiences Matter', with the

emphasis moving from how to complain, to how the Trust values and seeks feedback from patients, relatives and carers. We recognise that not everyone finds it easy to raise concerns and we hope this new leaflet (available from March 2015) will help towards creating an environment where people feel comfortable to do so.

The current quarterly meetings between directorates and the Patient Experience Team are being reviewed and reformatted to ensure any themes or trends from all sources of feedback, be it complaints, PALS, or the Friends and Family Test are identified, acted upon and evidence of change/learning sought.

Patient Advice and Liaison Service (PALS)

PALS is now accessible via one phone number and one email address allowing patients and the public to access one seamless service, regardless of where they are calling from. PALS are based on the York and Scarborough sites with all four advisors responding to queries relating to any of our services.

The PALS service is a single point of contact for any Trust related enquiries from patients, relatives and carers. PALS Advisors listen to suggestions, comments and queries and help resolve concerns quickly. They provide information, advice and support to patients, their families and carers. Patients and their families can telephone, write, or email for help or advice in relation to Trust services.

A number of the cases dealt with by PALS are resolved either immediately or within 24 hours. PALS liaise closely with directorates to ensure that patient feedback reaches the appropriate service.

In 2014/15, PALS handled 6395 patient contacts across the whole Trust, compared to 5742 in the previous year.

Actions taken as a result of PALS intervention include:

Audiology: Patient commented that Audiology appointment letters lacked clarity, which was acknowledged by the service. Following a discussion with the patient (who was happy with their overall experience), appointment letters are being reviewed. Hopefully this improvement will also reduce the number of enquiries from patients to the service.

Endoscopy: Following patient feedback, the Endoscopy department are reviewing aspects of the service which involves checking the patient's comfort score before they leave the department. If the patient raises any concerns they will now be able to discuss them at that time with the endoscopist.

Child Health: 7 year old child and parent attended Children's Development Centre (CDC) and were advised to attend outpatient blood taking, after a long wait they were advised that there is an age restriction of 8 years, and the blood sample should have been taken in the CDC. Clinicians and nursing staff in CDC reminded of the age restrictions to prevent this happening again.

Positive feedback

A total of 9123 positive patient feedback was recorded by the Patient Experience Team across the whole Trust, in the form of letters, cards and emails. The Patient Experience Team and the Communications Team are developing a system for collecting and sharing the increased feedback received through social media sites such as Facebook and Twitter.

The following comments are typical of those expressed by many patients:

Mr R “I was met with courtesy and made to feel at ease, the staff were cheerful, methodical in their advice and procedure. I would like to commend everyone involved in my seamless treatment.”

Mr B “You have a hospital and staff to be proud of, all the staff I met did a brilliant job. The concerns over my health during the last months had become a really worry, but thanks to you all these have been alleviated.”

Mr D “I have been overwhelmed by the care, compassion, dedication and medical skills that I have experienced from all the staff, the cleaners, meal providers, nurses, doctors, surgeons and others who have helped in many ways. I have also attended a number of clinics and everybody without exception has been highly professional and reassuring. Their kindness has been very much appreciated and helped me through a difficult time.”

3. Conclusion

During 2014/15, the Trust has seen a 4.6% decrease in the number of registered complaints or complaints resolved outside of procedure. There has been an increase overall in the number of patients and users contacting PALS with concerns, comments and queries.

4. Recommendation

The Board is asked to note the detail in the report and the level of complaints received by the Trust, and to support the ongoing work to review the patient experience function and procedures.

Author	Kay Gamble, Lead for Patient Experience
Owner	Beverley Geary, Chief Nurse
Date	April 2015

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Nurse Revalidation

Action requested/recommendation

The Board of Directors is asked to:

- note the NMCs proposed model of revalidation for nurses and midwives
- note that preparatory work is now commencing to understand the implications for the Trust
- support the establishment of a project group to oversee the implementation of NMC revalidation

Summary

Nurse revalidation will be introduced by the Nursing and Midwifery Council (NMC), in December 2015. This papers provides the Board with the proposed structure of NMC revalidation, the potential implications for the Trust in its introduction, lessons learnt through GMC revalidation and, areas for further consideration.

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

Implications for equality and diversity

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

Reference to CQC outcomes

Progress of report	Nursing Board and Quality & Safety Committee
Risk	Associated risks have been assessed
Resource implications	The paper highlights potential resource implications for software, and potential staffing requirements.
Owner	Beverley Geary, Chief Nurse
Author	Nichola Greenwood, Chief Nurse Team

Date of paper	April 2015
Version number	Version 1

Board of Directors – 29 April 2015

Nurse Revalidation

1. Introduction

Nurse revalidation will be introduced by the Nursing and Midwifery Council (NMC), in December 2015. This paper provides the Board with the proposed structure of NMC revalidation, the potential implications for the Trust in its introduction, lessons learnt through GMC revalidation and, areas for further consideration

2. Background

Following the recommendations outlined in the Francis Report into Mid Staffordshire NHS Foundation Trust, the NMC committed to introduce an effective model of nurse revalidation to provide assurance to the public, and profession; that nurse and midwives remain up to date with their skills and are fit to continue to hold their professional registration.

The NMC has clarified that it does not intend to replicate the same arrangements for medical revalidation with the appointment of Responsible Officers. The NMC do however, require nurses and midwives to have a third party(such as an employer or manager) to confirm that the they are complying with the revised code with revalidation taking into account of feedback from patients, service users, carers and colleagues, following a professional development discussion with a NMC registered individual. NMC revalidation will take place every 3 years.

In revalidating, a nurse or midwife will be required to declare they have:

- Met the requirements for practice hours and continuing professional development (CPD)
- Reflected on their practice, based on the requirements of the Code, using feedback from service users, patients, relatives, colleagues and others
- Received confirmation from a third party

The NMC outlined its timescale for implementation as follows:

September to December 2013	NMC first phase consultation with patient groups, nurses and midwives, employers and members of the public
October 2013	NMC established a Revalidation Strategic Advisory Group to report to their Executive Board and an Employer Reference Group
January to March 2014	first part of the statutory formal public consultation
May to August 2014	second part of the statutory formal public consultation
December 2014	revised Code of Practice and draft revalidation guidance published
April to June 2015	early implementers to pilot revalidation process and evaluate
November 2015	revalidation model launched
December 2015	revalidation launch, all nurses and midwives across the UK will start revalidating upon renewing their registration
Late 2016	Independent review of the effectiveness of the revalidation model

3. The proposed structure for revalidation

The draft NMC guidance on revalidation was published in January 2015. Whilst this guidance is only targeted at the early implementer pilot sites, it does provide a basis on which the Trust can begin to prepare for revalidation from December 2015.

The guidance proposes that nurse revalidation will build on existing arrangements already in place, through appraisal and make additional requirements which encourage nurses to seek feedback from patients and colleagues, reflect upon the NMC's revised Code of Practice which comes into effect on 31st March 2015 and, have a professional development discussion with another NMC registrant and seek confirmation that the nurse has met the NMC requirements by a third party.

The revalidation model is likely to align to four themes of the NMC Code:

- **Prioritise People** – actively seeking and reflecting on any direct feedback received from patients, service users and others to ensure that they are able to fulful their needs.
- **Practice effectively** – reflecting on their professional development with your colleagues, identifying areas for improvement in your practice and undertaking professional development activities.
- **Preserve safety** – a nurse practising within their competency for the minimum number of practice hours (between 450 – 900 hours over three years), reflecting on feedback, and addressing any gaps in their practice through continuing professional development
- **Promote professionalism and trust** – providing feedback and helping other NMC colleagues reflect on their professional development, and being accountable to others for their professional development and revalidation

Individual nurses will need to apply for revalidation on line, declaring that they have complied with all the NMC revalidation requirements. This is different to revalidation for medical staff where a revalidation submission must be made by a Responsible Officer of the organisation.

Nurses are recommended to keep a portfolio of evidence for their revalidation. This information will need to be reviewed during a professional development discussion by the third party confirmer and may be accessed by the NMC as part of their revalidation quality assurance processes.

If individuals have not met the minimum required practice hours (450-900), the NMC are proposing that these individuals must complete a return to practice programme, approved by the NMC, before the date of application for renewal of registration.

Slightly different arrangements are proposed for midwives in that they must submit an intention to practise form each year to their Local Supervising Authority Midwifery Officer.

<u>Continuing Professional Development (CPD)</u>

Every nurse/midwife must undertake 40 hours of CPD over three years, of which 20 must include participatory learning and all of it must be relevant to the individual's scope of practice. The NMC has been prescriptive in how that CPD is accurately recorded.

<u>Practice related feedback</u>

The NMC propose that five pieces of practice related feedback are obtained over three years prior to revalidation. Such feedback should come from a variety of sources – patients, service users, carers, students or colleagues. Feedback can also be obtained through complaints, team performance reports or serious incidents.

Reflection and Discussion

The NMC are likely to require each nurse/midwife to record a minimum of five written reflections on the Code, their CPD and practice related feedback over the three years prior to revalidation. The professional development discussion with an NMC registrant must review these reflections. The professional development discussion must take place with an NMC registered individual.

Health and Character Declarations

All nurses and midwives are likely to be expected to provide a health and character declaration and must declare whether they have been convicted of any criminal offence or issued with a formal caution over the last three years prior to their revalidation.

Professional Indemnity

Nurses and midwives will be expected to make a declaration of their arrangements for professional indemnity and this must be recorded within a nurse's revalidation portfolio.

Third Party Confirmation

A third party confirmer is regarded as the individual nurse or manager's line manager. NMC guidance states that this individual does not have to be an NMC registrant, although this is recommended. The third party confirmer will be responsible for confirming whether, in their opinion, the individual seeking revalidation has complied with the revalidation requirements. Third party confirmers cannot be subject to any kind of suspension, removal or striking off order at the time they made a confirmation.

Confirmation should not be provided any earlier than one year before an individual's revalidation is due and should take place through a face to face discussion. A copy of the confirmation should be kept on the individual's revalidation portfolio.

Applying for Revalidation

The NMC will notify individuals directly of their impending revalidation no later than 60 days before their revalidation is due. The nurse or midwife then has 60 days to complete the on-line NMC declaration of their fitness to continue practising and, for midwives to also complete their intention to practise notification form. It will be necessary for the nurse or midwife to have their complete revalidation portfolio available at the time of their online declaration to the NMC. At the time of completing their declaration, nurses and midwives will be required to pay their NMC registration fees.

Extensions to submit revalidation declarations are not permitted except under exceptional circumstances, and can only be approved by the NMC. Failure to be revalidation and renew registration on time will result in the individual being removed from the NMC register and being unable to work as a nurse or midwife.

4. Differences between nurse and medical revalidation.

There are some notable differences between nursing and medical revalidation:

- The volume of nurses who will be required to revalidate each year. For the Trust, an average will be around 800 per year, based on current nursing workforce numbers. For medical staff, this was around 100 per year.

- Nurse revalidation will take place every 3 years, for medical staff it is 5 years.
- Each nurse and midwife will take ownership of their own revalidation, following a

professional development discussion and a third party confirmer (if both not NMC registered), whereas, for medical appraisal, a Responsible Officer recommends revalidation to the GMC.

- There is no discretion within an organisation to extend the revalidation date for nurses, unlike for medical staff.

- The Trust operates a nurse bank and there are a number of nurses or midwives who choose, for personal reasons, to not have a regular contracted position within the Trust. The Trust has an interest to support these individuals through revalidation given the current difficulties in recruiting to substantive positions within the organisation. Assessment will need to take place of how many hours these individuals are undertaking to ascertain whether they are meeting the minimum number of practice hours required under the NMC revalidation requirements. Whist the Trust does operate a small internal bank for medical staff, these individuals are typically already contracted to an NHS organisation as their substantive employer.

- For medical staff and their job planning processes, the Trust supported all medical staff in having dedicated time to meet appraisal and revalidation requirements by allocating 0.25 PAs (1 hour) per week into their job plans. Medical appraisers were given a further 0.25PAs per week to undertake appraisals of medical staff. Nursing staff do not have dedicated time for the development of their professional portfolios, this typically being undertaken within their own time. With the introduction of NMC revalidation there will be the necessity for time to be provided to all nurses to undertake statutory and mandatory training and to have their professional development discussions. This will have an impact on the direct nursing care facing time across the Trust. It is likely the more senior nurses, such as matrons and ward sisters will require more time to be able to support revalidation. Whilst ward sisters do typically have management days, these are already seen as being insufficient to deliver their workload. Revalidation will only add to these pressures.

- The NMC will itself select a sample of nurses and midwives to provide further information to verify their declarations. Individuals will have 14 days to provide this information. The GMC quality assurance process rests with employers to satisfy itself with the quality of medical staff portfolio through self-audit and, through voluntary external peer reviews.

- For medical revalidation, software was procured by the organisation to support appraisal and revalidation. The Trust has no bespoke software at this stage to fully support the enhanced nurse appraisal and revalidation arrangements that will be required.

5. Lessons Learnt from GMC Revalidation

Whilst the Trust successfully implemented GMC revalidation in the Trust in December 2012, there were around 450 doctors which the Trust was directly responsible for revalidating. The Trust's nursing workforce is substantially larger and therefore it is important that the Trust does as much as possible to prepare for NMC revalidation before its intended implementation in December 2015. Early consideration of the IT solutions, including the option of using ESR, will be key in enabling and assuring staff that there are appropriate arrangements in place to support them.

Discussions will be necessary through Nursing Board to determine how appraisal, clinical and non-clinical supervision and the impending professional development reviews, as well as any third party confirmation, can be undertaken across the Trust without duplication of effort and time. Engagement with nursing staff side members will be important to develop streamlined processes which support enhanced appraisal without impeding individual

nurses and midwives from remaining in control of their own revalidation.

For GMC revalidation, York Trust was selected as a pilot site and therefore had over one year to have an insight into revalidation before it was nationally implemented. The Trust is not a pilot site for NMC revalidation and therefore at the present time information is limited about the processes and systems which are being tested.

6. Organisational Readiness

NHS Employers recommends that organisations start making plans for the introduction of revalidation now, and has produced a preparation checklist. The Trust's has commenced its review of this checklist and will be formulating an action plan as well as undertaking a full Organisational Readiness Assessment during February/March 2015. It is anticipated that this will evolve over time as more information becomes clear on the organisation's requirements.

With over 2200 nurses and midwives across the organisation, the Trust will need to support nurses and midwives in being able to build their portfolios against the NMC revalidation standards and NMC Code of Practice, at the present time, there is no system within the organisation to provide this support. Consideration will need to be given to whether ESR has the functionality to support the NMC's revalidation requirements or whether a procured solution is available which will enable individuals to build their portfolios whilst enabling the organisation to be assured that appropriate appraisal is undertaken and our staff are revalidated in a timely manner. An options appraisal for the most appropriate electronic solution will be prepared in due course.

At the present time, the workforce resource needed to support NMC revalidation has not yet been quantified as there are many factors still to be addressed by the NMC and NHS Employers to fully understand the workforce implication on organisations. Experience of GMC revalidation suggests that such workforce implications may include revised enhanced appraisal training in line with the NMC Code of Practice and Revalidation requirements, nurse appraisal software training, local stakeholder forums, NHS England quarterly reporting, quality assurance reporting and, annual board reporting.

7. Next Steps

In order to prepare for revalidation, the Trust will be forming a Project Group, led by the Chief Nurse to oversee the implementation. Proposed membership of the project group will include the Nursing Workforce Project Manager and, representation from the nursing workforce. An action plan will be developed and shared with the Board once the Organisational Readiness assessment has been received from NHS England and completed.

Early work-streams will include:

- Software options appraisal
- Review of the Trust's appraisal policy
- Continuing Professional Development requirements, including CPD.
- A Communication strategy with the nursing workforce
- Understanding the workforce demographics
- Implications for bank alone staff
- Arrangements for professional development discussions

8. Recommendation	
The Board is asked to: • note the NMCs proposed model of revalidation for nurses and midwives • note that preparatory work is now commencing to understand the implications for the Trust • support the establishment of a project group to oversee the implementation of NMC revalidation	
Author	**Nichola Greenwood, Nursing Workforce Projects Manager**
Owner	**Beverley Geary, Chief Nurse**
Date	**April 2015**

York Teaching Hospital NHS
NHS Foundation Trust

Finance and Performance Committee –17 March 2015 – Boardroom

Attendance: Mike Keaney Chairman, Mike Sweet, Lucy Turner, Sue Rushbrook, Brian Golding, Andrew Bertram, Juliet Walters, Steve Kitching, Sue Symington, Lynda Provins (minutes), Justin Keen (University of Leeds)

Apologies: Anna Pridmore

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1	**Last Meeting Notes Minutes Dated 17 March 2015**	The agenda covered the following AFW and CRR items AFW EF1 DoF1,2, 4,7 CRR CE1 DoF 1-3	The minutes were approved as a true record of the meeting.		
2	**Matters arising**		Clarification was requested regarding the £770K overspend in respect of the scheme to 'Refurbish the main production kitchen and Mallard restaurant'. AB stated that this related to the timing of preparing the final accounts and submission to Monitor. BG stated that out of a £4.5 mil scheme, this was actually a £15k overspend. It was noted that Graham Lamb attended the March meeting, but was not captured in the attendance. Enhanced tariff SLR requirements were discussed. AB stated that further details were awaited, but the Trust would be in a strong position to respond due to data availability.		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Matters arising cont'd		MK thanked JW and the teams involved for the information that has been provided on the position and scale of issues together with a credible recovery plan.		
3.	**Risks related to the Finance and Performance Committee**		AB stated that this item followed on from a discussion at the Audit Committee in relation to risk and whether there was appropriate correlation between discussions held at this committee and the risks identified. He noted the summary of the Assurance Framework and Corporate Risk Register Key on the back of the agenda, which were mainly risks that sat under AB and BG. He noted the JW risks needed to be recorded. It was agreed that there would be a short time to reflect at the end of the meeting on whether risks had been discussed during the course of the meeting or if not, why not and whether this indicated any need to change the agenda. AB indicated that this was not a comprehensive list and that other risks sat within his directorate, the vast majority of which were not at a level requiring escalation to the Assurance Framework or Corporate Risk Register.	The committee acknowledged that further risks needed to be added in respect of performance.	
4.	**Finance Report**		AB summarised the Finance Report, although some elements for the year end were still outstanding. The draft accounts are due to go to Monitor on the 22nd April. The report details a deficit position of £5.623 mil, before any material technical adjustments, which include property impairments, donated asset income, MARS and redundancy payments. The property impairments are due to	The committee were provided with assurance in respect of the independent District Valuer and the audit of accounts to be carried out. Assurance was also received in relation to the actual reinvestment of fines previously discussed and that work on	AB to take a full financial plan to Board AB and SR to consider the further development of

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Finance Report cont'd		assessments carried out by an independent District Valuer. AB provided assurance that all the elements are due to be scrutinised by Grant Thornton for audit purposes. Following adjustments, the Trust's position is a deficit of £2.146 mil, which has been predicted and discussed for some time. The provisional COSRR rating is 4. He also noted that contractual settlements have been agreed with all material commissioners. Commissioners have imposed penalties, some of which have been reinvested. MK noted the £11.9 mil agency cost and asked whether AB was happy with the predictions for next year. AB stated that a full plan would be going to the Board which included a new additional provision assuming that the trend would continue in respect of the £4 mil premium on agency spend. He highlighted that the Trust was not overspending on the full agency spend as it was only the premium, which equated to about one third, that would be a cost pressure. However, the pressure to reduce this needed to be maintained. JW stated that recruitment was also part of the performance recovery plans, one part of which was making sure the Trust has the right base line provision and assets are used effectively. AB stated that Sue Holden was part of discussions at Corporate Directors and the recent Time Out and would be reporting the recent successful recruitment of around 30 nurses in York to the Board. He stressed that the provision for the premium was provided recurrently in the plan. MS asked for more information on the fines and it was agreed that AB and SR would develop this for	recruitment was identified as part of the recovery plan work. The committee acknowledged the work highlighted in respect of financial recovery and elimination of fines.	the information pack to include greater analysis of penalties and fines. Sue Holden to inform the Board of recent successful recruitment.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Finance Report cont'd		the private Board. AB noted the discussions at the recent Time Out which suggested moving the Trust into a version of turnaround avoidance, which would avoid external turnaround being brought in. He stated that finances going forward were extremely challenging and that actions were being developed as part of the 'internal turnaround' discussions including issues such as developing a fines elimination programme. SR stated that Alastair Turnbull was looking into the AMTS position and having conversations with individuals who continued to be non compliant. MS stated that the risks identified were in relation to fines, agency spend and elective capacity. The 18 week target was discussed in relation to whether the Trust continues to take patients in date order or on a quota basis. AB noted the timetable for the draft annual accounts submission, which would be sent to Monitor on 23rd April and would then go through the formal audit process with Grant Thornton. The final accounts would then be presented to the Audit Committee and the Board at the end of May.		
5.	**Efficiency Report**		<u>March Report</u> – SK reported the year end position of over delivery of the £24 mil target by £2.9 mil, which he acknowledged was a great effort by the organisation. The plan for next year has increased by £1.8 mil to £25.8 mil. Plans are in place for £21.3 mil however, that figure may go up and down for a couple of months as plans settle. The big area of concern was around non recurrent delivery. He confirmed that all schemes were assessed from a	The Committee noted the over delivery of the CIP target for 2014/15 and the hard work involved in getting to that position. The Committee were assured by the plans in place for 2015/16 and the discussions regarding the scrutiny provided by the performance	AB to update the Board on the year end CIP position,

