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 30th March 2016**

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

Time	Meeting	Location	Attendees
8.15am – 8.55am	Non-Executive Director Meeting with Chair	Booth 5 Ellerby's Restaurant	Non-executive Directors
9.00am – 12.45pm	**Board of Directors meeting held in public**	**Boardroom, 2nd floor Admin Block, York Hospital**	**Board of Directors and observers**
12.45pm – 1.30pm	Lunch in the Boardroom	Boardroom, 2nd floor Admin Block, York Hospital	Board of Directors
1.30pm – 2.45pm	Board of Directors meeting held in private	Boardroom, 2nd floor Admin Block, York Hospital	Board of Directors
3.00pm – 4.00pm	Remuneration Committee	Boardroom, 2nd floor Admin Block, York Hospital	Non-executive Directors and 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 meeting

York Teaching Hospital NHS
NHS Foundation Trust

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

On: **Wednesday 30th March 2016**

At: **9.00am – 12.45pm**

In: **The Boardroom, York Hospital, Wigginton Road, York**

A G E N D A					
No	***Time***	***Item***	***Lead***	***Paper***	***Page***
General					
1.	9.00-9.10	**Welcome from the Chairman** The Chair will welcome observers to the Board meeting.	Chair		
2.		**Apologies for Absence and Quorum** • Libby Raper • Wendy Scott • Mike Proctor • Beverley Geary	Chair		
3.		**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	7
4.		**Minutes of the Board of Directors meeting held on 24 February 2016** To review and approve the minutes of the meeting held on 24 February 2016.	Chair	B	11
5.		**Matters arising from the minutes** To discuss any matters arising from the minutes.	Chair		

No	Time	Item	Lead	Paper	Page
Our Quality and Safety Ambition: Out patients must trust us to deliver safe and effective healthcare					
6.	9.10-9.25	**Patient Story** To hear letters received from patients in relation to York and Scarborough Emergency Departments.	Medical Director	Verbal	
7.	9.25-10.00	**Chief Executive Report** To receive an update on matters relating to general management in the Trust.	Chief Executive	C	27
8.		**CQC action Plan** To receive a quarterly report on progress against the CQC action plan.	Chief Executive	D	35
9.		**Project Choice** Information about Project Choice.	Karen Porter Lead Tutor Project Choice Scarborough	Presentation	
10.		**Modern Slavery and Human Trafficking Act 2015** To consider and approve the draft statement.	Foundation Trust Secretary	E	55
11.	10.00-10.30	**Quality and Safety Performance issues** To be advised by the Chair of the Committee of any specific issues to be discussed. • Patient and Quality Safety Report • Medical Director Report • Chief Nurse Report • Safer Staffing	Chair of the Committee	F F1 F2 F3 F4	59 69 103 113 131
10.30-10.40		**Coffee break**			

No	Time	Item	Lead	Paper	Page
Our Finance and Performance ambitions: Our Sustainable future depends on providing the highest standards of care within our resources					
12.	10.40-11.10	**Finance and Performance issues** To receive a summary of the discussions at the meeting framework from the Turnaround Avoidance Programme – Delivering Success. • Finance Report • Efficiency Report • Performance Report • Capital programme FY 2015/16 and 2016/17	Chair of the Committee	G G1 G2 G3 G4	139 155 173 179 189
13.	11.10-11.55	**Audit Committee** To receive a report from the Audit Committee following the meeting held on 14 March 2016 including the new model Board Assurance Framework.	Chair of the Audit Committee	H	201
14.		**Annual Plan** To receive the final draft of the Annual Plan.	Finance Director	I	215
15.		**Carter Review** To receive a detailed plan around the Carter Review.	Finance Director and Director of Estates and Facilities	J	269
Our People and Capability Ambition: The quality of our services is wholly dependent on our teams of staff					
16.	11.55-12.15	**Workforce Metrics and Update Report** To receive a report updating the Board on HR issues.	Chief Executive	K	279
17.		**Results of the NHS National NHS Staff Survey** To receive the report updating the Board on the National NHS Staff Survey results.	Chief Executive	L	289

No	Time	Item	Lead	Paper	Page
Our Facilities and Environment Ambitions: We must continually strive to ensure that our environment is fit for our future					
18.	12.15-12.45	**Minutes of the Environment and Estates Committee** To receive the draft minutes from the meeting held on 17 March including • Premises Assurance Model document • Health and Safety Policy • Update on the Bridlington Business Case	Chair of the Committee	M	296
Any Other Business					
19.		**Next meeting of the Board of Directors** The next Board of Directors meeting held in public will be on 27 April 2016 in the Lecture Room, St Catherine's Hospice, Scarborough. The next Board to Board meeting is arranged for 7 April 2016 at White Cross Court Social Club at 2.30pm - 5.00pm.			
20.		**Any other business** To consider any other matters of business.			

Items for decision in the private meeting:

- Clinical Excellence Awards
- Assurance Framework and Corporate Risk Register

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

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

Register of directors' interests
March 2016

York Teaching Hospital NHS
NHS Foundation Trust

Additions: Philip Ashton—Member of the Board of Directors—William Temple Academy Trust
Dianne Willcocks—Chair of the Charitable Trustee

Changes: No changes

Deletions: No changes

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)	**Non-executive Director—**Beverley Building Society **Director** - Lodge Cottages Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jennifer Adams (Non-Executive Director)	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Philip Ashton (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Member of the Board of Directors—** Diocese of York Education Trust **Member of the Board of Directors—**William Temple Academy Trust	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	**Chair—Charitable Trustee** **Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust **Chair—**Advisory Board, Centre for Lifelong Learning University of York **Member—**Executive Committee YOPA **Patron—**OCAY **Chairman** - City of York Fairness and Equalities Board **Member –**Without Walls Board	**Director—**London Metropolitan University **Vice Chairman—**Rose Bruford College of HE	Nil
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
Juliet Walters (Chief Operating Of-ficer)	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)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr James Taylor Medical Director	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

B

York Teaching Hospital NHS

NHS Foundation Trust

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Boardroom York Hospital on 24 February 2016

Present:	**Non-executive Directors**	
	Ms S Symington	Chairman
	Mrs J Adams	Non-executive Director
	Mr P Ashton	Non-executive Director
	Mr M Keaney	Non-executive Director
	Ms L Raper	Non-executive Director
	Mr M Sweet	Non-executive Director
	Professor D Willcocks	Non-executive Director
	Executive Directors	
	Mr P Crowley	Chief Executive
	Mr A Bertram	Director of Finance
	Mrs B Geary	Chief Nurse
	Mr M Proctor	Deputy Chief Executive
	Mr J Taylor	Medical Director
	Mrs J Walters	Chief Operating Officer
	Corporate Directors	
	Mr B Golding	Director of Estates and Facilities
	Mrs S Rushbrook	Director of Systems and Networks
	Mrs W Scott	Director of Out of Hospital Services
In Attendance:		
	Mrs A Pridmore	Foundation Trust Secretary
	Dr D Richardson	Consultant Medical Specialties
Observers:	Mrs J Moreton	Public Governor – Ryedale and East Yorkshire
	Mr P Baines	Public Governor – York
	Mrs A Bolland	Public Governor – Selby
	Mr J Cooke	Public Governor – York
	Mrs M Jackson	Public Governor – York
	Mr B Naylor	Member of the public
	Mrs L Pratt	Healthwatch – York
	Mrs S Miller	Public Governor – Ryedale and East Yorkshire
	Ms C Bell	Member of the public

The Chairman welcomed the Governors, members of staff and the public to the meeting.

16/020 Apologies for absence

No apologies were received.

16/021 Minutes of the meeting held on the 27 January 2016

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

16/022 Matters arising from the minutes

There were no matters arising from the minutes.

16/023 Declarations of interest

The Board noted the declarations of interest.

16/024 Patient Story

Mrs Rushbrook introduced Dr Richardson to the Board. She explained that over the last 20 years she had developed clinical systems in partnership with clinicians in the organisation. Dr Richardson recently joined her team and has provided invaluable support to the continued development of the systems used to support the provision of healthcare across the organisation.

Mrs Rushbrook referred to Patient H who died in May 2014 whilst in the care of the Trust. She explained that since May 2014 a lot of IT development has taken place. She asked Dr Richardson to give his presentation.

Dr Richardson explained the importance of designing reliability into healthcare systems, including consistent methodology. He explained that care should be evidence based, effective, safe and standardised.

Dr Richardson spoke about patient H, outlining the details of his case and what happened during his time at the Trust. Dr Richardson described the changes to the systems that had taken place since patient H's death, including the development of observations being recorded electronically.

The Board were impressed by the developments and by the assurances Dr Richardson provided.

Mr Crowley commented that the case of patient H was a very important case and most of the non-executive and executive directors had some contribution to make in terms of the response. He added that it was the first case where he had asked a Director to take the lead on linking with the family. Mr Crowley added that patient H and other similar cases help him to reflect on the complexity of the environment in which we work which added to the complexities of managing an acute trust.

Mr Crowley explained that currently the Trust is refreshing its strategic objectives and priorities, in part as a response to the sustainability and transformation process. It was important that the Trust focused on making sure that "the patient is at the center of everything we do". Mr Crowley observed that Dr Richardson's presentation captured that message really well.

The Board thanked Dr Richardson for his presentation. Dr Richardson left the meeting.

16/025 Report from the Chief Executive

Mr Crowley spoke about the importance of maintaining focus on 'the right things' at a time when there are great demands on acute trusts. Developing appropriate strategies is vitally important for our trust.

Mr Crowley talked about the Sustainability and Transformation Plan (STP) and the Commitment for You document, both of which would be discussed as part of the private agenda, linking them to the Ambitions for Health (AfH) document attached to his paper. He explained that the AfH document preceded the STP on the east coast and was developed following the merger of Scarborough with York, with the aim of improving services. The main ambitions included in the AfH document were written at the time when the merger between York and Scarborough was being completed.

Mr Crowley asked Mr Proctor to comment on the AfH paper. Mr Proctor explained that there was a realisation that all parts of the system on the east coast were struggling and there was a danger of services becoming difficult to sustain. The AfH included eight bodies; North Yorkshire County Council, Ryedale District Council, East Riding Council, Scarborough Borough Council, Scarborough and Ryedale Clinical Commissioning Group, East Riding Clinical Commissioning Group, Tees Esk and Wear NHS Foundation Trust and York Teaching Hospital NHS Foundation Trust.

Mr Proctor explained that there were three aspects to the work included in the AfH paper:

1 Sustainability of hospital services (including financial sustainability) – It includes looking at services that are not currently financial sustainable and having an open discussion about how those services should be delivered in the future.

2 Care at home- developing services so more care can be delivered at home using the Community Hubs.

3 Healthy life styles – Mr Proctor explained that he believes the Trust is not just in the ill-healthy business, but should also be promoting healthy lifestyles! He referred to the level of deprivation that exists on the east coast, including low life expectancy.

Mr Proctor explained that the programme had started to be implemented over recent years, but that he believed that it would help formulate the subset strategy for the STP for that area.

Professor Willcocks commented that the paper demonstrated good models of collaboration and working together. The Health and Wellbeing Board are also designed to develop relationships and trust and provide flexibility and clarity of purpose. She asked how the parties involved in the AfH were thinking about using the Health and Wellbeing Board more proactively, particularly as they are a statutory forum. Mr Crowley explained that the AfH covers both Community Hubs and does report into the Health and Wellbeing Board, but at this stage there was some further development of the Health and Wellbeing Boards needed to enable it to provide further support.

Mrs Adams asked about the survey carried out as part of the Out of Hospital Care study which revealed that 34% of patients surveyed in hospital were receiving more care than they needed. She felt that this information provided further evidence in favour of the need to develop out of hospital. Mr Proctor agreed and added that there was support for developing services. He added that the only under used facility is the patient's own bed in their own home. At present there was a lack of services in Scarborough that support the patient in the community and their own home. 93% of patients in a community bed do not need to be in those beds, according to a study undertaken by Emergency Care Improvement Support Team (ECIST).

The Board was advised that the STP is a two stage process; by April 2016 an early draft of the STP will be submitted, with the final version being submitted by June 2016.

Mr Keaney asked who was leading the AfH work. Mr Proctor advised that the Board was chaired by Scarborough and Ryedale Clinical Commissioning Group and that all parties were signed up to deliver the priorities. Mr Crowley added that there had been a three way launch with the Councils, CCGs and Trust. Mr Crowley reminded the Board about the Kings Fund document 'Place Based Systems'. He reflected that the AfH is an example of such a system, but he agreed that the commitment of the parties had to be tested. Mr Crowley reminded the Board that currently three main services were being considered by the parties around developing a favoured model. The cost for those services was currently higher than tariff, so support is needed from the parties to the agreement to continue to deliver those services. The formulation of the STP will help as the CCGs and providers will for the first time have a common financial plan.

Mr Sweet asked about the desire of Scarborough and Ryedale Clinical Commissioning Group to tender for community services. Mr Proctor confirmed that the position that Scarborough and Ryedale Clinical Commissioning Group had adopted was not, in his view helpful. He agreed that the Trust would need to wait and see what the Scarborough and Ryedale Clinical Commissioning Group finally decided to do.

Ms Raper added that the challenges in the Community and the complexities in the system were not just being seen in health, but also existed in education.

Junior Doctors – Mr Crowley advised that three further two day strikes had been announced. At this stage it was unclear what impact there would be on the system as a result of imposing the contract on the junior doctors. Mr Crowley referred to Don Berwick's (Professor of Patient Safety) editorial in the HSJ where he suggested that a significant group of staff had been disenfranchised by the decision of the Government to impose a contract and that the Government would have to consider how it would move forward with the Junior Doctors.

Whitby Hospital – Mr Crowley advised that the services provided by the Trust to Whitby Hospital would transfer to Humber FT on 1 March. He thanked the staff in Whitby Hospital for their support and commitment to patients and the Trust during this difficult time. Mr Proctor also thanked Humber FT for being a supportive and constructive organisation to work with.

Awards – Mr Crowley advised that Internal Audit had received an award at the recent HMFA awards for controls assurance audit protocols. Mr Crowley thanked Mr Bertram for his leadership of the internal audit team and congratulated the team.

EPMA – Mr Crowley thanked Mrs Rushbrook for her extensive work on the EPMA system. He advised that Mrs Rushbrook had recently enlisted a number of Directorates to start testing the system. Mrs Rushbrook advised that the development stage of the work was coming to an end. She outlined the complexities in the system and confirmed that she did not believe there was any organisation in the country that had such a comprehensive system.

The Board noted the discussion and comments made by Mr Crowley.

16/025 Quality and Safety Committee

Mrs Adams presented the minutes from the meeting held on 16 February. She advised that Polly McMeekin (Deputy Director of HR) had been an observer to the Committee. She confirmed that the Committee had reviewed the corporate risk register related to the Medical Director and Chief Nurse and had confirmed that all risks had been covered by the agenda. Mrs Adams confirmed that the Committee had received feedback from the other groups that report to the Committee.

As a matters arising Mrs Adams advised that a new list of patient safety walk rounds had been released, but it was concerning that on some occasions executive directors had not been able to attend the walk rounds. Mr Crowley explained that is was not as a result of a lack of commitment, but more there were some issues around diary management. He suggested that some further work around the arrangements should be completed to make sure the list does fit with directors' diaries.

Action: Further work to be undertaken around the organisation of patient safety walk rounds to ensure executive directors can attend.

Quality Report – Mrs Adams summarised the discussion at the Committee and confirmed that the development of the priorities for the 2016/17 report were being developed.

Mrs Geary described the consultation exercise that had been undertaken and confirmed that the only contribution received was from the non-executive directors. It was noted that a further report would be presented to the next Quality and Safety Committee.

Patient Safety – Mrs Adams summarised the discussions highlighting the improved picture around the nursing staff. Mrs Geary gave details of the European recruitment. A number of EU nurses were already in post and had their PINs. The local campaign continues with recent jobs fairs resulting in 67 applications however these are student nurses and due to qualify later in the year, The local recruitment campaign with York University will begin in the next few weeks and the Chief Nurse team are planning a jobs fair at the York site on 23rd April.. Mrs Geary added that a campaign was being launched about why staff like working at York and Scarborough Hospitals, this is being publicised widely.. Mrs Geary confirmed that the Trust now had the lowest level of vacancies for

nurses on in patient wards against establishment that it had for a significant amount of time and once all of the EU nurses were in post and had their PINs we would see results.. Mr Crowley added that he believed there would always be a level of vacancy against establishment and so believed that the Trust should always seek to appoint to above the establishment. Mrs Geary added that consideration was being given to what the next steps would be around European recruitment.

Mrs Adams added that she was pleased to see the level of usage around the bank staff and that the number of unfilled shifts has reduced. Mrs Geary confirmed the improvements and added that the enhancements that have been put in place have been very helpful.

Mrs Adams commented on the medical staffing issues and confirmed that the Workforce Strategy Committee were considering the detail, but from a quality and safety perspective there were two areas of concern, the Emergency Department and General and Elderly Medicine. Mr Taylor explained that in the Emergency Department in both York and Scarborough there were staff shortages at consultant, middle grade and junior doctor level. Efforts have been made to recruit to all vacancies, but without success. He explained that in the next 2 years it is anticipated that there will be staff available to recruit to the posts, but the Trust needs to establish what it will do in the meantime.

At Scarborough Dr Ed Smith was looking at different models of care in light of recurrent challenges. Mrs Walters added that altering the front door model will provide some relief to the system, along with looking at different roles and using Advanced Clinical Practitioners (ACP).

The Board understood that the Trust had gone to considerable lengths to appoint consultants, as the agency costs are significant when appointments cannot be made.

Mr Taylor added that in terms of General and Elderly Medicine there were a number of challenges around the recruitment of senior clinicians. Learning from other recruitment processes must be applied to this directorate.

Mr Taylor added that recruitment to Scarborough was very complex. He explained the national system used to recruit junior doctors, meant that junior doctors tended to want to train in the big centres such as Leeds, leaving the smaller organisations with fewer trainees.

The Board noted that the two General and Elderly Medicine directorates were still operating as two directorates and had not integrated. The Board asked if it was the intention that they should become one directorate. Mr Crowley explained that they have not merged because they have very different issues and requirements.

Falls and Pressure Ulcers – Mrs Adams highlighted the falls report. She advised that the quarterly report showed that the number of falls in November had increased and there had been a further increase in December. The nursing team had been reviewing the themes and it was suspected that there had been an increase in reporting of falls, but not an increase in the level of harm. She reminded the Board of the aspiration to reduce falls by 50% and she confirmed that the target had not, as yet, been achieved. Mrs Geary explained that lessons were being learnt from falls and that the roll out of the electronic

falls assessment audit tool had helped with understanding that learning. This would be reviewed in the next few months

In terms of pressure ulcers, Mrs Geary reported that there had been an increase in the total number of reported grade 3 and 4 pressure ulcers, all of which had been subject to the serious incident report process. Mrs Geary advised that wards were reviewing the increase and consideration was being given to any lapses in care. Mrs Geary added that, although there was still work to do to reduce pressure ulcers and a new policy was near completion that the trend line showed an overall reduction in the number of cases. She confirmed that reduction of pressure ulcers, both in terms of type and number, remained a priority.

Flu Vaccine – Mrs Adams highlighted that the take up of the vaccine this year had been disappointing. Mr Taylor explained how the flu vaccine was produced and explained that last year the vaccine was not effective because the World Health Organisation had not identified the right variant of flu. As a result staff were reluctant to have the vaccine this year.

Professor Willcocks asked about the message that was put out to promote the vaccination.

Mrs Geary explained that staff had had numerous opportunities to receive the vaccine over the last few months. She confirmed that a review of the programme would be undertaken in the coming months, but she could confirm that the most successful location was within Ellerby's at York. She added that there would be some early planning undertaken.

Infection prevention control (IPC) – Mrs Adams asked Mrs Geary to update the Board on the IPC cases. Mrs Geary advised that the Trust had seen 61 CDI cases of infection, 14 of those cases were considered not be as a result of lapse in care.

In terms of MRSA there had been 6 cases up to January 2016, when a further case was identified in the community. Following completion of the Post Infection Review (PIR) process it was agreed that the case in January was not due to lapse in care.

There have been a number of confirmed Norovirus cases that have resulted in one ward being closed in York, I bay being closed in Bridlington. Two wards (one in Scarborough and one in York) were closed due to suspected Norovirus.

There had been a small outbreak of flu, but this was declining and was not more than 'normal' seasonal flu.

The Board thanked Mrs Geary for her report.

Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (EMBRRACE UK) – Mrs Adams asked Mrs Geary to provide the Board with an overview of the report. Mrs Geary explained the background to, and the focus of, the report. She outlined that the report had been provided in December 2015 and covered perinatal deaths for births from January 2013 to December 2013.

Mrs Geary highlighted that he report was very historic (2013) and explained that the report showed that in 2013 the Trust figure for neonatal deaths was 10% higher than the average for the comparator group and amber for still births.

Mrs Geary explained the work that had been undertaken since the Trust received the EMBRRACE report and outlined the changes in process that had been put in place, including the introduction of the growth chart. She advised that there had been 11 still births across the organisation in the last 12 months. Mrs Geary added that a pilot using the 'still birth bundle' had been completed and the bundle was now used in the organisation for all still births except for intrapartum deaths which are reviewed as part of the serious incident process. She confirmed that scrutiny was far greater than it was in 2013. She confirmed that following her review of the current systems and taking into account the changes that had been made, such as the introduction of the 'still births bundle', meant in her view that there was nothing further that needed to be changed.

Electronic Prescribing Medicine Administration (EPMA) – Mrs Adams asked when the pilot was due to begin. Mrs Rushbrook confirmed that it would be starting in May. She explained that the system is much bigger and more complex that a standard EPMA system. The system links to the three key observation systems (NEWs, MEWs and PAWs) which will inform the electronic prescribing and create schedules for nursing staff to work with. Mrs Rushbrook added that the EPMA system also tied into other data such as the patient allergy data and BMI data.

Mortality – Mrs Adams reported that work was progressing on introducing Avoidable Mortality rather than using Summary Hospital Mortality Indicatory (SHMI). Mr Taylor explained that the SHMI measure was a crude measure that did not consider quality of care whereas the Avoidable Deaths figure did considered the quality of care. Mr Taylor advised that some information was becoming available about the measure. A general committee was being formed and the committee would consider all deaths Using a process akin to the serious incident process.

Mr Taylor added that the training arrangements for identifying avoidable deaths had been announced and the training will be provided by the Health Improvement Academy. Mr Taylor advised that it is his intention to get as many people as possible trained.

16/026 Finance and Performance Committee

Mr Sweet chaired the meeting held on 16 February and fed back the key point to be raised with the Board.

Mr Sweet confirmed the Committee had reviewed the risk register. He raised two points from the register and asked Mr Bertram to comment. The first point was that it had been noted that the financial CIP risk had a risk score of 20. Mr Bertram explained that the score related to 2016/17 CIP and not the current year CIP. The target for next year at present is £27.5m. The second query related to the increase in risk around the ability of the CCG to pay. Mr Bertram explained that this increase represented an increased anxiety he had, but recently that has started to reduce. Mr Bertram explained that during the last two years it had been possible to agree a financial year end position with the CCGs but he had been concerned that this would not be possible this year. In the last few days the CCG have sought to discuss a possible year end position. He explained that the

gap between the Trust and CCGs was not very big and he anticipated that with some corrective work during the last quarter a settlement would be achieved.

Mr Sweet reported that as the information from TAP that the committee considered had increased, it had been noted that there was some duplication of reports. It was agreed that Mrs Rushbrook and Mr Cooney would review the information included in the TAP report to reduce any duplication.

Action: Mrs Rushbrook and Mr Cooney to review the information included in the TAP report.

Mr Sweet advised that the intention was to embed TAP into the organisation as a standard approach to how business is conducted and make it part of the culture of the organisation. He added that there was discussion at the Committee about the role the non-executive director would play in the change process.

Emergency Department

Mr Sweet highlighted two key areas of significant concern: ED performance and Ambulance Turnround. He reported that the fines for the year in the ED department amounted to £2.2m which accounts for 75% of the total fines for the year across the trust. He confirmed there was improvement in all other areas covered by the Performance Recovery Plan.

Mr Sweet commented that the Trust had failed the ED 4 hour target for the 23rd consecutive month achieving 86.76% against the 95% target. He commented on the performance in the Emergency Department as follows:

	Comparing January 2016 to January 2015	**Comparing January 2016 to December 2015**
York	• Attendance increased by 7% (452 patients) • 12.7% (108 patients) increase in GP admissions • Elderly and Medical non elective admissions increased by 11.2% (178 patients)	• Attendance increased by 2.29% (154 patients) • 9.61% (84 patients) increase in GP admissions • Elderly and Medical non elective admissions increased by 7.16% (118 patients)
Scarborough	• 18.18% (42 patients) increase in GP admissions • Elderly and Medical non elective admissions decreased by 11.7% (121 patients)	• Attendance generally decreased by 4.39% (122 patients) • 8.3% (21 patients) Increase in GP admissions • Elderly ad Medical non elective admissions increased by 2.47% (22 patients)

Mr Sweet noted that in the second week in February performance in the Scarborough Emergency Department had dipped significantly.

Mrs Walters explained that delivery of the Emergency Care Standards (ECS) was very challenging and that even with the interventions that have been put in place, the improvements have not yet been realised. She explained that this was a national picture with only 32 out of 138 acute hospitals achieving the standard; hence the view developing that there is a whole system problem that has to be addressed. Mrs Walters added that she had been impressed with the degree of openness across the Trust and reminded the Board that the Trust have invited a number of external agencies/professionals to provide support, insight and assistance.

Mrs Walters highlighted that within the Acute and Emergency Recovery Plan there are 3 key work streams supporting our aim to achieve Emergency Care Standards.

1 Workforce recruitment, both medical and nursing. The Board had already heard about the progress that had been made, particularly around nursing. She added that in terms how staff are deployed, adjustments are being considered around the 'front door' model including the use of Yorkshire Doctors in Scarborough and York and changing the patient pathway by using primary care to support the system.
2 Introduction of the frailty unit and in-reach by Geriatricians in York ED
3 Introduction of the 'discharge to assess' model. When the clinical care of a patient has been completed and the patient is ready for discharge, a patient can be moved to community setting awaiting assessment of further needs, but for the system to be effective it needs support from other agencies and a whole system approach. Mrs Scott added that a whole system approach was a major aspect of the community services ethos along with commitment to change.

Mrs Walters also reported that bed occupancy was consistently above 93% and that Delayed Transfer of Care standards (DTOCs) contributed to 866 bed days lost in January. It was also noted that the number of patients in the Emergency Department who became in patients was significantly higher at 28.4% than the national average.

Mr Crowley responded to the comments and made a number of points:

- Mr Crowley responded by confirming that the Trust was in the bottom quartile nationally for the ECS and was receiving support from ECIST.

- Mr Crowley made the point that Vale of York Clinical Commissioning Group had received some externally sponsored intervention, which had confirmed that the CCG was suffering from 10 years under investment; he believed that this has a relative effect on our poor performance. This impacts our ECS performance.

- Mr Crowley asserted that nationally no one was taking about the 95% - 4 hour target anymore and the discussion was instead about improvement.

- In terms of workforce, he highlighted that the Emergency Department were doing more work with fewer staff and that improvements in performance had been observed but not sustained. He added that he had been a complete advocate for targets, but the provision, demands and expectations had changed. In Scarborough the Trust had 2.5 consultants in the ED and one was about to retire, thus the department became over-burdened.

Mr Sweet noted that at present across the Trust there were 8 vacancies for ED consultants.

Mr Keaney repeated his view, very clearly, that 80% of the performance issues related to staffing. The Trust cannot appoint emergency care staff which, in his view was the root cause of the issues the Trust is facing.

Ms Raper asked if it was clear what was "working" in relation to the numerous interventions in ED. She questioned if too much change was happening at once so that it was not clear what was working. Mrs Walters advised that she did not believe that was the case. She advised that all interventions were measured and it was important that the Trust continued to seek further interventions.

The Board noted the comments and discussion and confirmed their continuing concern about the lack of delivery of the Emergency Care Standards.

Mr Sweet referred to the CQUIN results. Mrs Walters confirmed that the Trust had achieved quarter 3 and had received full payment. For quarter 4, there is only one CQUIN where delivery is extremely challenging, that target being Sepsis. The Board understood there is a national debate about the target and consideration as to whether it is achievable.

The 2016/17 CQUIN targets have not been agreed as yet.

From a financial perspective the rate of deficit increase had slowed on previous months, rising from £9.6m to £10.5m (£0.9m increase). Mr Bertram commented that there was a degree of disappointment that the deficit had continued to increase. He asked the Board to note the key charts included in his report and highlighted that the pay chart showed that the costs were at their lowest level since April and May 2015 and the level of spend on agency staff was also down. Agency spend on medical staff was back to normal levels. General expenditure had also reduced although it was still exceeding planned levels.

The cash position at the end of January was giving rise to concern. At the end of January the Trust had £7m available cash. Mr Bertram explained that £7m was not a significant amount when it is recognised that the Trust spends £1.25m per day.

Mr Bertram informed the Board that the Trust was starting to 'eat into' the strategic capital for the Scarborough site due to the current operational deficit. Mr Bertram anticipated that with the sustainability and transformation fund support the Trust should be able to reinstate this resource during 2016/17.

Mrs Adams noted that the level of income from day cases and outpatients was down and asked why that was the case. Mr Bertram stated the reason was unclear, but he agreed that day case and outpatient income was disappointing. He explained that although there was a lot of attention on achieving the ECS, there had been no reduction in elective capacity beyond that associated with bed pressures. He explained that he had expected an increase in activity in January and again in March, and it was a disappointment that that increase did not happen in January.

Ms Symington asked if it could be that the CCGs were seeking to spend less money. Mr Bertram did not believe that was the case because referrals were up.

Performance around the CIP has continued to be good. 88% of the target had now been achieved, 46% on a recurrent basis. There would be a greater challenge in 2016/17 with a possible target of £27.5m. Mr Sweet added that the Committee wanted to extend their congratulations to everyone involved and looked forward to hearing that the full target had been achieved a the meeting next month.

The Board noted the report from the Finance and Performance Committee.

16/027 Minutes of the Workforce Strategy Committee

Health and Wellbeing Programme - Professor Willcocks presented the minutes. She highlighted the work being undertaken around the Health and Wellbeing programme and explained that it was designed to support staff. She advised that the Trust had be chosen to be part of a national programme as a result of the past work the Trust had completed around staff engagement, making staff feel valued.

E-rostering – Professor Willcocks advised that the Committee had asked for some further work to be undertaken around e-rostering to ensure the Trust had fully exploited the system and got the best value out of it.

Education/ Development/ Workforce – Professor Willcocks reminded the Board that this area was under Mr Proctor's lead. She explained that the Committee had been discussing new roles and new ways of working and establishing innovative ways of implementing new systems with the workforce. Professor Willcocks added that the Committee was spending time looking at the Medical Staffing issues.

Mr Proctor commented that the Chair had asked Mr Proctor to provide a paper for the next Board meeting covering the national issues around education as well as a summary of the work being undertaken locally.