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Efficiency Report cont'd		quality and safety perspective and any overachievement is rolled over into the next year. MK stated that to have plans in place for approximately £20 mil was a massive start, but asked how realistic the schemes were. It was noted that Sue Holden was looking at a procurement model in relation to agency staff, which would make rates transparent and should improve fill rates. There was work ongoing on SLR and a session was being held with DMs in June to see what could be achieved collectively. SR talked about introducing paperlite and how the reduction in use of casenotes could provide a significant saving. It was agreed that a schedule of big schemes would be taken to the F&P Committee. The committee discussed those directorates who were performing badly and whether the committee could help get the message across. JW stated that this would be picked up by the performance management structure with a more stringent approach. Differential targets for directorates were also discussed. It was also noted that there are big cross cutting schemes especially in relation to pharmacy and systems and networks. MK recognised the achievement and the hard work to get to this position. He noted the assurance provided from today's discussion. SS stated that it was really important to engage all staff in this work to ensure all ideas were captured.	management structure, big schemes and multi directorate cross cutting schemes. Further assurance was received from the audit reports, which provided both significant and high assurance together with the assurance on quality of data.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			CIP Audit Report – significant assurance received. SK stated that there would be a new emphasis on documenting schemes and linking them to the clinical aspiration documents. LP stated that nearly all directorates had aspiration documents that were being updated with references to CIPs being included. SLR Audit Report - significant assurance received. SK stated that a number of actions had been highlighted included the need for a project plan, a benefits register, project board minutes and there were plans to provide information in the Performance Report. The date of June 2016 for the second action was noted to be inaccurate as this would be provided earlier. Costing and Pricing Audit Report – high assurance received with no recommendations. MK stated that the discussions and audits have provided the committee with assurance. AB stated that the audits were key strands of the reference costs discussion that this committee were responsible for. AB congratulated SK and the team on the level of assurance for the costing audit as high assurance was rarely used and the committee could take a significant amount of assurance from this. AB stated that SLR will be valuable data going forward especially in terms of tender information and discussions with commissioners.		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Efficiency Report cont'd		SR stated that the Trust submits over a million records to SUS and received the least data quality issues, which provides an additional layer of assurance to the audits performed. SR confirmed the Trust had recently been reported as the best in the country in terms of data quality SUS submissions.		
6.	**Capital Programme for 2015/16**		BG directed the committee to page 69 of the papers and provided an overview of the capital position. Last year was extremely busy with £22 mil spent of a £24.3 mil budget. Major projects included catering at York, ambulance handover area, the replacement of 2 CT scanners, maternity theatre refurbishment at Scarborough, the opening of Lilac Ward and the carbon energy scheme at York. AB noted that £3 mil of the strategic capital funding from the acquisition was outstanding, but he was not overly concerned about it at this point in time. BG noted some slight slippage and the committee discussed prioritising revenue generating schemes. He stated that table A looked at the demand on the capital programme and whether it fitted within the funding envelope. The schemes in table A would all have fully developed approved business cases in place. Table B looked at projects being worked up, which would still be in the design and feasibility stage. Correlation between the capital programme and recovery plan was discussed and JW stated that there is still lots of modelling work to be done and everything needs to be taken into account as issues are rarely due to just environment. It was agreed that the paper on the capital	The Committee were assured by the Capital Programme in place and the plans for 2015/16 being implemented.	Capital Programme paper will be included in the Finance and Performance pack that goes to the Board.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			programme would be given to the Board as part of the Finance and Performance pack.		
7.	**Tender Document** Tender Document cont'd		This item was brought forward from the last meeting. AB stated that it comprised a list of tenders which had taken place on the first page and speculation of what may emerge in the future. The number of 'unknowns' on the second page was due to the speculative nature of the document which is reliant on intelligence from individual directorates. MS thought that the document required more structure and agreed to draft an outline for discussion with AB. AB stated that a strong bid had been entered in respect of the Clifton Park tender, but the tender was won by the existing provider. SS noted that Harrogate had created a bespoke tendering unit following the arrival of the new CEO, which signalled a serious intention to compete as part of their strategy. AB stated that the Trust had tender support arrangements in place including a key individual in Finance and ready access to specialist organisations such as NHS Elect for bid-writing support. The bulk of the work is done by the directorates as they are the ones who know the service and will need to do any presentations around unique selling points. The Trust is not currently involved in any tenders. MK asked if the Trust had a good success rate and AB suggested it was reasonable, but negotiations to avoid tenders were not captured and there was probably a lot of work done by directorates at this level.	The Committee found the discussion very informative and the further work to give more structure to the document.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Tender Document cont'd		Cataract surgery at the East Coast was discussed as it was clear that it was because the Trust could not deliver that a procurement exercise was in place. JW stated the Trust needed to be clear about its strategy as there could be a threat to a number of services if the Trust could not deliver. Bridlington and other areas need to be looked at in relation to what they could be used for and what exemplar services the Trust could provide. There was a balance between whether the Trust tapped into other areas or focused on achieving current delivery.		
8.	**Operational Report**		<u>March Performance</u> – LT directed the committee to page 6 of the Performance Report and stated that the position remained very much as predicted in respect of the Trust failure to achieve 18 weeks admitted, Cancer 14 day fast track, Cancer 14 day symptomatic breast, Cancer 62 day 1st treatment, ED and Diagnostic 6 week target. <u>Update on Performance Issues</u> - MK asked where the Trust stood in relation to the Monitor investigation instigated in October 2014. Monitor has been asking for a lot of information including the recovery plans. A vast amount of comprehensive data has been submitted and there were a number of responses being made in relation to the increases in activity. A follow up conversation was planned with Monitor on the 1st May. JW stressed that the Trust could be summoned in front of Monitor, but it was just part of them understanding the position and the evidence being provided.	The Committee took assurance from the recovery plans being put into place to address operational issues.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Operational Report cont'd		LT stated that this was the final month the Q4 investigation objectives would be provided in the Performance Headlines and going forwards this would be replaced with monitoring against the trajectories set out in the Performance Recovery Plan. It was noted that the Trust had achieved the C Dif target, the AMU (York) post take review within 12 hours of admission and the majority of the CQUINs. A phenomenal amount of work had been done to achieve some of these and this should also be recognised. The committee discussed the fines box and LT stated that this represented a number of assumptions agreed with colleagues in Finance to ensure that the numbers were consistent on bot reports. These include specific exclusions around 18 wk fines, agreed nationally and excluding NCA. AB & SR will look at this and how it should be presented in 15/16.		
9.	**Performance Recovery Plan**		JW stated that the paper submitted built on the information she provided at the last Finance & Performance meeting and Board. The plan detailed the 4 areas being focused on, stripping them down to understand the issues involved and what was required to get performance back on track. JW acknowledged the huge amount of work put in by all the teams involved, but the real test would be whether the Trust can deliver against it. She stated that there needed to be close work with the CCGs and to that end a draft of the plan had been shared with them. More detailed work with the CCGs would	The Committee were very pleased with the high levels of assurance being provided by the plans being put in place and the structures to monitor them.	JW to take the Performance Recovery Plan to the Board.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Performance Recovery Plan cont'd		follow to ensure they understood the Trust's position. Page 83 of the report detailed the key actions for A & E, which included actions in respect of Operation Fresh Start at Scarborough. JW stressed that any impact from the plans to get ED back on track was likely to be September 2015 as there were a number of things that needed to be put in place. MK asked how realistic the June completion date for action 2 was regarding the development of a comprehensive workforce plan, which would require buy in from a number of individuals and teams. JW acknowledged the ambitious timescale, but stated that there was buy-in from the groups involved and work had already started. BG asked whether growth had been built into the basic assumptions. JW stated that it had not due to the fact that commissioners were being asked to reduce attendances significantly. The reduction had not been built in either and the assumptions were on a static provision from average attendances in 14/15.. BG thought it might be helpful for this to be noted on the plan in case of future challenge. * *NB this is on the plan under Trajectory for Improvement (p82)* MK acknowledged the huge amount of detail provided. JW stated that there were a number of risks associated with this, but there was assurance in the overview weekly at Corporate Directors, performance team review, availability of exceptional data and performance management meetings that could pick up if the plans start to go off track and initiate mitigating actions. The plans indicated an 18		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			week and diagnostics recovery by January 2016 and Cancer by quarter 1. JW also stated that detailed plans sat behind all of the actions. MK stated that this provide a comprehensive package together with a fairly high level of assurance.		
10.	**Other Matters**		<u>Work Programme Update</u> – agreed. <u>Assurance Framework and Corporate Risk Register Key</u> – following on from the discussion at the start of the meeting each of the documented risks were reviewed to assess whether they had featured in the Committee discussions; it was agreed that all the items from the assurance framework and corporate risk register key were discussed except DoF4. This item related to commissioner affordability and was not discussed during the meeting . The Committee agreed that it thought this not to have material relevance at this moment in time, although this should remain part of the key. Items DoF1 and DoF2 – 2014/15 delivery were discussed, but these should now roll over to 2015/16.	The Committee were assured that the key risks relating to the Finance and Performance Committee were still relevant and discussed where appropriate.	
7	**Next meeting**		The next meeting is arranged for 19th May 2015		

Monthly Performance Report

April 2015

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	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Jan	Feb	Mar
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	**Specialty fail:** £400 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TBC	**90%**	90.9%	81.6%	82.0%	80.7%	79.4%	84.6%	78.6%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	**Specialty fail**: £100 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TCB	**95%**	96.8%	95.9%	95.5%	95.4%	95.7%	95.5%	95.1%
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	**Specialty fail:** £100 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TBC	**92%**	93.3%	93.4%	93.0%	92.5%	92.2%	92.1%	92.5%
Zero tolerance RTT waits over 52 weeks for incomplete pathways	£5,000 per Patient with an incomplete RTT pathway waiting over 52 weeks at the end of the relevant month	**0**	1	0	0	2	0	1	1

Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Dec	Jan	Feb
14 Day Fast Track	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	86.1%	85.9%	85.4%	one month behind	84.3%	80.4%	94.6%
14 Day Breast Symptomatic	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	45.6%	78.6%	90.5%	one month behind	93.4%	92.0%	91.2%
31 Day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**96%**	98.6%	97.9%	98.4%	one month behind	98.2%	96.2%	96.4%
31 Day Subsequent Treatment (surgery)	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**94%**	96.4%	94.9%	95.3%	one month behind	95.3%	93.5%	100.0%
31 Day Subsequent Treatment (anti cancer drug)	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**98%**	100.0%	99.1%	100.0%	one month behind	100.0%	99.0%	100.0%
62 day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**85%**	87.8%	87.6%	85.0%	one month behind	85.0%	75.4%	71.8%
62 day Screening	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**90%**	96.6%	93.8%	92.5%	one month behind	92.9%	91.8%	86.4%
62 Day Consultant Upgrade	General Condition 9	**85%**	50.0%	-	-	one month behind	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Jan	Feb	Mar
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	£200 fine per patient below performance tolerance (maximum 8% breaches) **Quarterly**: 1 Monitor point TBC	**95%**	93.9%	92.6%	89.1%	89.1%	89.5%	89.3%	88.6%
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 30 minutes	£200 per patient waiting over 30 minutes in the relevant month	**> 30min**	481	489	514	520	115	147	258
All handovers between ambulance and A & E must take place within 15 minutes with none waiting more than 60 minutes	£1,000 per patient waiting over 60 minutes in the relevant month	**> 60min**	207	255	371	383	108	78	197
Ambulance Handovers over 30 and 60 Minutes by CCG	**Ambulance Handovers over 30 and 60 Minutes by CCG**	**Breach Category**	**Q1 Actual**	**Q2 Actual**	**Q3 Actual**	**Q4 Actual**	**Jan**	**Feb**	**Mar**
	NHS VALE OF YORK CCG	30mins - 1hr	176	70	154	161	46	65	50
		1hr 2 hours	94	19	109	109	51	24	34
		2 hours +	7	13	54	44	26	9	9
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	141	202	176	177	29	42	106
		1hr 2 hours	52	88	77	83	10	23	50
		2 hours +	4	12	25	25	2	3	20
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	96	122	127	134	29	30	75
		1hr 2 hours	26	73	54	70	10	12	48
		2 hours +	0	9	13	17	2	2	13
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	27	34	17	20	4	3	13
		1hr 2 hours	5	12	13	15	2	2	11
		2 hours +	0	2	1	2	0	0	2
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	5	1	2	6	2	1	3
		1hr 2 hours	0	1	1	0	0	0	0
		2 hours +	0	0	0	0	0	0	0
	OTHER	30mins - 1hr	36	60	38	22	5	6	11
		1hr 2 hours	19	25	16	12	2	3	7
		2 hours +	0	1	8	6	3	0	3
Trolley waits in A&E not longer than 12 hours	£1,000 per incidence in the relevant month	**> 12 hrs**	0	2	2	11	7	0	4
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**95%**	97.4%	96.9%	97.0%	To follow	97.3%	To follow	To follow

Mortality

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

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Jan	Feb	Mar
Minimise rates of Clostridium difficile	*Schedule 4 part G* **Quarterly:** 1 Monitor point tbc	**59**	12	10	16	21	7	9	5
Number of Clostridium difficile due to "lapse in care"	*TBC*	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	**Quarterly:** General Condition 9	**108**	30	20	28	27	11	6	10
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) cases	**Quarterly:** General Condition 9	**35**	14	9	19	13	4	5	4
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	**0**	0	0	0	2	0	0	2
Notification of MRSA Bacteraemia to be notified to commissioner within 2 working days	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 14 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
Elective admissions are screened for MRSA prior to admission	**Quarterly:** General Condition 9	**95% by Q4 TBC**	87.9%	88.7%	88.5%	86.0%	86.2%	85.4%	86.4%
Emergency admissions are screened for MRSA within 24 hours of admission	**Quarterly:** General Condition 9	**95% by Q4 TBC**	71.2%	72.7%	70.1%	66.2%	68.0%	67.7%	62.8%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Jan	Feb	Mar
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	£200 fine per patient below performance tolerance	**99%**	97.6%	98.3%	98.5%	95.8%	95.1%	96.6%	95.9%
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	0	0	2	0	0	0	0
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the Service User's treatment to be funded at the time and hosp	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	1	0	3	15	7	3	8
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**	63	75	229	548	189	191	168
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance	£200 in respect of each excess breach above threshold	**95%**	96.8%	96.9%	97.1%	96.9%	97.0%	96.9%	96.8%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**99%**	99.7%	99.6%	99.7%	To follow	100.0%	To follow	To follow
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	**>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%**	5.9%	6.5%	5.1%	4.3%	3.8%	4.4%	4.6%
All ELECTIVE patients to have an Expected Discharge Date (EDD) recorded in the patient case notes or patient management system within 24 hours of admission	General Condition 9	**Q1 - 89% Q2 - 90% Q3 - 92% Q4 - 95%**	85.9%	86.4%	86.3%	92.0%	93.5%	92.6%	90.5%
Delayed Transfer of Care to be maintained at a minimum level	TBC	**TBC**	1548	1988	1612	1160	493	403	264
Trust waiting time for Rapid Access Chest Pain Clinic	None	**99%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	**90%**	Annual statement of assurance						
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	**200 per month**	348	518	563	514	181	145	188
Reduction in number of hospital cancelled first and follow up outpatient appointments for non-clinical reasons where there is a delay in the patient treatment	General Condition 9	**Baseline 784; end Q2 745; end Q4 722**	2236	2287	2381	2375	879	670	826
% Compliance with WHO safer surgery checklist	No financial penalty	**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**	372	367	394	2 month coding lag	106	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**	1261	1238	1388	2 month coding lag	503	2 month coding lag	2 month coding lag
Reduction in the number of inappropriate transfers between wards and other settings during night hours (Reduction in avoidable site transfers within the Trust after 10pm)	General Condition 9	**Q2 onwards 80 p.m. (TBC)**	256	269	353	374	128	133	113

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Jan	Feb	Mar
Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	General Condition 9	**80% by site**	87.9%	84.0%	83.4%	80.8%	80.0%	80.0%	83.1%
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	93.7%	98.6%	98.3%	99.3%	97.8%	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%
Proportion of stroke patients who spend >90% of their time on a stroke unit	Non delivery of 90% at Q4 £5,000 In line with GC9 where the provider fails to meet the quarterly trajectory an action plan will be delivered. Maximum sanction of £5k in line with respective finance baselines (TBC)	**80%**	86.9%	90.5%	86.2%	one month behind	80.3%	75.3%	one month behind
Proportion of people at high risk of stroke who experience a TIA are assessed and treated within 24 hours of seeing a health professional	Non delivery of Q4 £5,000 In line with GC9 where the provider fails to meet the quarterly trajectory an action plan will be delivered. Maximum sanction of £2k in line with respective finance baselines (TBC)	**70% (TBC)**	86.7%	86.0%	82.0%	one month behind	70.0%	75.3%	one month behind
Proportion of patients presenting with stroke with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation	General Condition 9	**65%**	95.0%	100.0%	100.0%	one month behind	92.3%	100.0%	one month behind
Percentage of stroke patients and carers with joint care plans on discharge from hospital to have a copy of their care plan (except RIP or who refuse health/social care assessment/intervention)	General Condition 9	**70%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Patients who require an urgent scan on hospital arrival, are scanned with in 1 hr of hospital arrival (TBC)	No financial penalty	**50%**	82.6%	71.2%	70.8%	one month behind	80.0%	68.8%	one month behind
Proportion of stroke patients scanned within 24 hours of hospital arrival	No financial penalty	**90% (TBC)**	91.6%	96.5%	93.2%	one month behind	84.1%	97.0%	one month behind
Immediate Discharge Letters (IDLs) handed to patients on Discharge	General Condition 9	**98%**	Annual letter of assurance to be provided to CMB						
Quality of Ward IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology)	Failure to deliver quarterly trajectories at Trust aggregate level for each quarter will result in the application of a £10K sanction relating to each underperforming quarter. Maximum sanction of £40k per fiscal year. The penalty will be applied by the commissioners in line with respective finance baselines (TBC)	**Q1 - 90% Q2 - 91% Q3 - 93% Q4 - 95%**	Quarterly audit						
Quality of ED IDLs (Quarterly audit undertaken on Scarborough and Ryedale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology)	Failure to deliver the quarterly target will result in the application of a £6k penalty per quarter. Maximum sanction of £24k in line with respective finance baselines (TBC)	**Q1 - 90% Q2 - 91% Q3 - 93% Q4 - 94%**	Quarterly audit						
All Red Drugs to be prescribed by provider effective from 01/04/14	£50 penalty for any request to primary care for prescription of Red Drugs (TBC)	**100% list to be agreed**	CCG to audit for breaches						
All Amber Drugs to be prescribed by provider effective from 01/04/14	No financial penalty	**100% list to be agreed**	CCG to audit for breaches						
NEWS within 1 hour of prescribed time	None - Monitoring Only	**None**	86.6%	86.9%	86.3%	85.9%	85.8%	85.8%	86.0%

Never Events

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Jan	Feb	Mar
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	0	0	0	0	0	0

District Nursing Activity Summary

Indicator	Source	Threshold	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual	Jan	Feb	Mar
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	n/a	1862	1871	1975	1755	609	538	608
	Community nurse/service	n/a	964	1018	767	759	256	236	267
	Acute services	n/a	741	912	845	795	317	251	227
	Self / Carer/family	n/a	409	398	291	366	123	119	124
	Other	n/a	224	253	226	196	67	62	67
	Grand Total	n/a	4200	4452	4104	3871	1372	1206	1293
Community Adult Nursing Contacts	First	n/a	2718	2758	2895	2931	1061	920	950
	Follow up	n/a	33289	31976	31372	33380	11176	10504	11700
	Total	n/a	36007	34734	34267	36311	12237	11424	12650
	First to Follow Up Ratio	n/a	12.2	11.6	10.8	11.4	10.5	11.4	12.3
Community Hospitals average length of stay (days)	Archways	n/a	23.4	22.1	20.6	26.8	29.7	28.3	22.6
	Malton Community Hospital	n/a	24.5	18.6	17.1	16.0	16.0	13.3	19.1
	St Monicas Hospital	n/a	24.5	23.2	22.0	24.0	25.8	22.3	23.6
	The New Selby War Memorial Hospital	n/a	13.8	15.6	13.7	17.6	14.8	19.3	19.0
	Whitby Community Hospital	n/a	21.1	20.3	20.9	21.9	21.2	21.3	23.1
	Total	n/a	20.4	19.4	18.1	20.2	19.6	19.8	21.1
Community Hospitals admissions. Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	Archways	Elective	8	4	8	5	0	3	2
		Emergency	66	91	77	71	21	28	22
	Malton Community Hospital	Elective	4	10	21	48	22	18	8
		Emergency	89	114	121	110	37	34	39
	St Monicas Hospital	Elective	9	13	9	16	4	4	8
		Emergency	36	35	27	27	14	10	3
	The New Selby War Memorial	Elective	68	62	69	57	21	20	16
		Emergency	71	66	69	55	17	15	23
	Whitby Community Hospital	Elective	0	1	4	0	0	0	0
		Emergency	152	123	142	140	48	41	51
	Total	Elective	89	90	111	126	47	45	34
		Emergency	414	429	436	403	137	128	138

Complaints and PALS	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
New complaints this month	51	38	58	57	46	47	43	60	31	39	37	47
Complaints at same month last year	52	48	49	59	42	56	52	45	27	52	16	16
Number of complaints upheld (cumulative)*	75% of Q1 complaints generated actions for improvement			not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet	not known yet
Number of complaints partly upheld (cumulative)**												
Number of Ombudsman complaint reviews	0	2	2	2	0	0	0	0	0	2	4	7
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	0	0	0	0	0	0	0
Number of Ombudsman complaint reviews partly upheld	0	1	1	2	0	0	0	0	0	1	1	2
Late responses this month (at the time of writing)***	4	7	4	9	4	1	8	5	5	4	1	0
Top 3 complaint issues												
Aspects of clinical treatment	39	27	34	39	37	35	31	44	18	21	20	32
Admission/discharge/transfer arrangements	5	2		3	2		5	4	0	2	3	2
Appointment delay/cancellation - outpatient	3				1				4	1	2	2
Staff attitude		4	6	10	6	5		5	5	10	7	5
Communications			5	3	0	4			0	2	2	4
Other							2		0	0	1	0
New PALS queries this month	495	474	528	531	488	570	653	552	443	620	559	478
PALS queries at same time last year	488	521	462	563	498	445	536	419	385	503	470	367
Top 3 PALS issues												
Information & advice	107	118	168	140	158	192	42	150	136	189	173	126
Staff attitude	61	0	0	0	15	0	0	0	17	19	14	12
Aspects of clinical treatment	53	87	99	104	93	86	89	105	66	77	47	84
Appointment delay/cancellation - outpatient	0	66	59	67	56	65	24	63	41	47	28	52

**note: upheld complaints are reported quarterly to allow for investigation timescales*
***note: we do not record partly - if a complaint generates 1 or more actions for improvement then it is recorded as upheld*
****note: if extensions are made in agreement with the complaint, responses are not considered late*

Serious Incidents												
Number of SI's reported	19	21	20	19	13	13	35	12	25	15	16	18
% SI's notified within 2 working days of SI being identified*	89%	76%	70%	94%	100%	100%	100%	100%	100%	100%	100%	100%
% SI's closed on STEIS within 6 months of SI being reported	50%	0%	0%	0%	0%	0%	0%	8%	0%	0%	0%	66%
Number of Negligence Claims	11	14	16	15	21	8	16	8	8	12	17	15

* this is currently under discussion via the 'exceptions log'

Pressure Ulcers**												
Number of Category 2	43	40	37	22	29	28	31	32	30	50	35	
Number of Category 3	12	9	10	5	5	8	7	6	3	4	2	
Number of Category 4	1	0	0	0	0	0	1	1	0	1	0	
Total number developed/deteriorated while in our care (care of the organisation) - acute	35	27	24	15	24	28	39	32	42	47	30	
Total number developed/deteriorated while in our care (care of the organisation) - community	32	29	27	19	18	20	22	37	18	25	25	

Falls***												
Number of falls with moderate harm	10	8	7	3	3	3	6	1	7	3	2	
Number of falls with severe harm	8	6	4	1	2	2	3	2	5	1	5	
Number of falls resulting in death	0	0	0	0	0	0	0	0	0	0	0	

Safeguarding												
% of staff compliant with training (children)			45%	45%	47%	51%	54%	53%	55%	58%	59%	62%
% of staff compliant with training (adult)			39%	40%	43%	40%	42%	43%	45%	56%	59%	62%
% of staff working with children who have review CRB checks												

Prevent Strategy												
Attendance at the HealthWRAP training session	3 in total	3 in total	3 in total	3 in total	3 in total	3 in total	3 in total					
Number of concerns raised via the incident reporting system	nil	nil	nil	nil	nil	nil	nil					

Blank page

York Teaching Hospital NHS Foundation Trust

Board of Directors – 29 April 2015

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 year ending 31 March 2015.

At the end of the financial year the Trust is reporting an Income and Expenditure (I&E) deficit of £5.6m including impairments against a planned surplus of £3.1m for the period. The Income & Expenditure position places the Trust behind its Operational plan.

Strategic Aims	**Please cross as appropriate**
1. Improve Quality and Safety	☒
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	Prepared for presentation to the Board of Directors.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	April 2015
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Briefing Note for the Board of Directors Meeting 29 April 2015

Subject: March 2015 (Month 12) Financial Position

From: Andrew Bertram, Finance Director

Summary Reported Position for the Financial Year 2014/15

The provisional income and expenditure position for the financial year 2014/15 is a deficit of £5.6m. The Board should be aware that this figure includes a number of usual technical adjustments, excluded by Monitor is assessing the underlying normalised performance of the Trust. The table below summarises these adjustments and confirms that Monitor will assess the Trust's underlying performance as a £2.1m deficit of income against expenditure. The position is reported as provisional at this stage as completion of the Trust's final accounts is actively underway.

	2014/15	
Reported Income and Expenditure Position	**(£5.623m)**	**Opening Position**
Property Impairments	£3.757m	Relates to impairments from District Valuer assessments of fixed assets. This is a non-cash adjustment and is excluded in Monitor's underlying performance assessment. Includes material impairments for Lilac Ward (£1.4m) and the York Carbon Energy Scheme (£2.5m).
Donated Asset Income	(£0.634m)	Income from the charity to purchase capital assets. Excluded by Monitor in their underlying performance assessment.
MARS and Redundancy Payments	£0.354m	Restructuring costs excluded by Monitor in their underlying performance assessment.
Underlying Surplus	**(£2.146m**	**Underlying deficit as assessed by Monitor**

This position is consistent with that forecasted in recent months through to the Board and through to Monitor.