Action: Mr Proctor to present a paper to the April Board on the national issues around education and a summary of the work being undertaken locally.

Professor Willcocks updated the Board on the plans for the development of the Workforce Strategy Committee. She advised that the Committee would now meet on a monthly basis. Alternate meetings would discuss strategy and operational issues.

The Board noted the report and thanked Professor Willcocks.

16/028 Business Cases

The Board considered the first two business cases together – 2015/16 – 66: Orthopaedic Consultant Expansion – Hand Surgery and 2015/16 – 67: Orthopaedic Consultant Expansion – Foot and Ankle Surgeon. Mr Bertram presented the business cases. He highlighted that, from a financial perspective, the two cases did not reach the threshold for consideration by Board, but as they required the appointment of new consultants and

support staff it was appropriate that the cases were approved by the Board. Mr Bertram outlined that both of these cases represented exciting developments, provided a financial return and removed the reliance on a sole surgeon in the case of hand surgery. Both cases would also reduce the reliance on use of the independent sector and aligned with the Trust's developments for Bridlington. Mr Bertram recommended the Board approve both cases.

The Board considered the business cases and Mr Sweet asked if the timeline for the recruitment of consultants was realistic. Mr Bertram felt that the recruitment might slip by four or six months. He explained that the business case had taken some time to put together and the start date of April would have been realistic earlier in the year.

Mrs Adams asked for assurance around the income. Her concern was that the independent sector would want to keep the work. Mr Bertram explained that the work targeted by these business cases was subcontracted by the Trust and therefore easier for the Trust to manage the different pathways.

The Board approved the two business cases.

The Board was asked to consider a third business case – 2015/16 – 71 York Theatre Capacity and Demand Review. Mr Bertram presented the case. He explained the benefit the case represented in terms of the use of theatres and confirmed that the Clinical Directors were in support of the proposed change. Mr Bertram confirmed that the business case aligned with TAP productivity opportunities, specifically where external consultancy review had identified a potential productivity gain of up to £5m. This business case did not seek to set out the details of that productivity gain, but did put in place the building blocks to be able to deliver the gains. Mr Bertram recommended the Board approve the case.

Mr Proctor added that he had been approached by external consultants who had offered to demonstrate the approach to theatres being proposed in the business case and to implement such a system. A number of Trusts had changed to the system proposed and the change had been successful.

The Board considered the case. Mr Golding commented that the business case fitted with the expectations from Lord Carter around the utilization of space. He did ask the Board to note that implementation may also result in the need to develop the theatre recovery areas at York. At present the area was overworked and it may need to be developed. Such a development is not yet included in the current Capital Programme as the technical design challenge is proving difficult.

Mrs Adams was concerned that she felt the case could be seen as rewarding under performance and lack of efficiency. She also was concerned that currently theatre lists were being cancelled because of the lack of beds. Mr Crowley explained that part of the benefit of the case was the reduced pressure that there would be on the bed base. Currently there was artificial pressure in the system. Once the change had been implemented, it would allow the Trust to start to understand what the sustainable bed base requirement was.

Mr Ashton sought to confirm his understanding that the business case was about workflow management and re-engineering systems rather than productivity gains. He asked what effect this change would have on the plans for Bridlington. Mr Bertram confirmed it would have no impact except that the Trust would seek to extend the principles across to Bridlington and he believed that there were similar productivity gains to be made on the east coast.

The Board approved the business case.

16/029 Corporate Risk Committee minutes

The draft minutes were noted by the Board.

16/030 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 30 March 2016, in the Boardroom, York Teaching Hospital.

16/031 Any Other Business

Mr Crowley advised the Board that a long standing member of hospital radio staff had been killed in the recent house explosion in Haxby. He thanked Paul Wilmott for 44 years of dedication to the hospital and his contribution to hospital radio.

Action list from the minutes of the 24 February 2015

Minute number	Action	Responsible office	Due date
16/025 Quality and Safety Committee	Further work to be undertaken around the organisation of patient safety walk rounds to ensure executive directors can attend.	Mr Crowley	Immediate
16/026 Finance and Performance Committee	Review the information included in the TAP report.	Mrs Rushbrook and Mr Cooney	March
16/027 Minutes from the Workforce Strategy Committee	Present a paper to the April Board on the national issues around education and a summary of the work being undertaken locally.	Mr Proctor	April

Outstanding actions from previous minutes

Minute number and month	Action	Responsible officer	Due date

15/087 Diverse Workforce	A proposal around investment in training for specialist and middle grade doctors in the future to be presented to the Board when developed	Mr Crowley	future
15/117 Community Care update	Provide further detail on the re-ablement discussions when available.	Mrs Scott	When available
15/147 Food and Drink Strategy	The Board agreed to test the quality of food on an annual basis.	Mr Golding	April 2016
15/163 Winter Plan	Review the Winter Plan	Mrs Walters	April 2016
15/164Workforce Metrics and update report	Incorporate the pay expenditure table into the performance report.	Mrs Rushbrook	Immediate
15/175 CQC report and action plan	A paper outlining progress against the CQC action plan to be presented to the March 2016 meeting	Mr Crowley	March 16
16/006 Chief Executive Report	Report to be presented to the Board around the Carter Review in March.	A Bertram	March 2016
16/007 Quality and Safety Committee	Report to the Quality and Safety Committee on the FFT promotion week	B Geary	April 2016
16/010 Annual Plan	Annual Plan to be presented to the Board for approval at the March meeting.	A Bertram	March 2016
	Include Annual Plan financial assumptions on the Audit Committee agenda for the March meeting.	A Pridmore	March 2016
16/013 Minutes of the Environment and Estates Committee	To present to the Board of Directors at the meeting held in April a paper about the compliance with the built environment standards.	B Golding	April 2016

	to include the suggestion of including a risk on the Corporate Risk Register around sustainability and climate at the next Corporate Risk Committee.	B Golding	February 2016
16/014 Update on progress to transfer Community Services at Whitby to Humber FT	Letter to be prepared to thank all staff involved in the Whitby transaction.	S Symington	February 2016

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

Chief Executive's Report

Action requested/recommendation

The Board is asked to note the report.

Summary

This report provides an overview from the Chief Executive.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC outcomes.

Progress of report	Board of Directors
Risk	No risk.

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

Chief Executive's Report

1. Chief Executive's Overview

There are a number of items I would like to bring to the attention of Board colleagues via my report this month.

Learning from mistakes League

Earlier this month, Monitor and the NHS TDA published a 'Learning from Mistakes League' which is based on data from the 2015 NHS staff survey and from the National Reporting and Learning System. This is used to identify organisations that have:

- outstanding levels of openness and transparency,
- good levels of openness and transparency,
- significant concerns about openness and transparency
- a poor reporting culture

The league gives each Trust a ranking and placement in one of the above categories.

When launching this approach, the Secretary of State for Health Jeremy Hunt announced:

- Changes to guidance by the GMC and NMC so that when NHS staff are honest about mistakes and apologise, a professional tribunal gives them credit for that, just as failing to do so is likely to incur a serious sanction;
- NHS Improvement will ask all Trusts to publish a Charter for Openness and Transparency so staff can have clear expectations of how they will be treated if they witness clinical errors;
- NHS England will work with the Royal College of Physicians to develop a standardised method for reviewing the records of patients who have died in hospital; and
- England will become the first country in the world to publish estimates by every hospital trust of their own – non-comparable – avoidable mortality rates.

This year's League shows that 120 organisations were rated as outstanding or good, 78 had significant concerns and 32 had a poor reporting culture.

Our Trust was given a rating of good.

The ranking was then adjusted according to whether or not there are negative 'flags' against Trusts for issues with reporting, poor performance in respect of bullying and harassment or if Trust is in the bottom 20% for any of the key findings. Our Trust had no negative flags or risks identified.

The Trust Patient Safety Strategy and Sign Up to Safety pledges focus on creating an open and just culture of reporting and learning from mistakes and in the recently published National Staff Survey the Trust has seen an improvement in staff confidence and security in

reporting unsafe clinical practice. An area of focus for this year is to increase the number of junior doctors reporting incidents, and work is already underway with our Junior Doctor Safety Improvement Group to provide a supportive training programme in incident recognition and reporting.

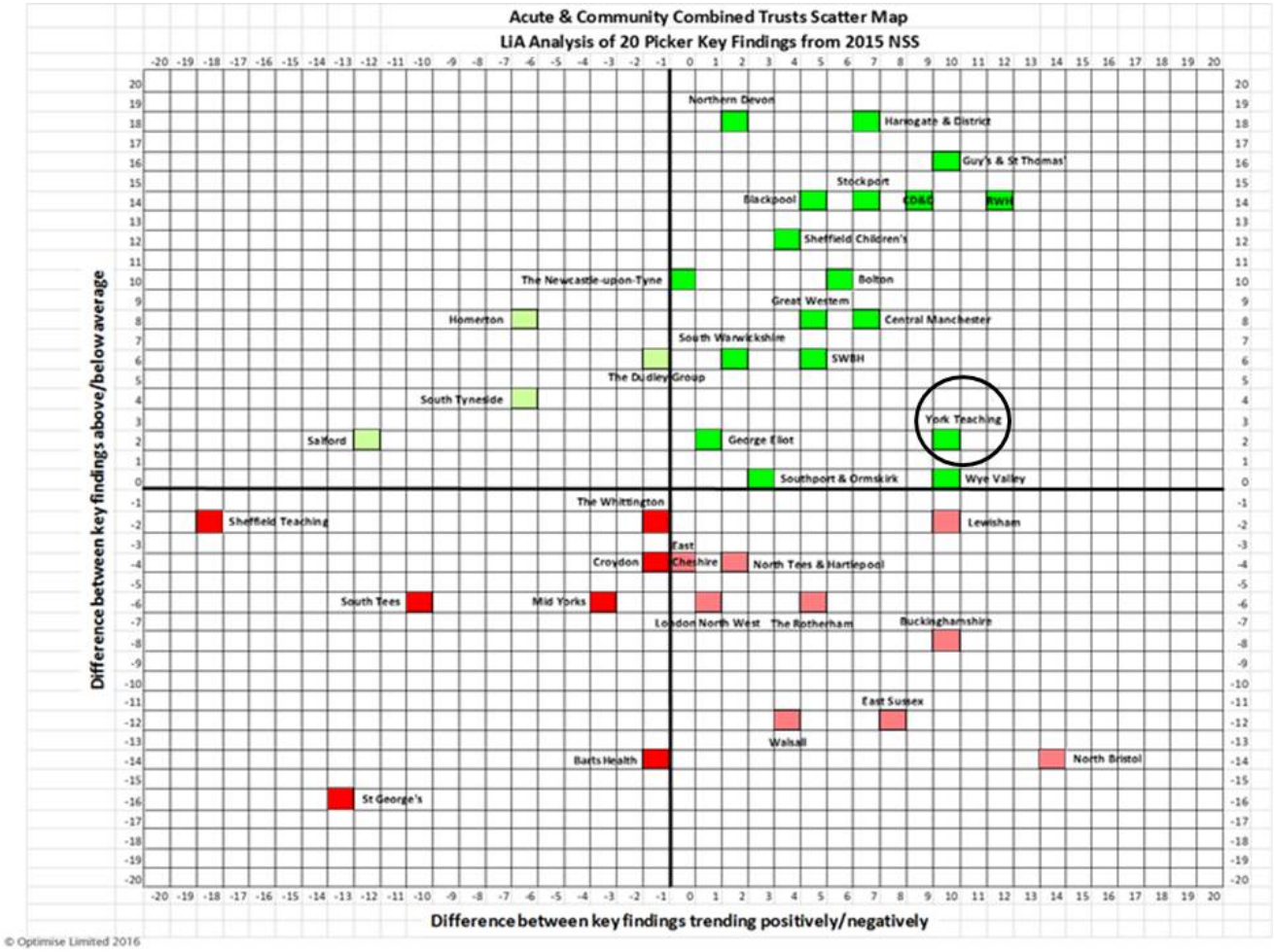
Staff engagement

We have recently received the results of the 2015 Staff Survey, where almost 4,000 staff gave feedback.

We are working through the detailed feedback, and will discuss this further under the Workforce Report later in the agenda, however there are a number of overarching themes I wanted to highlight where we will be focussing our efforts. For example, we are looking at how we can help staff to better understand the important messages around our financial situation and what it means in practice, and likewise staffing and recruitment.

There also continues to be a theme of staff reporting that communication between them and their manager could be improved. We are already looking at this issue, and how we can improve the briefing process. We are also considering how we can support managers in briefing these messages to their teams, and reinforcing the important responsibilities of our managers to share information with staff.

What may also be of interest to Board colleagues is the graph below. This 'scattermap' takes results for 20 key findings from the staff survey for NHS Acute and Community Combined Trusts who have used Picker for their staff survey, and uses them to offer an insight staff rate their Trust's 'leadership and the culture'.



Trusts positioned above the horizontal 'x axis', have staff responses that are on or above average for your peer group. Below the horizontal means staff responses put the Trust below the average.

If you are positioned to the right of the vertical 'y axis', it indicates a positive response trend from staff within the Trust relative to their responses in 2014. To the left of the vertical axis means a declining trend from 2014 with staff feeling less positive overall than they did before.

The best-performing Trusts based on how staff feel in 2015 are in the top-right quadrant , with above average performance and trending positively. As you can see, we appear in the top right hand quadrant.

Although this does not tell the whole story and we can clearly improve, it is positive given where we are post-merger and the operational difficulties we have been facing for some time, and does somewhat counter the ‘received wisdom’ we often hear quoted in relation to staff morale.

NHS Improvement letter regarding A&E pressures

Jim Mackey, Chief Executive of NHS Improvement, wrote to all Trust Chief Executives following the release of the A&E performance data for January 2016. He acknowledged the continuing pressures on the system and the additional factors that made the situation worse, including an increase in flu cases.

He thanks staff for their efforts, saying: “Whilst there is always room for improvement, and no system or hospital is perfect, it is very clear that your teams and our NHS staff have been under immense strain and have done a great job to keep the service running in such difficult circumstances.
We all hope these pressures ease soon and we will continue to work with providers to help improve performance. However, I wanted you to know that your efforts are appreciated.”

This is an important message from the centre and I hope is one that is encouraging to hear at a time when the pressure shows little sign of easing.

CQC action plan

As you will be aware, we have been working on the CQC action plan since receiving our final reports last October, the action plan is appended to this report for discussion following my introduction.

Monitor’s quarterly report

In line with normal practice Monitor has written to us confirming the outcome of our Q3 submissions.

Our current ratings are:

- Financial sustainability risk rating: 2
- Governance rating: Under review

These ratings will be published on Monitor’s website later in March.

They note that we are part of the Emergency Care Improvement Programme and welcome the progress we are making, stating an expectation that we will continue to take action to return to sustainable delivery of the Emergency Care Standard.

They also note our level of expenditure on agencies and their expectation that we will continue to implement measures aimed at reducing spend in this area.

Junior doctors safety improvement group

As mentioned earlier in this report, the Trust has a junior doctors' safety improvement group, focussing on raising awareness of the patient safety agenda amongst our junior medical workforce. The group is publishing a regular newsletter with the aim of promoting a culture of safety and quality amongst junior doctors. The newsletter contains important updates and case studies and I would urge you to take a look.

Junior doctors play a vital role in our organisation, and whilst they may only be with us for a relatively short time they bring with them a wealth of knowledge and experience from other hospitals, and equally, take what they learn from our hospitals to their next placement. I am therefore encouraged to see such a focus on safety from this important group of staff and I hope many more of our junior doctors will get involved in advocating the importance of patient safety.

In the news

Given the on-going operational pressures caused by norovirus, particularly on the Scarborough site, we have begun a publicity campaign to restrict visiting. We have issued advice about responsible visiting on many occasions, however on this occasion we have needed to take a harder line and only allow visiting by exception (for example, end of life care, paediatrics, maternity and intensive care).

You may have seen the Health Service Journal's campaign to achieve gender balance on NHS Boards (50:50 by 2020).

Ed Smith, NHS gender diversity champion, welcomed the goal, saying: "I accept that challenge and will work hard to drive that ambition through the NHS. Now let's get to work."

I am pleased to say that we already have an equal gender balance around this Board table, and I will be interested to see how the landscape changes as the campaign continues.

We recently launched the Babyclear campaign, a joint piece of work with Scarborough and Ryedale CCG, which aims to reduce smoking amongst pregnant women in Scarborough. Rates are particularly high in Scarborough, with one in five women smoking during pregnancy. The campaign has gained widespread local media coverage.

We have also gained coverage in local media and on our social media channels for a number of awareness weeks, including Nutrition and hydration week, Friends and Family Test awareness week, and Sustainability Day. The latter involved the opening of the new energy centre at Bridlington Hospital, which is a significant step forward in our ambition to be energy efficient.

Celebration of Achievement Awards 2016

Finally, I am delighted to report that nominations for the Celebration of Achievement Awards 2016 are now open.

As many of you know, these awards are a highlight of my year, and we all feel a tremendous sense of pride when listening to stories of outstanding patient care and innovative suggestions from staff that make a real difference.

Last year we received 258 nominations which was a tremendous achievement however I am hoping that we can make this year's awards the biggest and best event to date.

Nominations close on 26 May and through our staff brief I am asking each and every department and team to make at least one nomination.
Members of the Board will be invited to be involved in the judging panels, and I encourage you to take the time to put forward a nomination or two.

This year we have added a new category – Partnership Matters. This award will recognise the excellent partnership working with local stakeholders which we know takes place across our organisation.

I look forward to meeting our finalists and their nominators at the event at York Racecourse in October.

2. Recommendation

The Board is asked to note the report.

Author	**Patrick Crowley, Chief Executive**
Owner	**Patrick Crowley, Chief Executive**
Date	**March 2016**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors - 30 March 2016

CQC Action Plan: Progress Update

Action requested/recommendation

The Board of Directors is asked to note the progress indicated within the report.

Summary

The Board of Directors will be aware of the improvement requirements outlined in the Care Quality Commission report on York Teaching Hospitals NHS Foundation Trust that was published in October 2015.

Appendix A of this report outlines the status of all improvement requirements at the end of February 2016.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

The risks within this report cover the majority of CQC regulations

Progress of report	First Presentation
Risk	The paper articulates organisational risks
Resource implications	
Owner	Patrick Crowley, Chief Executive
Author	Fiona Jamieson, Deputy Director of Healthcare Governance
Date of paper	March 2016
Version number	V1

Board of Directors - 30 March 2016

CQC Action Plan: Progress Update

1. Introduction and background

The Board of Directors will be aware of the improvement requirements outlined in the Care Quality Commission report on York Teaching Hospitals NHS Foundation Trust that was published in October 2015.

Appendix A of this report outlines the status of all improvement requirements at the end of February 2016.

2. Progress Monitoring

Progress against the actions has been monitored through various sub committees of the Board.

Feedback on progress against the required improvements has been fed back to the Care Quality Commission at the regular engagement meetings with the organisation. Going forward these meetings will now take place every 8 weeks which is in line with the frequency of engagement meetings at all NHS Trusts.

2.1 Actions Completed

The organisation can report good progress across all actions , but can report as completed:

Action 4: The organisation can demonstrate that the dietetics service fully meets the requirements for support in critical care

Action 5: The organisation can demonstrate that it has processes in place to ensure that planned, preventative maintenance checks are carried out for EME, and the same is replicated for non-clinical equipment. Specifically, domestic staff are responsible for the monitoring of food fridges, and nursing staff are responsible for the monitoring of drugs fridges.

Action 6: The organisation has made significant improvements in its recruitment of nurse staffing, working in particularly with Universities, and a successful European recruitment campaign. A further 50 offers of employment have been made in March 2016, although some recruits may not take up before August 2016.

Action 9: The organisation is at establishment for Radiologists.

Action 10: The organisation has taken steps to increase staffing in Community Inpatient Services.

Action 11: In response to the CQC action, the organisation instigated the Monitor 'Well Led Review', the completed report being reported to the Board of Directors in January 2016. An action plan is in the process of development. Actions have been taken to strengthen risk management processes within the organisation.

Actions 12& 13: Each organisational directorate has a strategy for managing outpatients (as opposed to one overarching strategy)

Action 15: Action has been taken to ensure that school health records are stored in a secure manner

Action 16: The organisation has taken steps to ensure that all staff complete statutory and mandatory training with compliance being reported regularly to the Board.

Action 18: The organisation has taken steps to review its Lone Working Policy

Action 19: The organisation has taken steps to ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit on Ward 16.

2.2 Partially Achieved

There are a small number of actions that have been partially achieved. These are as follows:

Action 1. The actions requested by the CQC were implemented at the time of their visit and whilst this action is previously noted as complete, at the suggestion of ECIST the organisation is in the process of trialling two new methods of triage.

Action 2: The organisation has taken steps to improve its performance against nationally mandated standards.

- **RTT**: work on maximising elective surgery, transferring work to Bridlington, minimising elective cancellations and some outsourcing to the private sector have ensured that the Trust is complaint with the 18 week incomplete standard.
- **Cancer:** excellent performance delivery has been maintained and all cancer standards delivered in Dec 15. There is a continued risk regarding the quarterly delivery of the 62 day cancer target and this is being addressed by pathway redesign and interface with tertiary providers where capacity is insufficient.
- **ECS:** work continues according to the internal Acute and Emergency Recovery Plan. This is an extensive compilation of all actions the organisation is taking from front door to discharge. It includes the successful development of Ambulatory Care Units on both sites, Frailty Pilots as well as longer term aspirations. The Trust is also working with partners on the agreed SRG priorities of:- Discharge to Assess, reducing delayed transfers of care; intermediate care; early

Action 3: The organisation has an extensive Acute and Emergency Recovery Plan detailed above that impacts on all areas of patient flow.

Action 8: Whilst we have successfully recruited to some paediatric nurse vacancies there are still 6 posts to be filled, and another recruitment underway.

Action 17: 64.2% of staff appraised by end of February 2016. This is measured on a rolling annual basis with a trajectory of achieving 90% by March 2017.

2.3 Uncompleted Actions

There are two actions yet due for completion.

Action 7: (June 2016) The issue of recruiting to vacant medical posts in Emergency Care is challenging, with continuous advertisements proving unfruitful. Alternative workforce models are therefore being considered.

Action 14: (March 2017) There is a programme of the review and renewal of policies within the organisation, however the biggest gap has been in the harmonisation of clinical guidelines. A Clinical Leadership Fellow took up post in January 2016 and has been appointed to co-ordinate this work along the development of the IGNAZ App for smartphones. A second appointee took up post in March 2016.

3. Conclusion

Good progress has been made on the actions identified within the organisations response to the improvement requirements detailed in the CQC Quality Report. Where there are actions that are currently partially achieved the CQC have been briefed and regular updates will be provided at engagement meetings.

4. Recommendation

The Board of Directors is asked to note the progress indicated within the report.

Author	**Fiona Jamieson, Deputy Director of Healthcare Governance**
Owner	**Patrick Crowley, Chief Executive**
Date	**March 2016**

CQC action plan following CQC visit in March 2015

Regulation: Regulation 12(1), (2)(a), 2(b) & 2 (e) HSCA (RA) Regulations 2014 Safe care and treatment						
How the regulation was not being met		**Action plan**	**Lead Executive**	**Status and on-going compliance**	**Update as at February 2016**	**Assurance Committee**
1	The provider must take action to ensure that all patients in A & E have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011	The organisation took immediate action post inspection to ensure that all patients in A&E have an initial assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the Accident and Emergency Department in such a manner as to comply with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" dated April 2011. This action is complete	Medical Director/	**This action is under review**	The process was instigated and implemented as requested, but is in the process of being reviewed by ECIST as part of a planned programme of work within the Trust with two alternative methods of triage being piloted.	Finance and Performance Committee Quality and Safety Committee

	How the regulation was not being met	Action plan	Lead Executive	Status and on-going compliance	Update as at February 2016	Assurance Committee
2	The provider must address the breaches to the national targets for A & E, referral-to-treatment time targets, and achievement of cancer waiting time targets to protect patients from the risks of delayed treatment and care.	The organisation has an agreed programme with commissioners that aims to improve performance against national targets for, referral-to-treatment time targets, and achievement of cancer waiting time targets to protect patients from the risks of delayed treatment and care. It is also working with ECIST to improve A&E performance and most recently been identified as one of 28 communities receiving support through the Emergency Care Improvement Programme.	Chief Operating Officer	**RTT**: work on maximising elective surgery, transferring work to Bridlington, minimising elective cancellations and some outsourcing to the private sector have ensured that the Trust is complaint with the 18 week incomplete standard. **Cancer:** excellent performance delivery has been maintained and all cancer standards delivered in Dec 15. There is a continued risk regarding the quarterly delivery of the 62 day cancer target and this is being addressed by pathway redesign and interface with tertiary providers	**This action continues** and will be reviewed monthly Currently, Gynaecology work has been outsourced to Hull and temporary waiting list initiatives are being run	Finance and Performance Committee

				where capacity is insufficient. **ECS:** work continues according to the internal Acute and Emergency Recovery Plan. This is an extensive compilation of all actions the organisation is taking from front door to discharge. It includes the successful development of Ambulatory Care Units on both sites, Frailty Pilots as well as longer term aspirations. The Trust is also working with partners on the agreed SRG priorities of:- Discharge to Assess, reducing delayed transfers of care; intermediate		

				care; early supported discharge and new models for NHS 11 and the Front Door.		

	How the regulation was not being met	Action plan	Lead Executive	Status and on-going compliance	Update as at February 2016	Assurance Committee
3	The provider must ensure that patient flow into and out of critical care is improved, specifically in relation to: delayed discharges, delayed admissions, running at high capacity and non-clinical transfers out of the unit.	The organisation has an Acute Strategy which details the multi facted approach to improving patient flow throughout the organisation. Some facets of the plan have been delivered and others are still in progress. This is led by the Medical Director together with the Chief Operating Officer and Clinical Directors responsible for the acute care pathway.	Medical Director/ Chief Operating Officer	Completion date **31st January 2016**	Critical Care Review has now been received and has some high level recommendations that will require agreement with key stakeholders The organisation is taking steps to improve issues of patient flow which are detailed in Action 2 above	Board of Directors and Finance and Performanc e Committee
4	The provider must ensure that there is adequate access for patients to pain management and dietetic services within critical care.	A review is to be undertaken of current resources within the dietetics team with a subsequent options appraisal being made to the Board. A	Medical Director	Review completed Completion date **28th February 2016** An option	We can confirm that the dietetics service fully meets the standards of support for critical care. An business case for the Acute Pain Service in	Quality and Safety Committee

					Scarborough has been drafted is to be considered at the March PAM	
5	The provider must ensure all equipment is tested in a timely manner and in line with the trust's policy, especially checks on fridges and resuscitation equipment.	The organisation has a well-established programme of planned preventative maintenance checks for EME, and the same is replicated for non-clinical equipment. Domestic staff are responsible for the monitoring of food fridges, and nursing staff are responsible for the monitoring of drugs fridges.	Chief Nurse and Chief Pharmacist	**Actions are already in place** Improvement will be measured on these issues through regular audit and review with outcomes being reported into the Board of Directors No additional resource implications	This action is completed	Environment and Estates Committee

6	The provider must ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels: • nursing staff on medical and surgical wards; • consultant cover within the A & E; • registered children's nurses on children's wards, and other appropriate clinical areas and • radiologists • community inpatient services.	The organisation has successfully recruited an additional 73 RCNs who take up post in October 2015 to work in its acute sites. It has an open and centralised rolling recruitment campaign for RNs which will be reviewed on a monthly basis. We also have an active recruitment campaign targeting nurses from the EU.	Chief Nurse	**Partially Completed** Partly actioned , the organisation has recruited 73 additional nurses with a further 60 planned , progress will be reported to the Board of Directors on a monthly basis	This item continues to be reviewed at the point of writing the report. of the further appointment of 60 nurses 31 have been recruited with 16 more to come . The organisation has also made a further 50 offers of to nurse recruits in March 2016 (although some not expected to take up post until August 2016)	Workforce Strategy Committee and Quality and Safety Committee
7		The Trust is engaged in a continual recruitment programme for ED Consultants and most recently has introduced a recruitment and retention premia to enhance this. The Trust is also working with ECIST, ECIP and its Acute Board to explore the potential for alternative models of care that reduce the reliance on the ED consultant Workforce	Medical Director	Aim to recruit additional ED Consultants– **June 2016** Process of continuous recruitment and looking at alternative roles	The action is linked to the amendment in the MD risk register. Further workforce models are being considered and continuous recruitment in place , although	Workforce Strategy Committee

					not currently successful	
8		There is an open rolling recruitment for Paediatric Nurses	Chief Nurse	Paediatric Nurse recruitment Paediatric Nurses recruited to establishment	Additional Paediatric nurses have been recruited, and we continue to recruit to 4 more B5 and 4 B6 vacancies that have occurred , interviewing 14/3/2016	
9		The organisation is staffed to establishment on radiologists	Medical Director	**Action Complete**		Workforce Strategy Committee Quality and Safety Committee
10		The organisation has taken steps to increase staffing in community inpatient services	Director of Community Services	**Action complete**		

Regulation: Regulation 17 (1), (2)(b) & (2) (e) HSCA (Regulated Activities) Regulations 2014 Good governance.						
	How the regulation was not being met	**Action plan**	**Lead Executive**	**Status and on-going compliance**	**Update as at February 2016**	**Assurance Committee**
11	The provider must take action to ensure that the governance and risk management arrangements are strengthened to ensure risks are identified and acted upon in a timely manner.	The organisation is currently undertaking the Monitor 'Well Led' review and will act on any subsequent recommendations	Chief Executive	The review will report to the **31st January 2016**. Resources already in place	The Well Led Review has been received and considered by the Board. An action plan will be developed. Risk Management Processes continue to be improved BAF is being re worked Serious Incident framework is being revised	Board of Directors
12	The provider must ensure that there is a clear clinical strategy for both critical care and outpatients and diagnostics and that staff are engaged in agreeing the future direction and involved in the decision-making processes about the future of the service. The Provider must ensure that	The organisation has taken steps to develop a local clinical strategy for critical care by co commissioning an external review of Critical Care Services	Medical Director	**Completion date 31st January 2016** Local strategy completed. External review taking place in November 2015 to report January 2016	The draft external review of Critical Care Services has been received and the draft received in early March. Key issues raised are the need for more capacity	Executive Board

	pathways,			Resources already in place	and to meet t ICU standards in for Scarborough the environment – and staffing – outreach, co-coordinator, educator and medical team cover. We are working on a formal response and action plan and are due to meet the CCG. A local strategy has in the meantime been developed The Chief Operating Officer is holding a strategy day in April 2016	
13		Each individual division has a its own strategy for the management of outpatients, There is a strategy for	Medical Director	**Completed** Resources		Executive Board

		Radiology		already in place		
14	Policies and protocols are reviewed and harmonised across the Trust, to avoid confusion among staff, and address any gaps identified	The organisation already has a programme of harmonisation and review of policies. It is looking to appoint a Clinical Improvement Fellow (interviews W/C 2 Nov) and a Deanery Leadership Fellow for a year to lead on the project of harmonising and reviewing clinical guidelines. Deanery Leadership Fellow to be advertised in November 2015. ll inform the new clinical strategy. The review is due to conclude on 12 November with a report being expected in January 2016	Medical Director	**date 31st March 2017** Clinical guidelines in existence which conform to NICE Guidelines will continue to be used and will be relaunched as they are updated.	1st new appointment is in place (Clinical Leadership Fellow) with the. The second appointment from March/April 2016	Quality and Safety Committee
15	The provider must ensure that patient records are fully secured when stored, specifically within the school nursing records.	Action has been taken to undertake a new risk assessment of the building containing school nursing records. As a result some minor adjustments have been made to this facility that provide additional security	Director of Estates and Facilities	**Completion date 30th November 2015** The facility is secure and patrolled by the organisations Security Team Resources: the Quality Improvement Lead is part funded by the	**This action is completed.** Additional security has been put in place for the building. The records relocate to the ownership of City of York Council on 1 April 2016	Environment and Estates Committee

				department. The Deanery Leadership Fellow post is part funded by Deanery funds and part by post grad work Reported to the Board as completed (December 2015)		

Regulation: Regulation 18(2)(a) HSCA (RA) Regulation 2014 Staffing						
	How the regulation was not being met	**Action Plan**	**Lead Executive**	**Status and on-going compliance**	**Update as at February 2016**	**Assurance Committee**
16	The provider must ensure there are suitable arrangements in place for staff to receive appropriate training and appraisals in line with Trust policy, including the completion of mandatory training, particularly the relevant level of	The organisation has taken steps to ensure that all staff complete statutory and mandatory training with compliance being reported regularly to the Board. Compliance is currently at 81%. Current training levels for	Chief Executive	**Achieved annually** Improvements have been established, are measurable and are reported to the	**This action is completed**. The system for an annual review is in place Overall compliance	Workforce Strategy Committee

	children and adult safeguarding training and basic life support so that they are working to the up to date requirements and good practice.	•		Board • Safeguarding Adults Awareness - 92% • Safeguarding Adults level 1 - 77% • Safeguarding Adults level 2 - 78% • Safeguarding Children level 1 - 88% • Safeguarding Children Level 2 - 80% • Safeguarding Children Level 3 -77% Basic Life Support - 81% Resources are in place.	currently at 82 % for safeguarding adults and 83% for safeguarding children	
17		The organisation has implemented a new process that will ensure that all staff receive annual appraisals	Lead Executive		64.2% of staff appraised by end Feb 2016	
18	The provider must review arrangements to support staff working alone in the community to ensure their safety.	The organisation is currently engaged in re drafting its lone worker policy to more	Director of Community Services	**Completion date 31st January 2016** Resource	The work on reviewing the policy has been completed, it has	

				implications will be considered as part of the re-development of the policy.	been redrafted and is currently going through the consultation/approval process	

Regulation: Regulation 10(1) and 10(2)(a) HSCA (RA) Regulation 2014 Dignity and Respect						
	How the regulation was not being met	**Action plan**	**Lead Executive**	**Status and on-going compliance**	**Update as at February 2016**	**Assurance Committee**
19	The provider must ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit based on ward 16 at York hospital.to the up to date requirements and good practice.	The organisation has taken steps to ensure that patients' privacy and dignity is maintained when being cared for in the bays in the nursing enhanced unit on Ward 16. Whilst it is at times unavoidable from a patient safety perspective for patients to experience being in a mixed sex environment patients are advised if this is the case, and given an option of being nursed on the NEU or elsewhere. Patients are also given information informing why they might find themselves on a mixed sex environment.	Chief Nurse	**Completion date 30th November 2015** This will be monitored via regular audit and reported to the Board. Resource requirements not applicable. Reported to Board that action completed (December 2015)	**This action has been completed**. The process put in place is the same as that used by the Vascular Imaging Unit	Quality and Safety Committee

Board of Directors – 30 March 2016

Statement on the Modern Slavery and Human Trafficking Act 2015

Action requested/recommendation

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

Summary

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

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

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

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

On-going assurance

The Trust will be required to review and /or prepare a similar statement on an annual basis. To support the production of statement assurance mechanisms will be put in place, including the use of Internal Audit. Internal Audit's work

would include a review of the systems in use by the Trust that seek appropriate assurance from other organisations. These assurances will be included in Internal Audit reports that will be discussed at the Audit Committee.