The position returns a provisional COSRR rating of 4. This is in line with plan.

Contract Analysis

Final year-end agreements have been reached with all main commissioners except for NHS Hambleton, Richmond and Whitby CCG. These positions are reflected in the above performance. These are negotiated positions and cover all contract matters. The positions are inclusive of contract penalties levied by the CCGs, majority CQUIN delivery and include final settlement for disputed activity and data validation checks. A fair settlement has been reached with regard to targeted reinvestment of Q4 marginal rate non-elective

tariff commissioner savings, partial reinvestment of 4-hour and ambulance turnaround penalties and commissioner held slippage on additional winter resilience funding has been passed over to the Trust to support costs associated with exceptional and unplanned escalation activities.

These settlements have been in line with previous discussions with the Board and have supported delivery of our year end position.

In the case of NHS HRW CCG the final contractual settlement will be made through normal activity reconciliation in the new financial year. The acute contract is valued at £9m and the community contract is valued at £6m. There are no material variances or risks associated with the reconciliation process and the fact this contract has not been brought to a close is simply related to the CCG's unwillingness to engage in an early agreement process.

There are minor contracts also still to be reconciled relating to services provided for Local Authorities and NHS Area Teams. Again no material risks are anticipated with these contracts.

Expenditure Analysis

Pay budgets and provisions have followed previous underlying trends and have continued to overspend. The report shows a closing reported overspend of £6.4m. This is a direct result of significant agency and locum usage in both medical and nursing areas. The finance report provides further analysis of this pressure. The Board are aware that in planning for 2015/16 a greater provision has been made to address this continued pressure area.

Concerted attempts to recruit substantively must continue as the Trust's annual agency expenditure bill of £11.9m has massively impacted on our financial performance. The finance report confirms medical agency at £6.3m and nursing agency costs at £3.9m. The balance to the total spend of £11.9m coming from other disciplines including professional and technical staff, scientific staff and administration staff.

The drug expenditure variance has finished at £2.5m overspent but this is, in the main, directly related to high out of tariff drug costs for which direct recharges are made to commissioners.

Contracting Matters

Discussions are underway with all commissioners in relation to 2015/16 contracts. I will update the Board on the latest position during the meeting.

Other Issues

In preparing the closing of the accounts there are no other Trust finance issues I would wish to bring to the attention of the Board. Cash levels are satisfactory and capital programme spending is as expected.

Finance Performance Report

April 2015

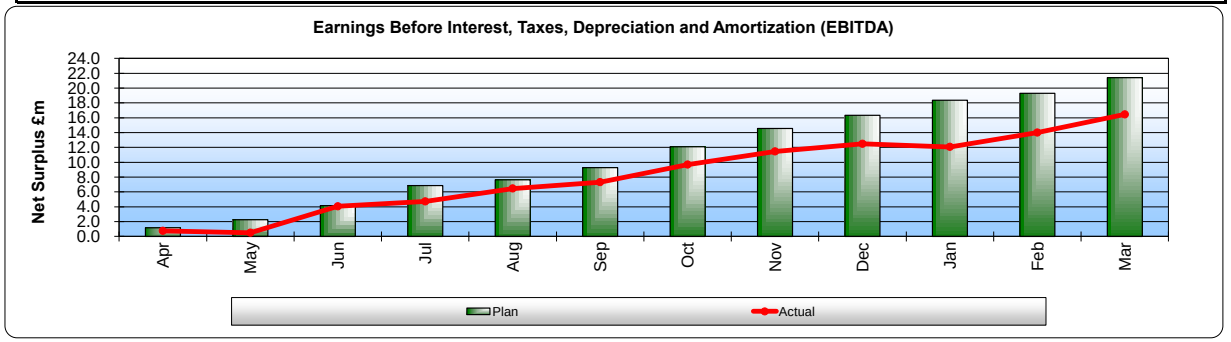
Our ultimate objective To be trusted to deliver safe, effective and sustainable healthcare within our communities.

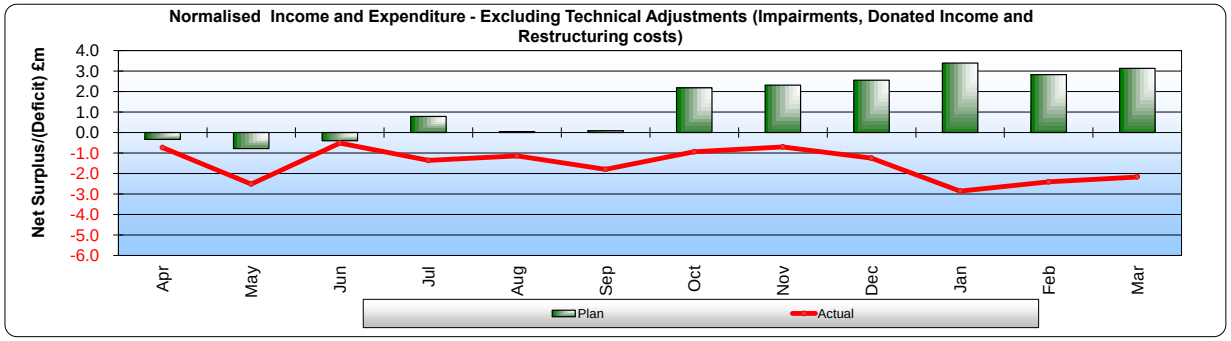
Summary Income and Expenditure Position
Month 11 - The Period April 2014 to March 2015

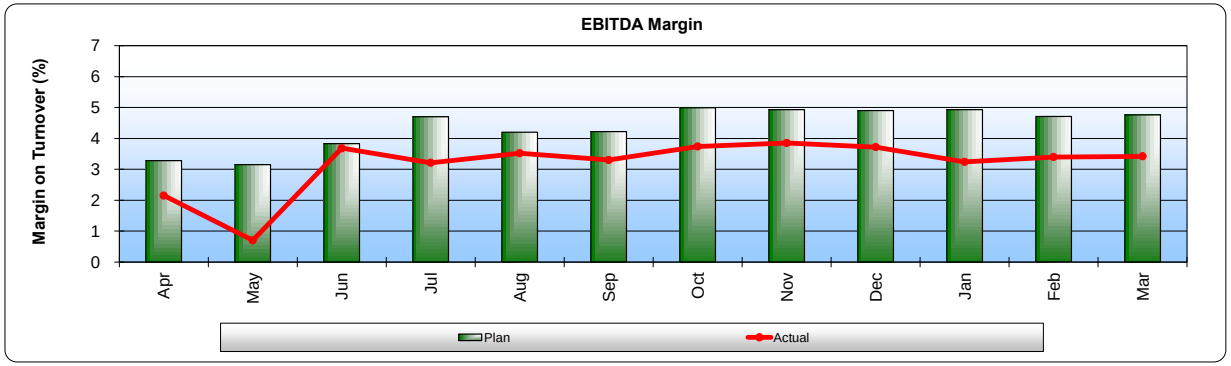
York Teaching Hospital NHS
NHS Foundation Trust

Summary Position:

* The Trust is reporting a provisional I&E deficit of £5.6m, placing it £8.8m behind the operational plan. After discounting technical issues linked to impairments, restructuiring costs, and donated asset income, which are excluded by Monitor for the purposes of establishing the normalised operating position, the Trust's underlying position is an I&E deficit of £2.1m.
* Income is £2.8m ahead of plan, with clinical income being £1.8m behind plan offset by non-clinical income being £4.8m ahead of plan.
* Expenditure is ahead of plan by £8.8m, with further explanation given on the 'Expenditure' sheet.
* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £15.5m (3.42%) compared to plan of £21.4m (4.76%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Period	Actual for Period	Period Variance
	£000	£000	£000	£000
NHS Clinical Income				
Elective Income	27,256	27,256	24,389	-2,867
Planned same day (Day cases)	35,718	35,718	35,760	42
Non-Elective Income	96,473	96,473	101,558	5,085
Outpatients	61,095	61,095	59,489	-1,606
A&E	13,411	13,411	13,527	116
Community	35,289	35,289	35,038	-251
Other	129,666	129,666	127,241	-2,425
	398,908	**398,908**	**397,002**	**-1,906**
Non-NHS Clinical Income				
Private Patient Income	1,043	1,043	1,119	77
Other Non-protected Clinical Income	1,722	1,722	1,560	-162
	2,765	**2,765**	**2,679**	**-85**
Other Income	0	0	0	0
Education & Training	14,434	14,434	16,260	1,826
Research & Development	2,005	2,005	3,722	1,717
Donations & Grants received (Assets)	0	0	234	234
Donations & Grants received (cash to buy Assets)	600	600	634	34
Other Income	18,557	18,557	19,596	1,039
Transition support	12,218	12,218	12,218	0
	47,814	**47,814**	**52,664**	**4,850**
Total Income	**449,487**	**449,487**	**452,345**	**2,859**
Expenditure				
Pay costs	-293,641	-293,641	-300,151	-6,510
Drug costs	-41,623	-41,623	-44,474	-2,851
Clinical Supplies & Services	-43,873	-43,873	-44,171	-298
Other costs (excluding Depreciation)	-46,009	-46,009	-47,736	-1,727
Restructuring Costs	0	0	-355	-355
CIP	-2,938	-2,938	0	2,938
Total Expenditure	**-428,084**	**-428,084**	**-436,887**	**-8,803**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**21,403**	**21,403**	**15,458**	**-5,945**
Profit/ Loss on Asset Disposals	0	0	0	0
Fixed Asset Impairments	-300	-300	-3,757	-3,457
Depreciation	-10,854	-10,854	-10,850	4
Interest Receivable/ Payable	100	100	163	63
Interest Expense on Overdrafts and WCF	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0
Interest Expense on Non-commercial borrowings	-415	-415	-340	75
Interest Expense on Commercial borrowings	0	0	0	0
Interest Expense on Finance leases (non-PFI)	0	0	-23	-23
Other Finance costs	0	0	-54	-54
PDC Dividend	-6,804	-6,804	-6,238	566
Taxation Payable	0	0	0	0
NET SURPLUS/ DEFICIT	**3,130**	**3,130**	**-5,641**	**-8,771**

Contract Performance
Month 11 - The Period April 2014 to March 2015

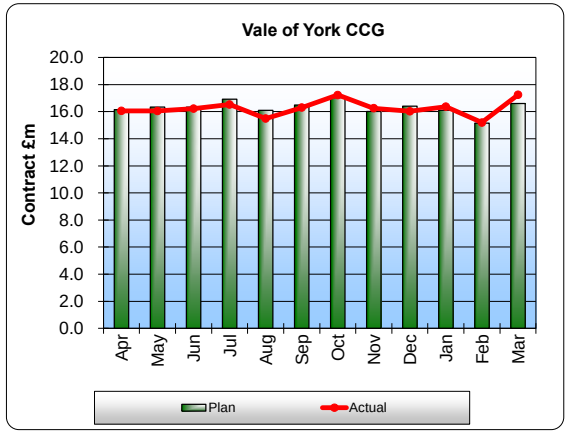
York Teaching Hospital NHS
NHS Foundation Trust

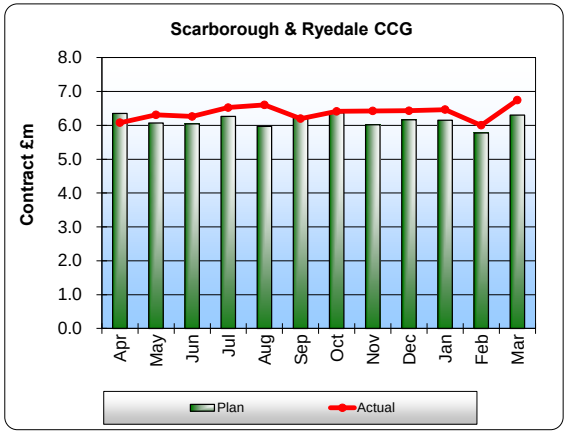
Contract	Contract Value	Contract to Date	Actual to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	195,649	195,649	194,968	-681
Scarborough & Ryedale CCG	73,707	73,707	76,471	2,764
East Riding CCG	36,943	36,943	37,435	492
Other Contracted CCGs	22,195	22,195	22,941	746
NHSE - Specialised Commissioning	34,690	34,690	34,843	153
NHSE - Public Health	15,367	15,367	15,373	6
Local Authorities	5,317	5,317	4,941	-376
Total NHS Contract Clinical Income	**383,868**	**383,868**	**386,972**	**3,104**

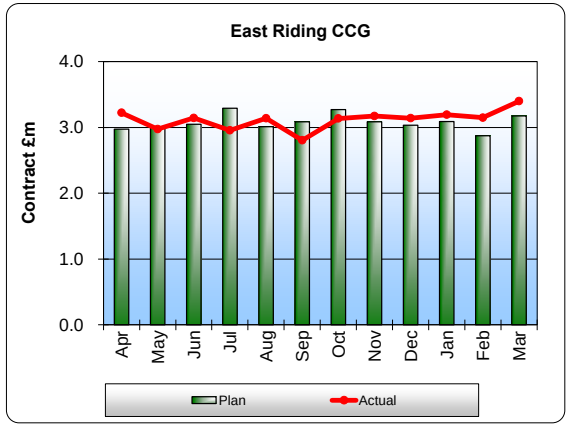
Plan	Plan Value	Plan to Date	Actual to Date	Variance
	£000	£000	£000	£000
Non-Contract Activity	7,644	7,644	9,665	2,021
Risk Income				
Total Other NHS Clinical Income	**7,644**	**7,644**	**9,665**	**2,021**

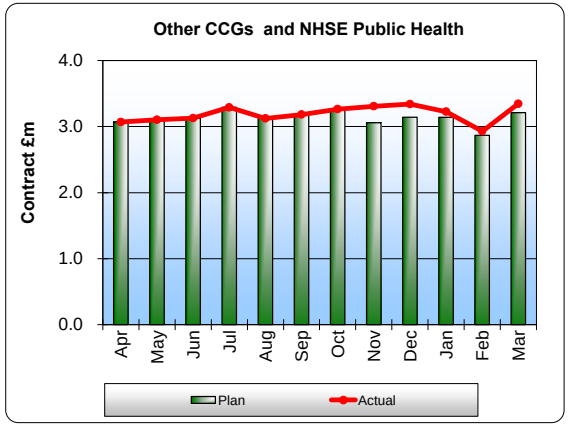
Total NHS Clinical Income	**391,512**	**391,512**	**396,637**	**5,125**

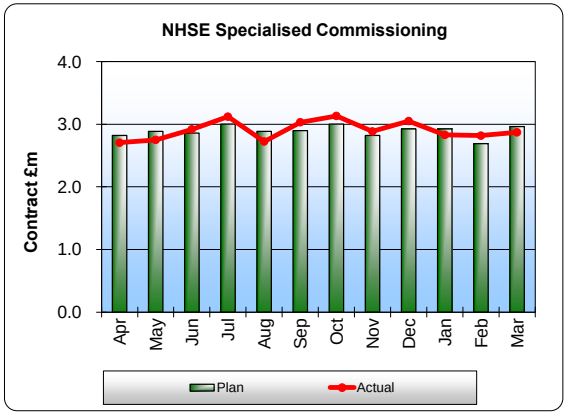
Specialist registrar income moved to other income non clinical	-1460
Winter resilience monies in addition to contract	1,825
Agrees to Clincial Income reported to board	**397,002**

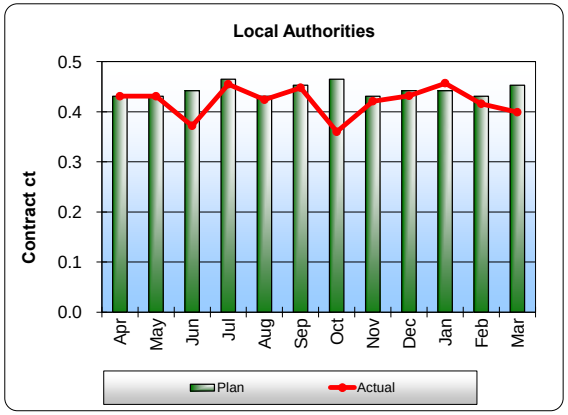












Expenditure Analysis
Month 11 - The Period April 2014 to March 2015

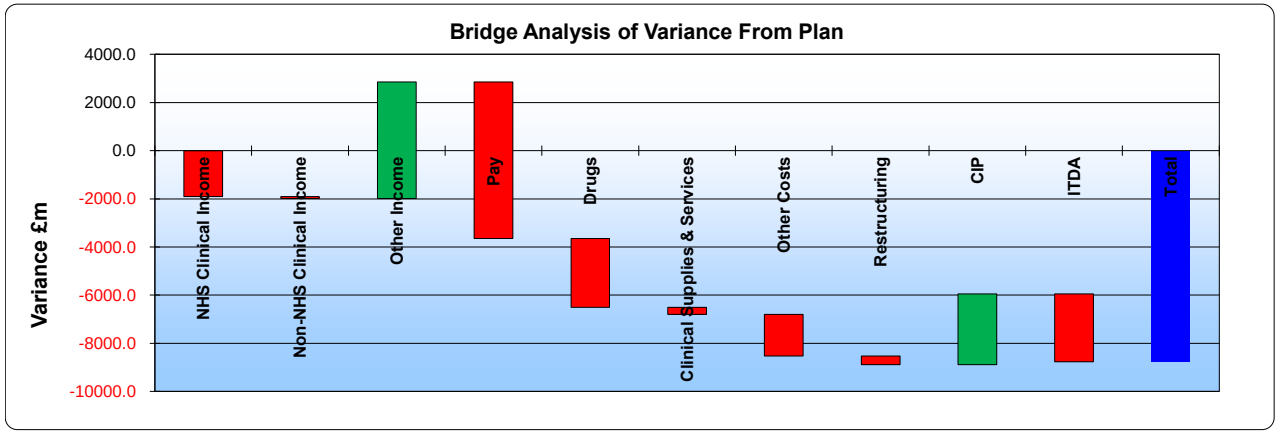
York Teaching Hospital NHS
NHS Foundation Trust

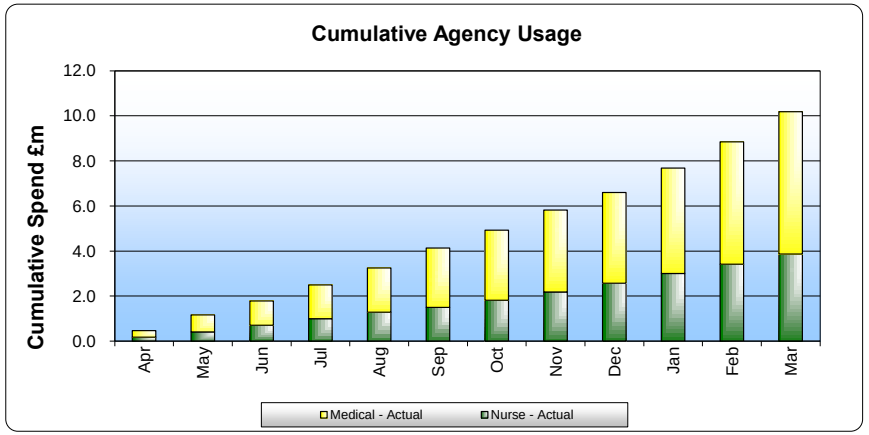
Key Messages:

There is an adverse expenditure variance of £8.8m at the end of March 2015. This comprises:

* Pay budgets are £6.5m adverse, predominantly due to the premium paid for agency staffing.
* Drugs budgets are £2.8m adverse, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £2.9m ahead of plan.
* Other budgets are £2.4m adverse.

Staff Group	Annual Plan	Period Plan	Period Contract	Period Overtime	Period WLI	Period Bank	Period Agency	Period Total	Period Variance	Previous Variance	Comments
Consultants	51,898	51,898	47,385	0	1,818	0	2,191	51,394	505	623	
Medical & Dental	28,055	28,055	26,713	0	156	0	4,128	30,996	-2,941	-2,633	
Nursing, Midwifery & Health Visting	103,956	103,956	91,951	417	318	4,059	3,868	100,613	3,343	2,715	
Professional & Technical	8,819	8,819	7,897	92	115	0	701	8,805	14	19	
Scientific & Professional	15,421	15,421	14,316	88	3	0	269	14,676	745	649	
P.A.M.s	21,393	21,393	18,908	75	370	0	128	19,481	1,912	1,687	
Healthcare Assistants & Other Support Staff	30,220	30,220	29,087	493	150	34	127	29,891	329	216	
Chairman and Non-Executives	163	163	164	0	0	0	0	164	-1	1	
Executive Board and Senior Managers	13,102	13,102	12,794	5	1	0	144	12,943	159	105	
Administrative & Clerical	32,431	32,431	30,562	218	100	2	305	31,188	1,243	1,120	
Vacancy Factor	-11,818	-11,818	0	0	0	0	0	0	-11,818	-10,669	
TOTAL	**293,641**	**293,641**	**279,777**	**1,388**	**3,031**	**4,095**	**11,860**	**300,151**	**-6,510**	**-6,167**	



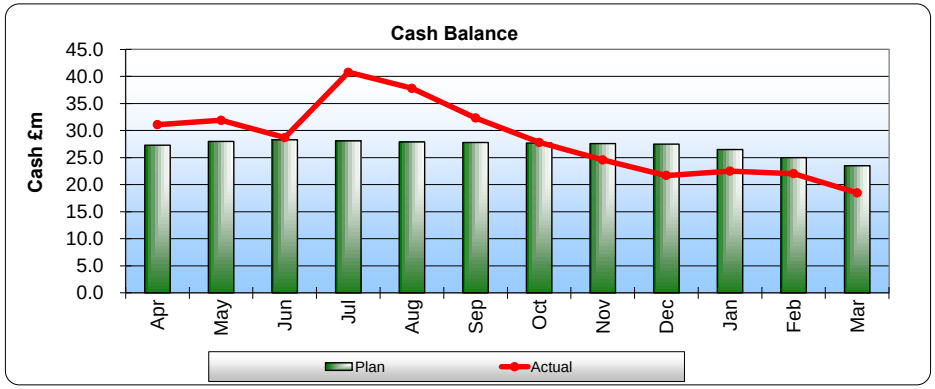


Cash Flow Management
Month 11 - The Period April 2014 to March 2015

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The receipt of strategic capital of £12m in June 2014 provided a boost to the Trust's overall cash balance. However, overall the trajectory of cash balances is downwards as the Trust makes progress with its capital programme, but also linked to the underlying I&E trading position. The final cash position at the end of March was £18.5m.
* The high value against receivables in March is linked to the raising of year end invoies and will decrease.
* The Continuity of Service Risk Rating (CoSSR) is assessed as a score of 4 in March, and is reflective of the I&E position.