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

Implications for equality and diversity

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

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

Reference to CQC regulations

There are no references to CQC outcomes.

Progress of report	Board of Directors
Risk	The Trust is required to comply with the legislation, non-compliance may result in action being taken against the Trust
Resource implications	No resource implications.
Owner	Board of Directors
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	February 2016
Version number	Version 1

Modern Slavery and Human Trafficking Act 2015 Annual Statement

York Teaching Hospital NHS Foundation Trust offers the following statement regarding its efforts to prevent slavery and human trafficking in its supply chain.
The Section 54 of the Modern Slavery Act 2015 requires all organisations to set out the steps the organisation has taken during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains, and in any part of its own business.
York Teaching Hospital NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately **800,000** people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering **3,400 square miles**.
Our annual turnover is over **£400million**. We manage nine hospital sites, **1,127 beds** (including day-case beds) and have a workforce of over **8,000 staff** working across our hospitals and in the community.
The trust has internal policies and procedures in place that assess supplier risk in relation to the potential for modern slavery or human trafficking. The top 80% of suppliers nationally, affirm their own compliance with the modern slavery and human trafficking act within their own organisation, sub-contracting arrangements and supply chain. The Trust has written to all suppliers requesting them to affirm their compliance with the legislation.

Internal audit undertake an annual audit on non-pay expenditure as part of their audit plan. The audit includes a statutory compliance element. In future this will include the modern slavery and human trafficking act requirements.

With regard to training the trust has not undertaken any specific training of staff. The department's senior team are all Chartered Institute of Purchasing and Supply (CIPS) qualified and abide by the CIPs code of professional conduct. Over the next year, the trusts internal supply chain management will be required to undertake specific training related to modern slavery and human trafficking. The trust intranet includes an ethical procurement module which is available to all members of staff and plans are being developed around providing basic knowledge and understanding on modern slavery and human trafficking to all staff.

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

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

Performance indicators will be developed during the year to provide the reader with an ability to assess the effectiveness of the statement.

Aim

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

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

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

…….
Susan Symington
Chair

…….
Patrick Crowley
Chief Executive

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York Teaching Hospital NHS
NHS Foundation Trust

Quality & Safety Committee – 22nd March 2016, Ward 35 Seminar Room, York Hospital

Attendance: Jennie Adams, Libby Raper, Philip Ashton, James Taylor, Beverley Geary, Anna Pridmore, Liz Jackson

Observing: Margaret Jackson – Lead Governor, Jenny Morton – Governor, Tara Wickramasekera - Leeds Institute of Health Sciences

	Agenda Item	Comments	Assurance	Attention to Board
1	Last meeting notes dated 16 February 2016	The minutes from the meeting held on the 16th February were approved as a true and accurate record.		
2	Matters arising	The Committee noted that the Acuity and Dependency Audit report had been removed from the agenda; BG explained that the original report contained an inaccurate budgeted establishment and will be amended for review at the April Committee meeting. The Committee were pleased to note that the night time Safety Walk Rounds will be reinstated and agreed that these would be in line with the safety agenda. Executives have shown some concern that they had not received the arrangement information in time to attend the walk round and the Committee stressed the importance of having an Executive present. JT agreed to liaise with Diane Palmer over the arrangements. Clinical Standards Group – JT advised the Committee that Glenn Miller formally commences in post as Deputy Medical Director in April and he will focus on Clinical Effectiveness. A full time and part time clinical/improvement fellow are now in post which satisfies the CQC action. This will be presented to board as part of the CQC action plan. Work is now ongoing to address variation in clinical practices and standards – addressing the underlying CQC observations. The Committee queried if Ed Smith could officially feedback from the Patient		

	Agenda Item	Comments	Assurance	Attention to Board
		Safety Group. JT confirmed that the Patient Safety Report will come to the June Committee meeting which Ed will be attending. JT agreed to provide the Committee with a quarterly Patient Safety Group report. JT has explored the plan to address the lack of a nutrition nurse highlighted in the February meeting. There is currently a nutrition nurse in post in the Surgery Directorate on the Scarborough site and there is a plan to introduce a nutrition nurse in Surgery on the York site however there is not currently any funding so no business case has been written. BG explained that there is a plan in place to review all of the specialist nurse roles and this may provide scope to address this issue without the need for additional funding. The Committee were especially concerned by the risks highlighted at the February meeting around management of NG feeding tubes. BG and Wendy Scott have received the report following an external review. There is also a member of the Senior Nursing team on the Nutrition Steering Group. The Committee raised concern over the number of ward transfers out of hours; BG explained that this was an illustration of the severe pressures within the system at the present time. Ward closures in Scarborough have meant that some patients have been diverted to York. JT added that some of the Elderly Physicians in Scarborough have raised concern about the frailty of some of the patients being transferred. JT explained an additional challenge on the Scarborough site where Consultants are ward based so if a patient transfers ward their care transfers to a different consultant and a formal handover is sometimes not undertaken. The Committee highlighted that this does not appear on the Medical Directors Corporate Risk Register. BG explained that in York more stable patients become outliers from the specialist area but remain under the responsibility of the same consultant. This can make review harder which is also a risk. There is a risk assessment tool for the bed managers to identify patients fit to be outliers. The Committee queried which of the two systems is safer and if there was a plan to move to one system across site. JT confirmed that the Royal College of Physicians recommends a consultant based service however there are some Medical Workforce issues that need to be addressed in Scarborough before this change can be made.		

	Agenda Item	Comments	Assurance	Attention to Board
3	Risk Register for the Medical Director and Chief Nurse	The Committee queried why young people's psychiatric liaison does not appear on the Chief Nurse Risk Register, BG confirmed that this is on the Paediatric Directorate Register. MD4 – The Committee felt that this risk only partially covered the issue around senior review and that the wording should be amended. JT confirmed that staff are recognising the deteriorating patient but are failing to escalate according to policy. MD6 – The Committee queried the ownership of the Emergency Medicine staffing risk and agreed that it should appear on multiple risk registers. HR for staffing models and Medical Director for patient safety issues. CN6 - The Committee agreed not to discuss this risk in detail as the Safeguarding report will be presented next month.		
4	Early Draft of the Quality Report	The Committee noted that the Quality Report was still in development. AP thanked Adam Bassett for his hard work, resulting in the report timescale being one month ahead in relation to last year. AP explained that the priorities around dementia are still to be added as the detail is not yet available. The Committee focussed on the section on 2016/17 priorities and expressed some confusion as to how the priorities (tabled on the day in an additional paper) had been arrived at. The two priorities that the committee had felt most strongly about were discussed. AP confirmed that the Patient Experience section will include a Friends and Family measure under 'what else do we do' as the main section will focus on the volunteer work. Senior Review has now been included under Patient Safety. The Committee requested an opportunity to view the list outside of the meeting and feedback any thoughts – particularly on the status and measurement of Patient Feedback objectives and of End of Life Care – This will be completed by the 8th April deadline.		

	Agenda Item	Comments	Assurance	Attention to Board
	Patient Safety			
5	Nurse Staffing CRR Ref: CN2	The Committee were appreciative of the amount of information provided around nurse staffing and were pleased to see the inclusion of the Bridlington Dashboard. BG confirmed that the dashboards will be progressing to other community hospitals. BG advised the Committee that nurse staffing continues to improve. 66 newly qualified Staff Nurses are pending start in September however there is a risk that they could accept another job elsewhere before then. A recruitment fair is scheduled to take place at York University and one in York Hospital foyer on the 23rd April. BG confirmed that from the 4th April there will be a dedicated resource in the Chief Nurse Team to focus on e-rostering, staffing models and workforce, to understand, support and develop the current work being undertaken by the various teams. The Committee queried the plans around international recruitment. BG advised that she has met with all the international recruits and they have fed back that they have been well supported. It is taking some time for the PIN numbers to be issued by the NMC and the individuals are working as HCAs until their registration numbers are received. The Committee were assured to hear that these individuals complying with not undertaking nursing duties prior to their registration being issued. BG advised that another 13 international recruits are due to commence in post in the coming weeks. The international recruitment process is coming to an end and Helen Hey is producing a report for Corporate Directors to discuss if the process should continue, taking in to account cost, lead times and other options.	The Committee were assured by the continued focus in this area and the plan to have a dedicated senior nurse for workforce.	
6	Medical Staffing	The Committee were pleased to note the appointment of a new Acute/Stoke Consultant. Medical Staffing was discussed in detail under Item 9.		

	Agenda Item	Comments	Assurance	Attention to Board
7	IPC update	The Committee noted the further instances of MRSA had been reported. BG advised that in both cases the patients had been extremely ill and the post infection reviews had not identified a theme. MRSA screening is discussed monthly at PIM meetings and screening would not have impacted on either of the confirmed cases. BG confirmed that the Trust is now a regional outlier Eight areas have been closed due to D&V which has now been confirmed as norovirus. Beds have been opened on Aspen ward to isolate active patients admitted through the Emergency Department. 12 beds have also been reopened on Beech Ward. Focussed work is being undertaken with Nursing homes with regard to how they can be supported to keep patients with norovirus in the community. Communication has gone out to limit visiting, with exceptions in some areas, and to promote hand washing. Public Health England do not suggest anything further. BG added that there is a plan to redeploy some of the IPC nurses to the Scarborough site. Deep cleans are planned when bed occupancy reduces and outbreaks subside. BG explained that an Executive led Organisational Deep Clean Steering Group has been reinvigorated and will plan a decant and deep clean programme which will link with the environment and minor works programme. The Committee were assured by the HPV plans. The Committee were disappointed to see deep joint replacement infections in Bridlington and requested more information when this is available.		JT to take to Board.
8	Serious incidents (SIs)	The Committee noted the significant increase in the number of declared clinical SIs. JT explained that last year's SIs are being audited which may result in some historical instances being declared which will distort the data. The Committee focused on the reported insulin error never event where the incorrect equipment was used resulting in a fatal overdose. JT advised that the equipment has now been removed and the nurses involved are no longer giving medication while the investigation takes place. The family have		JT to take to Board.

	Agenda Item	Comments	Assurance	Attention to Board
		thanked the investigator for their openness and honesty. The Committee noted that this is a risk area on the MD corporate risk register. The Committee drew its attention to the SI in Ophthalmology outpatients, an area that features on the MD corporate risk register. JT advised the Committee that the Patient Safety Team have met with the Clinical Director, the individual consultant is being managed and the appointment system, medical staffing and clinical capacity are all under review. The Elderly demographic with clinical conditions increases every year and new treatments are implemented to benefit patients, this has resulted in the department outgrowing their environment which has been a longstanding issue. JT confirmed that there is now a flag available on CPD to identify the high risk patients and mitigate for risk. The Committee showed concern around the number of unclosed datix reports. JT explained that resources have been diverted to manage the organisational pressures however he will raise this issue with directorates.		
9	Additional Patient Safety Items	Nursing Dashboard The Committee noted the 3 single sex breaches and the number of staff completing statutory and mandatory training in Bridlington and asked BG to provide further information when available. Maternity Dashboard The Committee were pleased to see the see the robust programme of actions and suggestions in relation to postpartum haemorrhage (PPH) and noted that the Trust is not a huge outlier on the regional dashboard. The Committee highlighted that 20% of expectant mothers in Scarborough are smoking even though this is linked to increased mortality and noted the work being undertaken around smoking cessation. Medicines Management The Committee were assured by the work being undertaken in community around the introduction of a new prescription chart and reducing the		

	Agenda Item	Comments	Assurance	Attention to Board
		variance in practice. BG added the band 3 HCA's in the community have been trained to give insulin to lower risk patients which has reduced the number of insulin errors. Sign up to safety The Committee discussed the local Post Take Ward Round checklist CQUIN and queried the importance of having an excellent checklist when there is an issue in reviewing patients in a timely way. JT explained that both add value to patient safety, the checklist is there as an aid memoir when conducting post take and that the review depends on the specialty. In York, evening cover has been extended and the Trust is moving towards 24/7 care. In some specialties reviews are taking place on a weekend but other specialties would need additional resource to comply with this. The Committee discussed the Medical Workforce figures that had been provided at the last Board meeting. JT explained that these vacancy figures are based on historical budgeted staffing and may no longer comply with the needs of the service. The Committee noted the availability of senior clinical staff as a key concern particularly in ED and Acute medicine on the Scarborough site where senior review metrics remain very disappointing.		
	Clinical Effectiveness			
10	External Review of Critical Care	The Committee agreed to delay the External Review of Critical Care until April.		
11	Additional Clinical Effectiveness Items	Mortality The Committee raised concern around the increased in the crude mortality number within ED In York, even allowing for the increase in attendance. JT agreed to look in to this issue to identify the cause. JT advised the Committee that the new Mortality Review Steering Group is due to meet on Thursday to agree the new process and refresh the system. Bradford have won the bid to deliver the mortality training and Diane Palmer		JT to take to Board.

	Agenda Item	Comments	Assurance	Attention to Board
		is in negotiations are this.		
	Patient Experience			
12	End of Life Care Report	The Committee were pleased to see the very positive new developments and improvements in this area. The Committee focussed on the availability of a high quality Last Days of Life Care Plan and queried why this is not implemented often enough. BG noted that a review of the use of this care plan is taking place and leadership and education in areas will be considered. Cath Sartain will re-launch the care plan, firstly with the Care of the Elderly Team, and once embedded with work with Systems and Network Services to make elements of it electronic. The Committee discussed the national criticism of the Liverpool Pathway and agreed that this was a useful tool when used correctly.	The Committee were assured by the focussed work in this area.	JT to take to Board.
13	Information Governance work-plan update	The Committee noted the slight improvement in the already high compliance with information governance. JT advised the Committee that information governance is a regular concern that is being constantly reviewed and that all breached are treated very seriously. The Committee noted the useful information provided in the appendices to the Medical Directors report and queried if a more detailed report could be provided, including benchmarking with other organisations in certain areas. The Committee queried if the CQC action around School Nursing records had been addressed. JT confirmed this action has been completed and added that the service is no longer part of the Trust. JT added that there is good uptake on the online mandatory training package and that 90% of breaches are accidental.		
14	In Patient Survey	BG introduced the results of the Inpatient Survey which are currently embargoed and wished to thank Brian Golding's team. BG explained that risks would not be based on the results of the survey as only 800 patients are included with a 48% return rate. Following last year's survey a Group was put together to focus on the discharge checklist, the work from this		

	Agenda Item	Comments	Assurance	Attention to Board
		Group is now being evaluated. Target areas will be identified this year.		
15	Additional Patient Experience Items	BG advised the Committee that focussed work continues in Patient Experience. There has been an improvement in the friends and family response rate, new work is being undertaken on the complaints service and there are detailed plans in place for volunteers. The Committee were assured by BGs comments that the new leadership in Patient Experience is having a positive impact on the service.	The Committee were encouraged by the progress in this area and asked BG if key performance indicators could be provided to show improvement measures.	
	Additional items			
16	Carter Report issues	AP advised the Committee that an extensive report on the Carter Report issues will be coming for discussion at the Board meeting.		
17	Risk Register round up	The Committee agreed that all of the risks included on both risk registers had been discussed under agenda items.		
18	Work programme	JA asked for any comments offline.		
19	Any other business	JT advised the Committee that EPMA is now being piloted on the Stroke ward in York. The Committee agreed to arrange to visit the ward. JT advised the Committee of the current Sepsis CQUIN results for quarter 4 explaining that quarter 3 had been achieved. AP added that due to national issues the Trust would receive full payment for the CQUIN.		
	Next meeting of the Quality and Safety Committee 19 April 2016 in the Boardroom.			

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Patient Safety & Quality Report

March 2016

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

Patient Experience

There were 557 PALs contacts recorded across the Trust in February. 38.1% of the these were related to requests for information and advice (211). There were 28 complaints at York and 12 at Scarborough in February; an increase of 15 for the Trust compared to January. Year to date total is 426.

The Friends & Family Test (FFT) is no longer a CQUIN for 2015/16, but forms part of the Trust's Commissioner contracts.
The Trust achieved a 21.5% response rate to the Inpatient FFT in February, a slight decrease on January (23.6%).
The Trust has consistantly achieved the 90% target of respondents recommending the Trust across all sites.
The Trust has seen a continued improvement in response rates to the ED FFT achieving 18.0% in February.
Scarborough achieved a 12.8% response rate and York achieved 19.2%. Of note, the proportion of patients recommending Scarborough ED dropped to 72.7%.
The Community FFT response rates remain low with no improvement seen in February compared to January.
93.6% of responses were from Community Inpatient services.
The 90% target of respondents recommending the Trust was achieved across all stages of the Maternity FFT. Of note, February has seen a drop in response rates to the Antental stage of the FFT (12.8%) and Labour stage (5.5%).

Measures of Harm

27 Serious Incidents (SIs) were declared in February (12 x York, 9 x Scarborough, 6 x Community and 0 x Bridlington).
15 of the SIs were attributed to 'clinical incident', 8 were attributed to 'slips, trips and falls' and 4 to pressure ulcers.

One Never Event was declared in February categorised under 'Maladministration of insulin'.

Infection Prevention

5 cases of Cdiff were identified during February; 4 at York, 0 at Scarborough and 1 Community (Whitby). There have been 62 cases identified YTD against the YTD threshold of 44. 47 cases have been declared and there are a further 15 cases that are NOT due to lapses in care. The Trust is currenlty within the 2015/16 trajectory which allows a total of 48 cases to be identified by 31st March 2016.

One case of healthcare associated MRSA bacteraemia was identified during February at York Hospital.

2 MSSA cases were identified during February; both at York. There have been 34 cases identified YTD. The Trust is currently above 2015/16 trajectory which allows a total of 30 cases to be identified by 31st March 2016.

There were 15 E-Coli cases identified during February; 10 at York, 5 at Scarborough and 0 Community.

Quality and Safety - Miscellaneous

Stroke
88.2% of patients spent >90% of their stay on a stroke unit across the Trust in January, target achieved. 82.4% of patients requiring an urgent scan were scanned within 1 hour across the Trust, target achieved. 92.6% of stroke patients were scanned within 24 hours across the Trust, target achieved. At York, 92.6% of TIA paients were assessed and treated within 24 hours against the 80% target, Scarborough data unavailable.

Cancelled Operations
81 operations were cancelled within 48 hours of the TCI due to lack of beds in February; this exceeds the monthly maximum of 65. The YTD total for the Trust is currently 528.

Cancelled Clinics/Outpatient Appointments
169 clinics were cancelled with less than 14 days notice across the Trust in February; 114 at York and 55 at Scarborough. There was an increase in the number of cancelled appointments from 831 in January to 885 in February; this exceeds the monthly maximum of 721 and will result in General Condition 9 which is initially a Performance Notice.

Ward Transfers between 10pm and 6am
The number of inappropriate ward transfers in February exceeds the monthly maximum threshold of 100 - 123 across the Trust.

Care of the Deteriorating Patient

The Trust achieved 71% in the proportion of Medicine and Elderly patients receiving a senior review within 12 hours of admission. York achieved 85% (against the 85% target) and Scarborough achieved 53% (against the 80% target).

The Trust saw a continued improvement in the proportion of Medicine and Elderly patients seen by a doctor within 4 hours of admission achieving 85.0% against the 80% target. The target was also achieved across both sites; York - 82.1% and Scarborough 89.1%.

The Trust has an internal target of 90% of routine observations being undertaken within 1 hour of the prescribed time. The Trust has failed to achieve target year to date; February 85.6%.The target was also failed at both sites in February; York achieved 82.4% and Scarborough achieved 89.5%.

Drug Administration

There were 6 insulin errors reported in February; 4 at York, 1 at Scarborough and 1 Community. There have been a total of 101 reported year to date across the Trust.

20 Prescribing errors were reported in February; 10 at York, 9 at Scarborough and 1 Community. A total of 254 have been reported year to date across the Trust.

Mortality

The latest SHMI report indicates the Trust to be in the 'as expected' range. The Jul 2014 - Jun 2015 SHMI saw a one point reduction at Trust level and across both sites. Trust - 99, York 95 and Scarborough 107.

February saw an increase in the number of Inpatient deaths; there were 232 in February 2016 versus 192 for the same period last year. Of the 232 deaths, 154 were at York and 65 were at Scarborough.

The number of ED deaths at York remain high; 14 in February versus 15 in January. Scarborough saw increase from 8 in January to 9 in February.

CQUINS update

Quarter 3 2015/16 CQUINS; all schemes are RAG rated as green.

Litigation

Indicator	Site	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Clinical Claims Settled	York	4	5	1	2	3	3	3	3	1
	Scarborough	0	3	5	2	2	7	1	2	0

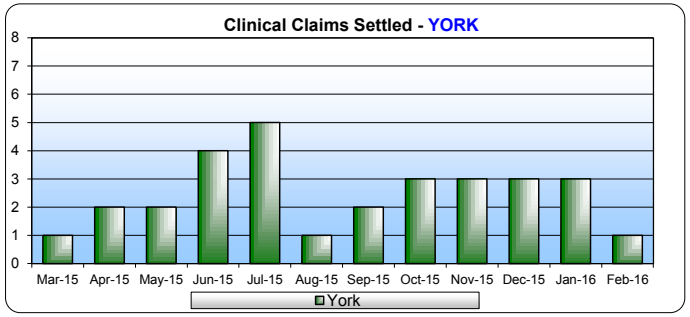
1 clinical claim was settled in February attributed to York.

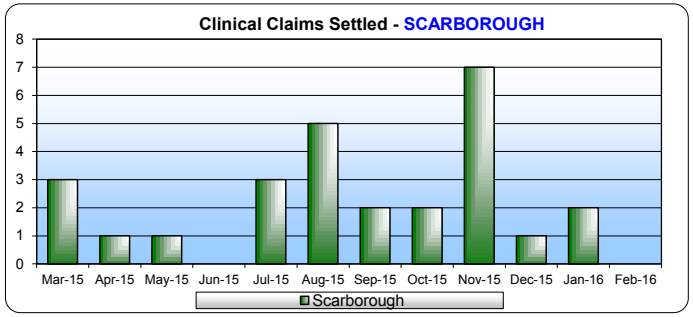
3 clinical negligence claims were received for York site and 9 were received for Scarborough. York had 10 withdrawn/closed claims and Scarborough had 12.

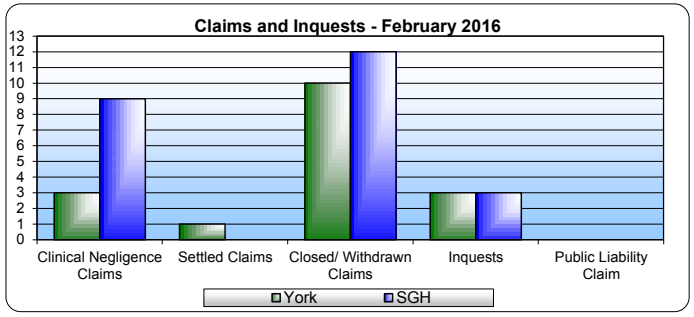
There were 6 Coroner's Inquests heard (3 York & 3 Scarborough).

Litigation

Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Clinical Claims Settled	York	1	2	2	4	5	1	2	3	3	3	3	1
source: Risk and Legal	Scarborough	3	1	1	0	3	5	2	2	7	1	2	0







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

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

Patient Experience

PALS Contacts
There were 557 PALs contacts in February.

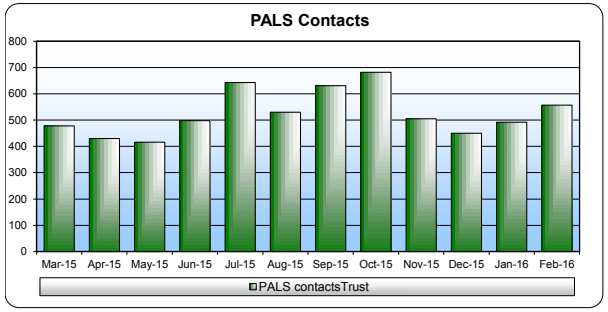
Complaints
There were 40 complaints in February; 28 attributed to York and 12 attributed to Scarborough.

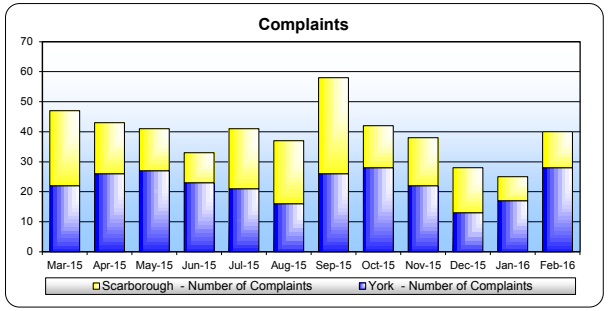
New Ombusman Cases
There were 4 New Ombusman Cases in February; 3 at York and 1 at Scarborough.

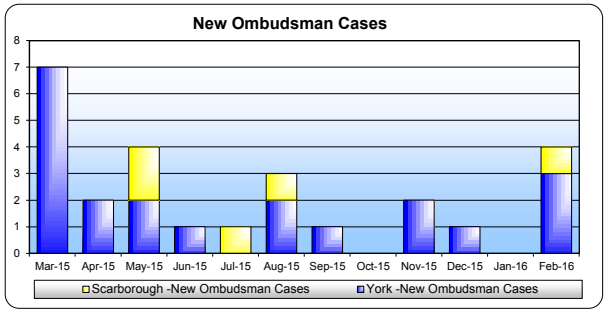
Compliments
A total of 53 compliments were received by the Chief Executive across January and February 2016.

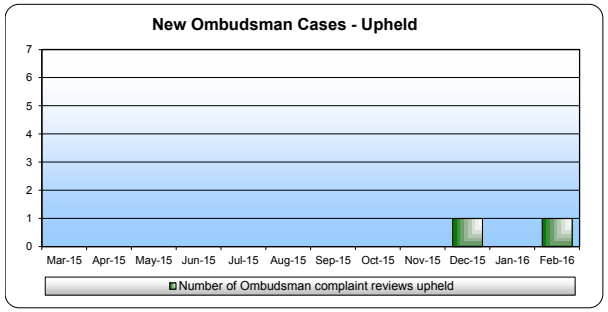
Patient Experience

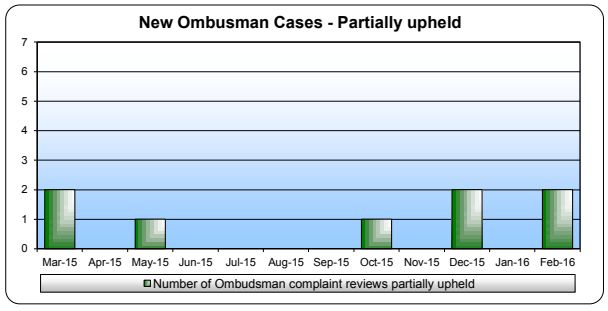
Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
PALS contacts	Trust	478	430	416	498	643	530	631	682	505	450	492	557
Complaints	Trust	47	43	41	33	41	37	58	42	38	28	25	40
New Ombudsman Cases	Trust	7	2	4	1	1	3	1	0	2	1	0	4
New Ombudsman Cases - Upheld	Trust	0	0	0	0	0	0	0	0	0	1	0	1
New Ombudsman Cases - Partially upheld	Trust	2	0	1	0	0	0	0	1	0	2	0	2
New Ombudsman Cases - Not upheld	Trust	0	0	1	2	1	1	1	1	0	6	0	2

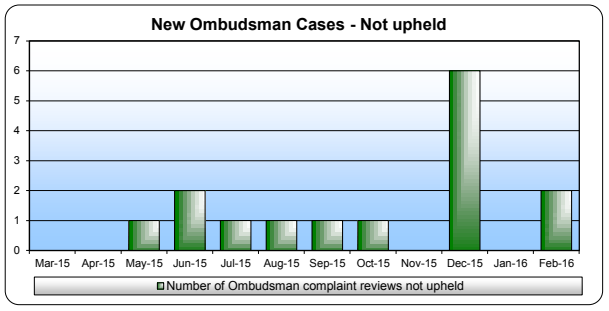












Compliments received by Chief Executive

Directorate	Oct – Dec 15	Jan – Feb 16
Trauma & Orthopaedics	4	4
Acute & General Medicine	10	5
Specialist Medicine	10	2
AHP	2	1
Anaesthetics/Theatres & Critical Care	2	3
Child Health	0	0
Community Services	0	1
Elderly Medicine	2	7
Emergency Medicine	9	11
General Surgery & Urology	7	10
Gynaecology/Obstetrics	1	3
Head & Neck	2	1
Ophthalmology	3	4
Radiology	0	0
Unknown/no directorate given	13	1
Total	**65**	**53**

Patient Experience

Complaints and PALs contacts breakdown - February 2016

Complaints by directorate/division (Datix)	All Sites
Allied Health Professionals	0
Acute & General Medicine	7
Child Health	0
Community Services	2
Elderly Medicine	5
Emergency Medicine	4
Estates and Facilities	1
General Surgery & Urology	7
Head and Neck and Ophthalmology	0
Laboratory Medicine	0
Obstetrics & Gynaecology	6
Orthopaedics and Trauma	2
Pharmacy	0
Radiology	0
Specialist Medicine	1
Theatres, Anaesthetics & Critical Care	4
Other	1
TOTAL	**40**

PALS Contacts by Subject	All Sites
Action plan	3
Admissions, discharge, transfer arrangements	16
Aids / appliances / equipment	1
Appointments, delay/cancellation (inpatient)	24
Appointments, delay/cancellation (outpatient)	28
Staff attitude	16
Any aspect of clinical care/treatment	91
Communication issues	53
Compliment / thanks	37
Alleged discrimination (eg racial, gender, age)	2
Environment / premises / estates	5
Foreign language	1
Hotel services (including cleanliness, food)	5
Requests for information and advice	211
Medication	11
Other	3
Car parking	9
Privacy and dignity	2
Property and expenses	15
Personal records / Medical records	17
Safeguarding issues	1
Signer	3
Support (eg benefits, social care, vol agencies)	1
Patient transport	2
Total	**557**

Complaints by subject (Datix)	All Sites
Access to treatment or drugs	2
Admissions, Discharge and Transfer Arrangements	7
Appointments, Delay/Cancellation	1
All aspects of Clinical Treatment	39
Communications/information to patients (written and oral)	24
Privacy and Dignity	5
End of Life Care	0
Patient Care	26
Prescribing	3
Restraint	1
Staff Numbers	3
Trust Admin/Policies/Procedures inc pt record management	1
Values and Behaviours (Staff)	16
Waiting times	3
TOTAL	**131**

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

Friends and Family

Indicator		Target	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Inpatients – York	York IP Response Rate	Monitoring Only	45.4%	16.0%	17.4%	18.3%	20.6%	17.4%	18.9%	18.6%	13.8%	11.9%	22.3%	19.9%
Inpatients – Scarborough	Scarborough IP Response Rate		55.8%	16.4%	16.5%	15.3%	21.3%	18.2%	18.0%	18.2%	17.5%	15.1%	19.9%	19.0%
Inpatients - Bridlington	Bridlington IP Response Rate		69.5%	56.0%	47.5%	46.0%	51.6%	69.0%	62.0%	50.2%	24.6%	32.3%	52.6%	47.7%
Inpatients – Combined	**Trust IP Response Rate**		**49.4%**	**18.6%**	**19.2%**	**19.4%**	**22.6%**	**20.3%**	**21.2%**	**20.3%**	**15.6%**	**14.0%**	**23.6%**	**21.5%**
ED – York	York ED Response Rate	Monitoring Only	19.2%	8.3%	8.6%	8.3%	10.0%	9.2%	7.4%	9.6%	10.0%	10.7%	16.0%	19.2%
ED - Scarborough	Scarborough ED Response Rate		29.8%	6.7%	7.3%	6.1%	6.3%	5.8%	4.9%	3.0%	3.6%	7.0%	10.1%	12.8%
ED – Combined	**Trust ED Response Rate**		**22.8%**	**7.8%**	**8.2%**	**7.6%**	**8.8%**	**8.0%**	**6.5%**	**7.4%**	**7.9%**	**9.9%**	**14.7%**	**18.0%**
Maternity – Antenatal		None	36.0%	26.4%	27.5%	31.7%	29.1%	23.7%	29.3%	22.9%	1.9%	9.8%	27.0%	12.8%
Maternity – Labour and Birth			38.5%	31.0%	25.6%	26.7%	28.5%	23.3%	36.2%	26.1%	3.9%	25.1%	20.2%	5.5%
Maternity – Post Natal			32.6%	30.4%	29.0%	29.3%	27.3%	25.5%	40.5%	27.3%	3.8%	0.0%	17.1%	29.3%
Maternity – Community			23.1%	24.3%	18.4%	20.3%	18.7%	19.8%	20.9%	26.2%	2.8%	5.1%	16.0%	16.7%

The Friends & Family Test is no longer a CQUIN for 2015/16, but will be monitored under Schedule 4 of the Trust's commissioner contracts.

From April 2015 day cases and patients under 16 have been included in the Inpatient performance in line with NHS England requirements. This has significantly increased the numbers of eligible patients so had a significant effect on the response rates. NHS England guidance states that response rates are not directly comparable between 2014-15 and 2015-16.

The Trust quality standard for Friends and Family Test Performance is to achieve 90% of responses either extremely likely or likely to recommend.

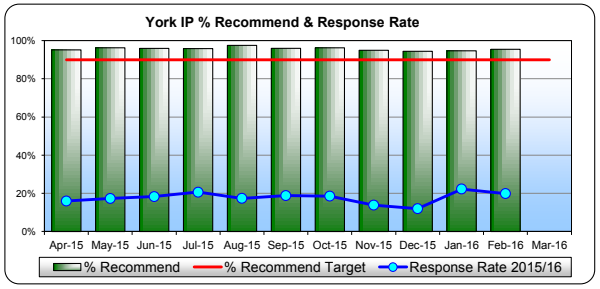
The focus for the Trust is to gain and understand patient feedback and encourage Directorates to use that feedback to drive improvements. Each ward displays a 'Knowing How We're Doing' board which is a giant poster sharing FFT data and comments from that particular ward, along with news and improvements on that ward. By showing patients that we listen to their views and try to make improvements, we hope to encourage more responses and suggestions. The next step for 'Knowing How We're Doing' boards is to roll them out to Outpatient areas across the Trust.

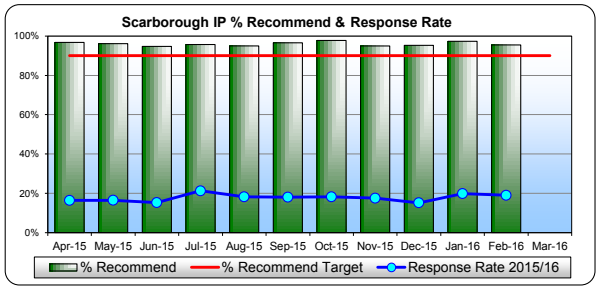
Friends & Family: Inpatients & ED

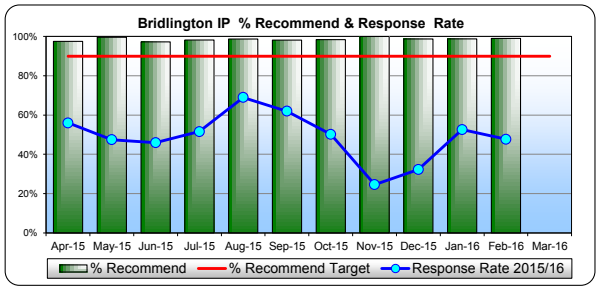
The Friends & Family Test (FFT) has now been rolled out across the Trust, including all Inpatients and Daycases, (previously daycase s and patients <16 were excluded) those attending ED, Community patients and women accessing maternity services being asked the question; "would you recommend this ward/ED/antenatal/labour and postnatal service to your family & friends?". The Friends and Family Test is no longer a CQUIN Target for 2015/16, however the focus for the Trust remains 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.

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec-15	Jan-16	Feb-16
Trust Inpatient Response Rate (including daycases)	None - Monitoring Only	none	43.9%	19.1%	21.4%	16.7%	14.0%	23.6%	21.5%
York Inpatient Response Rate (including daycases)	None - Monitoring Only	none	39.0%	17.3%	19.0%	14.8%	11.9%	22.3%	19.9%
York Inpatient % Recommend	None - Monitoring Only	none					94.4%	94.7%	95.5%
York Inpatient % Not Recommend	None - Monitoring Only	none					2.6%	1.5%	1.9%
Scarborough Inpatient Response Rate (including daycases)	None - Monitoring Only	none	49.4%	16.0%	19.2%	17.0%	15.1%	19.9%	19.0%
Scarborough Inpatient % Recommend	None - Monitoring Only	none					95.3%	97.4%	95.5%
Scarborough Inpatient % Not Recommend	None - Monitoring Only	none					1.1%	0.6%	1.1%
Bridlington Inpatient Response Rate (including daycases)	None - Monitoring Only	none	78.1%	49.4%	60.3%	35.5%	32.3%	52.6%	47.7%
Bridlington Inpatient % Recommend	None - Monitoring Only	none					98.7%	98.8%	99.0%
Bridlington Inpatient % Not Recommend	None - Monitoring Only	none					0.0%	0.9%	0.0%

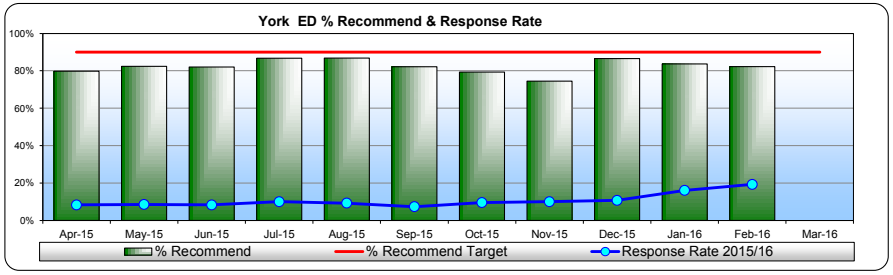
**Daycase patients and young people (<16 years) included in FFT April 2015*

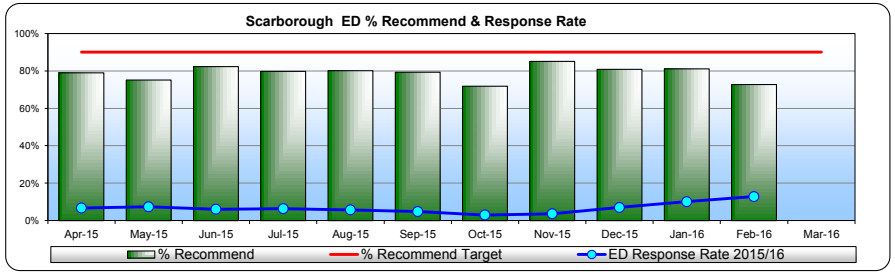






Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec-15	Jan-16	Feb-16
Trust Emergency Department Response Rate	None - Monitoring Only	none	21.3%	7.8%	7.8%	8.3%	9.9%	14.7%	18.0%
York Emergency Department Response Rate	None - Monitoring Only	none	16.1%	8.4%	8.9%	10.1%	10.7%	16.0%	19.2%
York Emergency Department % Recommend	None - Monitoring Only	none					86.6%	83.7%	82.3%
York Emergency Department % Not Recommend	None - Monitoring Only	none					7.9%	11.3%	10.4%
Scarborough Emergency Department Response Rate	None - Monitoring Only	none	31.4%	6.7%	5.7%	4.1%	7.0%	10.1%	12.8%
Scarborough Emergency Department % Recommend	None - Monitoring Only	none					80.9%	81.1%	72.7%
Scarborough Emergency Department % Not Recommend	None - Monitoring Only	none					12.8%	11.8%	17.5%





Headline Scores

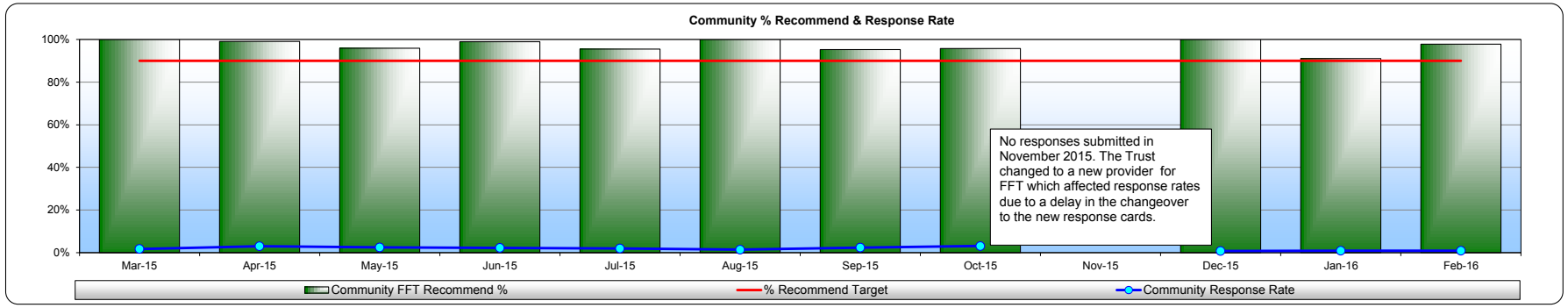
Recommend (%) $\dfrac{\text{Extremely Likely + Likely}}{\text{Extremely Likely + Likely + Neither + Unlikely + Extremely Unlikely + Don't know}} \times 100$

Not Recommend (%) $\dfrac{\text{Extremely Unlikely + Unlikely}}{\text{Extremely Likely + Likely + Neither + Unlikely + Extremely Unlikely + Don't know}} \times 100$

Friends & Family: Community

FFT Implemented in Community since January 2015

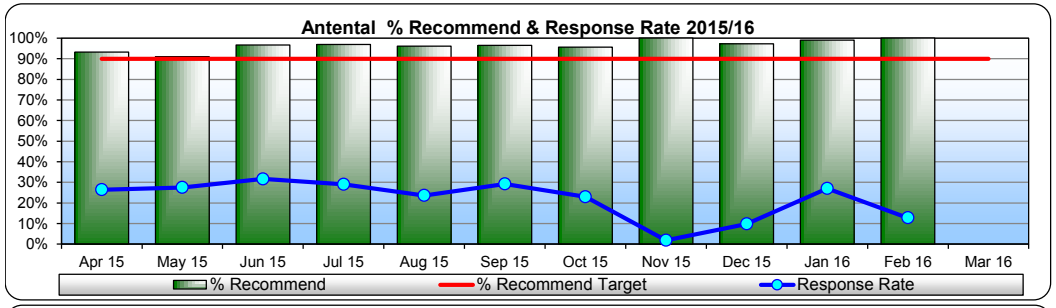
Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec-15	Jan-16	Feb-16
Community Response Rate	None - Monitoring Only	none	2.8%	2.5%	1.9%	1.2%	0.7%	0.9%	0.9%
Community FFT % Recommend	None - Monitoring Only	none					100.0%	91.1%	97.9%
Community FFT % Not Recommend	None - Monitoring Only	none					0.0%	0.0%	0.0%

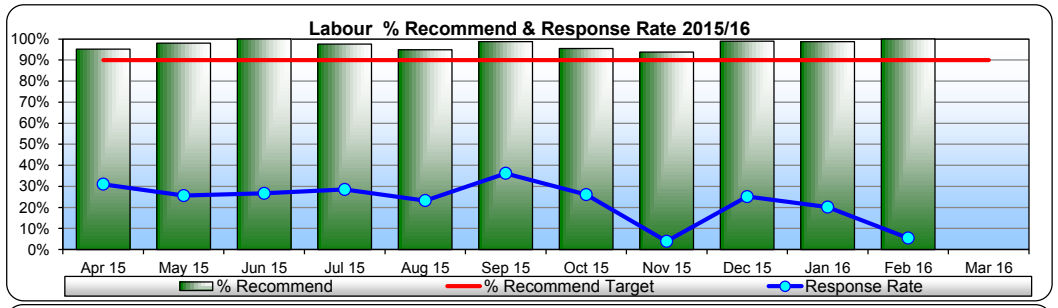


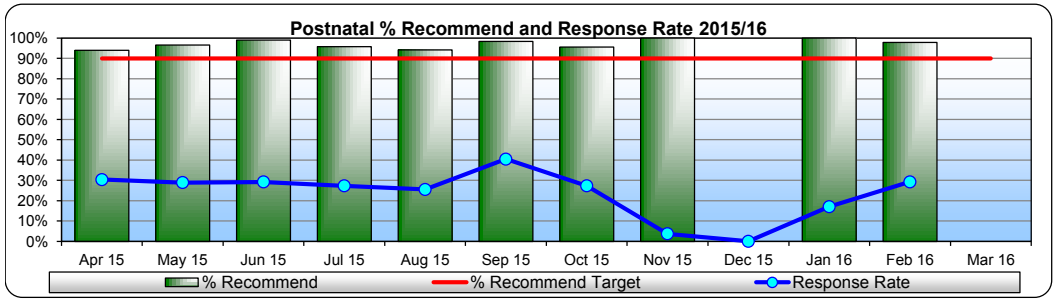
Service/Area	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec-15	Jan-16	Feb-16
Community Inpatient Services	None - Monitoring only	None	121	153	148	106	25	38	44
Community Nursing Services	None - Monitoring only	None	72	41	5	35	0	0	0
Specialist Services	None - Monitoring only	None	73	58	34	23	10	7	3
Children & Family Services	None - Monitoring only	None	2	11	8	2	0	0	0
Community Healthcare Other	None - Monitoring only	None	60	54	63	13	0	0	0

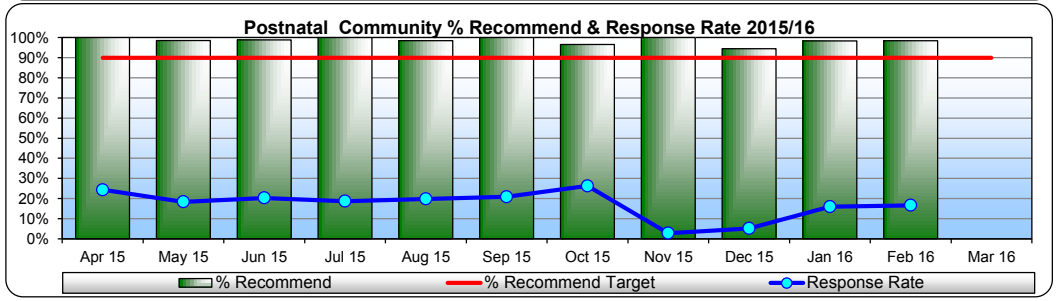
Friends & Family: Maternity

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Antenatal Response Rate	None - Monitoring only	none	31.4%	28.5%	27.3%	12.2%	9.8%	27.0%	12.8%
Antental % Recommend	None - Monitoring only	none					97.2%	99.0%	100.0%
Antental % Not Recommend	None - Monitoring only	none					0.0%	0.0%	0.0%
Labour and Birth Response Rate	None - Monitoring only	none	28.8%	27.8%	29.5%	18.3%	25.1%	20.2%	5.5%
Labour and Birth % Recommend	None - Monitoring only	none					99.0%	98.8%	100.0%
Labour and Birth % Not Recommend	None - Monitoring only	none					0.0%	0.0%	0.0%
Postnatal Response Rate	None - Monitoring only	none	30.9%	29.5%	30.7%	11.0%	0.0%	17.1%	29.3%
Postnatal % Recommend	None - Monitoring only	none					0.0%	100.0%	97.9%
Postnatal % Not Recommend	None - Monitoring only	none					0.0%	0.0%	1.1%
Postnatal Community Response Rate	None - Monitoring only	none	19.9%	21.1%	19.8%	12.2%	5.1%	16.0%	16.7%
Postnatal Community % Recommend	None - Monitoring only	none					94.4%	98.3%	98.4%
Postnatal Community % Not Recommend	None - Monitoring only	none					5.6%	1.7%	0.0%









2014/15 Performance

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
Antenatal Response Rate	41.3%	33.6%	26.0%	27.7%	33.1%	37.2%	39.8%	42.8%	32.2%	30.5%	27.6%	36.0%
Labour and Birth Response Rate	44.1%	33.3%	32.9%	19.4%	16.2%	20.4%	17.2%	39.7%	15.8%	19.9%	27.9%	38.5%
Postnatal Response Rate	47.0%	39.2%	37.5%	24.8%	20.9%	29.4%	26.5%	47.1%	19.4%	27.9%	31.9%	32.6%
Postnatal Community Response Rate	34.2%	37.2%	24.7%	21.1%	22.7%	17.2%	19.5%	18.4%	18.2%	21.3%	14.6%	23.1%

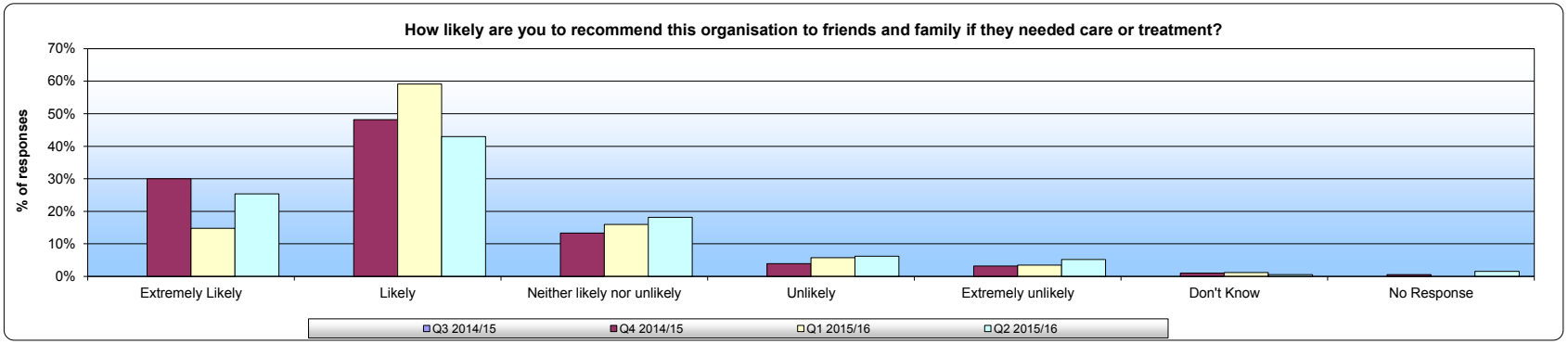
Friends and Family: Staff

York Teaching Hospital NHS
NHS Foundation Trust

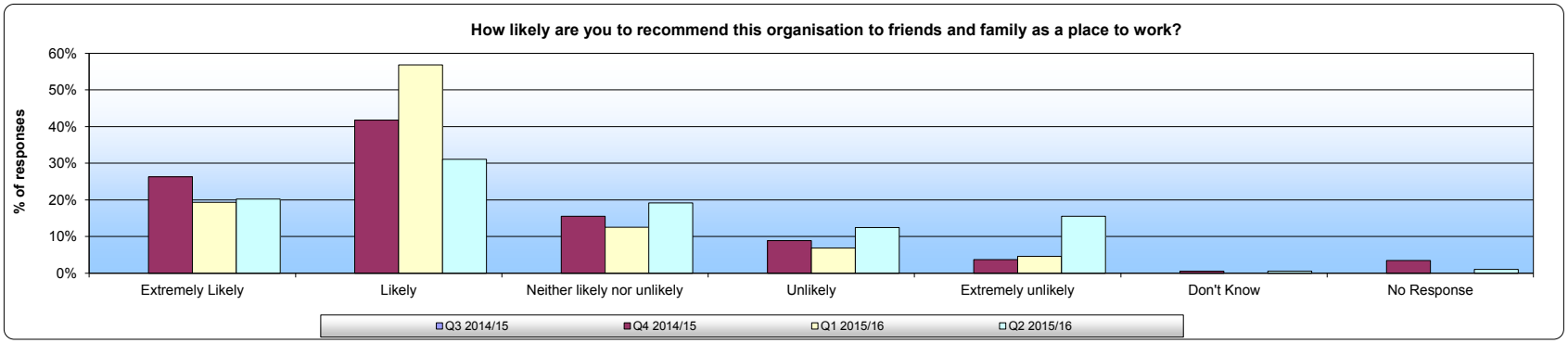
As part of the National Friends and Family CQUIN 2014/15, the Trust was required to submit evidence which demonstrates implementation of staff FFT across all Acute and Community areas.

Staff FFT data was collected and submitted quarterly for Q1, Q2 and Q4 after the end of each quarter. For Q3 (when the annual NHS staff survey is undertaken) there was no requirement to undertake Staff FFT.
A proportion of staff should have the opportunity to respond to Staff FFT in each of the three quarters, with all staff having the opportunity once per year, as a minimum requirement.

Indicator	Consequence of Breach (Monthly)	Threshold	Q3 2014/15	Q4 2014/15	Q1 2015/16	Q2 2015/16
Response rate - Proportion of Trust employees who responded to the survey	None - Monitoring Only	none	Not Available	38%	49%	35%
Number of Trust employees who responded to the survey	None - Monitoring Only	none	Not Available	407	88	193



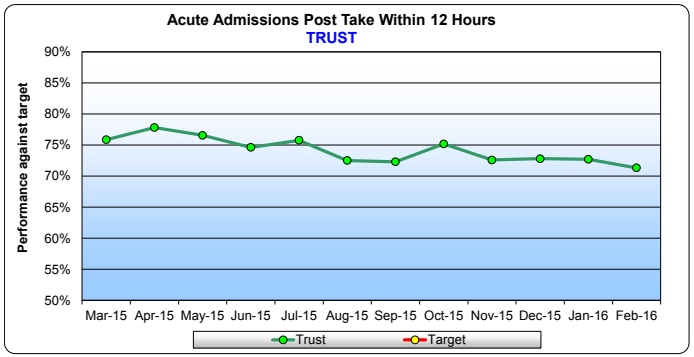
How likely are you to recommend this organisation to friends and family if they needed care or treatment?							
Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	30.0%	48.2%	13.3%	3.9%	3.2%	1.0%	0.5%
Q1 2015/16	14.8%	59.1%	15.9%	5.7%	3.4%	1.1%	0.0%
Q2 2015/16	25.4%	43.0%	18.1%	6.2%	5.2%	0.5%	1.6%

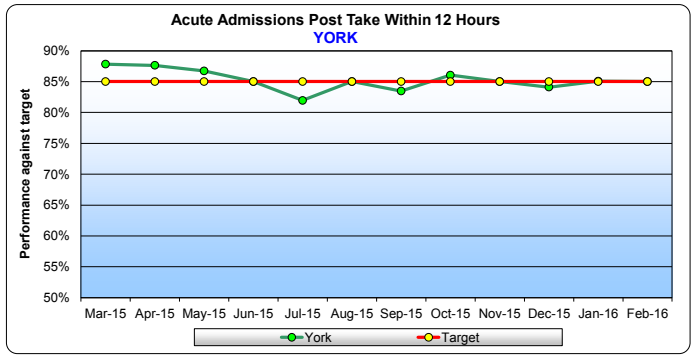


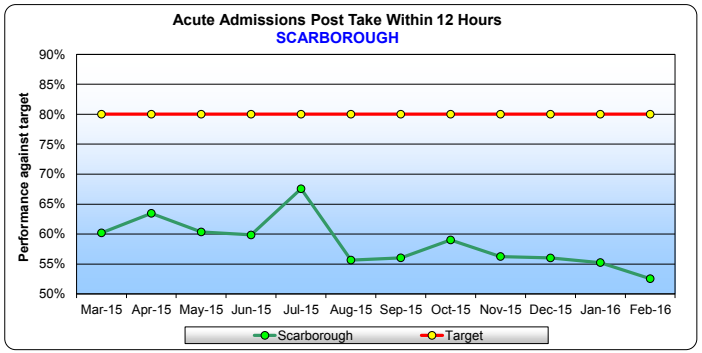
How likely are you to recommend this organisation to friends and family as a place to work?							
Quarter	Extremely Likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't Know	No Response
Q3 2014/15	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
Q4 2014/15	26.3%	41.8%	15.5%	8.8%	3.7%	0.5%	3.4%
Q1 2015/16	19.3%	56.8%	12.5%	6.8%	4.5%	0.0%	0.0%
Q2 2015/16	20.2%	31.1%	19.2%	12.4%	15.5%	0.5%	1.0%

Quality and Safety: Care of the Deteriorating Patient

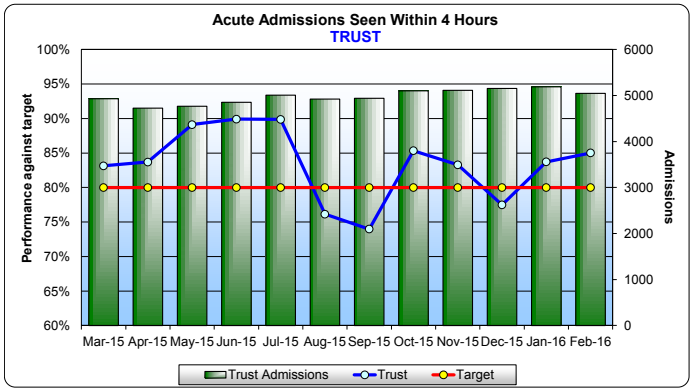
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (SCARBOROUGH)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16	80%	60%	61%	60%	57%	56%	55%	53%
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 12 hours of arrival (YORK)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16	85%	86%	86%	83%	85%	84%	85%	85%