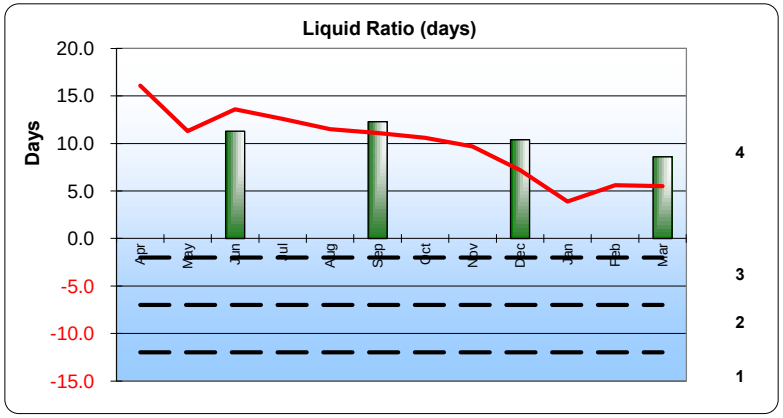


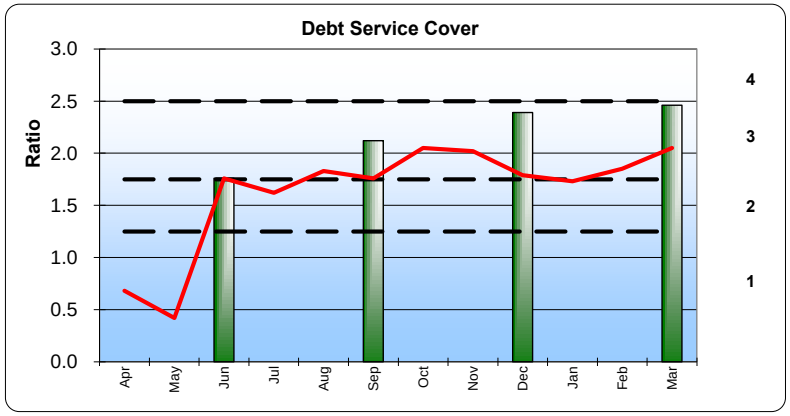
	Not Due £m	1 Month £m	2 Months £m	3 Months £m	3 Months + £m	Total £m
Payables	2.5	0.3	0.1	0.1	0.1	3.1
Receivables	8.4	1.4	0.3	0.9	1.6	12.6

Significant Aged Debtors (+6mths)

Harrogate and District NHS FT	**£456K**
North Yorkshire County Council	**£235K**
NHS England	**£69K**

COSRR Area of Review	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquid Ratio (50%)	4	4	4	4
Debt Service Cover (50%)	3	3	3	3
Overall Continuity of Service Risk Rating	4	4	4	4



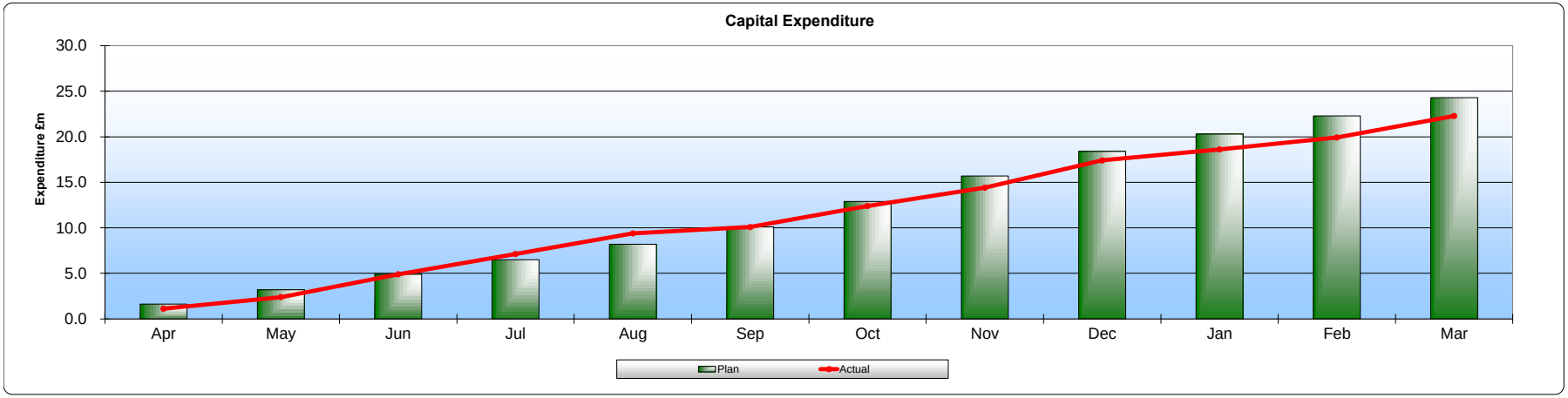


Capital Programme
Month 11 - The Period April 2014 to March 2015

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Strategic capital is supporting investments at Scarborough and Bridlington. Maple 2 (Lilac) is now complete
* Schemes have been brought forward to replace slippage in the plan :- The Trust wide IT wireless upgrade and replacement of the 2 x CT Scanners at York Hospital.
* Actual Year to date Capital Expenditure totalled £22.28m which was 8% behind the Monitor Plan of £24.3m
* The York catering project was uplifted in year by £500k taking the total in year approved spend to £3.280m



Scheme	Total Approved Scheme Expenditure	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£	£	£	£	£	
CT Scanner replacement- York (Owned)	3,900	700	1,386	1,386	-686	
PACS	1,910	1,800	1,792	1,792	8	
Maple 2	5,612	5,140	4,644	4,644	496	
Refurbishment of Main Production Kitchen & Mallard Restaurant	3,683	3,280	3,351	3,351	-71	
York Ambulance Handover and Observation Facilities (Phase 1)	722	411	502	502	-91	
SGH New Car Park	990	309	346	346	-37	
Renal Unit Harrogate District Hospital	800	620	622	622	-2	
York Carbon and Energy Project	4,635	1,086	1,103	1,103	-17	
Bridlington Mobile Theatre	1,298	400	369	369	31	
Other Capital Schemes < £500k	21,082	2,512	1,379	1,379	1,133	
SGH Estates Backlog Maintenance	1,861	1,230	446	446	784	
York Estates Backlog Maintenance - York	2,581	955	1,050	1,050	-95	
CPMG Minor Approvals	1,162	1,062	648	648	414	
Medical Equipment	650	650	805	805	-155	
IT Capital Programme	1,700	1,700	2,523	2,523	-823	
Capital Programme Management	1,150	1,150	1,315	1,315	-165	
TOTAL CAPITAL PROGRAMME	**53,736**	**23,005**	**22,280**	**22,281**	**724**	Underspend on plan

Funding	Total Approved Funding	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	£	
Depreciation	11,000	11,000	10,850	10,850	150	Actual 2014-15 Depn Figure
Loan	4,380	4,380	4,622	4,622	- 242	
Proceeds from Disposals	-	-	-	-	-	
Proceeds from Donations	730	730	555	555	175	
PDC - Safer Hospitals	986	986	986	986	-	
Strategic Capital Funding	5,909	5,909	5,267	5,267	642	
Other	-	-	-	-		
TOTAL FUNDING	**23,005**	**23,005**	**22,280**	**22,280**	**725**	

Efficiency Programme

Month 11 - The Period April 2014 to March 2015

York Teaching Hospital NHS
NHS Foundation Trust

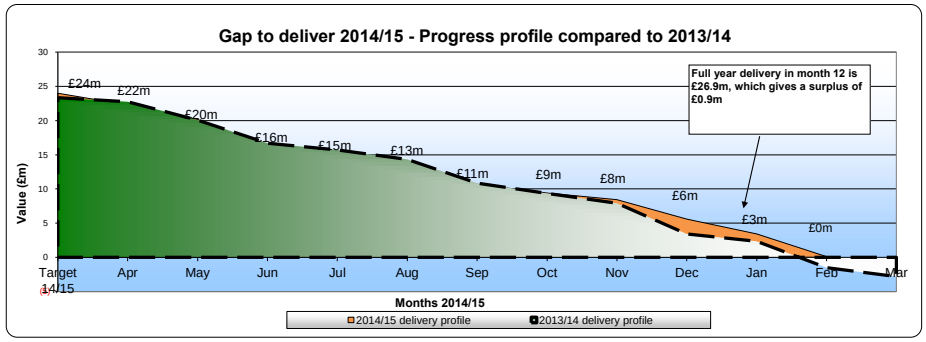
Key Messages:

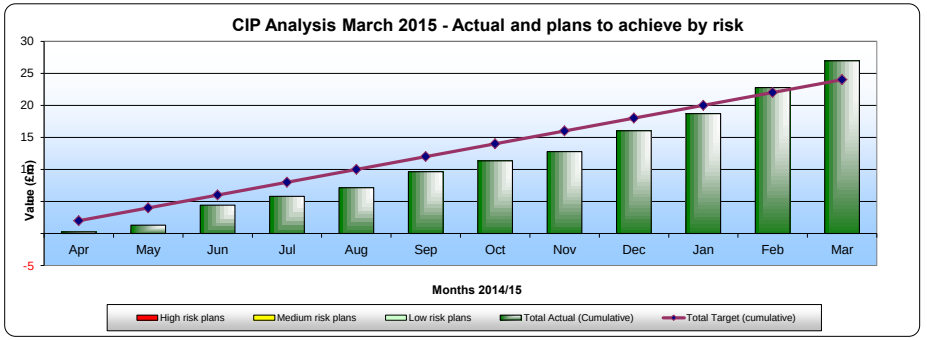
* Delivery - £26.9m has been delivered against the Trust annual target of £24m, giving a surplus of £2.9m.
* Part year Monitor variance - The part Monitor variance is now favourable by £2.9m, which is a £2.1m improvement from the February 2015 position.
* Four year planning - The four year planning gap is (£33.8m), it should be noted that the position has been moved on 1 year to include the new targets from 2015/16 for 4 years.
* Recurrent delivery - Recurrent delivery is £7.7m which is 1.8% of operational expenditure, with the impact of full year effect and NR to reccurent adjustments this increases to £8.6m, 2% of operational expenditure.

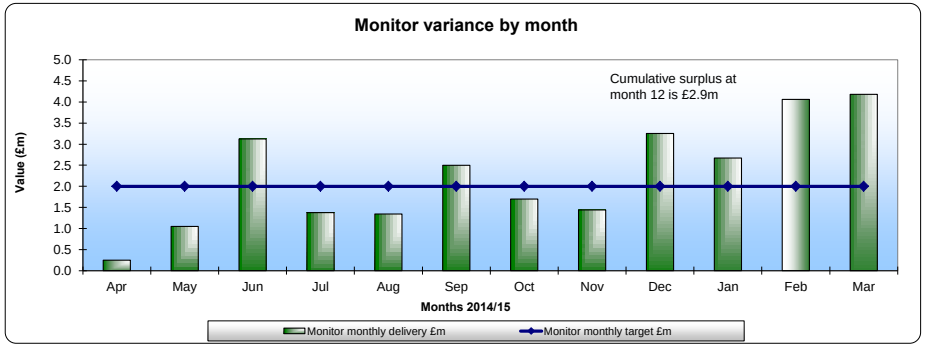
Executive Summary - March 2015	Total £m
TARGET	
In year target	24.0
DELIVERY	
In year delivery	26.9
In year delivery (shortfall)/Surplus	2.9
Part year delivery (shortfall)/surplus - monitor variance	2.9
PLANNING	
In year planning surplus/(gap)	2.9
FINANCIAL RISK SCORE	
Overall trust financial risk score	(3 - AMBER)

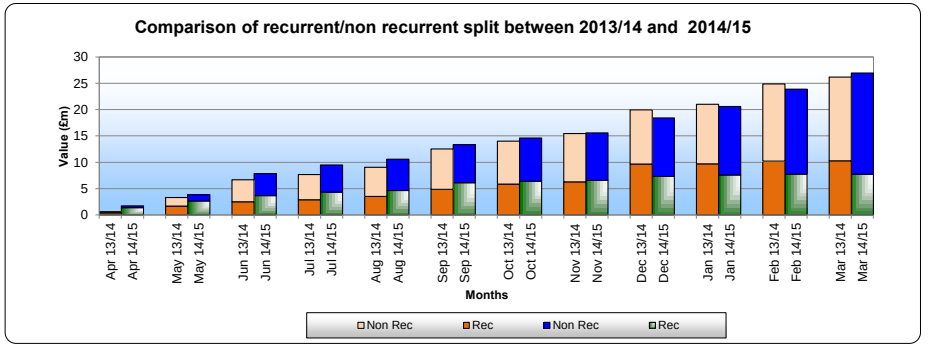
4 Year Efficiency Plan - March 2015					
Year	2015/16	2016/17	2017/18	2018/19	**Total**
	£m	£m	£m	£m	**£m**
Base Target	25.8	16.5	16.4	16.4	**75.1**
Plans	21.3	11.8	6.0	2.2	**41.3**
Variance	-4.5	-4.7	-10.4	-14.2	**-33.8**
%	**83%**	**72%**	**37%**	**13%**	**55%**

Risk Ratings			
Financial			
Score	February	March	Trend
1	11	10	↓
2	7	4	↓
3	8	6	↓
4	3	9	↑
5	3	3	↑
Governance			
Score	February	March	Trend
Red	9	6	↓
Green	23	26	↑









Executive Pack

March 2015

York Teaching Hospital NHS
NHS Foundation Trust

Executive Summary	Inpatient Elective				Inpatient Non-Elective				Inpatient Day Case				Outpatient (1st Att)				Outpatient (Sub Att)				Non Face-To-Face				Outpatient Procedures			
Specialty	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var	Year Plan	YTD Plan	YTD Actual	YTD Var
Accident And Emergency	3	3	0	-3	2572	2572	2770	198	10	10	61	51	370	370	479	109	70	70	202	132	0	0	0	0	0	0	0	0
Acute Medicine	0	0	2	2	10	10	287	277	34	34	130	96	328	328	1080	752	444	444	1640	1196	0	0	83	83	0	0	0	0
Anaesthetics	73	73	51	-22	30	30	16	-14	2990	2990	2301	-689	2221	2221	2224	3	3573	3573	2911	-662	0	0	0	0	1362	1362	470	-892
Cardiology	358	358	250	-108	2470	2470	2480	10	1263	1263	1108	-155	13618	13618	12497	-1121	17261	17261	15708	-1553	115	115	115	0	5121	5121	5004	-117
Cardiothoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	180	180	0	-180	174	174	0	-174	0	0	0	0	0	0	0	0
Chemical Pathology	0	0	0	0	0	0	0	0	364	364	52	-312	64	64	46	-18	208	208	97	-111	0	0	0	0	0	0	0	0
Clinical Neuro-Physiology	0	0	0	0	0	0	0	0	0	0	0	0	1488	1488	1035	-453	88	88	64	-24	0	0	0	0	0	0	0	0
Dermatology	2	2	0	-2	6	6	7	1	134	134	124	-10	6985	6985	6146	-839	13894	13894	14801	907	394	394	86	-308	18076	18076	16943	-1133
Ear, Nose And Throat	635	635	755	120	900	900	986	86	1260	1260	1079	-181	8014	8014	7908	-106	8755	8755	10103	1348	29	29	14	-15	9862	9862	7468	-2394
Endocrinology	0	0	5	5	2805	2805	3449	644	429	429	399	-30	1872	1872	2279	407	7974	7974	7484	-490	418	418	322	-96	0	0	0	0
Gastroenterology	285	285	351	66	3857	3857	4941	1084	11236	11236	10970	-266	5172	5172	4606	-566	8847	8847	8157	-690	623	623	991	368	84	84	80	-4
General Medicine	10	10	4	-6	1541	1541	665	-876	1751	1751	2447	696	1137	1137	83	-1054	1288	1288	111	-1177	0	0	9	9	66	66	63	-3
General Surgery	2904	2904	2779	-125	6444	6444	6604	160	7199	7199	7416	217	15075	15075	15398	323	20577	20577	22327	1750	242	242	748	506	3896	3896	4004	108
Genito-Urinary Medicine	0	0	0	0	0	0	0	0	0	0	0	0	14337	14337	14039	-298	7217	7217	6630	-587	0	0	0	0	0	0	0	0
Geriatric Medicine	8	8	5	-3	9580	9580	10378	798	168	168	165	-3	4468	4468	3915	-553	5940	5940	3632	-2308	492	492	214	-278	62	62	63	1
Gynaecology	750	750	774	24	1200	1200	991	-209	1626	1626	1420	-206	7782	7782	7565	-217	8176	8176	5664	-2512	0	0	0	0	4098	4098	4455	357
Haematology (Clinical)	104	104	41	-63	139	139	142	3	4394	4394	3879	-515	1908	1908	1958	50	10426	10426	12109	1683	374	374	615	241	38	38	92	54
Maxillofacial Surgery	359	359	348	-11	320	320	373	53	1961	1961	2041	80	7209	7209	7026	-183	8443	8443	7781	-662	6	6	0	-6	1281	1281	2178	897
Medical Oncology	20	20	56	36	177	177	164	-13	8096	8096	7278	-818	4174	4174	4348	174	24854	24854	23821	-1033	22108	22108	17383	-4725	18	18	116	98
Nephrology	55	55	58	3	1733	1733	1516	-217	443	443	603	160	618	618	717	99	7509	7509	6913	-596	5346	5346	4208	-1138	0	0	0	0
Neurology	16	16	10	-6	50	50	162	112	612	612	773	161	3358	3358	3148	-210	5983	5983	5730	-253	870	870	906	36	408	408	0	-408
Neurosurgery	0	0	0	0	2	2	0	-2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics & Midwifery	0	0	31	31	5045	5045	5621	576	0	0	0	0	0	0	136	136	0	0	1123	1123	0	0	0	0	28	28	134	106
Ophthalmology	210	210	245	35	84	84	82	-2	5877	5877	5548	-329	15888	15888	15464	-424	51158	51158	48721	-2437	0	0	0	0	21566	21566	11180	-10386
Orthodontics	0	0	10	10	0	0	3	3	0	0	0	0	1606	1606	1383	-223	1704	1704	1968	264	0	0	0	0	9022	9022	8943	-79
Paediatrics	60	60	47	-13	7264	7264	7632	368	192	192	201	9	4736	4736	5521	785	11245	11245	10476	-769	80	80	71	-9	446	446	537	91
Palliative Medicine	0	0	0	0	0	0	0	0	0	0	0	0	828	828	1094	266	2536	2536	5046	2510	768	768	538	-230	0	0	0	0
Plastic Surgery	0	0	26	26	0	0	6	6	0	0	329	329	0	0	441	441	0	0	427	427	0	0	0	0	0	0	27	27
Restorative Dentistry	0	0	0	0	0	0	0	0	0	0	15	15	518	518	526	8	365	365	279	-86	0	0	0	0	1624	1624	737	-887
Rheumatology	2	2	4	2	16	16	15	-1	2198	2198	2247	49	3162	3162	2634	-528	11153	11153	13487	2334	1908	1908	1170	-738	166	166	0	-166
Thoracic Medicine	106	106	88	-18	3791	3791	3521	-270	395	395	542	147	3394	3394	3118	-276	10241	10241	8923	-1318	127	127	118	-9	172	172	256	84
Trauma And Orthopaedic Surge	2128	2128	2050	-78	3362	3362	3009	-353	2162	2162	2361	199	19224	19224	18218	-1006	26092	26092	28042	1950	0	0	0	0	3598	3598	1406	-2192
Urology	1708	1708	1622	-86	1625	1625	1540	-85	9841	9841	8879	-962	5705	5705	5622	-83	9184	9184	9135	-49	26	26	47	21	318	318	72	-246
Obstetrics & Midwifery Zero Tari	0	0	0	0	5446	5446	5714	268	0	0	0	0	6952	6952	8837	1885	53326	53326	29286	-24040	5282	5282	0	-5282	9204	9204	9083	-121
Gynaecology Zero Tariff	2	2	2	0	296	296	331	35	12	12	1	-11	10	10	2	-8	1334	1334	31	-1303	0	0	0	0	194	194	18	-176
Total	**9798**	**9798**	**9614**	**-184**	**60765**	**60765**	**63405**	**2640**	**64647**	**64647**	**62369**	**-2278**	**162401**	**162401**	**159493**	**-2908**	**340039**	**340039**	**312829**	**-27210**	**39208**	**39208**	**27638**	**-11570**	**90710**	**90710**	**73329**	**-17381**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Efficiency Programme Update – March 2015

Action requested/recommendation

The Board of Directors is asked to note the final March 2015 position.

Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2014/15 target is £24m and full year delivery is £26.9m, which represents a £2.9m over delivery of the target. This is the final position for 2014/15.

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	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, Director of Finance
Author	Steve Kitching, Head of Resource Management
Date of paper	April 2015
Version number	Version 1

Briefing note for the Board of Directors Meeting 29 April 2015

Subject: March 2015 - Efficiency Position
From: Steven Kitching, Head of Resource Management

Summary reported position for March 2015

Current position – highlights

Delivery – The year end delivery position is £26.9m in March 2015 which is 112% of the £24m annual target. This has improved from the last reported position in February 2015 by £3.0m. This is a significant achievement for the Trust and compares favourably with the 2013/14 out turn position of £26.2m delivery.

The relative Directorate positions are shown in Appendix 1 & 2 attached and a graph of over and under delivery at directorate level is include as appendix 3.

In year planning – The current planning position for 2015/16 is £21.3m against the current target figure of £25.8m, leaving a planning shortfall of (£4.5m).

Four year planning – The four year planning gap is now (£33.8m), the position has now been moved on a year to reflect the planned target for 2015/16 of £25.8m. The position has improved by £2.7m from February 2015, however it is expected there will continue to be some movement until the new plans settle down.

Recurrent vs. Non recurrent – Of the current £26.9m delivery £7.7m is in year recurrent, however if we add in the full year effect of schemes and some non recurrent to recurrent adjustment this improves to £8.6m; this recurrent delivery is 36% of our base target of £24m, and is approximately 2% of our overall plan. The work will continue to identify recurrent schemes, but it is not expected this will improve materially.

Quality Impact Assessments (QIA) – Work is now underway to assess all schemes for 2015/16.

Year end summary

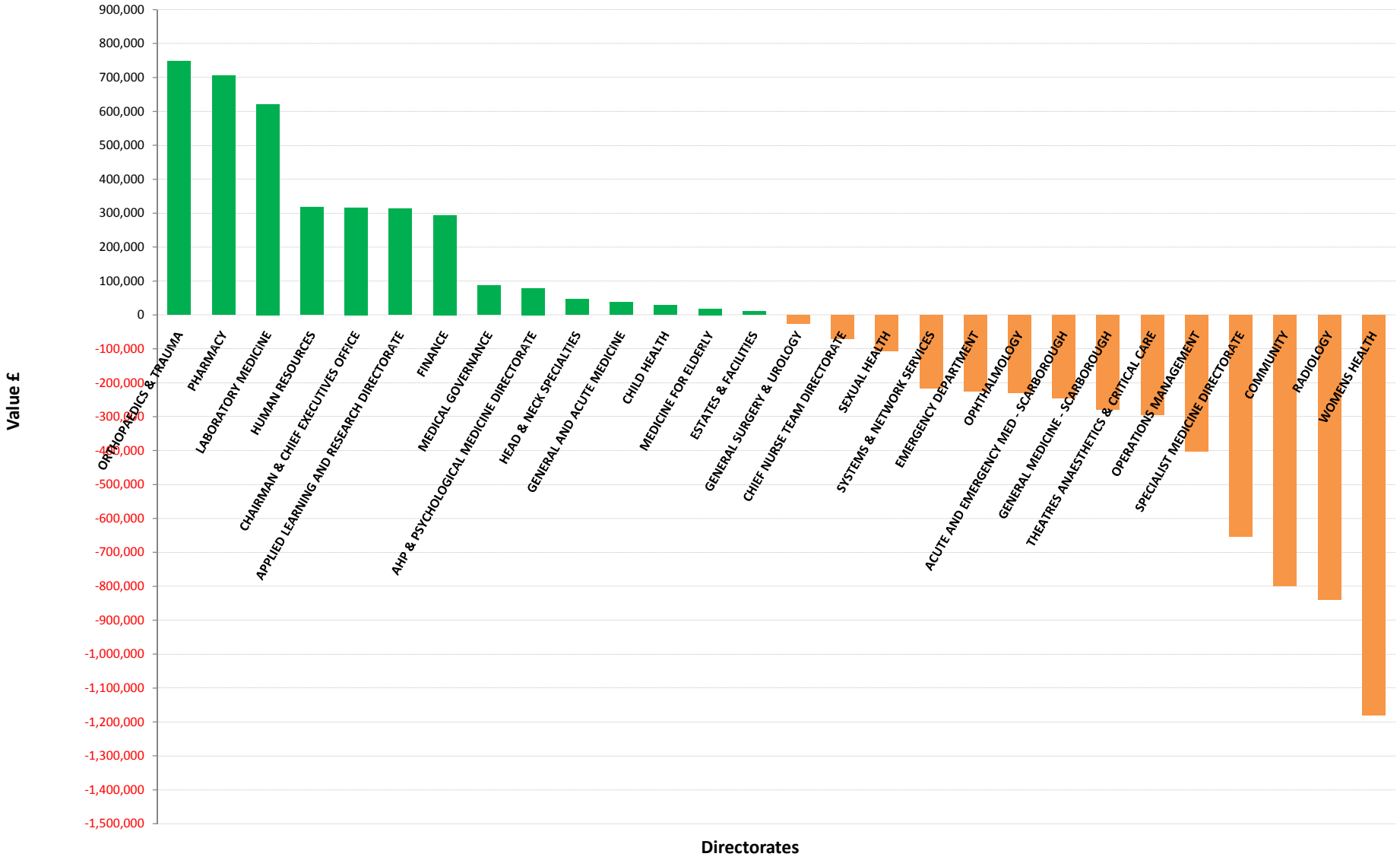
The over delivery of our efficiency target is a significant achievement and at £26.9m is the largest figure we have ever delivered as a Trust; this is an extremely pleasing position especially against a backdrop of a relatively unsettled year in terms of key personnel. The challenge as ever continues to increase, with another increase in the base target to £25.8m in 2015/16; this is driven primarily by our level of non recurrent carry forward. I am however confident we can again rise to the challenge but this is not without risk, especially given the Trusts overall financial position and performance challenges.