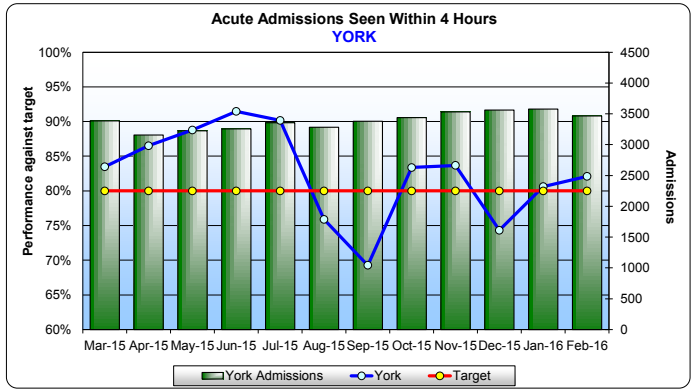


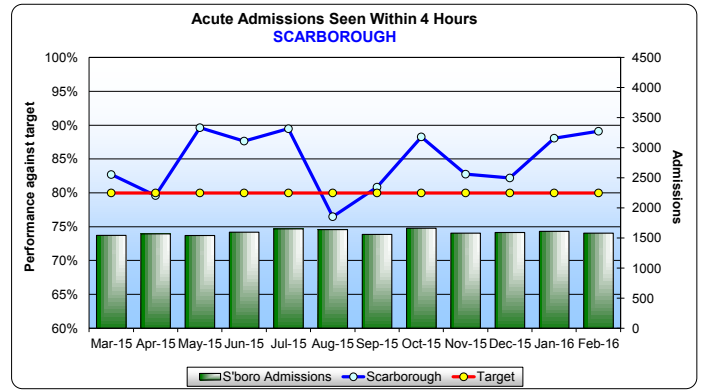




Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16	**80% by site**	80.8%	87.5%	80.1%	82.0%	77.5%	83.7%	85.0%

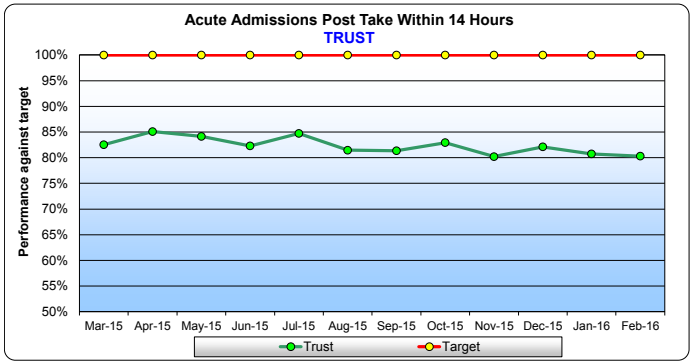


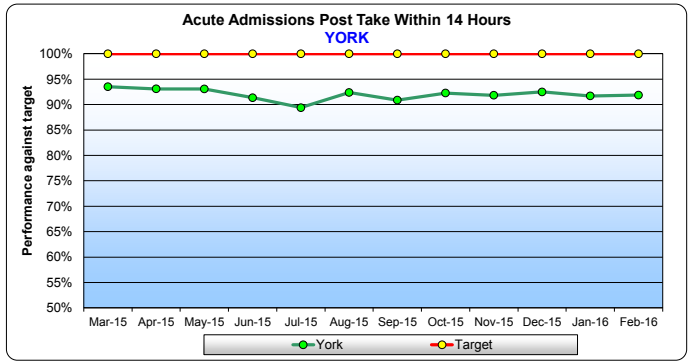


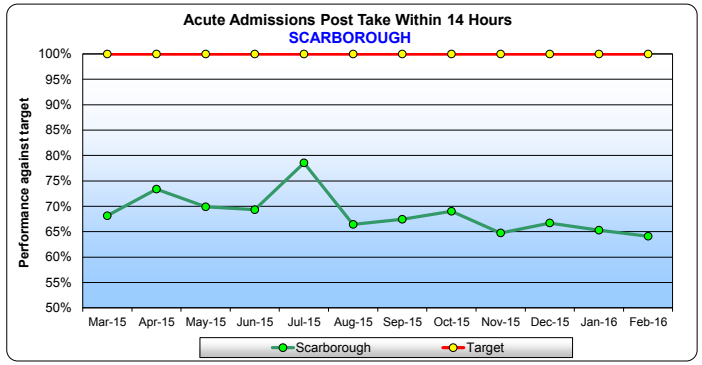


Quality and Safety: Care of the Deteriorating Patient

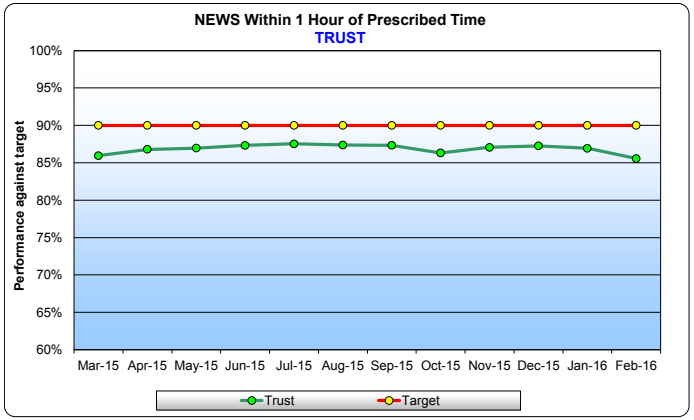
Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI for 2015/16		82.2%	83.9%	82.5%	81.8%	82.1%	80.8%	80.3%

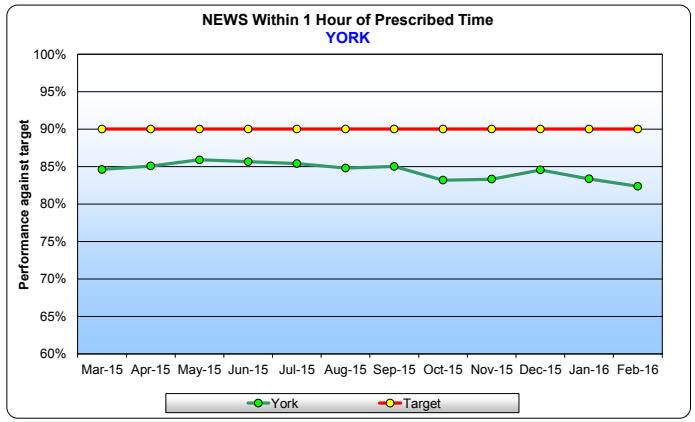


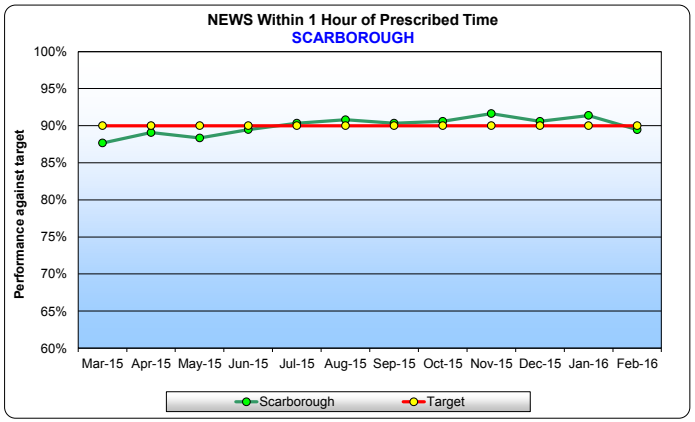




NEWS within 1 hour of prescribed time	None - Monitoring Only		85.9%	87.0%	87.4%	86.9%	87.3%	86.9%	85.6%







Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 27 SIs reported in February; York 12, Scarborough 9, Community 6 & Bridlington 0.
Clinical Incidents: 15; York 9 & Scarborough 6.
Slips Trips & Falls: 8; York 3, Scarborough 2, Bridlington 0 & Community 3.
Pressure Ulcers: 4; Scarborough 1 & Community 3.

Patients Falls and Found on Floor (source: Datix)
Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. During February there were 172 reports of patients falling at York Hospital, 85 patients at Scarborough and 57 patients within the Community Services. This is a slight increase on the number reported in January (313), and figures may increase further as more investigations are completed.

Number of Incidents Reported (source: Datix)
The total number of incidents reported in the Trust during February was 1,297; 721 incidents were reported on the York site, 435 on the Scarborough site and 141 from Community Services. This is a 0.5% decrease from January (1,303).

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 1,389 incidents awaiting sign-off by the Directorate Management Teams. This increase is reflective of pressures across the Trust and an increase post-Christmas. Risk and Legal are working with the Directorates to facilitate the timely completion of incident investigations.

Pressure Ulcers (source: Datix)
During February 26 pressure ulcers were reported to have developed on patients since admission to York Hospital, 19 pressure ulcers were reported to have developed on patients since admission to Scarborough and 20 pressure ulcers were reported as having developed on patients in our community hospitals or community care. These figures should be considered as approximations as not all investigations have been completed.

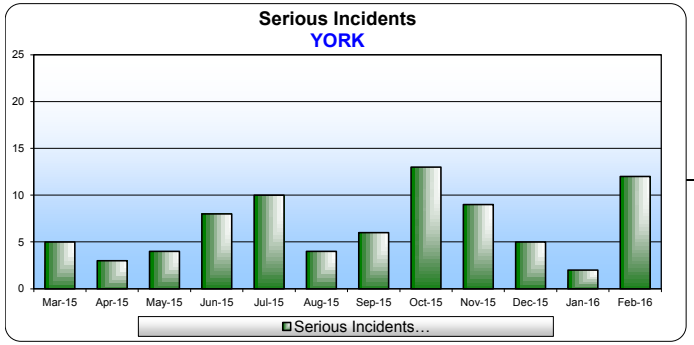
Degree of Harm: Serious/Severe or Death (source: Datix)
During February a total of 6 patient incidents were reported which resulted in serious or severe harm or death. Numbers are subject to change as levels of harm are reviewed and investigations are completed.

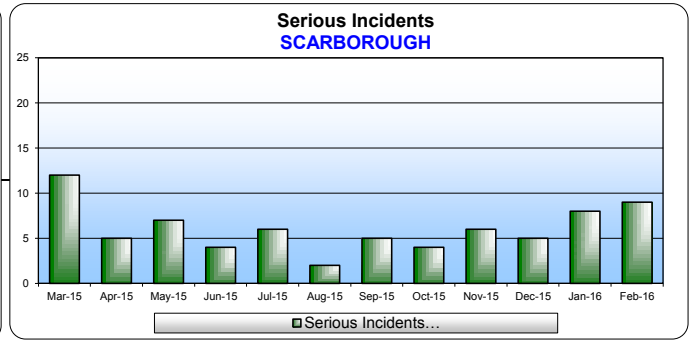
Medication Related Issues (source: Datix)
During February there was a total of 89 medication related incidents reported, although this figure may change following validation.

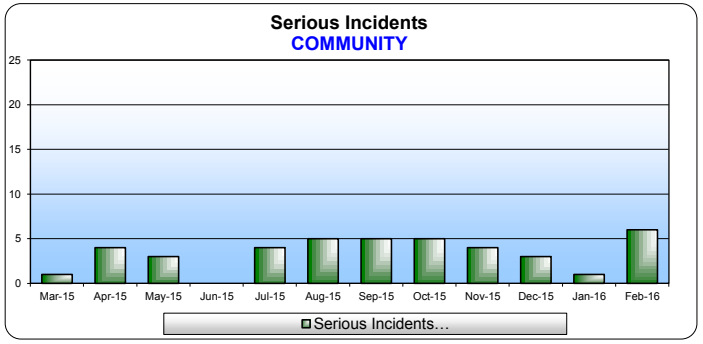
Never Events - One Never Event was declared in February due to the Maladministration of Insulin.

Measures of Harm

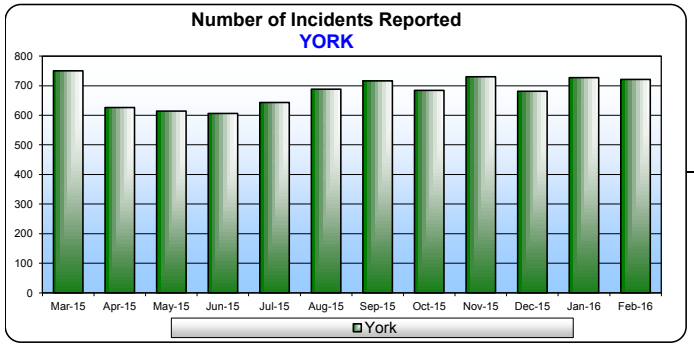
Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Serious Incidents source: Risk and Legal	York	5	3	4	8	10	4	6	13	9	5	2	12
	Scarborough	12	5	7	4	6	2	5	4	6	5	8	9
	Community	1	4	3	0	4	5	5	5	4	3	1	6
Serious Incidents Delogged source: Risk and Legal (Trust)		2	1	0	0	0	0	0	0	0	0	0	0

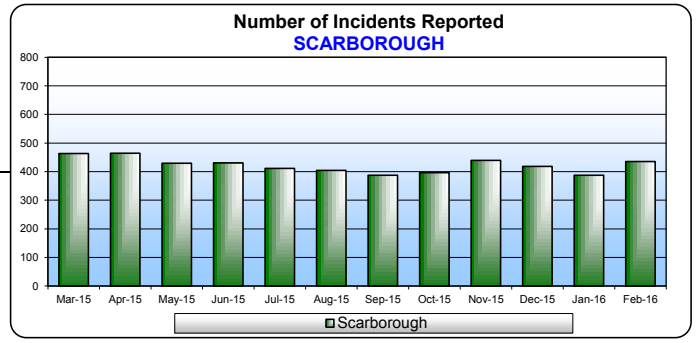


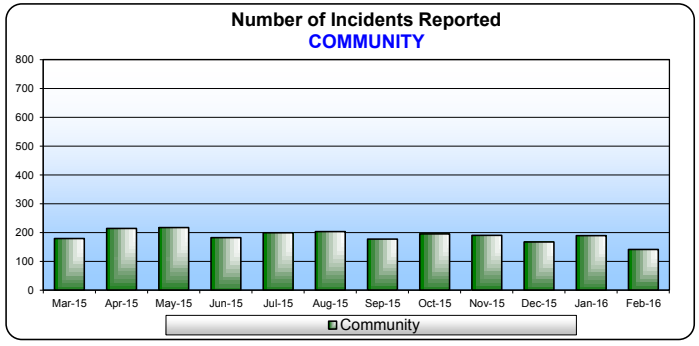




Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Number of Incidents Reported source: Risk and Legal	York	750	626	614	606	643	688	716	684	730	681	727	721
	Scarborough	463	464	429	430	411	404	387	396	439	418	387	435
	Community	179	214	217	182	199	203	177	195	190	167	189	141
Number of Incidents Awaiting sign off at Directorate level		546	1302	863	947	1178	1229	1183	839	889	1149	1344	1389

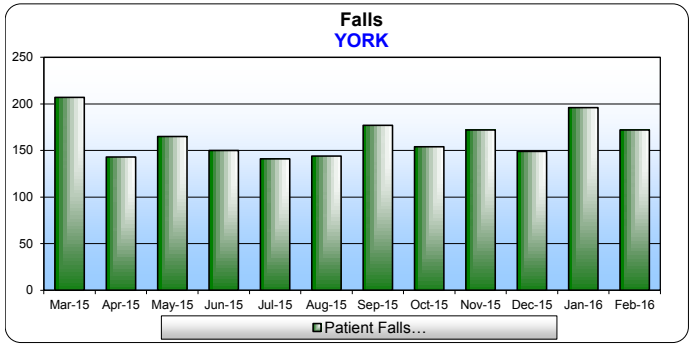


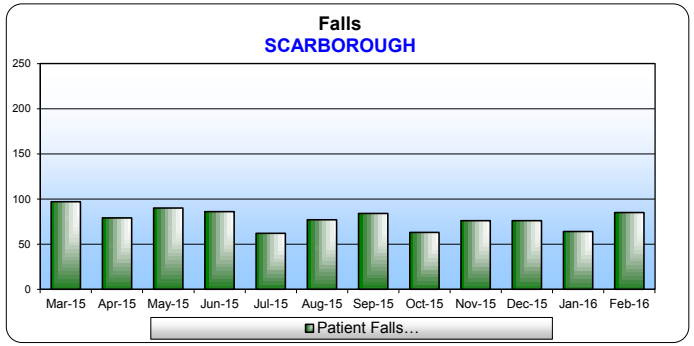


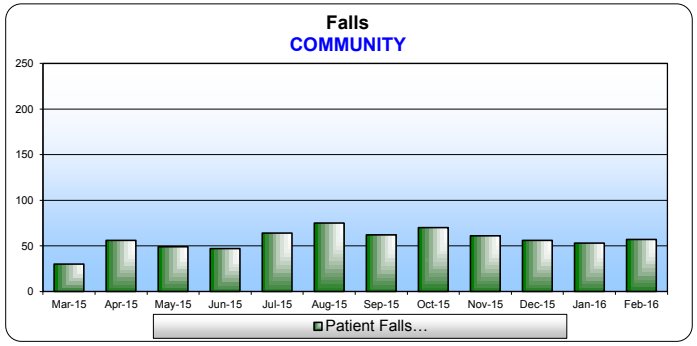


Measures of Harm

Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Patient Falls source: DATIX	York	207	143	165	150	141	144	177	154	172	149	196	172
	Scarborough	97	79	90	86	62	77	84	63	76	76	64	85
	Community	30	56	49	47	64	75	62	70	61	56	53	57

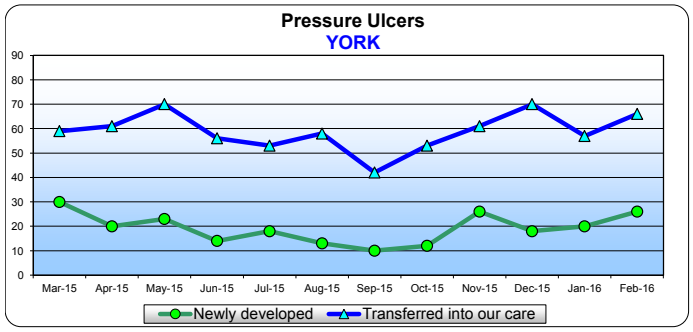


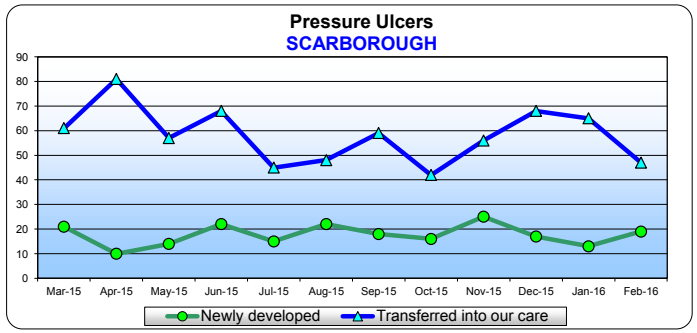


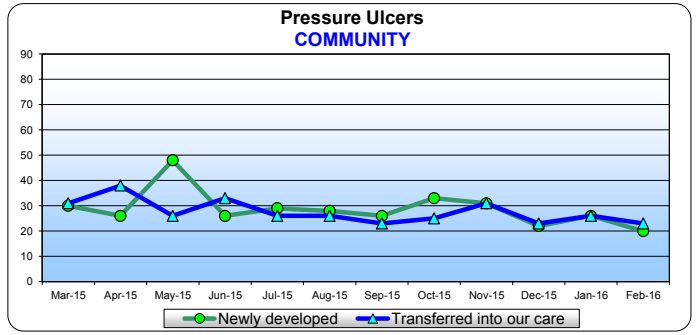


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.

Indicator			Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Pressure Ulcers source: DATIX	York	Newly developed	30	20	23	14	18	13	10	12	26	18	20	26
		Transferred into our care	59	61	70	56	53	58	42	53	61	70	57	66
	Scarborough	Newly developed	21	10	14	22	15	22	18	16	25	17	13	19
		Transferred into our care	61	81	57	68	45	48	59	42	56	68	65	47
	Community	Newly developed	30	26	48	26	29	28	26	33	31	22	26	20
		Transferred into our care	31	38	26	33	26	26	23	25	31	23	26	23



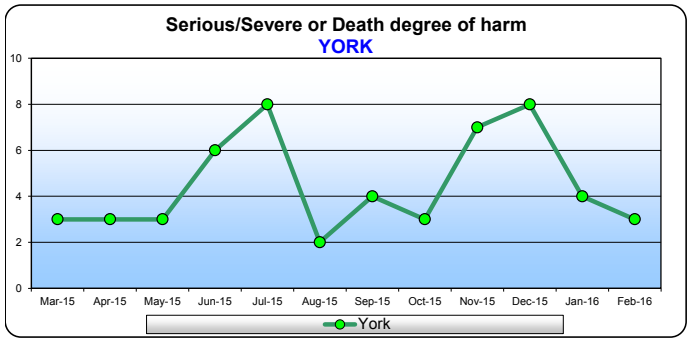


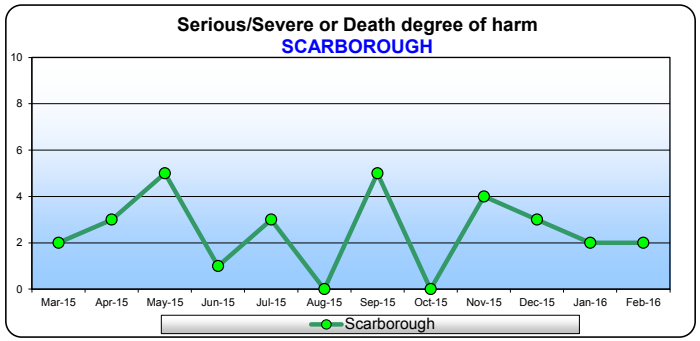


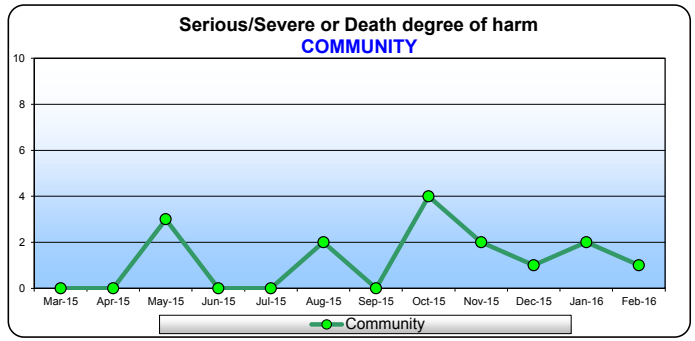
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised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

Measures of Harm

Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Degree of harm: serious/severe or death source: Datix	York	3	3	3	6	8	2	4	3	7	8	4	3
	Scarborough	2	3	5	1	3	0	5	0	4	3	2	2
	Community	0	0	3	0	0	2	0	4	2	1	2	1

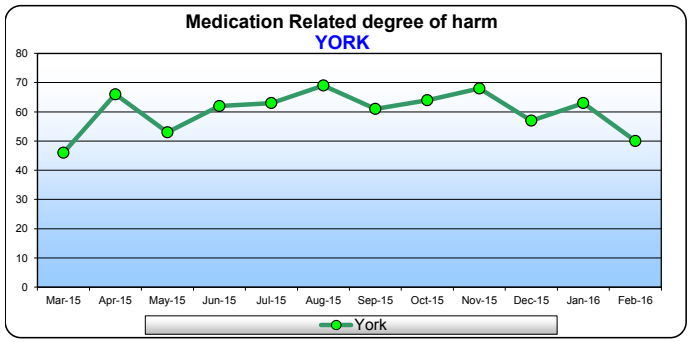


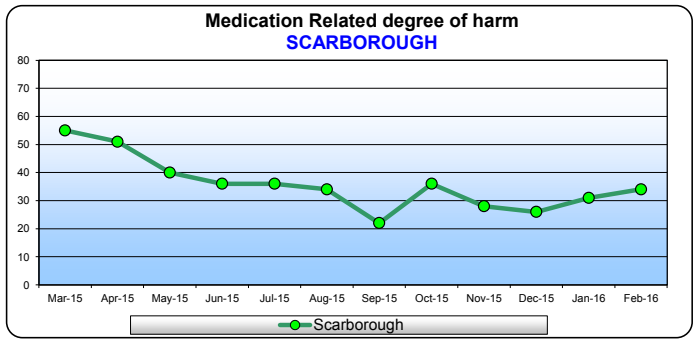


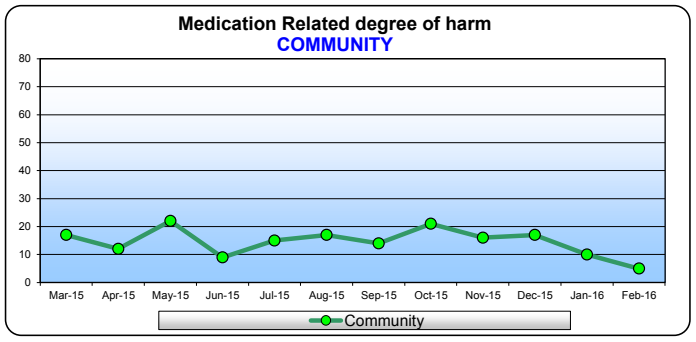


Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Degree of harm: Medication Related Issues source: Datix	York	46	66	53	62	63	69	61	64	68	57	63	50
	Scarborough	55	51	40	36	36	34	22	36	28	26	31	34
	Community	17	12	22	9	15	17	14	21	16	17	10	5

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.

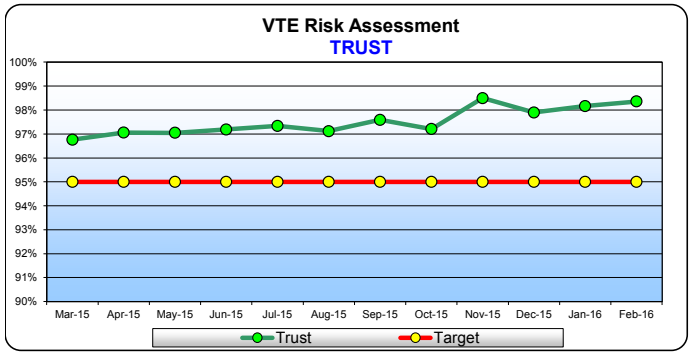


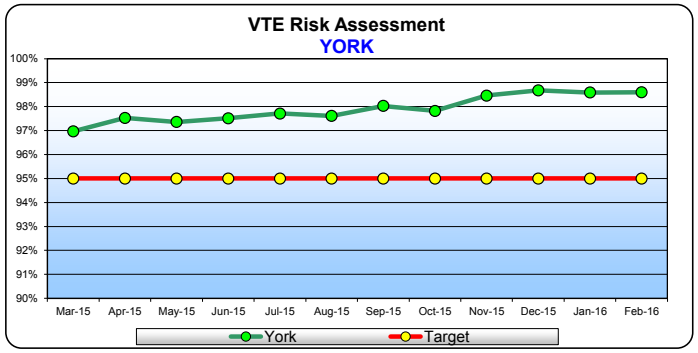


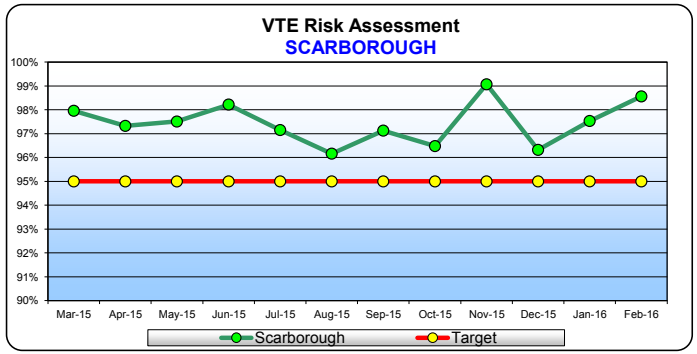


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	0.0%	0.0%	0.0%	0.0%	Jan	Jan	Jan
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	£200 in respect of each excess breach above threshold	Trust	95%	96.9%	97.1%	97.4%	97.9%	97.9%	98.2%	98.4%
		York	95%	97.1%	97.5%	97.8%	98.3%	98.7%	98.6%	98.6%
		Scarborough	95%	97.6%	97.7%	96.8%	97.3%	96.3%	97.5%	98.6%







Never Events

Indicator	Consequence of Breach	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
SURGICAL									
Wrong site surgery	As below	>0	0	1	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	1
Overdose of midazolam during conscious sedation		>0	0	0	0	0	0	0	0
Opioid overdose of an opioid-naïve Service User		>0	0	0	0	0	0	0	0
Inappropriate administration of daily oral methotrexate		>0	0	0	0	0	0	0	0
GENERAL HEALTHCARE									
Falls from unrestricted windows	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	>0	0	0	0	0	0	0	0
Entrapment in bedrails		>0	0	0	0	0	0	0	0
Transfusion of ABO incompatible blood components		>0	0	0	0	0	0	0	0
Transplantation of ABO incompatible organs as a result of error		>0	0	0	0	0	0	0	0
Misplaced naso- or oro-gastric tubes		>0	0	0	0	0	0	0	0
Wrong gas administered		>0	0	0	0	0	0	0	0
Failure to monitor and respond to oxygen saturation		>0	0	0	0	0	0	0	0
Air embolism		>0	0	0	0	0	0	0	0
Misidentification of Service Users		>0	0	0	0	0	0	0	0
Severe scalding of Service Users		>0	0	0	0	0	0	0	0
	MATERNITY								
Maternal death due to post-partum haemorrhage after elective caesarean section	As above	>0	0	0	0	0	0	0	0

Drug Administration

Omitted Critical Medicines
The audit of critical medicines missed during February indicated 2.14% for York and 1.87% for Scarborough.

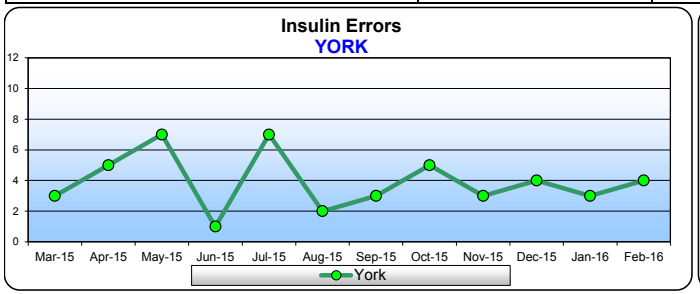
Prescribing Errors
There were 20 prescribing related errors in February; 10 from York, 9 from Scarborough and 1 from Community.

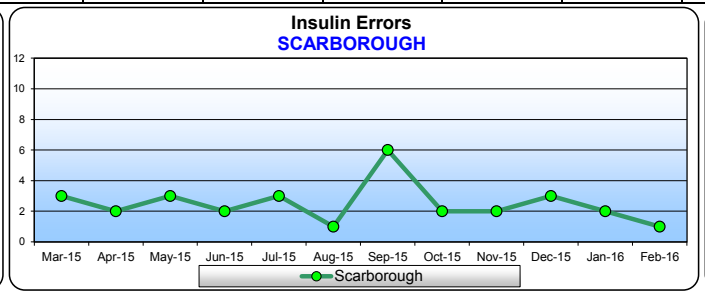
Preparation and Dispensing Errors
There were 9 preparation/dispensing errors in February; 4 from York, 4 from Scarborough and 1 from Community.

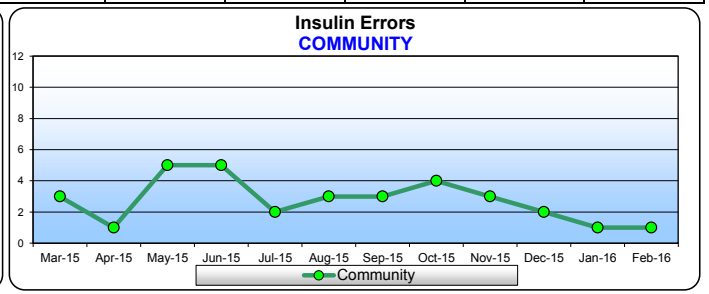
Administrating and Supply Errors
There were 42 administrating/supplying errors in February; 25 from York, 16 from Scarborough and 1 from Community.

Drug Administration

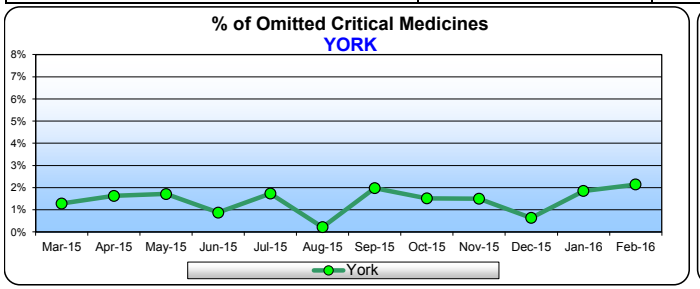
Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Insulin Errors source: Datix	York	3	5	7	1	7	2	3	5	3	4	3	4
	Scarborough	3	2	3	2	3	1	6	2	2	3	2	1
	Community	3	1	5	5	2	3	3	4	3	2	1	1

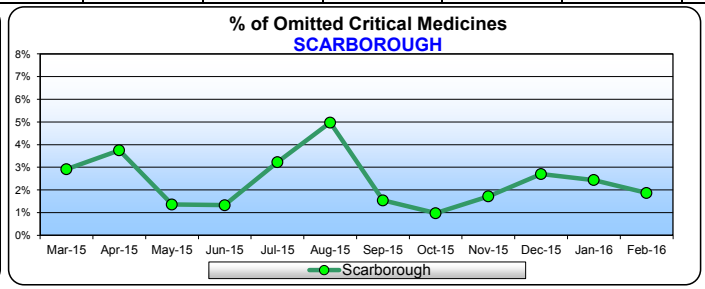


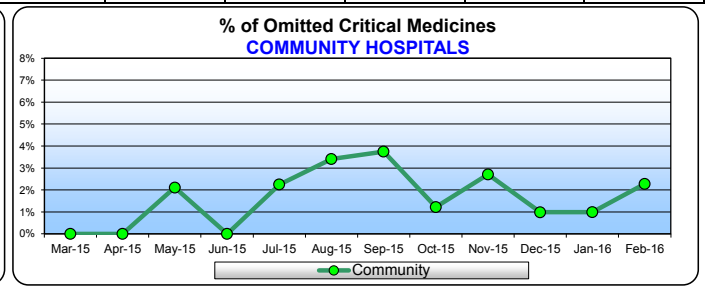




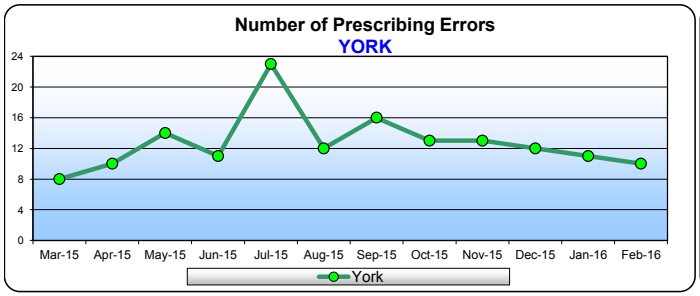
Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Number of Omitted Critical Medicines source: Datix	York	6	7	9	4	8	1	9	6	6	3	9	10
	Scarborough	7	9	3	3	7	10	3	2	4	7	6	5
	Community Hospitals	Not Available	Not Available	2	Not Available	2	3	3	1	2	1	1	2

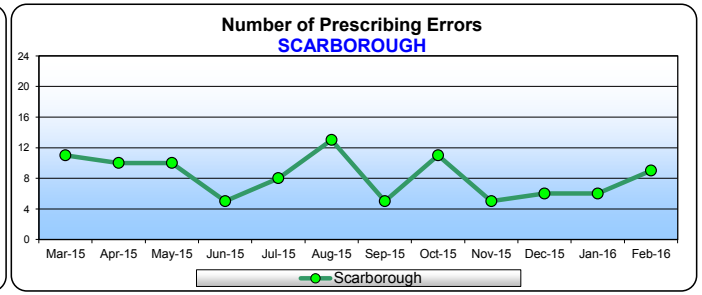


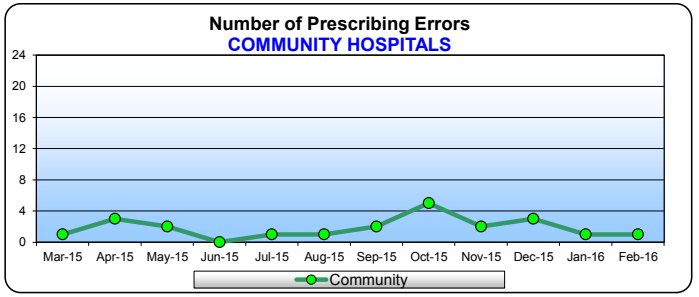




Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Number of Prescribing Errors source: Datix	York	8	10	14	11	23	12	16	13	13	12	11	10
	Scarborough	11	10	10	5	8	13	5	11	5	6	6	9
	Community Hospitals	1	3	2	0	1	1	2	5	2	3	1	1

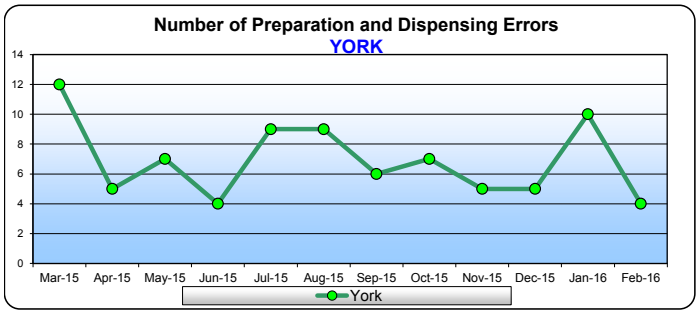


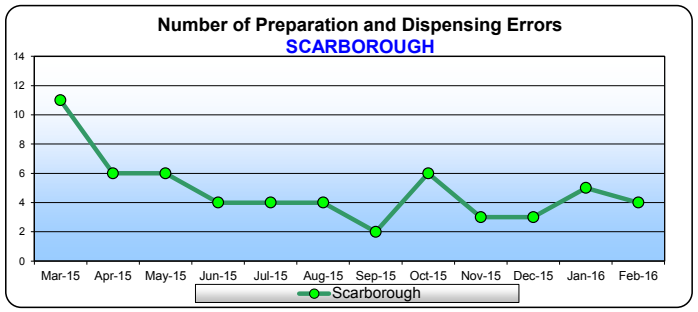


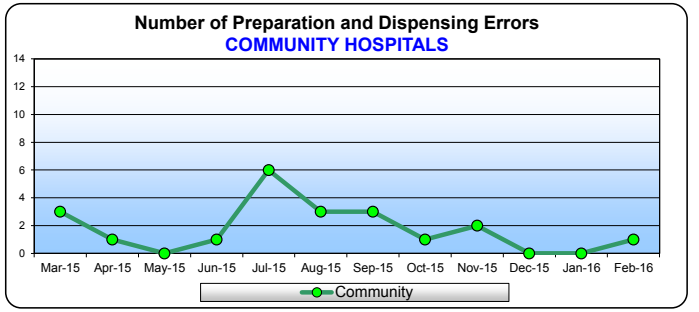


Drug Administration

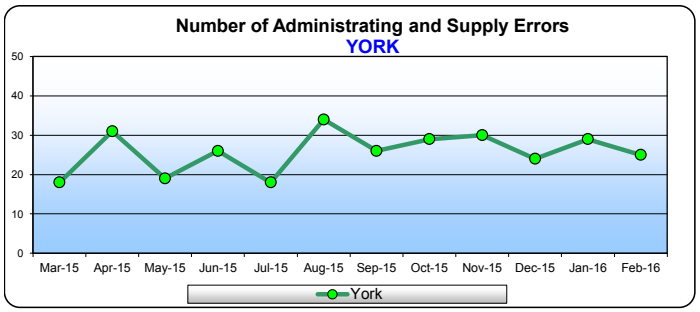
Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Number of Preparation and Dispensing Errors source: Datix	York	12	5	7	4	9	9	6	7	5	5	10	4
	Scarborough	11	6	6	4	4	4	2	6	3	3	5	4
	Community Hospitals	3	1	0	1	6	3	3	1	2	0	0	1

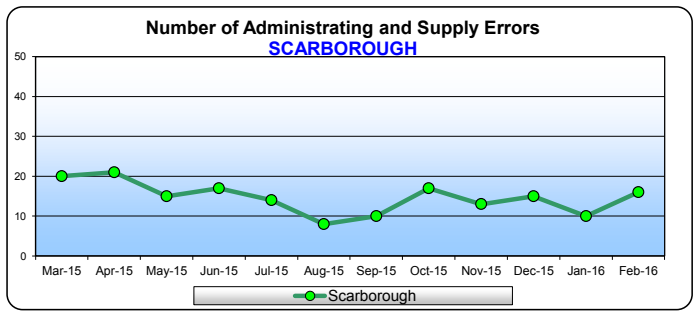


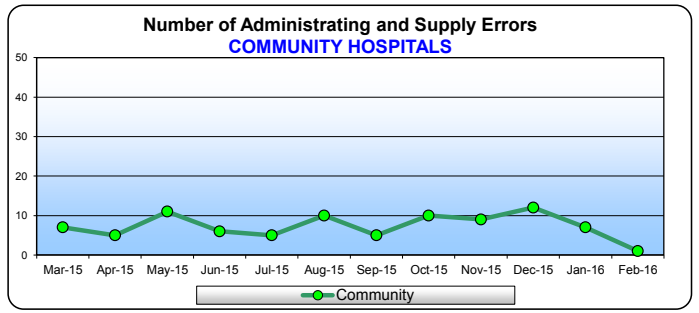




Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
Administrating and Supply Errors source: Datix	York	18	31	19	26	18	34	26	29	30	24	29	25
	Scarborough	20	21	15	17	14	8	10	17	13	15	10	16
	Community Hospitals	7	5	11	6	5	10	5	10	9	12	7	1







Measures of Harm: Safety Thermometer

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

Harm Free Care

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

·York: 96.3%
·Scarborough: 95.5%
·Community Hospitals: 88.1%
·Community care: 97.8%

Harm from Catheter Associated Urinary Tract Infection

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

·York: 1.5%
·Scarborough: 1.0%
·Community Hospitals: 1.0%
·Community Care: 0.7%

VTE

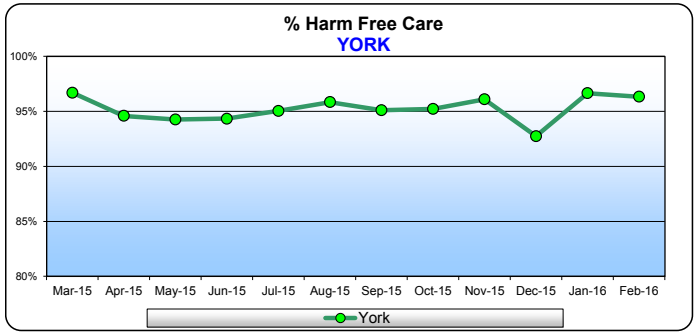
The percentage of patients affected by VTE as measured by the Department of Health definition, monthly measurement of prevalence:

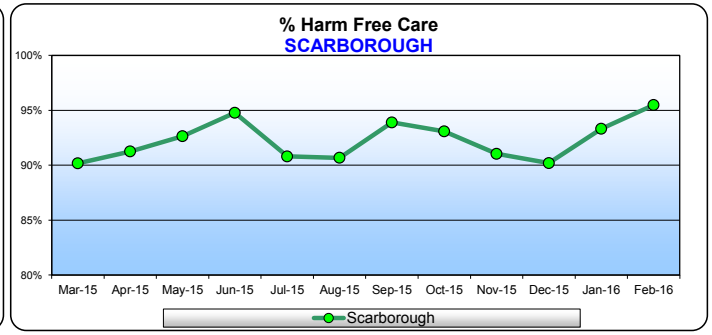
·York: 0.3%
·Scarborough: 0.0%
·Community Hospitals: 1.0%
·Community Care: 0.2%

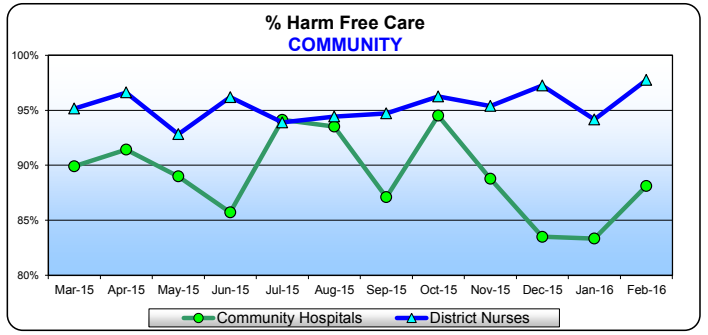
Safety Thermometer

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

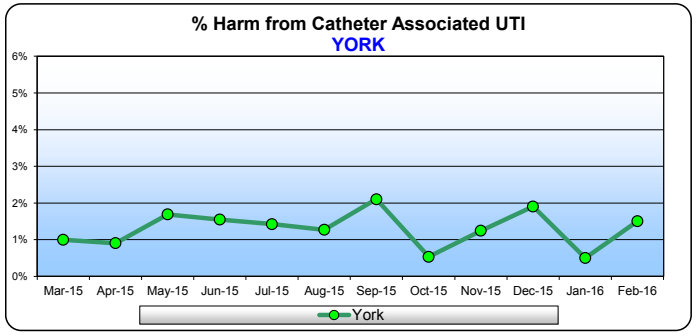
Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
% of Harm Free Care source: Safety Thermometer	York	96.7%	94.6%	94.3%	94.3%	95.0%	95.8%	95.1%	95.2%	96.1%	92.7%	96.7%	96.3%
	Scarborough	90.2%	91.3%	92.6%	94.8%	90.8%	90.7%	93.9%	93.1%	91.0%	90.2%	93.3%	95.5%
	Community Hospitals	89.9%	91.4%	89.0%	85.7%	94.1%	93.5%	87.1%	94.5%	88.8%	83.5%	83.3%	88.1%
	District Nurses	95.2%	96.6%	92.8%	96.2%	93.9%	94.4%	94.7%	96.2%	95.4%	97.2%	94.2%	97.8%

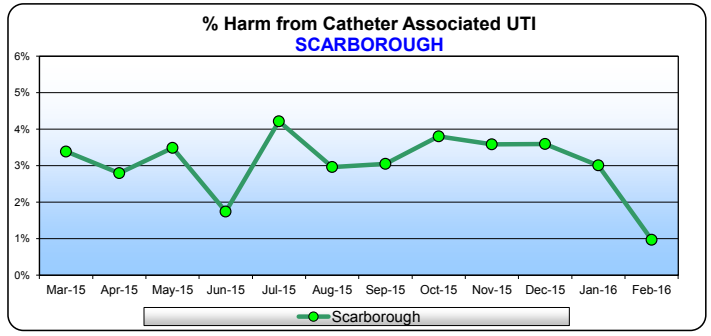


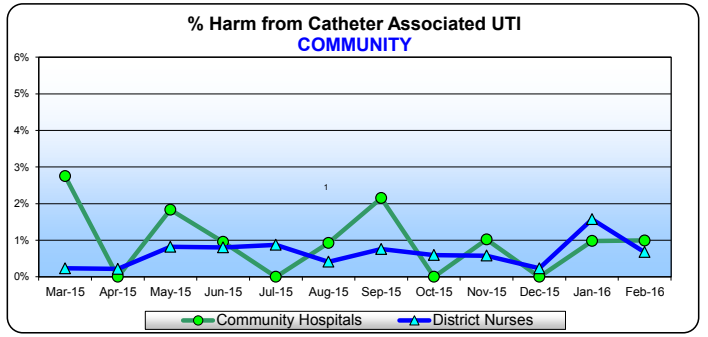




Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	1.0%	0.9%	1.7%	1.5%	1.4%	1.3%	2.1%	0.5%	1.2%	1.9%	0.5%	1.5%
	Scarborough	3.4%	2.8%	3.5%	1.7%	4.2%	3.0%	3.1%	3.8%	3.6%	3.6%	3.0%	1.0%
	Community Hospitals	2.8%	0.0%	1.8%	1.0%	0.0%	0.9%	2.2%	0.0%	1.0%	0.0%	1.0%	1.0%
	District Nurses	0.2%	0.2%	0.8%	0.8%	0.9%	0.4%	0.8%	0.6%	0.6%	0.2%	1.6%	0.7%



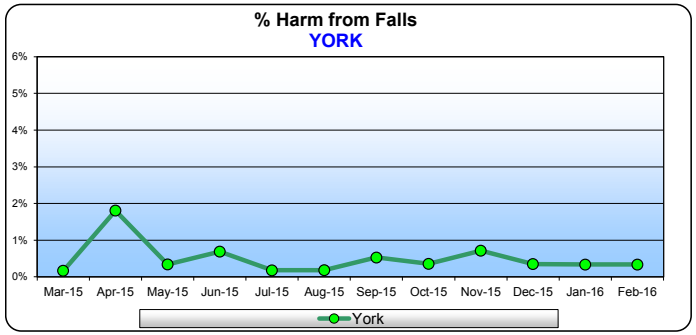


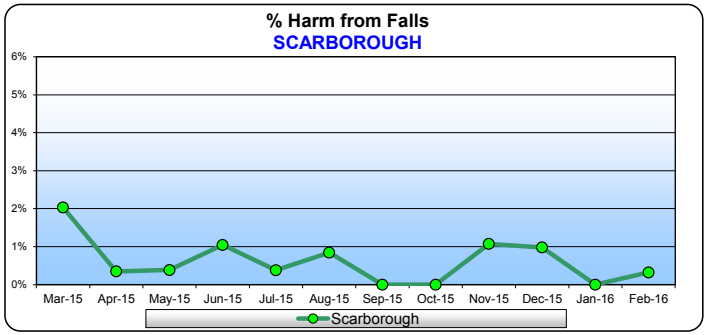


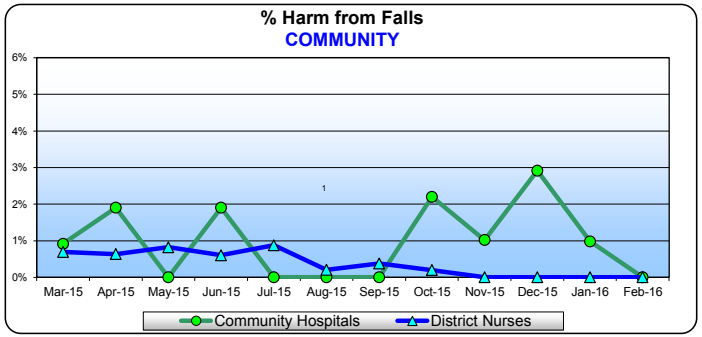
Safety Thermometer

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

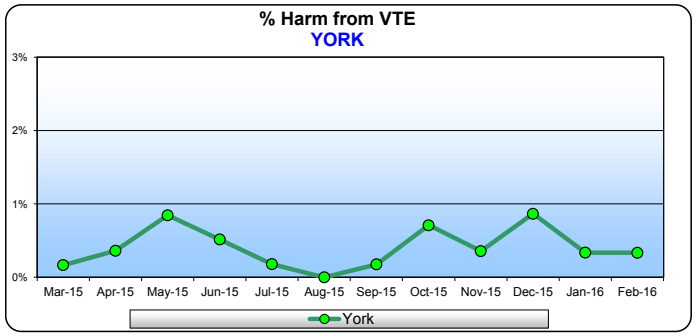
Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
% of Harm from Falls source: Safety Thermometer	York	0.2%	1.8%	0.3%	0.7%	0.2%	0.2%	0.5%	0.4%	0.7%	0.3%	0.3%	0.3%
	Scarborough	2.0%	0.3%	0.4%	1.0%	0.4%	0.8%	0.0%	0.0%	1.1%	1.0%	0.0%	0.3%
	Community Hospitals	0.9%	1.9%	0.0%	1.9%	0.0%	0.0%	0.0%	2.2%	1.0%	2.9%	1.0%	0.0%
	District Nurses	0.7%	0.6%	0.8%	0.6%	0.9%	0.2%	0.4%	0.2%	0.0%	0.0%	0.0%	0.0%

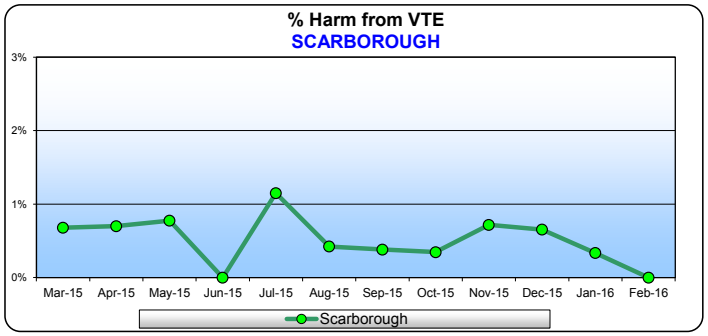


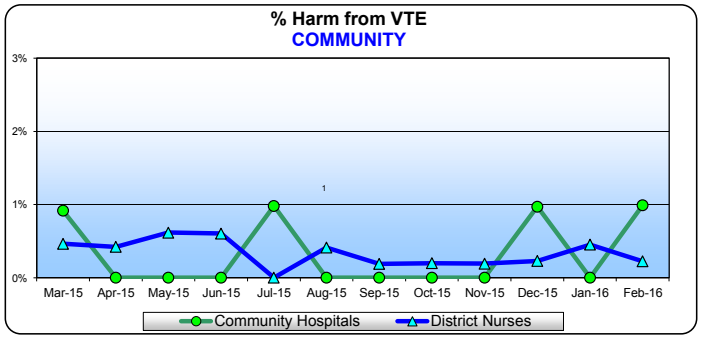




Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
% of VTE source: Safety Thermometer	York	0.2%	0.4%	0.8%	0.5%	0.2%	0.0%	0.2%	0.7%	0.4%	0.9%	0.3%	0.3%
	Scarborough	0.7%	0.7%	0.8%	0.0%	1.1%	0.4%	0.4%	0.3%	0.7%	0.7%	0.3%	0.0%
	Community Hospitals	0.9%	0.0%	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	1.0%	0.0%	1.0%
	District Nurses	0.5%	0.4%	0.6%	0.6%	0.0%	0.4%	0.2%	0.2%	0.2%	0.2%	0.5%	0.2%



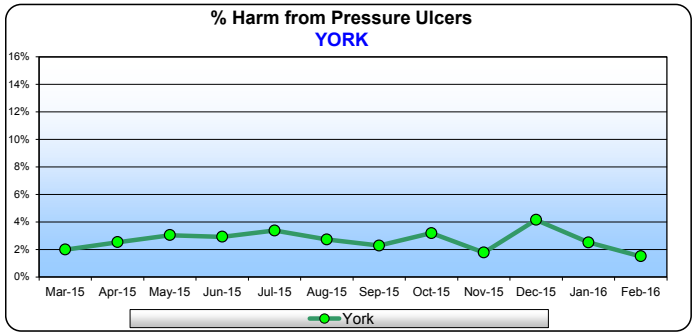


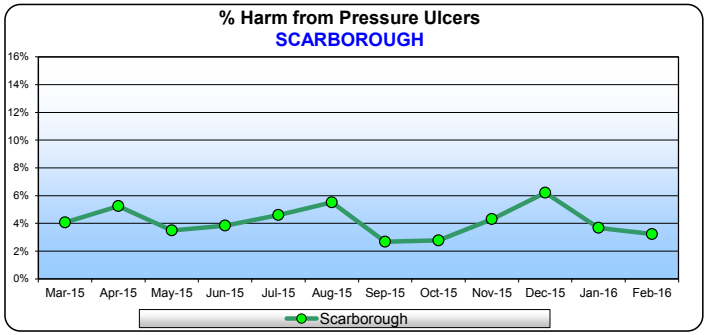


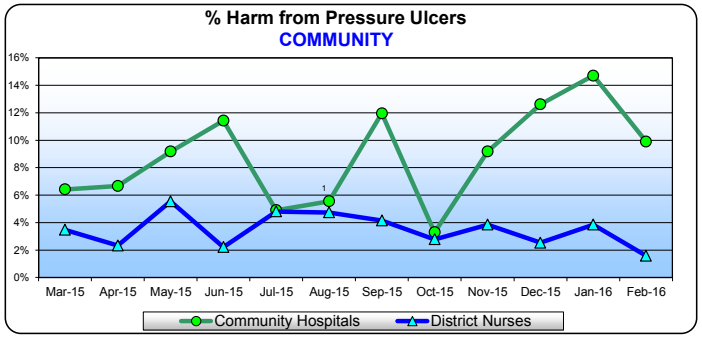
Safety Thermometer

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

Indicator		Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
% of Pressure Ulcers source: Safety Thermometer	York	2.0%	2.5%	3.0%	2.9%	3.4%	2.7%	2.3%	3.2%	1.8%	4.2%	2.5%	1.5%
	Scarborough	4.1%	5.2%	3.5%	3.8%	4.6%	5.5%	2.7%	2.8%	4.3%	6.2%	3.7%	3.2%
	Community Hospitals	6.4%	6.7%	9.2%	11.4%	4.9%	5.6%	12.0%	3.3%	9.2%	12.6%	14.7%	9.9%
	District Nurses	3.5%	2.3%	5.5%	2.2%	4.8%	4.7%	4.2%	2.8%	3.8%	2.5%	3.8%	1.6%







Mortality

Indicator	Oct 11 - Sep 12	Jan 12 - Dec 12	Apr 12 - Mar 13	Jul 12 - Jun 13	Oct 12 - Sep 13	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15
SHMI – York locality	105	102	99	96	93	93	95	98	99	97	96	95
SHMI – Scarborough locality	112	106	108	108	104	105	107	108	109	107	108	107
SHMI – Trust	**107**	**104**	**102**	**101**	**97**	**98**	**99**	**102**	**103**	**101**	**101**	**99**

Definition

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

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

Analysis of Performance

The latest SHMI report indicates the Trust to be in the 'as expected' range. The July 2014 – June 2015 SHMI saw a one point reduction at Trust level and across both sites.

February saw an increase in the number of Inpatient deaths; there were 232 in February 2016, 154 were at York and 65 were at Scarborough. This is the highest recorded number of deaths recorded at York in the last 38 months and the second highest recorded for the Trust (January 2015 – 243). The percentage of deaths against all discharges at York has increased from 1.3% in January to 1.8% in February. Scarborough also saw an increase from 1.6% in January to 2.0% in February.

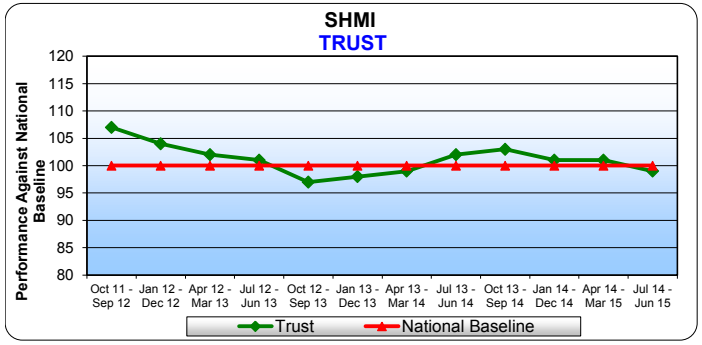
The largest number of deaths was seen under Medicine for the Elderly at York, the directorate are reviewing these records.

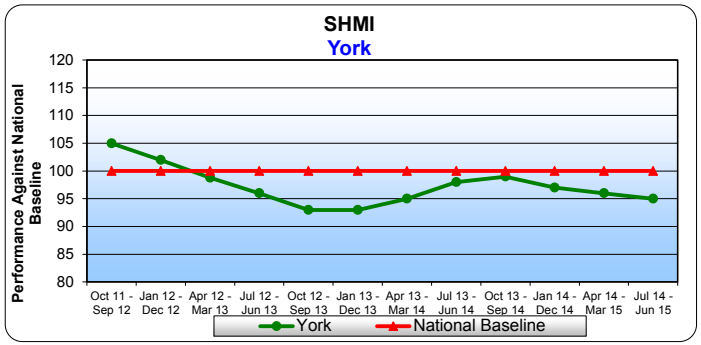
The number of ED deaths at York remain high; 120 year to date compared to 93 for the same period in 2014-15. Scarborough has seen a year to date fall; 73 2015-16 compared to 73 2014-15.