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

RISK SCORES - MARCH 2015 - 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
RADIOLOGY	1,901	3,800	56%	1	56%	1	2%	1	55%	1	4	1
TACC YORK	2,422	5,506	70%	1	70%	1	44%	1	40%	1	4	1
WOMENS HEALTH	2,342	4,464	50%	1	50%	1	31%	1	64%	2	5	1
SPECIALIST MEDICINE	1,984	5,891	67%	1	67%	1	17%	1	78%	3	6	1
ED YORK	501	1,426	55%	1	55%	1	13%	1	84%	4	7	1
OPHTHALMOLOGY	875	2,667	74%	2	74%	2	58%	2	58%	1	7	1
ED SCARBOROUGH	298	897	17%	1	17%	1	14%	1	104%	5	8	2
COMMUNITY	1,648	4,390	52%	1	52%	1	37%	1	105%	5	8	2
GEN MED SCARBOROUGH	965	2,441	71%	2	71%	2	26%	1	77%	3	8	2
SEXUAL HEALTH	491	1,129	78%	2	78%	2	42%	1	83%	4	9	2
GS&U	1,816	5,350	99%	4	99%	4	47%	1	79%	3	12	3
TACC SCARBOROUGH	770	2,141	156%	5	156%	5	39%	1	78%	3	14	3
CHILD HEALTH	1,247	2,999	102%	5	102%	5	32%	1	85%	4	15	3
THERAPIES	1,367	3,772	106%	5	106%	5	32%	1	86%	4	15	3
HEAD AND NECK	480	1,863	110%	5	110%	5	44%	1	87%	4	15	3
T&O SCARBOROUGH	324	1,298	155%	5	155%	5	68%	2	76%	3	15	3
MEDICINE FOR THE ELDERLY SCARBOROUGH	806	1,653	101%	5	101%	5	33%	1	109%	5	16	4
GEN MED YORK	1,672	5,114	102%	5	102%	5	41%	1	94%	5	16	4
MEDICINE FOR THE ELDERLY	174	1,717	106%	5	106%	5	24%	1	106%	5	16	4
T&O YORK	789	2,331	172%	5	172%	5	30%	1	109%	5	16	4
LAB MED	1,672	4,022	137%	5	137%	5	68%	2	107%	5	17	4
PHARMACY	-188	611	101%	5	101%	5	101%	5	185%	5	20	5
CORPORATE												
OPS MANAGEMENT SCARBOROUGH	329	638	29%	1	29%	1	2%	1	62%	2	5	1
CORPORATE NURSING	334	496	79%	2	79%	2	16%	1	55%	1	6	1
OPS MANAGEMENT YORK	239	419	29%	1	29%	1	0%	1	81%	4	7	1
SNS	1,137	2,557	81%	2	81%	2	34%	1	66%	2	7	1
ESTATES AND FACILITIES	2,878	7,804	100%	5	100%	5	39%	1	100%	5	16	4
HR	446	1,169	171%	5	171%	5	26%	1	98%	5	16	4
MEDICAL GOVERNANCE	77	180	212%	5	212%	5	17%	1	98%	5	16	4
AL&R	185	420	269%	5	269%	5	0%	1	143%	5	16	4
CHIEF EXEC	75	448	523%	5	523%	5	242%	5	90%	4	19	5
FINANCE	251	1,116	217%	5	217%	5	114%	5	108%	5	20	5
TRUST SCORE	**30,308**	**80,731**	**112%**	**5**	**112%**	**5**	**32%**	**1**	**89%**	**4**	**15**	**3**

APPENDIX 3 - Directorate Over and Under delivery - March 2015



York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Corporate Financial Plan 2015/16 – Updated

Action requested/recommendation

The Board is asked to note this report and the appendices, and to approve the revised Financial Plan for 2015/16, which will form the basis of the financial element of the final operational plan submission to Monitor in mid-May.

Summary

The Trust's financial plan for 2015/16 was presented to, and approved by the Board at its March 2015 meeting. The approved plan formed the financial basis of the Trust's draft operational plan submission to Monitor in early April.

At the time of its approval the Board were informed of the requirement for the Trust to submit a final operational plan to Monitor on 14th May 2015. It was expected that the final submission would incorporate any feedback received from Monitor on the Trust's draft operational plan submission. At the time of writing this report no feedback has yet been received by Monitor, although it has been possible to include a number of refinements to the draft submission, which are described below.

The Board of Directors is asked to consider and approve the revised financial plan for 2015/16, which will form the basis of the financial element of the final operational plan submission to Monitor.

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	Prepared for presentation to the Board of Directors.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	April 2015
Version number	Version 1

Board of Directors Meeting – 29 April 2015

Corporate Financial Plan 2015/16 – Updated

1. Introduction

The Trust's financial plan for 2015/16 was presented to, and approved by the Board at its March 2015 meeting. The approved plan formed the financial basis of the Trust's draft operational plan submission to Monitor in early April.

At the time of its approval the Board were informed of the requirement for the Trust to submit a final operational plan to Monitor on 14th May 2015. It was expected that the final submission would incorporate any feedback received from Monitor on the Trust's draft operational plan submission. At the time of writing this report no feedback has yet been received by Monitor, although it has been possible to include a number of refinements to the draft submission, which are described below.

The Board of Directors is asked to consider and approve the revised financial plan for 2015/16, which will form the basis of the financial element of the final operational plan submission to Monitor.

2. Changes to the March 2015 Submission

The main changes to the financial plan submitted at the end of March are summarised below.

Income

- Refinement to expected NHS England income for prescribed specialist services linked to the new marginal rate tariff under the Enhanced Tariff Option (-£0.21m).
- Refinement to Sexual Health income on the back of the successful tender bids with the City of York, and North Yorkshire County Councils (£0.85m)
- CCG income linked to the continued support of winter resilience schemes into 2015/16 (£1.51m).
- Estimated charges to Yorkshire Doctors for services and accommodation to be provided by the Trust in operating the Urgent Care Centres at Scarborough and Malton hospitals (£0.35m)
- And a small number of additional miscellaneous income changes in 2015/16.

Expenditure

- Increased costs linked to Directorate identified non-activity related pressures (£0.22m).
- Increased costs linked to CCG supported winter resilience schemes (£0.94m).
- Refinement to Sexual Health costs on the back of the successful tender bids with the City of York, and North Yorkshire County Councils (£1.00m).

The net impact of the changes on projected surplus/ (deficit) for 2015/16 is illustrated in the table below.

Surplus/ (Deficit)	2015/16
	£m
Original plan	-7.754
Revised plan	-7.409
Net Change	**+0.345**

The underlying operating deficit in 2015/16 excluding impairments; the technical loss from the transfer of Whitby hospital to NHS Property services, and income from donated assets is £3.209m, an improvement of £0.345m on the plan submitted in March.

3. Projected Financial Position

The revised income & expenditure, balance sheet, and cash flow summaries are attached at **Appendices A, B, and C**.

4. Continuity of Service Risk Rating (CoSRR)

A re-assessment has been made of Monitor's CoSRR methodology to establish the likely rating for the Trust's revised financial plan. The result is attached at **Appendix D**.

In summary, the provisional CoSRR for the revised plan remains unchanged from the draft plan submission achieving a rating of 3 in 2015/16.

5. Recommendation

The Board is asked to note this report and the appendices, and to approve the revised Financial Plan for 2015/16, which will form the basis of the financial element of the final operational plan submission to Monitor in mid-May.

Author	**Graham Lamb, Deputy Finance Director**
Owner	**Andrew Bertram, Finance Director**
Date	**April 2015**

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
SUMMARY INCOME & EXPENDITURE POSITION 2015/16

	£000
INCOME	
NHS Clinical Income	
Elective	25,716
Planned Same Day	32,381
Non-Elective	107,148
Outpatients	64,021
A&E	15,822
TCS	32,613
Other	129,103
	406,804
Contract Penalties	-2,000
	404,804
Non-NHS Clinical Income	
Private Patient Income	986
Other Non-protected Clinical Income	1,790
	2,776
Other Income	
Research & Development	2,794
Education & Training	14,133
Donations & Grants received of cash to buy PPE & Intangible Assets	600
Other Income	17,493
Transitional Support	10,907
	45,928
Total Income	**453,508**
EXPENDITURE	
Pay costs	-295,371
Drug costs	-43,602
Clinical Supplies & Services	-47,693
Other costs (excluding Depreciation)	-51,188
Total Expenditure	**-437,854**
EBITDA	**15,654**
Profit/ Loss on Asset Disposals	-4,500
Fixed Asset Impairments	-300
Depreciation	-11,000
Interest Receivable	100
Interest Expense on Non-commercial borrowings	-323
Other Finance costs	0
PDC Dividend	-7,040
Taxation Payable	0
NET SURPLUS/ DEFICIT	**-7,409**

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
BALANCE SHEET
FOR THE YEAR ENDING 31 MARCH 2016

	£000
ASSETS, NON CURRENT	
Intangible Assets	4,746
Property, Plant and Equipment	232,574
Trade and Other Receivables	1,395
Total Fixed Assets	**238,715**
ASSETS, CURRENT	
Inventories	7,055
NHS Trade Receivables	13,315
Other Related Party Receivables	1,711
Other Receivables	2,091
Accrued Income	1,013
Prepayments	1,797
Cash with GBS	20,071
Cash in Commercial Accounts	0
Total Current Assets	47,053
CURRENT LIABILITIES	
Bank Overdraft	0
Drawdown in Committed Facility	0
Non Commercial Loans	-1,808
Commercial Loans	-12
Provisions, Current	-80
Current Tax Payables	-5,670
Trade Payables	-12,951
Other Payables	-3,573
Other Liabilities	-1,217
Capital Payables	-2,889
Accruals	-9,214
Payments on Account	-279
Finance Leases	0
PDC Dividend Creditor	0
Interest Payable on Borrowings	-76
Total Current Liabilities	-37,769
NET CURRENT ASSETS (LIABILITIES)	**9,284**
NON CURRENT LIABILITIES	
Loans Non Current Non-Commercial	-20,284
Loans Non Current Commercial	0
Provisions, Non Current	-1,214
NON CURRENT LIABILITIES	**-21,498**
TOTAL ASSETS EMPLOYED	**226,501**
TAXPAYERS' EQUITY	
Public Dividend Capital	88,930
Retained Earnings (Accumulated Losses)	82,816
Revaluation Reserve	54,755
Other Reserves	0
Total Taxpayers Equity	226,501
TOTAL FUNDS EMPLOYED	**226,501**

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
CASH FLOW
FOR THE YEAR ENDING 31 MARCH 2016

	£000
Surplus/(deficit) after tax	4,354
Non-cash flows in operating surplus/(deficit)	11,300
Operating Cash flows before movements in working capital	**15,654**
Movement in Working Capital:	
Stocks & Work in Progress	0
NHS Trade Debtors	0
Other Debtors	0
Accrued Income	0
Prepayments	0
Trade Creditors	0
Tax	0
Other Creditors	80
Interest Payable	0
Payments on Account	0
Accruals	0
Provisions & Liabilities	0
Net cash inflow/(outflow) from operating activities	**15,734**
Net cash inflow/(outflow() from investing activities:	
Property - new land, buildings or dwellings	0
Property - maintenance expenditure	-11,010
Plant and equipment - Other	-7,340
Property, plant and equipment - other expenditure	0
Proceeds on disposal of property, plant and equipment	737
Purchase of intangible assets	-3,947
Interest received on cash and cash equivalents	100
Net cash inflow/(outflow) before financing	**-5,726**
Net cash inflow/(outflow) from financing activities:	
Public Dividend Capital Received	3,000
Public Dividend Capital Repaid	0
PDC Dividends Paid	-7,040
Interest (paid) on commercial loans	0
Interest (paid) on non-commercial loans	-323
Capital element of finance lease rental payments	-53
Drawdown of Non Commercial Loans	10,557
Repayment of Non Commercial Loans	-1,247
Drawdown of Commercial Loans	0
Repayment of Commercial Loans	-12
Other cash flows from financing activities	0
Net increase/(decrease) in cash	**-844**
Opening Cash	20,915
Net increase/(decrease) in cash	-844
Closing Cash	**20,071**

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
CONTINUITY OF SERVICE RISK RATING 2015/16

Capital Service Cover

	£000
PDC dividend expense	-7,040
Interest Expense on Overdrafts and Working Capital Facilities	0
Interest Expense on Bridging loans	0
Interest Expense on Non-commercial borrowings	-323
Interest Expense on Commercial borrowings	-0
Interest Expense on Finance leases (non-PFI)	0
Interest Expense on PFI leases & liabilities	0
Other Finance Costs	0
Non-Operating PFI costs (eg contingent rent)	0
Public Dividend Capital repaid	0
Repayment of bridging loans	0
Repayment of non-commercial loans	-1,247
Repayment of commercial loans	-12
Capital element of finance lease rental payments - On-balance sheet PFI	0
Capital element of finance lease rental payments - other	-53
Capital Service	-8,675

Revenue Available for Capital Service (£m)	15,154
Capital Service Cover metric (Times Cover)	1.75
Capital Service Cover rating	**2**

Debt Service Cover Rating (50%)			
4	3	2	1
2.50	1.75	1.25	<1.25

Liquidity

Working capital balance (for use in CoS rating calculation)	432
Operating Expenses within EBITDA (£m)	-437,854
Liquidity metric (Times Cover)	0.36
Liquidity rating	**4**

Liquidity Rating (50%)			
4	3	2	1
0	-7	-14	<-14

Continuity of Service Risk Rating

3

J1

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Annual Plan 2015/16

Action requested/recommendation

The Board of Directors are asked to discuss the annual plan 2015/16 for submission to Monitor on the 14th May 2015, noting the intention to refresh the 5 Year Strategy submitted last year due to the changes that have occurred with tariff and the economic environment.

As part of the submission, Monitor require the Board to refresh the declaration of sustainability made in last year's 5 Year Strategy, which is identified at the end of the document.

Summary

A draft of the annual plan 2015/16 is attached for discussion before finalisation and submission to Monitor on the 14 May 2015. Timescales for submission have slipped due to the tariff negotiations and as a consequence further financial information will have to be added once it is available and the Quality Goals may change slightly.

The document may also have to be altered following receipt of Monitor's feedback on the draft, which was submitted in April.

Monitor's guidance regarding the content and submission can be found on their website under: Guidance on the 2015/16 annual planning review for NHS foundation trusts.

Strategic Aims

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

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine

protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Board of Directors
Risk	No risk.
Resource implications	Resource implications are detailed in the report.
Owner	Mike Proctor, Deputy Chief Executive
Author	Lynda Provins, Head of the Business Intelligence Unit
Date of paper	April 2015
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Draft

Operational Plan

2015/16

Version 0.16

Operational Plan 15-16 - Draft

Strategic Context

The Trust continues to function within a very challenging climate of increased activity and the nationally prescribed efficiency programme, but these pressures are placing an enormous strain on the organisation as predicted in the five year strategy 2014-19. The Trust continues to focus on it's strategic priorities whilst balancing the demands and pressures placed upon it. The Board remains committed to clinical and financial sustainability and this can be evidenced by the assurance gained from detailed analysis of financial, operational and quality data presented to the Board on a monthly basis.

Winter pressures have resulted in a number of escalation areas being opened and the declaration of a major incident on the Scarborough site in early January. Declaring a major incident enabled the Trust to increase the focus on the management of resources ensuring that those patients most in need of care were being seen and treated, and staff supported through a particularly challenging time. A detailed review of the operational challenges has taken place to understand the reasons behind the slippage in performance. A trust wide approach to producing recovery plans has been adopted, underpinned by detailed demand and capacity analysis. Service and economic challenges continue to erode the Trust's flexibility together with the ability to respond to changing needs, however, the Trust remains committed to developing services and investing in staff.

In October 2014, Monitor highlighted concerns regarding multiple breaches of performance targets:

- Q4 2013/14 – Cancer two week wait (symptomatic breast); Cancer 62 day wait for first treatment; Annual C-Difficile objective; and Referral to Treatment Time (RTT) Admitted.
- Q1 2014/15 Four hour Accident & Emergency (A&E) target – 5th consecutive breach
- Q1 2014/15 Cancer two week wait (symptomatic breast) – third consecutive breach

Monitor considered the breaches together with available information including an investigation meeting with members of the Board and concluded there was insufficient evidence to amount to a breach of the Trust's licence or any significant governance concerns. However, Monitor remain concerned about a number of targets especially the under-performance against the A&E target and as a consequence are closely monitoring the Trust and requesting further assurance.

The Trust has encountered significant issues with recruiting staff especially to work on the East Coast and this has resulted in the breast service being centralised at York in August. However, performance against this target continues to improve and the Trust is working with the Clinical Commissioning Group (CCG) around the remaining issues pertaining to patient choice. The Trust is also working closely with the CCGs around referral management across a number of services to ensure that specialist appointments are relevant so making access quicker. The Trust has had no cases of MRSA reported and seen an improvement in relation to C. Difficile from the previous year. Despite the

pressure of increased activity, the Trust has managed to deliver the majority of CQUIN targets.

The Trust is monitoring the financial position very carefully as a number of elements posed a risk in terms of outright 2014/15 year end delivery and will continue to provide a challenge throughout 2015/16:

- The CIP target for 2014-15 has been achieved, but a proportion of this is on a non-recurrent basis which is a risk going forward
- Non-elective activity has continued to exceed plan comprising elective activity
- Contract penalties continued to rise
- Pay budgets are reflective of the additional unplanned capacity
- Recruitment issues are impacting on agency expenditure

Alignment with local health economy plans, especially in light of the Better Care Fund contribution requirements on CCGs, will place pressure particularly on the agreement of non-elective activity. This in turn will drive planning assumptions around reduced levels of non-elective activity and Emergency Department attendances despite attempts to reduce activity with the implementation of the Community Hubs. Currently, there is a CCG reduction requirement that outstrips the expected reduction from the schemes in place. Discussions have commenced as to how this will manifest itself in a contract settlement and what the implications will be for the Trust in terms of the sizing of contracted non-elective capacity.

There exists a significant tension in the tripartite plan assessment process in that both local health economy sustainability (affordability) will be tested alongside the resilience of the quality and operational ability of service delivery. It is absolutely expected that lessons learnt from the difficulties of the current winter will be prominent in the resilience elements of local health economy planning. This will challenge local CCG affordability and the contract agreement process.

Commissioning

The Trust continues to work with partners to redesign pathways and transform the way it provides services. However, the Trust faces activity reductions from commissioners who are actively seeking to manage within their allocated resources. Collaboration such as the Community Hubs and Operation Fresh Start will begin to provide the means to ensure the effective deployment of resources across the patient pathway, promoting co-ordinated management of patients with long term conditions to avoid unnecessary admissions and increase discharges.

The local health economy will need to consider a full review of the agreed portfolio of services provided by the Trust, the agreed model of service delivery, costs of these services and appropriate reimbursement mechanisms. Without longer term commissioner support and engagement, it is likely that local provision of services that are not financially viable will continue to be threatened. There is a need to look at new models of service delivery and different ways of working due to the significant pressures on recruitment that are being experienced, which may require a reduction in the provision of services on some sites.

The Board of Directors continues to recognise the challenge the Trust faces in light of increased activity, reduced income and the national efficiency programme. The Board

intends to refresh the 5 year strategy together with the underpinning strategic priorities. The Trust will inevitably need to revisit this plan and the 5 year strategy in any event, if there are any significant changes such as post-election shifts in policy on access targets, tariff levels and structure or regulatory standards.

Progress against delivery of the strategy

Five Year Forward View - Strategic Initiatives

The Trust has been involved in both the Vanguard bids put forward by Scarborough & Ryedale and Vale of York CCGs, of which neither was successful. However, all stakeholders to the Vale of York bid have indicated their commitment to progress this development. It is clear that Vale of York want to expand the current range of services and include additional services.

The Vale of York CCG bid was predicated on a Multi-speciality Community Provider and Enhanced Health in Care Homes model, but also describes the creation of a 'new organisational form, that will act as a vehicle for delivering these new integrated service models. The idea is to establish an independently governed body supported by the governance and infrastructure of York Foundation Trust. The governing body of the new organisation will be, as required by its constitution, the driving force for health and social care integration and the new model of care to be delivered. All members of the Governing Body (GPs, Local Authorities, Voluntary Sector and York Teaching Hospital NHS Foundation Trust) will have an equal voice in determining how our vision for the future is delivered and how barriers to joined up care are to be overcome.

The Trust is currently working with NHS Elect to define this organisational form in more detail focusing on the following key areas.

1. Options for possible organisational form, including the benefits and risks of each
2. Clarification of the benefits sought and how these are communicated to stakeholders
3. Analysis of and advice on potential competition implications for any approach
4. Clarity re clinical and corporate governance arrangements for the new organisation including the role of Board and its areas of jurisdiction (and its links to the Trust's Board of Directors)
5. Support for due diligence of the preferred model
6. Development of an action plan with timelines for setting up the new organisation and its governing body
7. Mobilisation plan including branding of the new organisation and setting of a shared vision

The development of a new organisational form hosted/led by the Trust will help to formalise existing informal partnerships. Significant progress has been made over recent months, in part driven by the community hub developments which have required the Trust to adopt a system leadership role and work more proactively and in a more facilitative way with stakeholders. This new approach will support the development of new innovative service models, informed and supported by a wider range of partners. In turn this will enable partners to achieve together their collective ambition of reducing health inequalities whilst at the same time improving efficiency. This will be delivered by a wider range of integrated and innovate service models.

Scarborough and Ryedale CCG also proposed a Vanguard bid, which focuses on the sustainability of Scarborough Hospital. The CCG maintain that in its current form, Scarborough Hospital will not be able to deliver the principles of care outlined in Future Hospital: Caring for Medical Patients published in 2013 - due to the inability to recruit and retain core staff and because of tariff-related financial viability issues. The CCGs and the

Trust are committed to maintaining a hospital in Scarborough and our joint aim is to ensure that whatever configuration of services are provided to patients they are high quality, safe, affordable and represent value for money for taxpayers. North Yorkshire County Council (NYCC), with its place-shaping role, sees a sustainable hospital as a vital public service and an important contributor both to the health and well-being of the population and, as a major local employer, to the economy.

In essence, the idea is to re-position the Hospital so that it provides a bespoke model of acute care and outreach into the community. A busy seaside resort, 43 miles away from the next emergency department, it is essential that there is a 24 hour emergency department to meet the needs of residents and visitors. The core aim of the bid was to secure appropriate and both clinically and financially sustainable services on the Scarborough Hospital site.

Ambitions for transforming and securing local hospital care, are part of a wider vision for:

- Promoting prevention, independence, self-help and personalised care, so that communities are resilient and more people get the advice and support they need at first point of contact with health and social care
- When people need services, to provide high quality assessment, diagnostics, treatment, care and support in the right setting, either in the community or in the hospital
- Re-designing out of hospital care, including intermediate care and re-ablement, enhanced support to care homes, better mental health care – including through a network of care hubs

Alliance and Partnership Working – Working across organisational boundaries is one of the Trust's strategic frames ensuring co-operation and partnership working. The Trust's intention is to drive forward quality, safe and sustainable services through collaboration with others to provide choice together with locally based services wherever practicable. In respect of neighbouring acute/community trust organisations (e.g. Harrogate and Hull Trusts) there are potential benefits in terms of mutual service sustainability (through pooling of population numbers and shared expertise and manpower) economies of scale and improved patient pathways and choice.

There is continuing engagement with NHS England around the planning and delivery of specialist "secondary care plus" services which involves in some cases network/alliance arrangements with neighbouring Acute Trusts eg: Hull and Harrogate. However, there will also need to be a consistent approach in working with CCGs and Local Authorities to encourage standardisation and transformation of services across the locality.

The Better Care Fund has been created to facilitate integrated planning between Health and Social Care. The Trust is a standing member of York's Health & Wellbeing Board, which also includes representation from City of York Council, Vale of York CCG, Leeds and York Partnership Foundation Trust, Adult Social Services and various voluntary organisations. The Trust is also represented at the North Yorkshire Health and Wellbeing Board.

Collaboration was the prime factor in the success of the Perfect Week project. The multidisciplinary working with partners allowed all those involved in the patient's pathway to see the impact of working together. Operation Fresh Start will capitalise on this work

by taking the successful elements and implementing them as far as possible within the resources available.

One of the benefits of the integration with community and the acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust has been the opportunity to develop the sites. Bridlington Hospital will allow the Trust to capitalise on the separation of acute and elective orthopaedic work on the East Coast, which in past years has been severely restricted or cancelled completely in times of increased activity. Further plans are being explored to optimise development of the infrastructure at Bridlington to allow further separation of acute and elective work in other specialties. This project has added tremendous value to patient experience and staff morale.

Actions to address performance

A comprehensive review and understanding of operational challenges and reasons for the deterioration in performance has been carried out to ensure that a Trust wide approach is taken to support the recovery plans. The Trust has undertaken detailed capacity and demand analysis.

18 Weeks RTT Admitted - The Trust has developed an in-house model using the IMAS recommendation from detailed speciality specific capacity and demand work which has been undertaken. This has informed the change to chronological selection of patients and a sustainable backlog calculation. A number of actions are being taken to across the Trust in order to provide a sustainable position including various options for outsourcing, backfilling theatre lists and undertaking a 1.5 pa session for afternoon lists. Ongoing detailed analysis will be carried out to ensure a sustainable backlog is reached, which should provide improvements in efficiencies and productivity. Business cases are being developed where there is a significant shortfall in capacity and theatre reconfiguration is being explored. It is hoped to reduce cancellations of elective procedures by improving patient flow and bed occupancy which is linked to emergency access.

4 Hour A & E - The 4-hour standard is part of an urgent care system affected by demand from primary care, effectiveness of internal ED processes, acuity of patients, effective assessment, patient flow through the hospital and discharge into the community.
An Emergency Care Recovery Plan has been split into short and medium term actions around four key work streams; reduced bed occupancy, patient flow, pathway re-design including ambulatory care and whole system working. There is no one single problem impacting on performance and solutions will be multi-factorial ensuring achievement of improvements in all parts of the system.

Leadership from all professional groups will be vital to the success of the work streams as well as reducing bed occupancy levels, which currently sit at over 95%. An assessment has been made into the monthly breach reduction possibility of each of these work streams in short term and long term. A number of actions are being put in place to strengthen leadership and improve patient flow. Assumptions on breach reduction assessments forecast the Trust reaching compliance by September 2015 as long as there is no material change in average attendances, either walk-in or by ambulance.

Diagnostics - The Trust's diagnostic performance has got worse compared to previous years due to the deterioration in waiting times for CT, MRI and Non obstetric ultrasound. Significant shortfalls in capacity have been identified following capacity modelling on the York site together with significant amounts of activity which are undertaken as waiting list

initiatives. Any activity which is over capacity is unsustainable and high risk and unfortunately demand is anticipated to rise by 9-12% in 2015/16.

A number of actions are planned including increasing outsourcing using other providers or mobile units, increasing staffing and using adaptations to rotas instead of waiting list initiatives, demand management and partnership working. In the short term an external review of York Radiology Department will be carried out which will review practice, look at options for internal efficiency and productivity gains and review the workforce profile together with skill mix and 7 day working. Work is ongoing to agree a recovery trajectory.

Cancer - In respect of the 2 week wait breaches, discussions are taking place with the CCGs as 32% of the breaches were due to patient choice. Work is ongoing in this area to agree a recovery trajectory. Patient choice is also a significant factor in all the quarter four cancer breast symptomatic breaches. Successful triage of referrals is resulting in a month on month reduction. Continued emergency pressures have impacted on performance of the cancer 62 day target due to elective operational being cancelled. Subject to emergency demand and bed occupancy, the assumption is that the Trust will be compliant from quarter one in 2015/16.

An extensive amount of work has already been done and the programme continues to understand and sustain performance ensuring recovery trajectories are robust and where required capacity increased. Detailed monitoring together with the adoption of new ways of working are being planned, but this requires a whole system approach with the engagement of all elements of the local health economy.

Redesigning pathways and collaborative working with partners continues to be paramount to the Trust achieving it's strategic goals and a number of initiatives continue to contribute to endeavours to achieve both resilience and sustainability:

- Community Hubs have been a key priority for the Trust and CCGs to ensure resources are combined to deliver a co-ordinated and integrated response to health and social care need with a central point of access. Provision of services includes Care Home In-reach, a Community Response Team and a Frailty Clinic and is designed to ensure patients are treated locally and reduce inappropriate admissions.

- Amalgamation of Short Stay and Acute Assessment Unit – the ongoing strategy is to amalgamate the Short Stay Unit (SSU) and the Acute Assessment Unit (AMU) to enable a more streamlined pathway, which aims to reduce duplication. This has been piloted along and the longer term vision will also look at evaluating options including possible building works.

- Introduction of Ambulatory Care at York – a pilot will take place in late February/early March to introduce ambulatory care at York. The Scarborough and Bridlington sites already both have ambulatory care. The pilot will take patients from five pathways, which includes patients presenting with cellulitis and DVT and aims to improve patient experience and reduce patient flow. A business case is to be discussed with the Vale of York CCG.

- Bridlington Elective Orthopaedic Centre was established as part of the drive to separate acute and elective work and is supported by a programme to develop a service which provides outpatients, treatment and rehabilitation all co-located for

ease of access. Orthopaedics has continued to operate electively at Bridlington during the Winter months despite the acute pressures experienced by the Trust.

- One-Stop Urology Centre – another community hospital development, which is due to move from the planning to development phase is a one-stop urology centre at Malton Hospital. This will streamline the service to allow consultation, diagnostics and treatment all within one planned visit.

- Perfect Week (Scarborough) - an improvement programme from the Emergency Care Intensive Support Team from the Department of Health was jointly commissioned with Scarborough & Ryedale CCG and trialed in Scarborough in May 2014. Perfect Week follows the principles of a major incident. It enabled staff from health and social care to work together with the aim of improving the way in which patient move through the various steps of the whole health and social care system, from the ambulance service and GPs, through the hospital, and out into the community, be it social care, mental health, community services or back home.

- Operational Fresh Start will introduce various changes within the whole system to benefit patient flow following the success of Perfect Week. Elements of this project are being put into place including the deployment of discharge liaison officers and having social workers based on site to enhance the transfer of patients out of the hospital.

- Emergency Department – a number of changes are being put in place including having specialist junior doctors attending the Emergency Department (ED) to clerk patients. Two senior consultant physicians are working closely with ED and AMU to undertake post-take and to use discretion regarding sending patients straight to a ward bypassing AMU where appropriate and particularly where a patient has a lower NEWS score.

- Urgent and Emergency Care Services (Malton & Scarborough) – Yorkshire Doctors Urgent Care have won the tender to put an Urgent Care Centre and GP Out of Hours in both Malton and Scarborough. The Trust endorsed the bid, which was based on partnership working and shared use of facilities at Malton and Scarborough hospitals. Both centres will provide an opportunity to improve patient experience by supporting local delivery of care, enhance links with primary care and improve the flow of patients ensuring they see the most appropriate clinician. In Scarborough this will work alongside other initiatives being delivered in order to achieve the 4 hour target.

- Workforce - Significant work has been undertaken to address current workforce gaps and to address anticipated workforce issues of the future. These include a number of interventions to support staff currently in post and also the creation of new roles to support medical and nursing teams. There has been a targeted recruitment campaign over the last eleven months with successful outcomes in terms of the numbers appointed.

A summary of productivity, efficiency and CIP programmes

One of the greatest challenges facing the organisation is delivery of a £92m efficiency programme; over the five financial years to March 2020. The Trust has an excellent record of delivering efficiencies; having exceeded its target for the last six years and is

due to a number of organisational strengths and innovations. All savings targets are devolved to Directorates and the Clinical Director structure ensuring a high level of engagement in the process.

The programme is led by two dedicated Resource Management Specialists and supported by a wider Resource Management Team, established in September 2010 to accelerate the pace of delivery. The team now incorporates the Costing and SLR Team to further strengthen the approach to delivering a sustainable efficiency programme.

Governance is formalised through the Resource Management Policy and oversight is provided by the Finance and Performance Committee. The Resource Management Policy provides a mechanism to recognise and reward creative and innovative approaches to efficiency. The main aim being to encourage longer term projects and support cross directorate collaboration. Projects that enable the release of savings in later years are credited in year, encouraging managers to initiate more difficult schemes.

In order to support the high number of large scale transformational initiatives, the Corporate Improvement Team was initiated to enhance service development across the Trust. A need for dedicated service improvement support was identified following the acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust and works by sustaining and maintaining skills used by staff within services to drive change.

Capital Programme - The Trust's capital programme is aligned to it's strategic priorities to ensure resources are focused to provide maximum value. Part of the clinical strategy is to separate acute and elective work and this is evidenced by projects such as the movement of elective orthopaedics from Scarborough to Bridlington. The first phase of which has ensured that patients have continued to receive elective orthopaedic operations during the increased activity over the Winter. The next phase of this work is being planned and will look at achieving the further separation of acute and elective work by increasing theatre capacity. Work has also started in Scarborough around the planning for a new A & E department with a new Child Health Department as part of the same build.

Balancing strategic priorities, performance and capital spend requires good governance and the appropriate oversight from the Executive Board and Trust Board to ensure that the appropriate levels of assurance is gained. The Trust's Programme Director for Capital oversees a 5 year rolling programme of capital development and involves a significant number of schemes which are in various stages of planning and evolution.

Quality Priorities

National and Local Commissioning Priorities

Community services are high on the agenda of all CCGs. Hambleton, Richmondshire and Whitby CCG have put out to tender the provision of community services in Whitby and the surrounding area. The Trust has taken a decision not to tender for the service, but will continue to provide Community Paediatrics. This contract has been awarded to Virgin Healthcare and due diligence work is now underway.

The Trust has also been served notice on the community services contract by both Vale of York CCG and Scarborough and Ryedale CCG. However, Vale of York CCG has now reversed this decision in part due to their development of a Vanguard bid.

The Vale of York CCG bid was short-listed to present to the National New Models of Care Team, which was unsuccessful, however, there is still commitment from the parties involved to be a wave two Vanguard site (fast follower). As part of the accelerated programme, external evaluation of the Selby Community Hub will be carried out. The Trust will also be part of the international support programme, with a joint event planned with South Central from Alaska in April 2015. Vale of York CCG will also be part of the group from South Somerset and Blackpool, Fylde and Wyre working with the Method and Analytics Opportunity Matrix to undertake an evaluation of the new models of care.

Scarborough and Ryedale CCG also submitted a Vanguard bid which set out their ambitions for better integrated care and at the heart of this were proposals to secure the future of Scarborough Hospital with an agreed portfolio of both clinically and financially sustainable services. The bid was focused on creating critical mass together with recruiting and retaining key staff with a financial model which moved beyond the current tariff structure. The aim was to improve the quality and resilience of services that are provided and to ensure that changes take place within a planned and agreed strategy.

The Trust continues to work very closely with each of the CCGs to explore how best to use existing resources and estate to provide efficient and local provision of pathways and support plans for the future. Working in partnership, the Trust and CCGs have also developed psychiatric liaison services to respond to those with mental illness who need to access acute hospital services. The liaison team is also able to support acute staff with learning and development in mental health issues.

Quality Goals – Quality Account

The Trust has maintained a full unconditional licence from the Care Quality Commission (CQC). The licence is an endorsement from the CQC that the outcomes the Trust delivers for patients are of the standard and quality they would view as acceptable.

During the year the Trust has continued to drive the implementation of the quality and safety. It continues to work with national and international experts in the field and whilst proud of its progress will continue to push for the best possible results across all aspects of our care.

The Quality Report sets out the Trust's responsibilities and priorities in respect of Quality and Safety together with shared learning both internally and externally. The Trust has a number of quality goals which are reviewed annually to reflect areas of focus:

An Outline of Existing Quality Concerns (from CQC and other parties)

Currently the CQC Quality Risk Profile does not indicate any quality concerns with the Trust.

The CQC inspected the Trust in March 2015, however, the Trust has not had sight of the Inspection reports at the time of drafting this document.

NB: The Quality & Safety Goals are still currently under discussion and may be revised.

Priorities for the Trust - Quality and Safety for 2015/16	
Patient Safety	
Improving care of acutely ill and deteriorating patients	**By the End of March 2016, we will ensure that:**
	■ The Post-Take Ward Round Checklist is embedded for all acute medicine, elderly and acute surgery inpatients.
	■ 90% of patients admitted urgently with a major risk factor for Acute Kidney Injury (AKI) will have recorded in their discharge summary: stage of AKI, medicines review and type and list of blood samples required for monitoring.
	■ 90% of patients with severe sepsis will have antibiotics initiated within one hour of presentation. ■ Patients have a review by a senior doctor within 14 hours of arrival to the Medical Admissions Unit.
Reducing harm to patients	**By the End of March 2016, we will ensure that:**
	■ Over 90% of patients (aged 75 years and over) acutely admitted with delirium or dementia, have a dementia specific assessment and are referred for further diagnostic advice and specialist treatments on all our hospital sites. In addition we will ensure that carers of people with dementia and delirium feel adequately supported.
	■ In theatre, the surgical safety checks include a team safety briefing at the beginning of the operating list and a STOP at the point of knife to skin.
	■ We reduce serious injury to patients following a fall in hospital by a further 20%. ■ We enhance supported discharge for patients following a stroke.

Infection prevention and control	▪ We continue, through effective audit/surveillance and Post Infection Review (PIR) to monitor and benchmark rates of Healthcare Associated infection aiming to demonstrate a continual reduction below the national mean. ▪ We improve practice in relation to invasive device management through enhanced and specific education and training initiatives (ANTT, Device management role). ▪ Continue to devolve responsibility and improve accountability for infection prevention through improved performance and assurance reporting/feedback.
Clinical Effectiveness and Outcomes	
Monitoring the prevalence of pressure ulcers	**By the End of March 2016, we will ensure that:**
	▪ We report the prevalence of patients in our care who have a category 2-4 pressure ulcer (old or new) as measured using the Safety Thermometer tool and aim to maintain the prevalence in line with the national benchmark.
	▪ We continue to learn from pressure ulcer development by reporting all category 3 and 4 pressure ulcers as Serious Incidents and aim to reduce the incidence by 20%.
Monitoring critical medicines and antimicrobials	**By the End of March 2016, we will ensure that:**
	▪ We will monitor the prescription of antimicrobials; specifically the indications for the prescription and the review dates and improve compliance with the antimicrobial prescribing policy. ▪ We will monitor and reduce the number of missed doses and the frequency of prescribing errors by 20%. ▪ We will have designed and tested processes for implementation of EPMA throughout the Trust.
Reduction in mortality rates	**By the End of March 2016, we will ensure that:**
	▪ We continue the consultant led, systematic review of all in-patient deaths in the acute hospital and GP led review in our community hospitals.
	▪ We continue to work towards achieving a SHMI of less than 100 for both acute hospital sites.
	▪ We continue to work towards achieving an overall HSMR of 100 or less.
Patient Experience	
Expanding systems for patients to provide feedback on care and treatment received	**By the End of March 2016, we will ensure that:**
	▪ The Trust will develop and launch a Patient Experience Strategy
	▪ Across the Trust the Friends and Family Test will achieve a 90%+ score for patients reporting that they would recommend the Trust to their Friends and Family if they needed similar care or treatment. (Please note that the old Net Promoter Score has been removed and replaced with a % of who would recommend).

	■ ‘Knowing How We Are Doing Boards’ will be rolled out to all wards and departments across the Trust and reviewed on a rolling quarterly basis. ■ Working with individual directorates we will provide local information reports to improve the patient experience.
Excellence in end of life care	**By the End of March 2016, we will ensure that:**
	■ We are achieving best practice standards with end of life care. ■ All patients have appropriate and inclusive DNACPR decision making.

Operational requirements

The Trust has developed a number of processes to help deliver appropriate, high quality, sustainable and cost efficient services. Linked to all these processes are a framework of performance management meetings which form an integral part of the strategy and planning process within the Trust. A number of specialties are working with the NHS Interim Management and Support (IMAS) tool on capacity and demand modelling tool to inform business planning and capacity management.

The business planning round process looks at developments, commissioning intentions, capacity to deliver and any trends in growth in order to establish a forecast position on which to predicate future activity. Initiatives are then developed which respond to anticipated growth or shortfalls to mitigate or capitalise on the position.

Another facet of this is to provide sustainable efficient planning, which recognises purchasing and Quality, Innovation, Productivity and Prevention (QIPP) intentions of CCGs, likely changes in local health trends, demographics and the sustainability of key services. Incremental savings, although important, need to be made alongside transformational schemes. These will be linked to delivering services out in the community, integration opportunities and a clear understanding of cost saving opportunities identified from benchmarking.

Once plans are identified, a business case is drafted to provide tangible evidence that due consideration and assessment has been given of the options, implications, and risks for the Trust in addressing identified issues and meeting stated objectives. The business case forms a key element of an informed decision-making process within the organisation, and provides evidence of compliance with the Trust's 'Scheme of Delegation'.

The Trust has a Workforce Development Committee that ensures external considerations, that impact upon the workforce are reviewed and factored into planning and development of workforce changes and interventions. It provides assurance to the Board that the Trust plan up to 2025 for the future workforce is functionally fit and innovative enough to respond to changing patient demands.

It is essential to consider the workforce as a whole and look at the skill mix required to deliver safe, effective care. Nationally there is an acknowledged shortage of care staff, it is anticipated that this shortage will increase until at least 2016 (RCN, 2014). This has been created through a number of factors outside of the Trust's control:

- Poor co-ordinated workforce planning nationally
- Reduction in training numbers and a delay in developing alternative roles
- a complex market with increased demand and number of external providers
- an ageing workforce
- NHS wage constraints

The NHS is less attractive as an employer following a number of national scandals together with an increasingly attractive agency model of working.

The Trust's Workforce Strategy is continually responding to the evolving national picture of difficulties in recruiting to substantive medical and nursing staff and an ageing staff profile within the Trust. The Trust has invested in a programme to develop Advanced

Clinical Practitioners within the Trust, with a long term objective of rebalancing the future workforce and providing complementary support to doctors.

The Trust is also looking at enhanced roles for non registered band 3/4s, which could be trained to provide clinical and analytical support in specific tasks to supplement and support other roles. Working in partnership with Health Education Yorkshire and the Humber (HEYH), the Trust is also leading the approach across the region in developing new roles and new ways of working, in order to fulfil the current demand for care, using the Calderdale Framework. The function and purpose of the Calderdale Framework is to effectively integrate the work of Clinical Work Based Learning (delivery of work based qualifications to non-registered staff, across all community and acute sites), Practice Education (quality management of HEYH requirements to ensure QA compliance in all non-medical practice placements) and Clinical Workforce Development (development of the clinical bands 2-4 workforce, and facilitating the development of new roles and ways of working).

The Trust continues to use technology to support the delivery of safe, evidence based, effective healthcare. The Trust has developed it's own Core Patient Database (CPD) which continues to evolve and ensures that data is captured at the point of a patient contact and that this produces management, operational and commissioning information as a by-product. CPD has allowed the Trust to be able to interrogate and interpret data to exploit existing investment (people, process, applications and infrastructure) together with opportunities for collaborative and alliance working with our partner organisations.

Risks

The Trust continues to operate within a highly challenging environment driven by increasing demand and decreasing financial stability. Increased demand has placed significant pressures on the Trust which has resulted in slippage on some National and local targets. However, the Trust continues to innovate by collaborating with partners and driving through internal efficiencies. This requires a fine balance, but will ultimately impact on the provision sustainability of safe, quality services. The Board and it's sub-committees are continually seeking assurance in order to balance these risks, but remain open to seeking new opportunities to serve the local population providing both choice and quality. Please see the risk articulate below:

- Impact of financial penalties and tariff
- Failure to meet cost improvements
- Delivery of nationally mandated access targets
- Termination of Community Contracts
- Potential for CCGs to give notice on contracts for other services
- Number of CCGs and the potential for variation
- Acute bed pressures impacting on elective care
- Failure to recruit sufficient medical or nursing staff
- Locum and temporary staffing spend
- Delayed transfers of care
- Health & Social Care working together
- 7 day working
- Demographics and geographical area
- Planned/engineered local variation vs 'postcode lottery'
- Lack of integration of IT systems

Financial Forecasts

The Trust continues to operate within the context of the difficult national economic situation and its impact on the NHS.

At the end of the 2014/15 financial year, the Trust is provisionally reporting an income and expenditure deficit of £5.6m, and a CoSRR of 4. This position includes a technical adjustment for impairments of £3.8m, restructuring costs of £0.4m, and donated asset income of £0.6m; all of which are discounted by Monitor in their assessment of the Trust's underlying performance of a £2.1m deficit. The Trust has an actual cash balance of £20.9m. CIPs for the year achieved a total £26.9m, some £2.9m ahead of plan. The underlying Income and Expenditure position placed the Trust behind its operational plan.

The Trust's financial position was primarily influenced by three key dynamics:

- An inability to recruit medical and nursing staff into substantive posts resulting in a significant increase in the use of locum and agency staff. A contributing factor to this is the shortage nationally of professionals in key specialties resulting in provider organisations competing from a small pool of staff. The cost of the premium incurred by the Trust in using agency and locum staff is assessed at £4.9m, an increase over that experienced in prior years of £1.7m (+35%).

- A significant increase beyond planned expectations in ED attendances and acute admissions, coupled with capacity constraints elsewhere in the health/social care systems preventing the timely discharge of patients and reducing capacity for support in the community. These dynamics caused a reduction in elective capacity, losing income at 100% of tariff, replaced by additional non-elective patients, reimbursed at 30% of tariff. It is estimated that this impacted on the Trust's overall I&E position by £4.3m.

- As the consequence of the above, the Trust faced the additional burden of incurring penalties for failing to deliver the 4 hour ED waiting time, Ambulance handover times, and RTT. This cost the Trust £3.6m in 2014/15, although through negotiation with commissioners £1.2m of these fines were reinvested in the Trust in recognition of the system pressures.

The Trust's financial plan for 2015/16 seeks to recognise these issues and accommodate the cost of solutions within the overall plan.