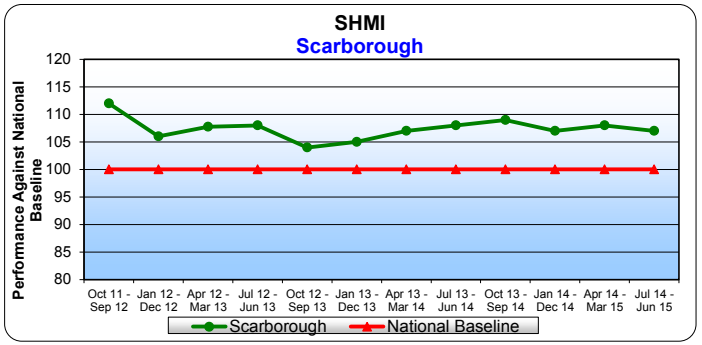
Mortality

York Teaching Hospital NHS
NHS Foundation Trust

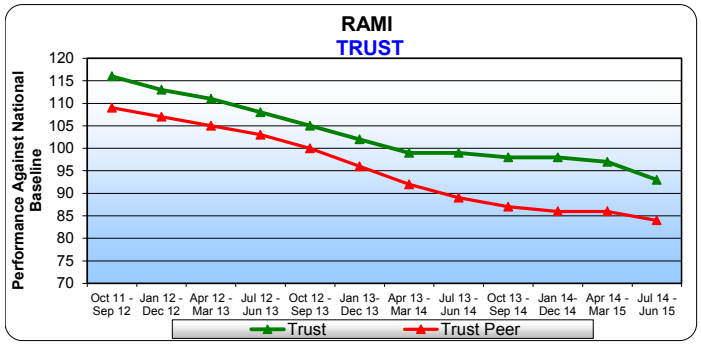
Indicator	Consequence of Breach (Monthly unless specified)	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	98	99	102	103	101	101	99
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	93	95	98	99	97	96	95
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	105	107	108	109	107	108	107

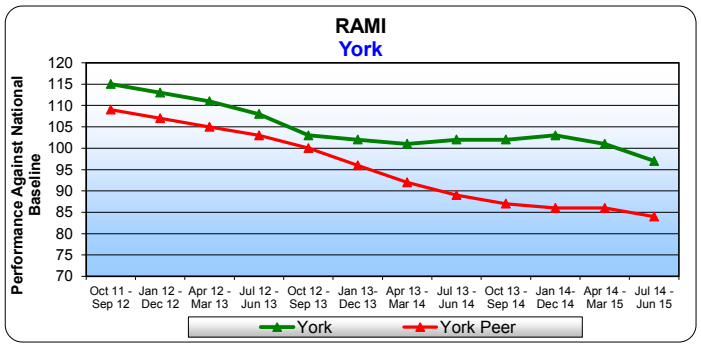


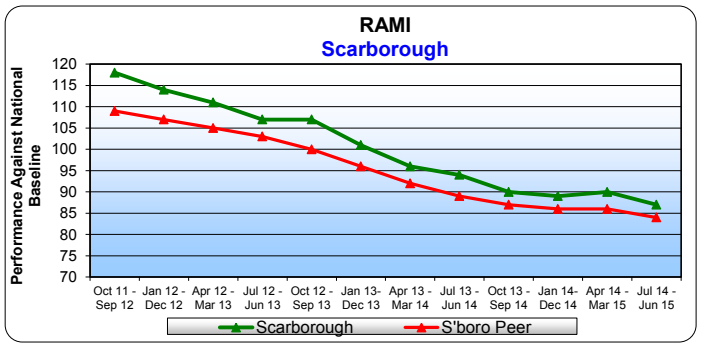




Indicator	Consequence of Breach (Monthly unless specified)	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15
Mortality – RAMI (TRUST)	**none - monitoring only**	102	99	99	98	98	97	93
Mortality – RAMI (YORK)	**none - monitoring only**	102	101	102	102	103	101	97
Mortality – RAMI (SCARBOROUGH)	**none - monitoring only**	101	96	94	90	89	90	87



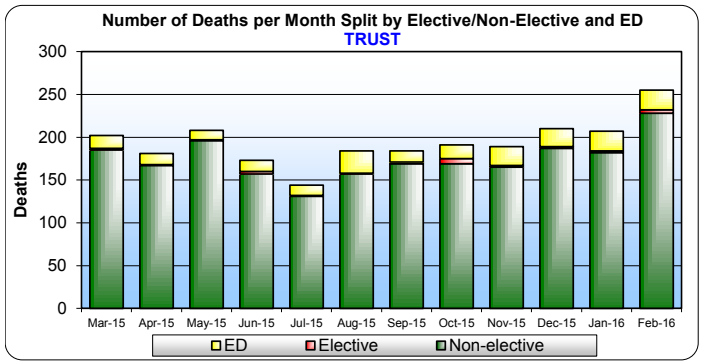


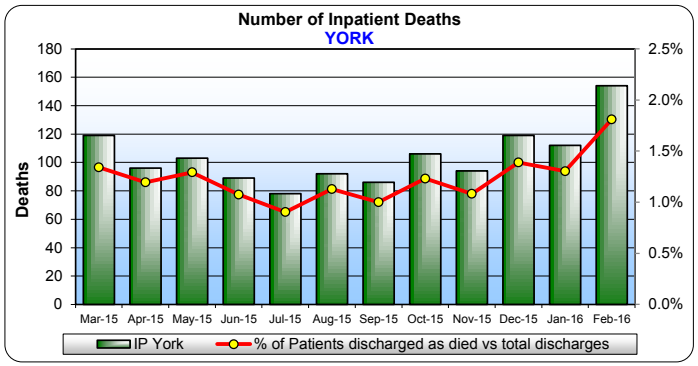


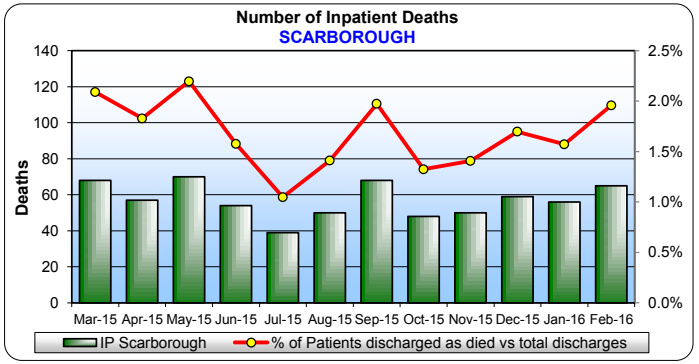
Mortality

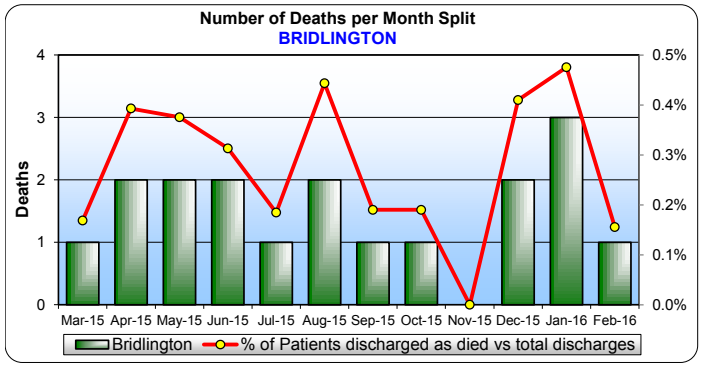
York Teaching Hospital NHS
NHS Foundation Trust

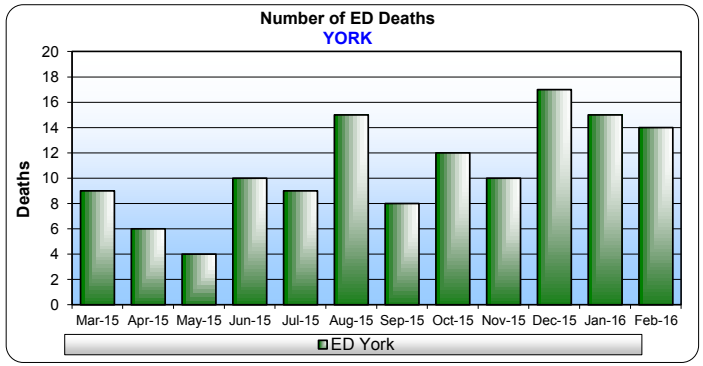
Indicator	Consequence of Breach (Monthly unless specified)	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Number of Inpatient Deaths	None - Monitoring Only	602	525	461	531	189	184	232
Number of ED Deaths	None - Monitoring Only	0	37	51	59	21	23	23

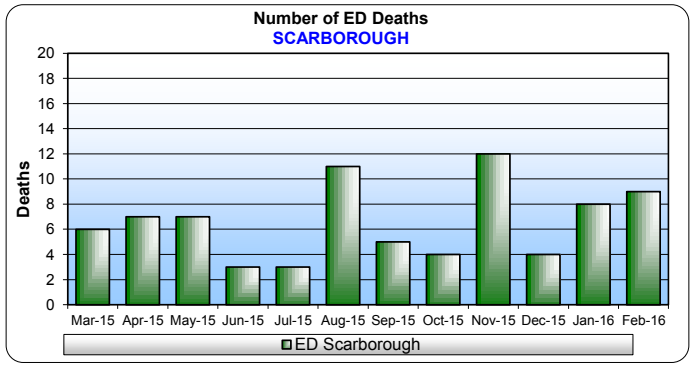


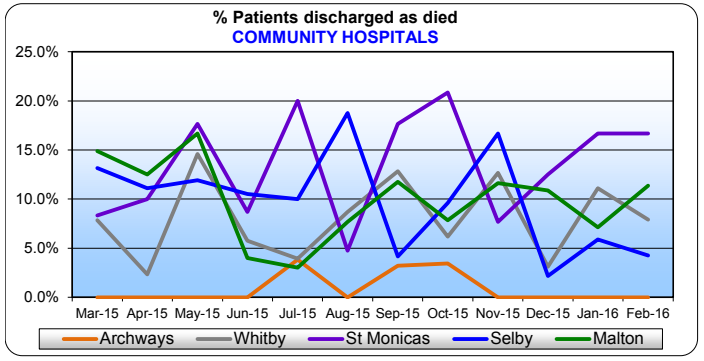


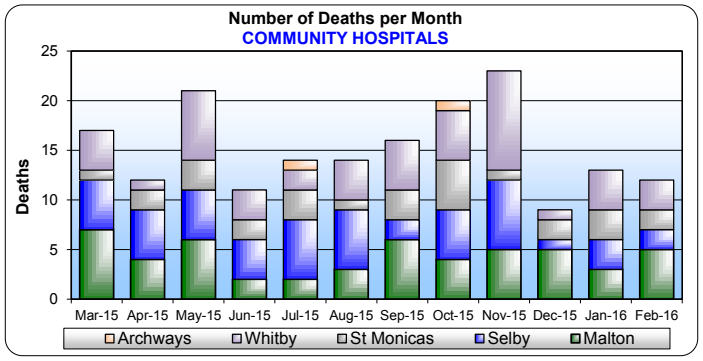












Month	Malton	Selby	St Monicas	Whitby	Archways
Mar-15	7	5	1	4	0
Apr-15	4	5	2	1	0
May-15	6	5	3	7	0
Jun-15	2	4	2	3	0
Jul-15	2	6	3	2	1
Aug-15	3	6	1	4	0
Sep-15	6	2	3	5	0
Oct-15	4	5	5	5	1
Nov-15	5	7	1	10	0
Dec-15	5	1	2	1	0
Jan-16	3	3	3	4	0
Feb-16	5	2	2	3	0

Patient Safety Walkrounds – November 2015/February 2016

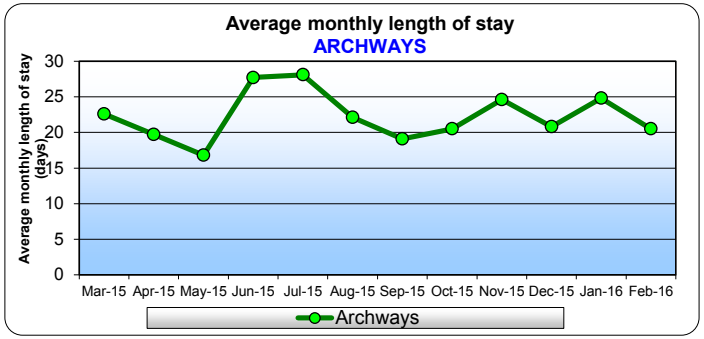
Date	Location	Participants	Actions & Recommendations
03/11/2015	Radiology (York)	Jim Taylor – Medical Director Steven Mackell – Directorate Manager James Haselden – Clinical Director Lorraine Ford - Departmental Quality & Risk Manager Mike Sweet - NED	Report to follow.
04/11/2015	AMU & AMUB (York)	Juliet Walters – Executive Director Sharon Lewis – Directorate Manager Tracey Ward – Matron Nigel Durham – Clinical Director Dianne Willcocks – NED	AMU Some delays to GP direct admission patients - improvements made since the opening of AMB. Further work to be done to reduce bed pressures across site in order to ensure bed availability. Discussion around Acute Physician taking GP calls in order to provide advice and reduce unnecessary admissions – noted volume may be an issue on existing workforce but option being reviewed. Patient falls - noted the shortage of pressure sensors & low beds. Assistant Chief Nurse (PH-S) was producing a BC to procure additional equipment. Deteriorating patient - noted/ commended the on-ward bite-size training interventions to raise awareness and identify at-risk patients. IT – COWs not being used in bays, computers have insufficient battery life; Electronic Board – is difficult to update. All issues discussed immediately with Director of SNS and IT deployed immediately. Nurse bank - system not flexible enough to accommodate personal preferences ie shorter or different shifts. Also unable to view calendar. Inform HR. Bank/Agency staff unable to have full access to CPD in order to put obs on system. Also unable to use blood glucose machines. Discuss with Chief Nurse. Security issues due to inappropriate behaviours of some patients need to consider moving from responsive to anticipatory presence in high-risk areas. Discuss with Director of Facilities.
11/11/2015	Emergency Department (Scarborough)	Patrick Crowley – Chief Executive Richard Morris – Directorate Manager Phil Jones - GP and Middle grade Gail Tanner - Sister Jennie Adams – NED	Patient Flow - during peak periods for patient arrivals (around 5-6pm each day) the department has difficulty managing demand and waiting time breaches are much higher than at other times of day. Several measures have been introduced to maintain safety during these periods including an ambulance queue triage nurse and a senior review early assessment process. inpatient bed availability was less of a problem in the late summer but pressure is building again as winter begins. Following concerns from the CQC, a nurse led triage for non-ambulance arrivals is now in place and working well. Work needs to continue on system wide changes to prevent attendance and admission. Work within the hospital on additional discharge ward rounds is vital. Staffing - consultant numbers are a concern with just 3 WTEs plus 1 long term locum. One or two of the existing consultants are close to retirement which will exacerbate the problem in 2016. A minimum of 6 consultants is required but recruitment has been unsuccessful. Middle grade doctors are widely used and the team are looking into alternate models for delivering ED services. Nurse staffing - a review is underway. A small increase in establishment to aid department coordination is anticipated. More use of ACPs and middle grade doctors are being explored in the short term. Longer term there may be the possibility of specialty consultant led services. Recent incidents - concern was expressed by the medical team around difficulties obtaining critical diagnostic investigations from the radiology department, particularly out of hours. In spite of a number of SI reports and investigations into similar failings this issue is still unresolved. There has been a level of tolerance/resignation and reluctance to report these incidents which needs to be addressed if we are to learn from and prevent harm in the future.
18/11/2015	Pathology	Brian Golding – Director Liz Fox - Quality Manager Paul Sudworth – Directorate Manager Mike Sweet - NED	It was agreed that although the walkround would primarily focus on the services provided at York, issues in the wider service would be considered. Discussed a recent SI where foetal remains had been lost. This was due to a process failure. It was explained that new systems had now been implemented. The bereaved parents were coming to meet with the directorate in the near future. Risks - one of the longstanding risks in the directorate has been the harmonization of computer systems across the Trust. This will be achieved in December and will significantly improve patient safety by eliminating the possibility of multiple numbering and allow the NHS number to become the key identifier. There is mixed access to the system at present – Scarborough GPs use the system, but not York. Staffing - the directorate is having difficulty recruiting Histopathologists and microbiologists, and currently have vacancies for both. Manual systems of sample labelling can lead to misidentification and the directorate are continuing to work with SNS on the roll out of Ordercomms.
26/11/2015	Malton Hospital	Brian Golding - Director Sarah King – Locality Manager Norman Barclay – Ward Manager	Typical LOS is of the order of 20 days but there was one patient with a current LOS of 85 days, awaiting a nursing home bed. The main cause of delayed discharge is complex needs, involving many organisations. The ward are working with the service improvement team. SIs - there have been 3 recently which were all falls with serious harm. The staff explained that they had taken all recommended interventions: low beds, cohorting patients in falls bay to improve staffing ratios and although there has been a reduction in incidence of falls which result in severe harm to do still occur. Trails of a 'softer' floor covering had been carried out, but this had led to bed wheels becoming slower and staff manual handling injuries. Given the very little bed movement around the community hospitals a softer floor covering might be practical in these locations, or in high risk falls rooms. Staffing - staffing levels were normally safe, although there is concern when staff nurses are occasionally redeployed to other sites. Whilst this reduces staffing levels at Malton we also discussed the risks presented to the displaced staff nurse who may be in a site that they are unfamiliar with. We discussed how the community team could mitigate this risk and suggestions included familiarisation visits to other sites and the compilation of standard safety folders for all sites with the local information presented in the same format for all sites. A 'daily health and safety checklist' that has been introduced onto the ward. There are a series of tasks identified and monthly compliance figures displayed.

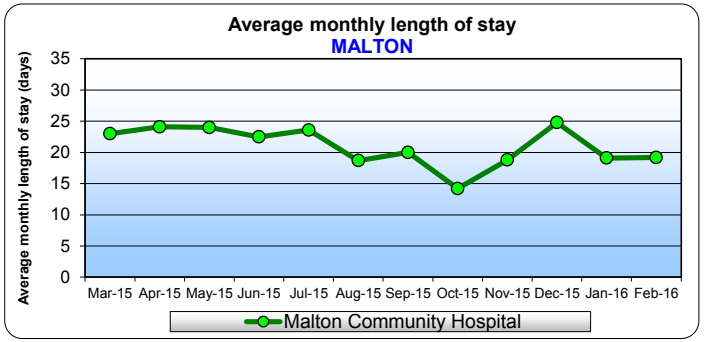
Patient Safety Walkrounds – November 2015/February 2016

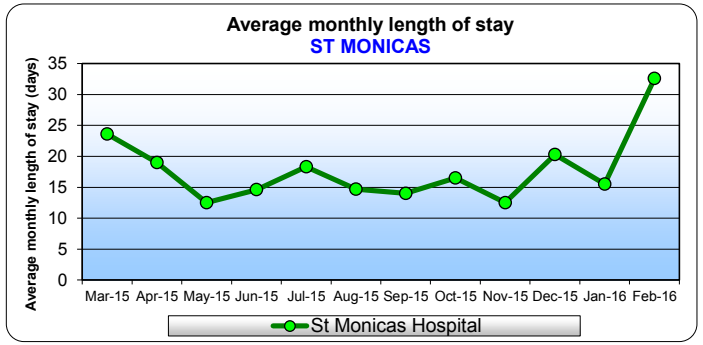
Date	Location	Participants	Actions & Recommendations
09/02/2016	St Helens	Andy Bertram - Director Sharon Hurst – Locality Manager Janice Sellars – Ward Manager Philip Ashton – NED	Broken call bells need replacing as they are not repairable. Replacements are not immediate and patients use hand bells that are not audible if a nurse is out of range. Facilities be asked to replace broken call bells as a matter of urgency. Dining room tables either need replacing or re-varnishing as currently they are an infection risk. Profiling beds were replaced but new beds are not as low, so looking to swap some beds for low profile ones from York Hospital.
12/02/2016	Waters and Johnson Ward Lawrence Unit, Bridlington Hospital	Waters and Johnson Ward Lawrence Unit, Bridlington Hospital	Waters Ward The previously identified concern regarding junior doctors being unable to contact consultants is no longer causing difficulty. All patients are now under one consultant out of hours and the medical registrar is also readily contactable. The most frequently reported incident remains patient falls, and at times accessing equipment is a problem. Patient Safety Manager to advise Matron of new low profile beds for trialling. Crash mats are being purchased. Johnson Ward Patient falls remains the most frequently reported incident and again provision of crash mats was identified as poor but is being addressed. During a previous visit the care of patients with delirium was raised as a concern and whilst this remains challenging at times, strategies such as greater involvement of relatives seem to be successful. Previously there was concern about the recording or IV cannula insertion on CPD, but this is no longer an issue. The intermittent wifi signal was cited as a problem however the circuit will be updated soon. Lawrence Unit Issues highlighted during the last walk round have now all been addressed or resolved. There have been incidents where the handwriting of junior doctors was illegible but a safer system has been established which relies less on free text. The wallpaper in the unit has been identified as an IPC risk and is to be removed.
19/02/2016	Ward 23 York Hospital	Sue Rushbrook - Director Karen Goodman – Clinical Director Pamela Hayward-Sampson – Head of Nursing Philip Ashton – NED	At the time of the visit all patients except two had been assessed as at risk of falling. The falls risk interventions were not implemented due to the lack of crash mats, falls sensors and 28 out of 30 patients being at risk of falling. The request for funding to support new equipment is to be discussed with the Finance Director. The nursing staff highlighted that the ward works frequently with a shortfall of either one registered nurse or health care assistant. The nursing staff felt medical staffing was not always adequate. Significant work is continuing with nurse recruitment. A recent review of the establishments, based on the acuity and dependency audits has resulted in RN reduction by one post and HCA increase by one post. Medical staff recruitment is on-going. The beverage operative was initially piloted on Ward 23 with success. A paper was submitted to board to recurrently fund and extend this role across the care of the elderly wards. This paper was not accepted at the time but it was agreed that consideration would be given at a later date to support this initiative. The beverage operative role releases time for nursing staff and ensure patients receive adequate fluids throughout the day. Director of SNS and Philip Ashton to discuss with the Director of Finance.
19/02/2016	Ward 25, York Hospital	Fiona Jamieson – Deputy Director Sue Hendry – Directorate Manager Dianne Willcocks – NED	All actions from the visit of the 27 Feb 2015 had been completed. Nurse staffing vacancies was reported to be a recurring concern, although Ward 25 is part of the recruitment campaign. The ward staff described having to regularly admit patients from ED or AMU who are medical patients which had an impact on workload and the abilities of the specialist ward staff. Some patient transfers have happened during the night which was also raised as a concern.
29/02/2016	Ophthalmology Outpatients, Eye Ward, Day Unit & Theatre, York Hospital	Diane Palmer – Deputy Director Nicola Topping – Clinical Director Michael Bewell – Directorate Manager Katrina Swires – Matron Dianne Willcocks - NED	Issues raised during the previous walk about have been addressed with the exception of: Theatre capacity- extra theatre sessions are required to meet demand, the Directorate want to add 2 additional evening sessions and Saturday but currently they do not have the nursing staff to meet this requirement. Storage area opposite OPD reception – this area remains a repository for broken equipment. It was agreed that for safety this area should be segregated. The lighting in OPD appeared low. Matron to look into with Estates. The Directorate have had several SIs recently which relate to out-patient follow-up review process and capacity (8 additional clinics are needed). Approaches to prevent further incidents are being discussed with the MD and Chief Nurse. Staff use the ophthalmic theatre area as a thoroughfare. Agreed that Matron would indicate to colleagues that this must not continue. There is no written Trust policy for Laser Safety, but Radiology are now taking a lead to address this. New equipment is needed as the flurosen ICG camera hard drive is full and out-dated. Agreed that charitable funds could be approached.

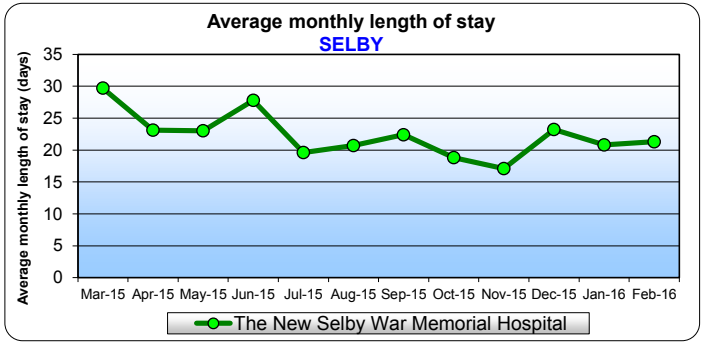
Community Hospitals

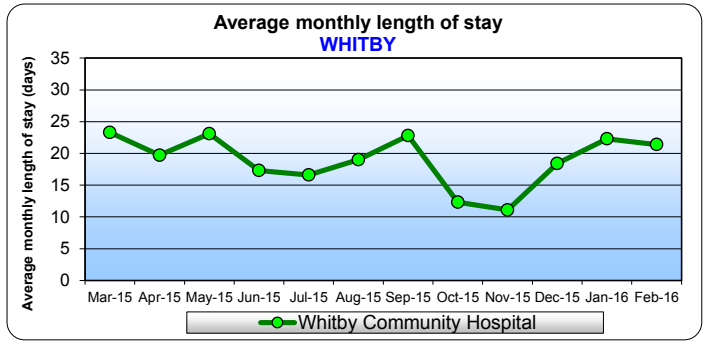
Indicator	Hospital	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Community Hospitals average length of stay (days) Excluding Daycases	**Archways**	26.8	20.9	22.8	21.7	20.8	24.8	20.5
	Malton Community Hospital	22.4	23.4	20.8	19.0	24.8	19.1	19.2
	St Monicas Hospital	24.0	15.5	15.5	16.6	20.3	15.5	32.6
	The New Selby War Memorial Hospital	29.0	24.5	20.8	19.9	23.2	20.8	21.3
	Whitby Community Hospital	21.9	20.0	19.2	12.8	18.4	22.3	21.4
	Total	24.2	21.1	20.2	17.2	21.8	20.8	21.5

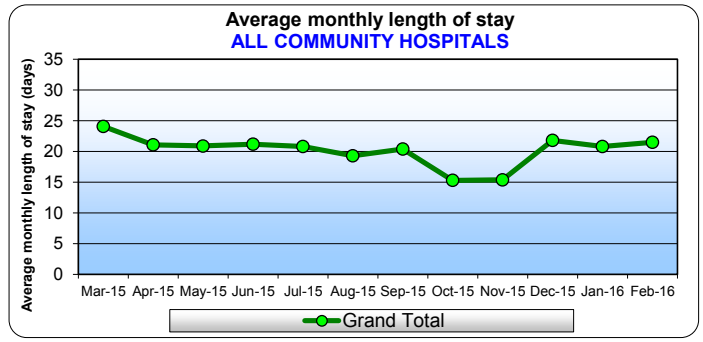






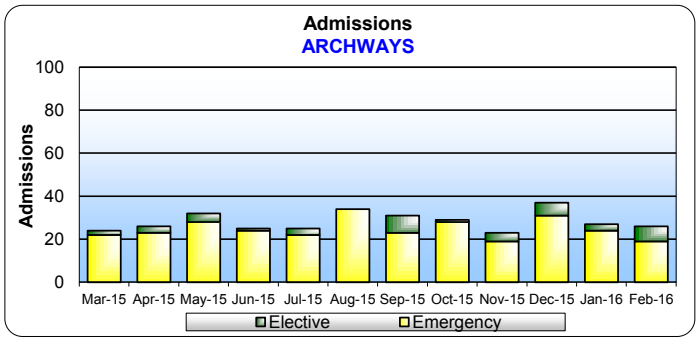


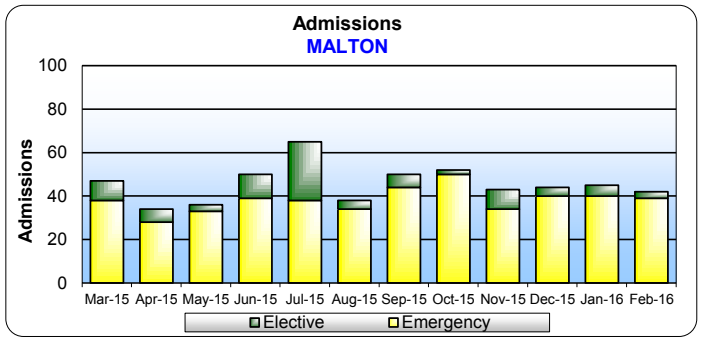


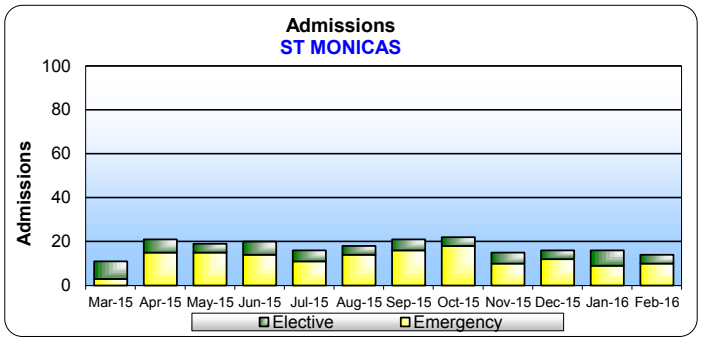


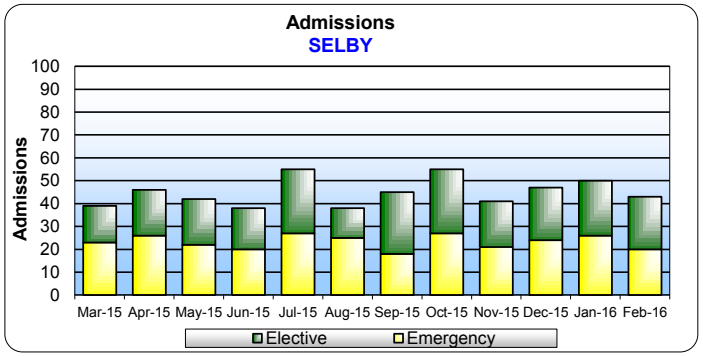
Community Hospitals

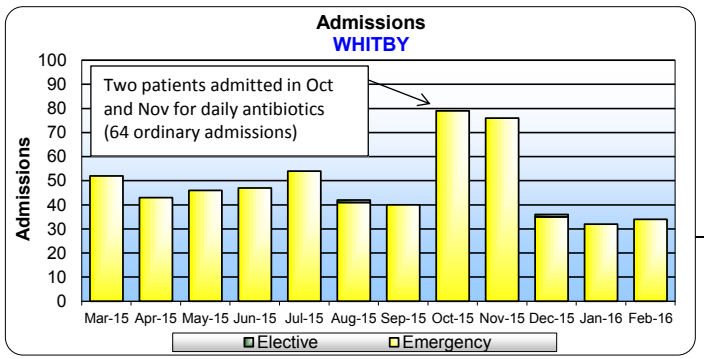
Indicator	Hospital		Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	**Archways**	**Elective**	5	8	11	11	6	3	7
		Emergency	71	73	79	80	31	24	19
	Malton Community Hospital	**Elective**	48	19	37	15	4	5	3
		Emergency	110	101	115	128	40	40	39
	St Monicas Hospital	**Elective**	16	17	14	15	4	7	4
		Emergency	27	43	41	38	12	9	10
	The New Selby War Memorial	**Elective**	57	59	69	73	23	24	23
		Emergency	55	68	68	72	24	26	20
	Whitby Community Hospital	**Elective**	0	0	1	1	1	0	0
		Emergency	140	136	133	191	35	32	34
	Total	**Elective**	126	103	115	115	38	39	37
		Emergency	403	491	433	509	142	131	122

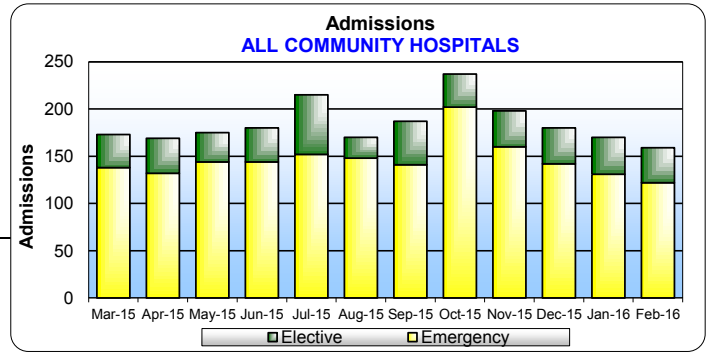












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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

Medical Director Report

Action requested/recommendation

The Quality and Safety Committee are asked to:

Note the Information Governance update
Welcome consultants new to the Trust
Consider the national CQUINs for 2016/17
Note the Patient Safety Strategy/Sign up to Safety update.