Financial Forecasts

Summary Overview

The Trust's financial plan for 2015/16 seeks to address key pressures and issues that emerged during 2014/15 as described under the strategic context, together with meeting new service and other pressures anticipated to arise during 2015/16. The Trust agreed to use the 'Enhanced' tariff option offered by NHS England, and the income projections are based on that agreement.

In summary, for 2015/16 the Trust is forecasting and Income and Expenditure (I&E) deficit of £7.4m. After allowing for technical adjustments regarding impairments, a loss on the transfer of Whitby hospital to NHS Property Services, and donated asset income excluded by Monitor, the normalised planned I&E position is a deficit of £3.2m. This compares to the previous strategic plan normalised assessment for 2015/16 of an I&E surplus of £4.2m, with the reasons behind this movement explained in more detail below. This position includes £10.9m agreed transitional support from the DH linked to the acquisition of Scarborough and North East Yorkshire NHS Trust (SNEY).

The Trusts cash balance at the end of 2015/16 is forecast to be £20.1m.

Key Drivers 2015/16

1) **Financial Pressures**

The key financial pressures anticipated are:

- The Trust has reflected in its plans the 1.93% inflation assumptions presented by Monitor in its National Tariff 2015/16 consultation notice. Pay (covering cost of living, incremental progression and pension increases) and non-pay inflation have been included in line with the guidance, totalling £8.1m.

- As part of the agreement to acquire SNEY, transitional support has been agreed with the DoH in 2015/16 at £10.9m (as identified in the Integrated Business Plan), and the plan assumes costs in line with the level of support agreed. This represents the fourth of the agreed five year support package

2) **Activity**

The Trust has assessed likely growth in activity during 2015/16, and has assessed the net marginal cost of delivering the increased levels at £9.6m

- QIPP assumptions across all commissioners are in the region of £10m, although in a number of cases the detail behind these is lacking. The net impact on the Trust's bottom line I&E position is dependent upon the timing of the QIPP schemes and the extent to which it can reduce cost to offset the QIPP income impact. Based on the available detail the Trust has built in a net I&E reduction of £2.75m into its financial forecasts; this being the difference between lost income and avoided expenditure.

- The Trust incurred £4m penalties on missed access and other targets during 2014/15, although agreement was reached with commissioners to reinvest a proportion of the penalties. With the current work to review capacity using the IMAS tool and other initiatives, the Trust anticipates that the level of penalties experienced during 2014/15 will not be repeated, but are not likely to be fully eliminated in 2015/16. A provision of £2m has been included in the 2015/16 plans for penalties.

3) **Other Key Movements**

Further investment has been identified in 2015/16 to address patient safety and quality issues as follows:

- Non-activity driven operational cost pressures, £3.1m, identified by Directorates' have been resourced.

- Winter resilience investment totalling £0.9m, relating to the Scarborough hospital site - Operation fresh start; and on the York hospital site: additional GP support in ED, commencing an Ambulatory Care service, and extended the hours of operation of the RATS team.

- Additional nursing investment has been agreed to ensure safe night time levels of nursing cover, £0.8m

- Recognition of the premium costs of agency and locum medical, nursing, and other staff groups, £3.4m, necessary to ensure continued safe levels of staffing, where substantive recruitment delays threaten the safety of services.

- The Trust has approved the following quality investments, totalling £1.4m, relating to:
    - 7-day Radiological CT imaging
    - Senior safeguarding lead
    - Resident Consultant posts
    - Complying with national Paediatric cystic fibrosis standards
    - In-house nurse bank Provision and roistering expansion
    - Cancer pathway team established within IT
    - Additional Consultant Microbiologist to support infection prevention control and antimicrobial management
    - Additional investment in Paediatric nurse levels
    - Additional investment in Paediatric out of hours cover

4) Strategic Initiatives

The following initiatives are planned by the Trust in order to assist meeting the cost of the other key drivers described above.

- **Cost Improvement Programme**

Perhaps the greatest challenge facing the Trust is the delivery of an £87m efficiency programme over the five financial years to March 2020, assuming annual NHS efficiency requirements remain at the levels seen in recent years. The Trust operates a five year rolling cost improvement programme with schemes continually being identified and Directorates have been tasked to develop plans in excess of target in order to deliver the overall programme.The strength of the Efficiency programme at York has been, and continues to be, the high level of engagement from many individuals and teams, including excellent clinical engagement supported by the Trust's Directorate structure. This is evidenced by the delivery of £116m worth of schemes over the last six years. Looking forward, nearly £40m

worth of schemes have already been identified over the next five years.

The link between quality & safety and efficiency has been the topic of a number of papers to our Efficiency Group. A new system was introduced in 2013/14 developed by the Clinical Efficiency Lead, and incorporates a governance risk scoring system.The new process is based on the current Trust Risk Assessment schedule and is applied to all schemes. The monthly Efficiency report has been revised to incorporate this information.

For **2015/16**, the Trust is targeting a cost improvement programme of £25.8m, of which firm plans of £19.5m have been identified. In addition to our core efficiency programme, examples of other key areas of on-going work include:

- **Service Line Reporting (SLR)** - as noted in the Monitor High level CIP review carried out in March 2014, the Trust has a mature SLR function. The expectation is that the SLR tool will increasingly influence the generation of Directorate specific efficiencies, for example clinic and theatre utilisation will be a key focus for the coming year. In addition to this the provision of service line profit and loss will be a key to support strategic decision making and commissioner engagement.
- **Commissioner engagement** – the Trust has refreshed its links with the two main commissioners with regards to sharing Efficiency/QIPP ideas and savings. Work is at an early stage but it is expected to rapidly develop over the year.
- **New ways of delivery** – we are currently trialling new ways of delivering the efficiency requirement by the use of a hybrid model of the central Resource Management team and directorate based staff.
- **Benchmarking** – the central Resource Management team have developed a matrix of opportunities, which is being used to identify and monitor progress against internal and externally identified opportunities, including nationally recognised benchmarks.
- **External support** –the use of external resource has been used over the last three years to support specific projects and will continue to be considered as an option by the Trust where deemed appropriate.
- **Large schemes** – examples of larger schemes being undertaken this year include the Paperlite project which is the managed phasing out of paper based patient records and a scheme to improve our use and fill rates of agency and locum doctors, which will commence in May 2015.

- **Termination of Hambleton, Richmondshire & Whitby CCG Community contract**

This was a mutually agreed approach between the CCG and Trust. The CCG sought to tender for a new style service for which the Trust decided not to compete as the proposed service did not fit strategically with its future business model, and also as the current service was financially unviable. The tender process resulted in the CCG awarding the contract to Virgin Healthcare with effect from 1st July 2015. The 9 month impact is reflected in the financial plans, and results in a net

benefit of £0.7m to the Trust's I&E position, with income reducing by £4.3m and costs by £5.0m.

- **Selby and Malton Community Hubs**

  The Trust has engaged with both the Vale of York, and Scarborough & Ryedale CCGs in developing a new style of community service focussed around a central 'hub'. The development is initially supported under the Better Care Fund, and although not yet fully operational the early impact and results from the two hubs are promising. The full annual cost of the hubs is included in the plan (£2.2m), for which it is assumed that the CCGs will resource. An expectation of the hubs is that they will reduce ED attendances, reduce non-elective admissions, and expedite earlier discharge for patients within the hub locality. The CCG expectations are that the reduced hospital activity will effectively make the hubs self-funding and deliver an overall net saving for the CCGs.

- **Scarborough &Ryedale CCG Urgent Care Centre**

  The S&R CCG tendered a new service to incorporate GP out-of-hours (OOH) services, minor injury services and walk in centre services. The Trust did not bid, but agreed to support a bid from Yorkshire Doctors who had greater experience in managing GPOOH services, through the provision of accommodation, management, and some nursing services. The expected reduction in activity for the Trust at the Scarborough ED is 22,000 attendances relating to 'minors' attendances, although this is expected to take time to attain those levels as the service beds down, so a 10,000 reduction in attendances is expected during 2015/16, rising to the full 22,000 attendances in 2016/17. The Trust also relinquished its MIU service at Malton hospital.

  - Income – reduced ED -£1.0m (rising to -£2m), reduced Malton MIU -£0.6m. Increased income from services provided to Yorkshire doctors +£0.4m
  - Costs – reduced Malton MIU -£0.5m, reduced ED -£0.1m.

  The net I&E loss is -£0.6m in 2015/16, expected to rise to over -£1.5m in 16/17. The Trust is engaged in discussions with the S&RCCG regarding tariff plus payment for the residual ED (majors) service at Scarborough hospital on the basis that the CCG's decision to tender the 'minors' service has rendered the residual ED service financially unviable for the Trust.

- **Tenders**

  - **Sexual Health**– both the City of York and North Yorkshire County Councils placed their sexual health services up for tender during 2014/15. As the current provider of the majority of the services tendered, the Trust bid for, and won the service with both councils. The extended range of services required increased the total income of the service from £6.0m to £7.6m in 2015/16, and after costs contributes an additional net £0.1m improvement to the Trust's I&E position.

  - **Community Services** - both the Vale of York, and Scarborough & Ryedale CCGs have indicated their intention to tender community services during 2015/16, with a view to the new service commencing 1st April 2016. The Vale of York CCG have since formally withdrawn their intention to tender the service,

and instead wish to pursue the establishment with the Trust, and other partners, a quasi-independent arms-length body to manage community services in the York area.

Summary Financial Forecasts

The impact of the above drivers on the overall financial forecasts for 2015/16 is illustrated below.

- **Income &Expenditure(I&E) Summary**

  The summary I&E position for 2015/16 is shown in the table below. The plan for 2015/16 results in a forecast deficit of £7.4m deficit, which after allowing for technical adjustments regarding impairments; the loss on the transfer of Whitby hospital to NHS Property Services, and donated asset income excluded by Monitor, the normalised I&E position is a deficit of £3.2m.

	£m
Operating Income (included in EBITDA)	452.908
Operating Expenses (included in EBITDA)	-437.854
EBITDA	15.054
Operating Income (excluded from EBITDA)	0.600
Operating Expenses (excluded from EBITDA)	-11.300
Non-Operating Expenses	-4.400
Non Operating Income	-7.363
Deficit	-7.409

- **Balance Sheet**

  The summary balance sheet for 2015/16 is shown in the table below.

	£m
Non Current Assets	**238.715**
Current Assets	
Inventories	7.055
Trade and Other Receivables	17.117
Other	2.810
Cash	20.071
Total Current Assets	47.053
Current Liabilities	
Trade and Other Payables	-22.194
Accruals	-9.214
Other	-6.361
Total Current Liabilities	-37.769
Net Current Assets/ (Liabilities)	**9.284**
Non Current Liabilities	
Borrowing	-20.284
Other	-1.214
Total Non Current Liabilities	-21.498
Total Assets Employed	**226.501**
Taxpayers and Other Equity	
Public Dividend Capital	88.930
I & E Reserve	82.816
Revaluation Reserve	54.755
Total Taxpayers Equity	**226.501**

- **Cash Flow**

The Trust's cash balance is forecast to reduce during 2015/16 by £0.8m to £20.1m by the end of March 2016. This is due to the impact of the forecast I&E deficit, offset by the assumed receipt of £3m final tranche of strategic capital linked to the acquisition of SNEY, and planned slippage against the capital programme.

- **Continuity of Service Risk Rating (CoSRR)**

The provisional CoSRR for 2015/16 is 3, with the score for the 'Capital Service Cover', and 'Liquidity' elements of the rating presented below.

Capital Service Cover		
Revenue Available for Capital Service	£m	15.154
Capital Service	£m	-8.675
Capital Service Cover metric	0.0x	1.75
Capital Service Cover rating		**2**
Liquidity		
Working Capital for CoSRR	£m	0.432
Operating Expenses within EBITDA, Total	£m	-437.854
Liquidity metric	Days	0.36
Liquidity rating		**3**
Continuity of Service Risk Rating		**3**

- **Capital Programme**

  The planned Capital programme for 2015/16 is £23.2m. This is funded through loans, depreciation, charitable receipts and strategic capital. Planned investments will be on backlog maintenance, IT infrastructure, Radiology equipment, and a Carbon reduction scheme at Scarborough hospital. These later two schemes are to be funded from a loan of £9.5m.

Material Variances over Strategic Plan

In the five year strategic plan submission of July 2015 an in-year net I&E deficit of £682,014 was reported for 2015/16. Due to changes that have occurred since that submission together with other reassessments, the revised net I&E deficit has now risen to £7,409,058, a movement of £6,727,044. The table below details the material changes between the strategic plan submission and this operational plan submission for 2015/16.

2015/16 Net Deficit in Strategic Submission	-682,014
Income Variations	
Income associated with in-year approval of new developments and services	3,673,787
Impact of Enhanced Tariff Option	5,157,791
Net increase in acute and community services over original submission	8,074,867
Termination of HWR CCG Community Contract now slipped 3 months to 1 July 2015	2,067,974
Net Income loss resulting for the S&RCCG UCC at Malton and Scarborough hospitals	-243,653
Income related to hosting the local CLRN	1,339,286
Marginal income increase linked to the successful Sexual Health tender bid	1,550,516
Net impact of other minor income changes	152,652
	21,773,220
Expenditure Variations	
Costs associated with in-year approval of new developments and services	-3,373,916
Increases assessment linked to non-activity, safety & quality related costs	-3,932,324
Increased assessment of inflation impact	-1,916,703
Increased marginal activity cost assessment	-8,320,627
Cost assiociated with hosting the local CLRN	-1,366,283
Termination of HWR CCG Community Contract now slipped 3 months to 1 July 2015	-1,893,616
Cost savings resulting for the S&RCCG UCC at Malton and Scarborough hospitals	655,000
Marginal cost increase linked to the successful Sexual Health tender bid	-1,486,527
CIP target reduction from 4% to 3.5%, and carry forward relief	-7,271,472
Net impact of other minor cost changes	-144,795
	-29,051,264
Below EBITDA Adjustments	
Loss on Asset Disposals (Whitby Hospital)	50,000
Revised Depreciation assessment	154,000
Interest Payable on Loans & Leases	-53,000
Revised PDC assessment	400,000
	551,000
2015/16 Net Deficit in Operational Plan Submission	-7,409,058

Sensitivity Analysis

The Trust has undertaken a sensitivity analysis using the tool in the Monitor template. Although the Trust's underlying approach to calculating the financial forecasts has been cautious, the sensitivity analysis tests their overall robustness in the event a 'downside' scenario develops over the period of the plan.

Although there is a complex inter-relationship of variables, which drive the Trust's financial projections, the following variations have been considered and incorporated into a 'downside' scenario:

- Reduction in clinical income, driven by lower activity volumes and/or a greater impact of commissioners' QIPP plans - an overall reduction of 1% is assumed.
- Increased overall expenditure resulting from higher non-pay inflation - increased costs of 0.5% is assumed.
- Failure to meet the planned cost reduction target - a shortfall of 5% is assumed.

The impact of these assumptions on the Trust's EBITDA and I&E deficit is illustrated in the graphs below.

Assessment and production of resultant graphs to insert here only possible once the Monitor template has been fully populated

Should the 'downside' scenario materialise the Trust has identified and will use a combination of strategies to mitigate the impact. These are:

- Stop and/or defer planned investments.
- Increase the level of CIPs required in 2015/16 from 3.5% to 4.0%.
- Increase activity and income through seeking new business from new markets.
- Service Rationalisation.

The Trust has run the 'downside' scenario and mitigations through the tool in Monitor's financial template, and the results are summarised in the graphs below. These show that should the 'downside' scenario occur the mitigating strategies identified by the Trust, if delivered, will offset the impact.

Assessment and production of resultant graphs to insert here only possible once the Monitor template has been fully populated

Financial Sustainability

As is the case for most of the NHS, the Trust is facing a particularly difficult challenge in terms of maintaining financial sustainability. National trends show more than three quarters of NHS acute providers now find themselves in deficit. York has not escaped this pressure.

The Board of Directors is fully sighted on this challenge and in approving this plan believes the Trust to be able to maintain a COSRR of at least 3 for the next 12 months;

dependent on stable non-elective activity levels, delivery of CCG emergency care QIPP schemes, no external compromise to planned elective levels, no material deterioration in the NHS staffing market and the Trust's ability to deliver the sixth year of the national 4% efficiency challenge.

Beyond the single year of this plan the issue of financial sustainability becomes more acute. The Board has prepared redrafts of its financial plans for 2016/17 and 2017/18 based on the latest economic and operational information available and these describe a heightened financial sustainability challenge. Addressing this challenge will form a key work programme for the Board going forward and indeed a key challenge for national NHS policy direction.

Board declarations for sustainability and resilience

- Sustainability. We expect boards to be able to refresh the declaration of sustainability made in 2014/15 strategic plans based on the 2015/16 strategic context and expected progress against the strategic agenda over the next two years.
- Resilience. Based on the analysis undertaken we would expect boards to be able to make a judgement on quality, operational and financial resilience over the next two years, as asserted in the 'Continuity of Services condition 7: Availability of Resources' and 'Interim/planned term support requirement declarations.

NB: A Board declaration is required

Declaration of Sustainability contained in the 5 Year Strategy Plan 2014-2019

The 5 year strategic plan was approved by the Board of Directors at the June 2014 meeting. In approving the strategic plan the Board fully debated the risk to delivery; including specifically the challenge of the national efficiency programme and the implications of sustained commissioner activity reductions.

This plan includes nationally prescribed efficiency assumptions. The first year of this plan (2014/15) is in fact the fifth year of a sustained 4% year-on-year national efficiency requirement. This assumption continues through to 2018/19. By the close of this plan the Trust will have faced 9 years of 4% efficiency requirements. This efficiency requirement is cumulative in nature and grows by 4% in each year of the plan.

In addition to this requirement to maintain activity levels for considerably less income, the Trust is facing activity reductions from commissioners who are actively seeking to manage within their allocated resources. The Board of Directors recognises the challenge the Trust will face to further reduce costs in line with reduced income levels associated with these activity reduction plans.

To deliver this plan will require continued engagement with all commissioners, including; Clinical Commissioning Groups, NHS England and Local Authorities. The Board of Directors is committed to both clinical and financial sustainability of service provision and will be working collaboratively with all commissioners and stakeholders to ensure long term service provision for the population we serve. Notwithstanding the national efficiency requirements and planned activity reductions, this work will need to consider a full review of the agreed portfolio of services provided by the Trust, the agreed model of service delivery, costs of these services and appropriate reimbursement mechanisms. Without longer term commissioner support and engagement, it is likely that local provision of services that are not financially viable will be threatened.

The Trust is working with partners to redesign pathways and transform the way it provides services. Community Hubs will ensure more effective deployment of resources across the patient pathway, promoting co-ordinated management of patients with long term conditions to avoid unnecessary admissions. Together with initiatives such as the separation of acute and elective work, the planned Acute Assessment Unit, 7 day working and Liaison Psychiatry (mental health collaboration), these plans will reduce the need for inpatient beds.

The financial climate and the pressure predicated in this plan will place an enormous strain on the organisation. The difficulties and challenges the Trust will face are recognised and are well understood. The organisational form of our provider neighbours and the configuration of service delivery across North Yorkshire will most likely play a role in the sustainability of services. The Board are alert to this fact and continue to play a leading role in shaping and influencing relationships.

The national agenda will require the Trust to deliver £96m of savings over the life of the plan. Whilst a significant proportion of these savings are identified there remains much work to do to identify and deliver the full savings requirement. In this regard the Board discussed and welcomes the work being undertaken by Monitor and the Trust Development Authority to assess the deliverability, quality impact and the safety risk of such a sustained national efficiency requirement.

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Capital programme 2015/16 onwards

Action requested/recommendation

The board is asked to:

Discuss and approve the 2015/16 programme.

To note that progress on the site development plans for Bridlington, Scarborough and York has commenced.

Summary

This paper provides a brief overview of last year's capital programme and sets out a proposal for the next 4 years.

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).

All projects take account of accessibility requirements.

As an example the programme includes the creation of a Muslim prayer room at York in response to requests from staff.

Reference to CQC outcomes

Outcomes 10 and 11

Progress of report	Capital programme Board March 2015
Risk	Risk assessments will be developed for each capital scheme.
Resource implications	As described in paper
Owner	Brian Golding, Director of Estates & Facilities
Author	Brian Golding, Director of Estates & Facilities
Date of paper	April 2015
Version number	Version 1

Board of Directors – 29 April 2015

Capital programme 2015/16 onwards

1. Introduction

This paper provides a brief overview of last year's capital programme and sets out a proposal for the next 4 years.

2. Progress last year

2014/15 was an extremely busy period for the capital development team, and the end of the year we had spent £22M against a planned spend of £24.3M.

The major achievements during the year were:

- Completion of the **York Catering** project, which has seen the complete rebuilding of the main kitchens and retail facilities.
- Creation of an **ambulance handover** area in York ED. This project displaced office accommodation into temporary facilities, and this project will continue this year with the expansion of the observation ward and the replacement of the temporary accommodation.
- The replacement of the two **CT scanners** at York was commenced, which marks the start of a comprehensive refurbishment of the radiology department.
- The **maternity theatre** was completely refurbished. This project ran into contractual difficulties and was finally completed by the local maintenance team.
- Lilac ward, a new **32 bedded surgical ward**, was completed. This ward offers state of the art inpatient accommodation.
- Completion of the Carbon Reduction Project at York which has reduced utility bills by £800k per annum.

3. Forward programme

Appendix 1 shows a 4-year capital plan, which is fully developed in the first year.

3.1 Future capital availability
An analysis of the funding sources is shown at the end of the table – made up of depreciation, loans, charitable funds and strategic capital. It should be noted that the remaining strategic capital of £10.4M will not on its own be sufficient to deliver the emerging plans for Bridlington and Scarborough.

3.2 Proposed programme

Approved schemes
Approved Schemes are scheduled in table A. The table has been split into 3 sections to identify the project funding source.

A1 – Depreciation funding
Schemes in this section total 13.3M, which is 2.3M above the anticipated funding of 11.0M. An allowance of 2M of slippage, based on previous experience, accounts for the difference.

The major projects in this area are:

- Finalising the York ED alterations.
- Continuation of the IT development programme
- Replacement of the Scarborough fire alarm
- Continuing the programme of backlog maintenance eradication.

A2 - Strategic capital
It is anticipated that a further 1.9M of the strategic funding will be spent this financial year at Scarborough and Bridlington.

A3 – Other funding
The forecast and available funding are matched at 10.3M.
The significant developments in this area are:

- The Carbon Reduction projects at Scarborough and Bridlington
- Replacement of the 2 CT scanners at York
- Replacement of the York vascular/ cardiac imaging equipment.

The total forecast spend is 23.5M against a funding source of 23.2M.

Schemes in development
Schedule B shows projects that are in development. To progress from schedule B to schedule A business cases will need to be approved, and funding sources identified – as there is no slack in the approved funding this year.

Estate Masterplanning
As agreed at the Board meeting in December we are developing ambitious plans for Bridlington, Scarborough and York. Outline business cases will be prepared this year, which will need to include funding strategies.

The Board should anticipate that business cases for the expansion of Endoscopy and vascular imaging at York will emerge from the master planning as it is expected that the additional income attached to these projects will fund sufficient borrowing to allow them to proceed.

4. Conclusion

The capital demands outstrip the available funding this FY and careful management will be needed to ensure that we remain within an affordable envelope.

5. Recommendation

The board is asked to:

Discuss and approve the 2015/16 programme.

To note that progress on the site development plans for Bridlington, Scarborough and York has commenced.

6. References and further reading

Site masterplanning proposals BoD December 2014.

Author	Brian Golding, Director of Estates & Facilities
Owner	Brian Golding, Director of Estates & Facilities
Date	April 2015

York Teaching Hospital NHS Foundation Trust - 5 Year Capital Plan Forecast - 2015/16

Funding Source	BC Approved	WIP	Ref		2015/16	2016/17	2017/18	2018/19
Table A Approved Schemes								
A1- Depreciation Funding					£,000	£,000	£,000	£,000
Depn	Y	Y	1	York Catering Strategy - Main Kitchen & Restaurant	70			
Depn	Y	Y	2	ED Improvements Phase 2	1,264			
Depn	Y	Y	3	Grant Aid - Radiology PACS York / SGH	146			
Depn	Y	Y	4	Grant Aid - E-Prescribing York/SGH	384	180		
Depn	Y	Y	5	IT Network Upgrade	1,400	200	500	
Depn	Y	Y	6	Endoscopy decontamination (rep scope washers - estimate)	120			
Depn	Y	Y	7	Theatre 10 Cardiac/ Vascular - Enabling Works	400			
Depn	Y	Y	8	Radiology Lift Replacement (SGH)	880			
Depn		Y	9	Woodlands house refurbishment	100	250		
Depn	Y		10	Ritual Washing Facility	64			
Depn	Y	Y	11a	Ward 17/18 Nurse call system	120			
Depn	Y		12	York Restorative Dentistry	220			
Depn	Y		13	Ward Access / Security Systems York	260			
Depn			14	Fire Alarm System (SGH)	1,190			
				Radiology Plan - Capital Works Element				
Depn			15a	SGH SPECT CT -	330	650		
Depn			16a	SGH/York MRI	150			
Depn			17a	SGH - X-Ray Room	50			
Depn			18a	York - 2 x X-Ray Rooms	80			
				Routine programme Costs				
Depn			19	Equipment Programme	450	450	450	450
Depn			20	Capital Staff/ Incl Fees	700	700	700	700
Depn			21	IT Capital Programme	1,500	1,500	1,500	1,700
Depn			22	IT capital staff	450	450	450	450
Depn			23	Estates Backlog Maintenance Programme *	2,000	2,200	2,200	2,500
Depn			24	Small Schemes Programme*	500	500	500	500
Depn			25	Contingency	500	500	500	500
				A1. Total Schemes	**13,328**	**7,580**	**6,800**	**6,800**
				Slippage	**- 2,000**			
				Total Depreciation Funded Schemes	**11,328**	**7,580**	**6,800**	**6,800**
				Available Funds	**11,000**	**11,000**	**11,700**	**12,000**
				Variance	**- 328**	**3,420**	**4,900**	**5,200**
A2 - Strategic Capital Funding								
Strategic	Y	Y	26	Strategic Fund -Maple 2 Ward Development (SGH)	140			
Strategic			69	Strategic Fund - Schemes to be confirmed	1,730			
				A2. Total Strategic Funded Schemes	**1,870**	**-**	**-**	**-**
				1. Available Funds	**1,870**	**-**	**-**	**-**
				1. Variance	**-**	**-**	**-**	**-**
A3 - Other Funding								
Loan	Y	Y	27	SGH Carbon Energy Fund	5,087			
				Radiology Plan - Equipment Only				
Loan	Y	Y	28	2 x CT Scanner Replacement (York) Capital & Works	2,015			
Loan/depn			15b	SGH SPECT CT - Equipment only	325			
Loan			16b	SGH/York MRI - Equipment only		1,860		
Loan			17b	SGH - X-Ray Room Equipment only	300			
Loan			18b	York - 2 x X-Ray Rooms Equipment only	600			
Loan			29	York - Replacement Cardiac/ VIU labs Equipment only	1,250			
				Total Schemes Loan funded	**9,577**	**1,860**	**-**	**-**
				Charitable Funded Schemes				
Charity	Y		11b	Ward 17 & 18 Nurse Call	13			
Charitable			30	Snowdrop Appeal - SGH Bereavement Maternity	120			
Charity	Y		31	Star Appeal	243			
Charity	Y		32	Charitable Schemes	200	200	200	200
Charity	Y		33	St Monica's - Store & Physiotherapy Doors	163			
				Total Schemes charitably funded	**739**	**200**	**200**	**200**
				A3. Total Funds Other Sources	**10,316**	**2,060**	**200**	**200**
				Available Funds	**10,316**	**2,060**	**200**	**200**
				Variance	**-**	**-**	**-**	**-**
				Table A Total	**23,514**	**9,640**	**7,000**	**7,000**
				Table A Funding	**23,186**	**13,060**	**11,900**	**12,200**
				Total Variance	**- 328**	**3,420**	**4,900**	**5,200**

Depn		34	
Depn		35	
loan		36	
Depn		37	
		38	
Depn		39	
Depn		40	
Depn		41	
Depn		42	
Depn		43	
Depn		44	
Depn		45	
Depn		46	
Depn		47	
Depn		48	
Depn		49	
Depn		50	
Depn		51	
Depn		52	
Depn		53	
Depn		54	
Depn		55	
Depn	Y	56	
Depn		57	
Depn		58	
Depn		59	
Depn		60	
Depn		61	
Depn		62	
Depn		63	
Depn		64	
Depn		65	
Depn		66	
Depn		67	
Depn		68	
Depn		69	

.

Table B - Schemes in planning

1. Master Plan				
SGH - Paediatric / ED assessment	1,000	8,000	8,000	8,000
Theatre 10 to Cardiac/Vascular	1,628			
Cardiac/Vascular Extention	2,000	4,700		
YH Endoscopy Development				
YH ED Asessment				
SGH CCU Relocation	320	680		
Total	**4,948**	**12,700**	**8,000**	**8,000**
2. Trustwide				
Cytology Optimisation	1,500			
Decontamination Optimisation	500			
Pathology SGH Blood Sciences & York Histology		1,500		
Total	**2,000**	**1,500**	**-**	**-**
3. Scarborough/Bridlington				
Car Park Alterations (Blue Badge Holders) Phase 2	288			
BDH Additional Operating Theatre	3,000			
Third Endoscopy Treatment Room	500			
Roll out cook chill Patient Catering	1,000			
Refurbish body storage/ viewing facilities	800			
BDH Roads & Car Park Resurfacing		720		
Car Park Alterations (Improvements) Phase 3		1,000		
SGH Pharmacy Robot		1,000		
Theatre Storage		650		
Bridlington Private Patient Unit	300			
Cath Lab recorvery area	150			
SGH Breast Service Expansion				
Total	**6,038**	**3,370**	**-**	**-**
4. York				
Fire Alarm System (York)	1,335			
Bootham Park Court demolition	90			
Refurbish- Mortuary		1,000		
Ward Block Reconfiguration(inc AAU)	750	750		
Admin accommodation review		1,000	500	
Community Stadium (training and MSK outpatients)		250		
York combined Contact Centre	200			
Groves Chapel Exit strategy	200			
Child Development Centre improvements	50			
Removal of Tugs from York Hosp main street	200			
SARC	250			
Total	**1,650**	**3,000**	**500**	**-**
5. Community				
Chronic Renal from Easingwold	1,000			
Urology Facilities Malton	1,785			
Malton Housing Project		580		
Malton Fire Compartmentation	600			
Total	**3,385**	**580**	**-**	**-**
Total Table B - Schemes in planning	**18,021**	**21,150**	**8,500**	**8,000**

Analysis of Capital Funding		**2015/16**	**2016/17**	**2017/18**	**2018/19**
Depreciation Funding		11,000	11,000	11,700	12,000
Loan Funding		9,577	1,860	-	-
Charitable Funding		739	200	200	200
Strategic Capital (PDC)		1,870	-	-	-
Total	*	**23,186**	**13,060**	**11,900**	**12,200**
Balance of Strategic funding		**10,363**			
Other unallocated funding source - Sales		**737**			

*** This amount is in the 2014-15 Monitor plan**

Blank page

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 29 April 2015

Reflections from the Audit Committee meeting held on 26 March 2015

Action requested/recommendation

The Board of Directors is asked to note the reflections from the Audit Committee.

Summary

The Audit Committee last met on 26 March 2015 and considered a full agenda. From the meeting there were a number of key discussions that the Audit Committee members felt would be appropriate to discuss further with the Board of Directors. These include

- The shape of Internal Audit Report conclusions
- The Quality Report
- The Going Concern Statement
- The benchmarking data for HR
- The change to the approach the Committees are taking to the Corporate Risk Register

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	The report has been prepared for the Board of Directors.
Risk	The subjects included in the report some inherent risks.
Resource implications	There are no resource implications from the report.
Owner	Philip Ashton, Chairman of the Audit Committee
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	April 2015

Board of Directors – 29 April 2015

Reflections from the Audit Committee meeting held on 26 March 2015

1. Introduction and background

The Audit Committee last met on 26 March 2015 and had a very full agenda. From the meeting there were a number of key discussions that the Audit Committee members felt would be appropriate to discuss further with the Board of Directors.

2. Items to discuss further with the Board of Directors

a) The shape of Internal Audit conclusions

The Audit Committee noted that a number of the audit reports, from Internal Audit, received at the meeting, were limited assurance reports. It was also noted that last year the same reports had received significant assurance. The Audit Committee questioned both Internal Audit and the Executive Directors about the reasoning for this. The conclusion was that system and staff changes had resulted in some controls not being applied as rigorously as had previously been the case. It was also explained that Internal Audit are using the assurance level to drive up standards. Internal Audit did confirm to the Audit Committee they would review any critical system with limited assurance for a second time before the year end.

The Audit Committee has agreed that at its time out during the summer it will consider the types of audit undertaken and the assurance differences.

b) The Quality Report

The Audit Committee noted that the Non-executive Directors are invited to attend a meeting to review the draft Quality Report prior to its approval at the year-end Board meeting.

c) The going concern statement

The Audit Committee discussed the going concern statement requirements and the expectation from the annual report benchmarking document, written by Grant Thornton and circulated to the Board outside the meeting. The Audit Committee discussed the additional rigor being implemented this year will result in a fulsome document that details the risk and mitigations that exist.

Nationally, this is becoming a more challenging statement to prepare for Trusts as the financial position of the NHS becomes more challenged. The Audit Committee has considered and is in full agreement that the Trust is a going concern, but does see this additional rigor as prudent.

d) Benchmarking HR data

The Board historically has always been of the understanding that there was no satisfactory method of benchmarking data for HR. A recent report to the Audit Committee has highlighted that there is a third party organisation - the Health & Social Care Information Center who

provide monthly data quality reports. The Audit Committee would like to understand if this information can be used for benchmarking against the HR performance of the Trust.

e) The changes to the approach the Board Committees are taking to the Corporate Risk Register

Recently the Finance and Performance Committee have started to review the risks that related to the business of the Committee as part of the agenda. This is helping to manage the Committee's growing priorities and challenging the inclusion of some items on the agenda.

3. Conclusion

The Audit Committee does not specifically see any weakness in the topics included in this report. The members of the Committee felt that these subject items were significant enough to raise with the Board of Directors.

4. Recommendation

The Board of Directors is asked to note the reflections of the Audit Committee.

Author	**Anna Pridmore, Foundation Trust Secretary**
Owner	**Philip Ashton, Chairman of the Audit Committee**
Date	**April 2015**

York Teaching Hospital NHS Foundation Trust

Board of Directors – 29 April 2015

Research and Development Strategy: Progress Report Q4 (2014-15)

Action requested/recommendation

The Board of Directors is asked to note and acknowledge this report of progress against the Research & Development Strategy (ratified in August 2014).

Summary

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 the protected groups identified by the Equality Act.

Reference to CQC outcomes

The general principles underpinning the CQC's outcomes also apply to research governance. In addition, the Research Governance Framework for Health and Social Care (2nd edition, 2005) is listed in the CQC's Schedule of Applicable Documents in relation to Outcomes 2, 4 and 9.

There is explicit reference to the conduct of research in relation to consent

(outcome 2A) and the conduct of clinical trials of investigational medicinal products (outcome 9G). Outcomes 1E and 4 refer to the use of published research findings to inform choices about treatment and delivery of care. The results of research projects are also relevant to outcome16A which is concerned with gathering information about the safety and quality of the service from all relevant sources.

Progress of report	Board of Directors
Risk	None identified
Resource implications	More efficient use of resources by more conscious organisational management of its R&D business
Owner	Sue Holden, Director of Workforce and Organisational Development
Author	Damon Foster, Head of Research & Development
Date of paper	April 2015
Version number	Version 1

Board of Directors – 29 April 2015

Research and Development Strategy: Review Q4 2014-15

1. Introduction and background

This document is a review of the strategic position for Research and Development for York Teaching Hospital NHS Foundation Trust as of the end of March 2015. The Trust's R&D strategy was ratified in August 2014 and will be reviewed in 2016.

In 2011 Professor Dame Sally Davies (Chief Medical Officer for England) commented 'Health research matters to each and every one of us'. Research plays a vital role in improving outcomes for patients by increasing our understanding of health and disease, by developing and refining interventions and by enhancing service delivery. Our vision is to i) strengthen the research culture within the Trust and imbed research as a core activity and ii) establish a national and international reputation for delivering excellent research whether that be generated by ourselves or others.

We will do this within the context of a sustainable infrastructure that manages this activity to the highest standards.

We intend to:

- increase the opportunities for patients to participate in, and benefit from, research
- attract, develop and retain staff who have the capability or potential to generate and / or conduct high quality research
- strengthen our research partnerships
- maximise our involvement in research in order to contribute to the economic stability of the Trust

2. Strategic Aims for Research and Development

2.1 Aims and Objectives 2014 – 2016

In order to realise our strategic aims for R&D we have been focussing on the following three key areas:

- Research leadership
- Research capability and capacity
- Research partnerships

2.3.1 Research leadership

We are striving to foster a positive culture of research throughout the Trust and to achieve this it is important that research activity is appropriately supported, valued, rewarded and encouraged and this requires active support at all levels of the organisation from Trust Board through to clinical services.

In November 2014 the Chief Executive appointed a new Head of R&D (Damon Foster). The Head of R&D works closely with the new Clinical Lead for Research (Dr Jonathan Wilson),

the R&D Group and an established R&D Unit all of whom are accountable to the Trust Board. The Head of R&D reports directly to the Director of Workforce and organisational development.

During 2014-15 much has been gained from the professional leadership of the Trust's two Lead Research Nurse Coordinators who manage the Trust's research nurses and clinical trials assistants although the high turnover rate of these staff groups is still a concern.

In addition we are currently seeking to create a number of research champions who will take a role in providing leadership for research in their particular clinical area and develop a mentorship scheme for new researchers.

2.3.2 Research capability and capacity

One of our key objectives is to support and develop high quality research that is initiated by Trust staff. During 2014-15 nine Trust Sponsored studies were active and there are currently three more in set up including a multi-centre drug trial.

The objective of initiating more research led by nurses and allied health professionals is an ongoing challenge.

A key objective to be met by the end of March 2015 was to centrally manage all the research income generated by the Trust so that it can be directed to where it is most required. The Head of R&D is currently working closely with Finance towards this end and it is hoped that this will be implemented in Quarter 1 of 2015-16.

During the period of this strategy we are striving to secure funding from a national research funding body for a project generated by a member of Trust staff. At the time of this report we are the lead NHS organisation on a successful Palliative Care grant application led by Dr Miriam Johnson (Palliative Care, Scarborough) for £300K.

2.3.3 Research partnerships

A key objective has been to strengthen the collaborative relationships with the University of York and with HYMS. The Head of R&D has set up bi-monthly meetings with the Head of Research from the Department of Health Sciences (University of York) and the Dean of HYMS has joined the CRF Steering Group.

The creation of credible clinical academic posts based within the Trust would be a significant step forward and this possibility is included in a business case being led by Professor Paul Kaye from the Centre for Immunology and Infection (CII) at the University and supported by the Trust.

We are increasing our collaborations with commercial partners, and have two new studies in set up which are being led by our consultants with commercial funding.

The Trust is also collaborating closely with the Vale of York Clinical Commissioning Group in the setting up of a Health Coaching study with the R&D Unit assisting the Swedish Sponsor in setting up the study in the UK.

As a partner organisation of the Yorkshire and Humber CRN the Trust continues to play a significant role in helping the CRN to achieve it's objectives including those relating to the delivery of CRN supported studies.

The York Clinical Research Facility continues to develop its activity in facilitating early phase trials for commercial as well as non-commercial sponsors. At the time of writing the CRF is running a phase 1 study researching the safety, pharmacokinetics and pharmacodynamics of two vaginal microbicide formulations. This study will hopefully lead onto significant developments in HIV prevention.

Patient and public involvement (PPI) continues to be high on the national research agenda and although progress in this area has been made by having significant lay representation on our R&D group there is more we could do.

3. Conclusion

The current R&D strategy intends to outline the Trust's aspirations for two years. This report covers the first 8 months of that period and is presented to the Executive Board outlining progress made against plan.

4. Recommendation

The Trust Board is asked to note and acknowledge this update.

Author	**Damon Foster, Head of Research & Development**
Owner	**Sue Holden - Director of Workforce and Organisational Development**
Date	**April 2015**

Blank page

York Teaching Hospital NHS Foundation Trust

Board of Directors – 29 April 2015

Annual Report 2014/2015 - Equality and Diversity

Action requested/recommendation

The Board is requested to:

- Accept and recommend the report for inclusion in the Trust annual report
- Note the challenges and future developments required to enable progress

Summary

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

This paper reports the progress and achievements relating to Equality and Diversity and recognizes the challenges and future requirements to enable progress.

Reference to CQC outcomes

There are no references to CQC outcomes

Progress of report	Fairness Forum and Workforce Strategy Committee
Risk	No risk
Resource implications	Resources implication detailed in the report
Owner	Sue Holden, Director of Workforce and Organisational Development
Author	Margaret Milburn, Equality and Diversity Facilitator
Date of paper	April 2015

Version number	Version 1

Board of Directors – 29 April 2015

Annual Report 2014/2015 - Equality and Diversity

1. Introduction and background

This report outlines the actions and progress made by the Trust to address some of the challenges presented by being an inclusive service provider and employer.

2. Equality and Diversity Report

York Teaching Hospital NHS Foundation Trust is committed to promoting equality, diversity and human rights in all its activities for all patients, visitors and staff. Everyone who comes into contact with the Trust can expect to be treated fairly and with respect.

The Trust Lead for equality and diversity is the Director of Workforce and Organisational Development and is supported the Equality and Diversity Facilitator whose role is to encourage and stimulate action to ensure the Trust is conscious of its responsibilities and every opportunity is taken to embed equality and diversity considerations into processes and developments to enable inclusive and responsive services. At Board level Equality and Diversity is championed by the Trust lead and a Non-Executive Director.

In 2014 the Trust Equality and Diversity Group changed its name to the Fairness Forum in response to feedback gathered during Equality and Diversity Week when Fairness was the most popular word used to describe what equality and diversity means to people. The Fairness Forum has a membership from across the organisation including Trust Governors and a Healthwatch representative. It meets every quarter and reports to the Workforce Strategy Committee which reports to the Board of Directors.

The Forum enables debate and discussion of issues, and, acting in an advocacy role to gives voice to those who may not be heard. It has a responsibility to connect the legal, business and moral aspects of equality and diversity and provide Board assurance regarding activities being undertaken to address historical or unconscious bias towards people with protected characteristics.

Performance against Equality Objectives

	Objective	Progress
1	Improve data collection, analysis and monitoring of protected characteristics	• Continued raising of awareness to the importance of recording protected characteristics and the benefits this brings during staff training and at awareness events (mentioned in achievements) • Introduction of the learning hub (August 2014) will enable improved analysis of workforce development programme applicants and progression

	Objective	Progress
2	Further develop engagement and involvement of patients, carers, governors and staff to reflect local demographics	• The Trust covers a large geographic area and demographic information has been refined in 2014 based on the seven constituencies and specific constituency wards as per Trust constitution and Census data 2011 • The PoPPIY guide (Publication of Patient and Public Information in York Teaching Hospital NHS Foundation Trust) has been reviewed and promoted at road show events • Patient stories of experiences with the Trust included at Board Meetings and other staff forums. • Corporate communications' and Engagement strategy due to go to Board of Directors May 2015
3	Develop strong partnerships with social care and GP's to ensure patient pathways are free from barriers between providers for everyone	• Continued development of partnership work with local councils, CCG, Health and Well Being Boards, and the city wide Equality and Fairness Forum • Representative member of the three Healthwatch in our area attends the Fairness Forum • The Trust is working with local provider/commissioner NHS organisations to assess equality progress against the NHS Equality Delivery Framework.
4	Continue the Board of Directors and senior management development programme ensuring equality and diversity is embedded into all decision making processes leading to active promotion of good relations	• Unconscious Bias training delivered to volunteers to develop the role of Unconscious Bias Champions – the volunteers are called the Fairness Champions and promote the role via Health and Well Being Fairs and at Corporate Induction.

Other Achievements

- Following the 2014 LGBT History month staff survey to determine the level of interest and demand for developing a staff LGBT network, the Trust Equality and Diversity Facilitator has empowered a group of staff to form a network that meets on a regular basis and developed the 2015 awareness event that formed part of York LGBT History month.

- Introduction of Fairness Champions, a group of staff who volunteered to undertake training and form a network promoting fairness and respect for everyone across the organisation.

- Both staff involvement groups meet on a regular basis and report issues and progress to the Fairness Forum, their time and support of equality and diversity issues is appreciated.

- Adopting the Living Wage forms part of our aim to be an employer of choice in all the communities that we provide services for, and despite the significant additional cost, overall it was felt strongly to be the right thing to do.

- Training and awareness events including corporate induction, NHS Employers Equality and Diversity Week in May, National Eye Health Week with York Blind and Partially Sighted Society in September, Inter-faith week in November and LGBT History month in February.

- Continued membership of Innov8 a regional NHS scheme to reframe diversity leadership

- An Access to Services Group have developed an action plan in response to Healthwatch Reports received by the Trust (Access to Health and Social Care for Deaf People December 2013 and Discrimination Against Disabled People June 2014) The plan was discussed and amendments agreed at an open meeting with Healthwatch, members of the Deaf community, Vale of York Clinical Commissioning Group and North Yorkshire County Council. The Access to Services Group has passed the plan to the Fairness Forum for monitoring.

Challenges and Future Developments

- To review the options for capture and monitoring of patient information on the Core Patient Data base (CPD) This is a significant piece of work and will involve many areas of the Trust but vital to improve patient experience, quality and continuity of care.

- Alignment and consistency of access to interpretation and translation services across the Trust is nearing completion with implementation of a new contract and a publicity raising awareness drive being planned from May 2015. Improved information and flagging on the CPD will help support this.

- NHS England's introduction of a new 'Accessible Information Standard' means all organisations will need to find out if a patient has extra communication needs because of a disability or sensory loss, and take steps to meet those needs; implementation is anticipated to be 2015 which will drive and support the two points above.

- Continue the development of Fairness Champions and the Staff LGBT Network to enable inclusive and accessible services sharing vision, visibility, and voice. Links already established with the Fairness Forum will strengthen this and ensure their work is embedded in eth organisation.

- Monitoring of the Access to Services action plan to ensure implementation of recommendations

- Following reports which have highlighted disparities in the number of BME people in senior leadership positions across the NHS, as well as lower levels of wellbeing amongst the BME population, the NHS Equality and Diversity Council pledged its commitment to implement a Workforce Race Equality Standard which would start in April 2015.

- Develop a central equality and diversity information hub including patient stories to enable learning.

Based on the outcomes and priorities of the EDS2 assessment day 24th March 2015 we will review our equality objectives with the aim of making our services more accessible and improve the experiences of people using them. The day involved working in partnership with

the CCG's, Leeds and York Partnership NHS Trust and local representatives of individuals with protected characteristics to assess where the Trust is against the core standards. The engagement and focus on improving our approach was very positive and will influence future initiatives.

3. Conclusion

The report notes the Trusts performance against its Equality Objectives and other achievements whilst recognising challenges and developments that are required in order to fulfil the requirements of Public Sector Equality Duty (PSED)

4. Recommendation

The Board is requested to:

- Accept and recommend the report for inclusion in the Trust annual report
- Note the challenges and future developments required to enable progress

Author	**Margaret Milburn, Equality and Diversity Facilitator**
Owner	**Sue Holden, Director of Workforce and Organisational Development**
Date	**April 2015**