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).

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 Executive Board – 16 March 2016

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

Board of Directors – 30 March 2016

Medical Director Report

1. Introduction and background

In the report this month:

Information Governance update
Consultants new to the Trust
National CQUINs for 2016/17
Patient Safety Strategy/Sign up to Safety update.

2. Information Governance update

Information Governance is the NHS framework for managing the quality and security of information and records. Effective information governance is essential to the delivery of safe, effective care and to satisfying the business needs of the Trust.

In common with other NHS organisations, the Trust is obliged to complete an annual self-assessment against the requirements of the Information Governance Toolkit. The Toolkit is hosted by the Health and Social Care Information Centre and represents Department of Health policy.

The results are published annually and are used by Monitor and the Care Quality Commission as part of their performance assessment framework.

York Teaching Hospital NHS Foundation Trust will be reporting an overall score of 88% for 2015-16, achieving 'satisfactory' Level 2 or above against each of the requirements. The score represents a 1% increase on the previous year, when the Trust was placed 37th out of 156 acute trusts in England.

Appendix A shows a breakdown of the scores by initiative. Sitting behind the scores is a detailed set of requirements which will be confirmed as complete prior to submission by 31st March.

High on the Work Plan for 2016-17 will be implementation of the Trust's revised Information Security Policy, including an enhanced Risk Assessment and Management programme and closer monitoring of third party contractors. We will also need to consider the new requirement to provide patients with free online access to their medical records.

3. Consultants new to the Trust

The Trust welcomed a new consultant in February - Dr Ruhail Mir, Consultant Acute/Stroke Who will be based in York.

4. National CQUINs for 2016/17

The national CQUIN guidance for 16/17 has recently been published. The national CQUINs are:

1. NHS staff health and wellbeing - To achieve a 5% point improvement in each of the 3 staff survey questions on health and wellbeing, MSK and stress. The introduction of health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues are expected. Providers will also be expected to achieve a step-change in the health of the food offered on their premises in 2016/17. In addition providers should achieve an uptake of flu vaccinations by frontline clinical staff of 75%.

2. Identification and early treatment of Sepsis - To achieve the timely identification and treatment for sepsis in emergency departments, admission units and in inpatient settings.

3. Improving the physical health for patients with severe mental illness -probably not relevant to this Trust.

4. Cancer 62 day waits - Report number of patients receiving first definitive treatment for cancer within 62-days following an urgent GP referral for suspected cancer within a given period, for all cancers. Also undertake a root-cause analysis on all long waiters and a clinical harm review where there is a positive diagnosis.

5. Antimicrobial resistance - Report the total antibiotic consumption per 1,000 admissions,

6. total consumption of carbapenem per 1,000 admissions and total consumption of piperacillin-tazobactam per 1,000 admissions. Also, report the percentage of antibiotic prescriptions reviewed within 72 hours.

5. Patient Safety Strategy/Sign up to Safety Update

We continue to focus on developing a culture of safety throughout the Trust. Patient Safety Walk Rounds take place on a weekly basis and staff are encouraged to discuss with senior managers and members of the Trust Board of Directors any patient safety concerns.

The NHS Improvement's first annual 'Learning from Mistakes League' has been published. This year's League shows that 120 organisations were rated as outstanding or good, 78 had significant concerns and 32 had a poor reporting culture. This Trust was ranked 105 out of 230 organisations and given a rating of good.

The Learning from Mistakes League is constructed from three 'key findings' in the staff survey that are strongly relevant to reporting and learning:

- Fairness and effectiveness of procedures for reporting errors, near misses and incidents (Scale 0 – 5) York scored 3.66

- Staff confidence and security in reporting unsafe clinical practice (Scale 0-5) York scored 3.67

- Percentage of staff able to contribute towards improvements at work York scored 70.66.

The ranking was then adjusted according to whether or not there are negative 'flags' against Trusts for issues with reporting to NRLS, poor performance in respect of bullying and harassment or if they are in the bottom 20% for any of the key findings. York had no negative

flags or risks identified.

An area of focus for this year is to increase the number of junior doctors reporting incidents, and work is already underway with our Junior Doctor Safety Improvement Group to provide a supportive training programme in incident recognition and reporting. Additionally the publication 'Patient Safety Matters' (Appendix B) has been developed as a monthly update for junior doctors.

We continue to collaborate with the Improvement Academy on the Huddle Up for Safer Healthcare (HUSH) project at Scarborough Hospital. Additionally we are working with the Improvement Academy as part of the regional mortality group.

We have made good progress with the local CQUIN relating to use of the Post-Take Ward Round Checklist and have been able to demonstrate improvement in use of the checklist on the AMUs and surgery assessment wards.

We have also made progress with the CQUIN related to early identification and management of patients with severe sepsis in the Emergency Departments and AMU at York. Compliance with administration of antibiotics within one hour of the patient presenting is around 50% and we are identifying and screening approximately 70% of patients. Whilst we know there is still more work to do on response times for these patients the improvements to date are being sustained.

We have negotiated three local CQUINs for 2016/17 related to our Patient Safety Strategy:
1. catheter care for acute medical patients
2. safety in glucose monitoring
3. care of patients receiving insulin in hospital.

Key stakeholders will be contacted shortly to support the implementation of these local CQUIN schemes.

6. Recommendations

The Quality and Safety Committee is asked to:

Note the Information Governance update
Welcome consultants new to the Trust
Consider the national CQUINs for 2016/17
Note the Patient Safety Strategy/Sign up to Safety update.

Author	**Diane Palmer, Deputy director of Patient Safety**
Owner	**Mr James Taylor, Medical Director**
Date	**March 2016**

Appendix A

IG Toolkit Assessment Summary Report

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

Created 09/03/2016

Overall

Assessment	Score	Self-assessed Grade
Version 13 (2015-2016)	88%	Satisfactory
Version 12 (2014-2015)	87%	Satisfactory

Comprising Initiatives as follows:

Information Governance Management		
Version 13 (2015-2016)	86%	Satisfactory
Version 12 (2014-2015)	93%	Satisfactory

Confidentiality and Data Protection Assurance		
Version 13 (2015-2016)	87%	Satisfactory
Version 12 (2014-2015)	87%	Satisfactory

Information Security Assurance		
Version 13 (2015-2016)	82%	Satisfactory
Version 12 (2014-2015)	80%	Satisfactory

Clinical Information Assurance		
Version 13 (2015-2016)	100%	Satisfactory
Version 12 (2014-2015)	93%	Satisfactory

Secondary Use Assurance		
Version 13 (2015-2016)	100%	Satisfactory
Version 12 (2014-2015)	100%	Satisfactory

Corporate Information Assurance		
Version 13 (2015-2016)	77%	Satisfactory
Version 12 (2014-2015)	77%	Satisfactory

Patient Safety Matters

PROMOTING A CULTURE OF SAFETY AND QUALITY AMONGST JUNIOR DOCTORS ISSUE 1 March 2016

You and Patient Safety

William Lea

Welcome to the first issue of 'Patient Safety Matters'. This monthly newsletter is aimed at keeping doctors in our trust up to date with national and local safety issues. We will also let you know how and when to get involved.

What is patient safety?

The World Health Organisation gives the following definition:

Patient safety is a fundamental principle of health care. Every point in the process of care-giving contains a certain degree of inherent unsafety.

Adverse events may result from problems in practice, products, procedures or systems. Patient safety improvements demand a complex system-wide effort, involving a wide range of actions in performance improvement, environmental safety and risk management, including infection control, safe use of medicines, equipment safety, safe clinical practice and safe environment of care.

Every member of staff in our trust should be aware and involved in patient safety. Bruce Keogh had the following to say about junior doctors and patient safety:

"Junior doctors……have penetrating insight into how things really work – where the frustrations and inefficiencies lie, where the safety threats lurk and how quality of clinical care can be improved"

We are all busy and it can be difficult to keep up-to-date; through this newsletter we plan to provide you with what you need to know in an interesting and engaging format.

Sign up to Safety campaign
https://www.england.nhs.uk/signuptosafety/
Subscribe to the mailing list for regular updates.

63% of doctors have not used the Prevention of Contrast Nephropathy Guidelines, available on the intranet.

"Day of admission appears to have little impact on mortality in the acute hospitals"

Trust Mortality Review report Oct 2015

Top 10 Causes of Death

1 Pneumonia
2 Cancer
3 Heart Failure
4 GI
5 Sepsis
6 Stroke
7 Multi Organ Failure
8 Intracranial haemorrhage
9 Renal failure/AKI
10 Other respiratory

Trust Mortality Review report Oct 2015

Royal College of Physicians

"Handover, particularly of temporary 'on-call' responsibility, has been identified as a point at which errors are likely to occur."

Search 'RCP handover' for more information

PHARMACY UPDATE

Penicillin allergy – We are continuing to see patients with documented penicillin allergy being prescribed penicillin containing antibiotics. Please be aware and check with the patient and on the drug chart/CPD before prescribing any medication, but especially penicillins.

Individual incidents to learn from: A patient was recently prescribed Dalteparin 12,500units and Dalteparin 5000units together for 4 days. The Dalteparin (12,500 units) was only prescribed on the chart and no green chart was filled in. The patient's platelet count was 19.

Helen Holdsworth, Deputy Chief Pharmacist (Helen.holdsworth@york.nhs.uk)

DRUG SAFETY ALERTS

from the MHRA/NHS ENGLAND

• **Nicorandil can cause serious skin, mucosal, and eye ulceration, including gastrointestinal ulcers which may progress to perforation, haemorrhage, fistula, or abscess**

• Use nicorandil for treatment of stable angina only in patients whose angina is inadequately controlled by first line anti-anginal therapies, or who have a contraindication or intolerance to first line anti-anginal therapies such as beta-blockers or calcium antagonists.

• Stop nicorandil treatment if ulceration occurs—consider the need for alternative treatment or specialist advice if angina symptoms worsen.

Spironolactone and renin-angiotensin system drugs: risk of fatal hyperkalaemia

Monitoring of blood electrolytes is essential in patients co-prescribed a potassium-sparing diuretic and an angiotensin converting enzyme inhibitor (ACEi) or an angiotensin receptor blocker (ARB) for heart failure.

Reminder for healthcare professionals:

- Concomitant use of spironolactone with ACEi or ARB is not routinely recommended because of the risks of severe hyperkalaemia, particularly in patients with marked renal impairment.
- Use the lowest effective doses of spironolactone and ACEi or ARB if co-administration is considered essential.
- Regularly monitor serum potassium levels and renal function.
- Interrupt or discontinue treatment in the event of hyperkalaemia.

Risk of severe harm/death if Desmopressin is omitted in patients with cranial diabetes inspidus

This was issued following 56 reports to NHS England, 4 of which resulted in severe dehydration or death due to omission of desmopressin for cranial diabetes insipidus.

Within the trust we've had one reported incident where a patient missed 3 days of desmopressin which led to urinary incontinence, hypernatraemia (155) and delayed discharge.

If you have a patient on Desmopressin for cranial diabetes insipidus please highlight it as a critical drug and ensure nursing staff are aware of the importance of not omitting this medication.

Visit https://www.gov.uk/drug-safety-update for more information and updates

Yellow Card

The Yellow Card Scheme is vital in helping the Medicines and Healthcare products Regulatory Agency (MHRA) monitor the safety of all healthcare products in the UK to ensure they are acceptably safe for patients and users.

Visit **yellowcard.mhra.gov.uk** for more information

QUALITY IMPROVEMENT

Congratulations to Karen Lau (FY2), Stefin Babu Joseph (FY2) and Rashed Hossain (REG) who have had their Nasogastric Tube project accepted by the International Forum on Quality and Safety conference. They undertook this project in association with the Junior Doctor Safety Improvement Group.

The conference will be a fantastic learning experience with key patient safety experts including Charles Vincent and Don Berwick giving presentations.

We are keen to support you if you have project ideas. Get involved and you could be presenting at a local, national or international conference!

Improvement Academy

The Improvement Academy is funded by the Yorkshire and Humber Academic Health Science Network (AHSN). There are 15 national AHSNs which were created in May 2013 following a Lord Darzi report in 2008 which recognised the need for commitment to continuous improvement in the quality of care provided for patients in the NHS. The AHSNs purpose is to create and harness a strong, purposeful partnership between patients, health services, industry, and academia to achieve a significant improvement in the health of the population. They will support knowledge exchange networks to build alliances across internal and external networks and actively share best practice. All NHS organisations in the Yorkshire and Humber are members of the AHSN and therefore have access to the support, training and resources provided by the Improvement Academy.

- **Visit www.improvementacademy.org for more information**
- **There are free online courses for quality improvement**
- **The academy hosts free courses and seminars – check out the website!**

Not sure where to start or how to carry out an improvement project?

Complete the Improvement Academy's free online 'Bronze Improvement Training' package.

Upload your certificate to your portfolio.

Visit www.improvement-academy.co.uk

Recent Project: Prevention of Contrast Nephropathy Guidelines

A guideline for the prevention of contrast nephropathy is available on the trust intranet (Staff Room).

63% haven't used the guideline before.

Of those who used the guideline :

38% found it easy to follow and 18% found it easy to locate.

85% of responders would like a summary of the guideline to be available on intranet.

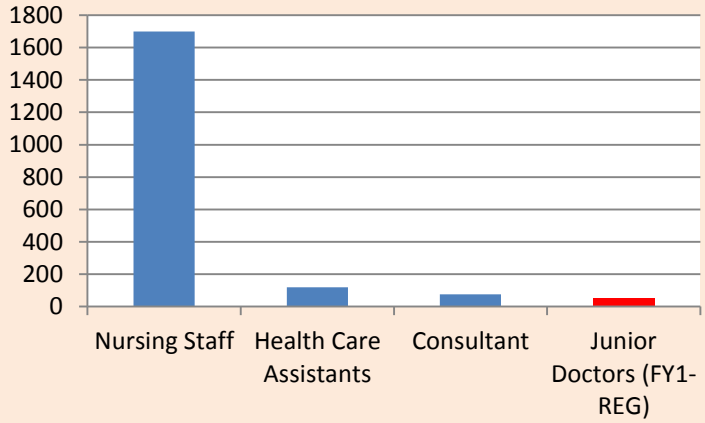
Shahd Ahmed (FY2) and **Tawassal** Riaz (FY2), at Scarborough Hospital, are working with the renal team to formulate an improvement strategy.

REPORTING

Incident reporting is a vital tool for collecting information about unintended or unexpected events which could have or did lead to harm for one or more patients.[1] It goes without saying that simply collecting this information will not improve patient safety or reduce incidents but can provide fuel for change.

Although junior doctors may be aware of and reflect on patient safety issues national and international research has shown that they do not often formally report.[2] Graph 1 shows incident reporting among junior doctors at York Teaching Hospital Foundation Trust (York and Scarborough Hospital) over a three month period. Reporting among a selection of other healthcare professionals has been included for comparison. **We are currently working on strategies to improve reporting among junior doctors and remove barriers. We will be providing some feedback on trends through this newsletter. Please get in touch with ideas! (PatientSafetyMatters@york.nhs.uk)**

Graph 1 - Incident Reports Completed Over 3 Months (York and Scarborough)



1. The National Patient Safety Agency (2004) Seven steps to patient safety: An overview guide for NHS staff. NPSA, London. 2 Hooper, Kocman, Carr, Tarrant (2015) Junior doctors' views on reporting concerns about patient safety: a qualitative study. Postgraduate Medical Journal 2015;91:251-256

William Lea, Jo Nelson-Smith, Helen Chiplin

GROUP REPRESENTATION

Attending a trust working group can be a **daunting proposition**. We are working to **empower** and **support** juniors to attend and **contribute** to meetings. Junior doctors and groups will benefit! The following groups are looking for junior representation:

- **DNACPR**
- **EPMA (Electronic Prescribing)**
- **HIPCG (Infection Prevention)**
- **MSG (Medication Safety Group)**
- **MERG (Medicine errors review group)**
- **Sepsis**
- **Deteriorating Patient Group**

Contact us for more information or if you want to get involved.

EDITORIAL TEAM

William Lea, Diane Palmer (Patient Safety), Helen Holdsworth (Pharmacy), Donald Richardson (Quality Improvement), Liz Jackson (Patient Safety), Elaine Vinter (Media & Communications)

Email PatientSafetyMatters@york.nhs.uk if you have any comments or would like to contribute.

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors - 30 March 2016

Chief Nurse Report – Quality of Care

Action requested/recommendation

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

Summary

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

The nursing and midwifery strategy has four main focus areas:

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

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

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	March 2016
Version number	1

Board of Directors - 30 March 2016

Chief Nurse Report – Quality of Care

1. Background

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

The nursing and midwifery strategy has four main focus areas:

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

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

2. Patient Safety

2.1 Nursing and Midwifery Staffing

At the end of February 2016, the registered nurse vacant posts for adult inpatient areas was 128.11fte with 59.73 fte vacant HCA posts. Of these, 66fte RN posts and 32.67fte HCA posts have been recruited to and the individuals will commence in post over the coming months. This leaves an unfilled RN vacancy position of 62.11fte and 27.06fte HCAs within the inpatient areas across the Trust.

Recruitment of Nurses, Midwives and Healthcare Assistants is continuing through the Trust. 35 European nurses will have commenced in employment. A further 8 European nurses are due to commence during April and early May 2016. The Trust continues to supported these nurses with their arrival and induction into the Trust. Further EU interviews are scheduled to take place on 5th April 2016.

Sitting alongside the European recruitment is the campaign to attract final year nursing students to apply for Staff nurse positions with the Trust, with a view to commencing in employment in August/September 2016. During February, the Trust has offered 38 final year nursing students posts across the Trust. Further interviews are taking place mid to late March 2016. The Trust attended the University of York recruitment fair on 14th March 2016 and will be interviewing for applicants from this event during week commencing 4th April, and also offering evening and weekend interviews.

The Trust will be holding a Recruitment Market Place on Saturday 23rd April, in the main entrance of the York hospital to advertise nursing and healthcare assistant vacancies, alongside other vacancies across all staff groups. Arrangements are being made for interviews to be held for registered nurse posts. The Trust will also be attending recruitment fairs in June and July at other universities.
The Band 3 Healthcare Assistants commenced in post on 29th February 2016 and commenced a two week development programme, followed by a supernumerary period.

During February, 47 individuals were considered appointable for Band 2 Healthcare Assistant posts within the organisation. Work is now underway to allocate these individuals to clinical areas, with a view to their commencement during April and May 2016.

Given the increasing complexity around effective and efficient use of our workforce and the external scrutiny of agency use; from April 1st a senior nurse will be deployed to work with the bank and e-roster teams. Initially they will undertake a scoping exercise to identify priorities and develop a work-plan to address risks. Both the Chief Nurse team and the workforce team welcome this post which will initially be a project post.

The Safer Staffing return for March 2016 is detailed in a separate paper.

2.2 Infection Prevention & Control

As the committee are aware the Infection Prevention Team underwent a governance review in 2015, revised governance, reporting and escalation structures are now place. These aim to secure improved ownership and responsibility for infection prevention from ward to Board through performance reporting, risk identification and mitigation, action planning and effective use of lessons learnt.

Directorate and ward specific IP performance dashboards are presented and discussed at Performance Assurance meetings by the Director of Infection Prevention and Control.

Healthcare Associated Infection (HCAI)

MRSA bacteraemia incidence is now at 8 with the last case occurring in February, despite in depth post infection reviews, no particular theme has been identified with regard to cause and effect making it difficult when trying to develop mitigation, action and response. The Infection Prevention Team continues to discuss case outcomes with senior nursing staff at PNLF, support Statutory and Mandatory training and deliver ward based teaching. An audit of compliance with Aseptic Non Touch Technique is currently being undertaken.

Work is in place to improve access to screening and treatment resources to improve compliance in acute admission areas. The Trust average screening compliance for the year is 74%, areas of low compliance will be identified and support offered to improve screening practice.

Emergency MRSA screening compliance

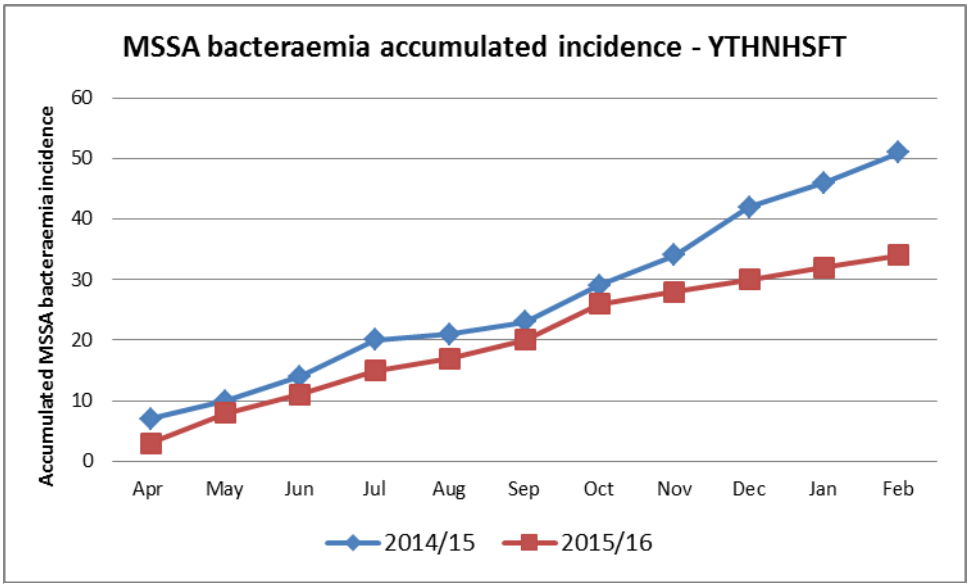
Month	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Year average
Trust average	62%	70%	66%	75%	76%	74%	72%	77%	80%	80%	79%	74%

MSSA bacteraemia incidence remains below that of 2014/15 for the year to date.

The incidence of MSSA continues to reduce placing the Trust 4 cases above trajectory and more in line with the national mean.

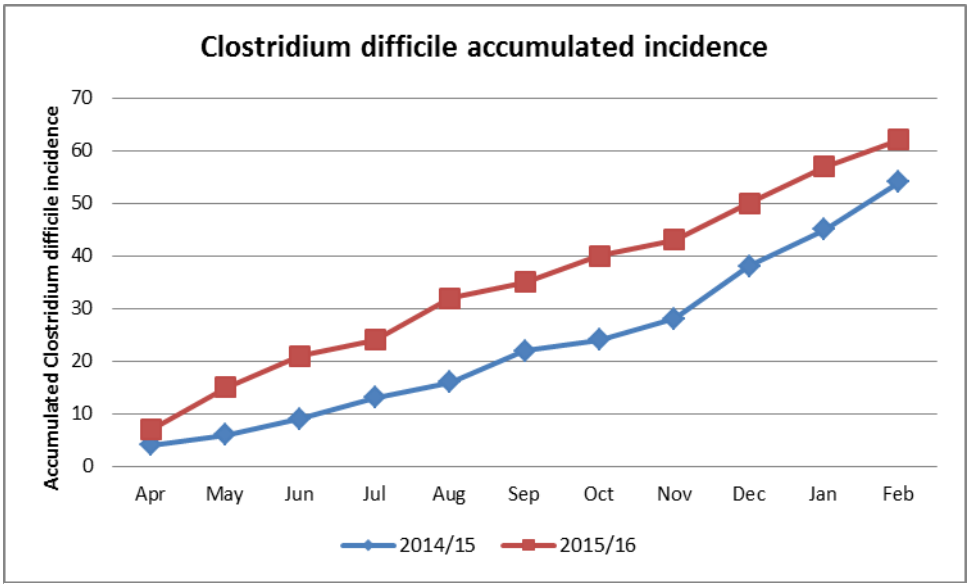
MSSA bacteraemia	2014/15 (accumulated)	2015/16 (accumulated)
Apr	7	3
May	10	8
Jun	14	11

MSSA bacteraemia	2014/15 (accumulated)	2015/16 (accumulated)
Jul	20	15
Aug	21	17
Sept	23	20
Oct	29	26
Nov	34	28
Dec	42	30
Jan	46	32
Feb	51	34



Clostridium difficile (Cdiff) incidence continues to increase regionally and nationally. Post Infection review and antimicrobial compliance audit highlight that prescribing in line with formulary continues to improve but due to the acute nature of illness particularly amongst the elderly, the need for essential antimicrobial therapy leads to sporadic cases in a population that naturally carries C.diff as part of their normal bowel flora. There have been 2 clusters of this infection over the last quarter on wards 11 and ASU. There were no issues highlighted on Ward 11, the ASU investigation is on-going. There have been 15 cases where no `lapses in care` have occurred; these have been agreed with Commissioners meaning no financial penalty will be incurred. Further cases are to be reviewed.

CDI toxin positive	2014/15 (accumulated)	2015/16 (accumulated)
Apr	4	7
May	6	15
Jun	9	21
Jul	13	24
Aug	16	32
Sept	22	35
Oct	24	40
Nov	28	43
Dec	38	50
Jan	45	57
Feb	54	63 (15 no lapses in care)



Norovirus

There have been 23 ward closures due to Norovirus across the Trust this season. Most ward closure occurred in October and February - 8 wards were closed during October and 9 were closed during February.

Influenza

There was one outbreak of influenza on Beech Ward in January.
Trust-wide a total of 48 patients have been admitted up to 8th March 16.
Seasonal Influenza incidence has highlighted significant gaps in the number of staff vaccinated and that are fit tested in front line areas with the right knowledge to ensure proper use of respiratory protective equipment. A multidisciplinary working group comprising Health and Safety, Occupational Health, Procurement and IP has been established to develop a strategy aimed at ensuring sufficient numbers of trained and fit tested staff supported by e-learning/Stat and Mand training and budgetary support to ensure adequate supplies of PPE managed by frontline clinical/nurse leads.

A national 2016/17 CQUIN requires providers to achieve an uptake of flu vaccination by frontline clinical staff of 75%

Antimicrobial Stewardship

The 'pip-taz hotline' which enables medical and nursing staff to inform the antimicrobial team of patients prescribed piperacillin-tazobactam is now up and running. This facilitates review of such prescriptions and some can then be de-escalated to narrower spectrum antibiotics. Compliance with the local CQUIN for antimicrobial prescribing is currently exceeding the target set by our commissioners.

Prompt submission of appropriate clinical samples requires improvement in order to inform correct antimicrobial choice and IV to oral switch. Staff are advised of this at PIR and at all IP education opportunities.

Surgical Site Infection

A meeting was held on the 02/02/2016 to review an increase in the number of patients readmitted to Holly Ward at Scarborough Hospital with deep joint replacement infections. The patients had all

had their surgery at Bridlington Hospital. This increase was reported by the Orthopaedic Surgeons who identified six readmissions with deep joint replacement infections. Prior to this observation, the presence of joint replacement infection was rare. The cases which have been identified were spread across four Consultants and the samples obtained from the six patients were different organisms with no common source of infection identified. All case notes and the Orthopaedic pathway are being reviewed

Environment and Decontamination

The Trust Infection Prevention Steering Group has instructed the multidisciplinary group set up in 2014 to develop and deliver the decant programme for pro-active deep clean, HPV disinfection and refurbishment to be reconvened with the aim of having a programme in place by late spring 2016.

2.3 Maternity dashboard

Major PPH (Postpartum haemorrhage of more than or equal to 1.5 litres) is higher than we expect at York site and coded red on the York maternity dashboard.

An audit of cases from July to December 2015 (50 cases) has been undertaken with the results presented at the Clinical Governance meeting on Friday 12th February 2016.

The audit has shown that 89% of women had ≥ 1 major risk factor for PPH and 96% of women had ≥ 1 major or minor risk factor.

Recommendations are;

- improved recognition of risk factors and appropriate proactive use of drugs to prevent major haemorrhage for women with ≥ 1 major or ≥ 2 minor risk factors
- optimise haemoglobin level in pregnancy (treatment of anaemia)
- review of current oxytocic drugs used following birth.
- regular emergency skills drills on Labour ward
- improve documentation using PPH proforma

A sticker has been developed to document risk factors in labour and identify action to be taken.

Regional maternity dashboard

The first quarter of data has been published by the Yorkshire and Humber Strategic Clinical Network.
PPH (≥ 1.5 litres) regional average is 2.2% (range 0.1% to 4.2%)
York Trust 2.4% (Scarborough 1%, York site 3%)

2.4 Better Births

The Better Births report was published 23 February 2016 *(NHS England national review of maternity services led by Baroness Cumberlege*). The report sets out a vision for maternity services around planning, design and safe delivery of services; how women, babies and families will be able to get the type of care they want and staff supported to deliver such care. A full review of this report is currently being undertaken by York Trust Maternity services and will reported to the Trust Board in April 2016.

2.5 Medicines Management

Medicines administration charts for District Nursing and Community Response Teams have now been rolled out with a programme of training attached to them. The charts are standard across the Trust (where previously there were four different charts in use) and have been developed to

promote safety and help reduce medicine errors.

Annual self-declarations of competence are now being received from our non-medical Prescribers (NMPs) and reviewed by the team. The deadline for submission is 31st March. We currently have 170 NMPs across the Trust and a further 40 staff in training.

The team continue to support colleagues with on-going work streams and training to promote safe medicines management and development of new roles and ways of working. Examples of this include supporting the development of band 4 roles and the organisation of CPD days for our NMPs.

3. Effectiveness

3.1 Nursing Dashboards

The nursing dashboard continues to be populated each month and will be developed further in the next few months to include additional metrics. The site level nursing dashboards for Bridlington, Scarborough, York are attached at appendix 1. At the present time, following the change to the reporting system for complaints, it is not possible to provide the complaints data. However this is being rectified and will be incorporated into the dashboard as soon as possible.

4. Patient Experience

4.1 End of Life Care Report

The Trust's End of Life Care Annual Report is provided in a separate paper.

4.2 In-Patient Survey

The national in-patient survey report is provided in a separate paper.

4.3 Friend and Family Test Results

The Trust continues to meet our target for 90% of patients to recommend the Trust. The inpatient and ED response rate for January 2016 is 23.6%, the highest since the end of 2014/15 when CQUIN payments were linked to response rates and up 9.6% on December 2015. The ED response rates are significantly up at both York (16%) and Scarborough (10%). (National average = 12.9%).

4.4 Complaints

New reports to Patient Experience Steering Group are giving additional insight into themes and trends by subject and directorate. Both quantitative and qualitative information is included. The next step is to renew the complaints section of the Board report to provide additional insight and assurance.

4.5 PALS

The Task and Finish Group met in February to review the current service, and identify how to develop it for the future to better meet patient needs. Action plan agreed to help the service become more visible, accessible and responsive.

4.6 Volunteering
The committee are aware that the volunteering service transferred to the Patient Experience Team last year in order to develop the service. A dedicated manager will be in place to support the development of the volunteering service from 1 April. Recent months have seen a focus on reducing time from application to placement and to ensure that all active volunteers are registered and have up-to-date ID and DBS checks. A review of induction and mandatory training is underway, with safeguarding training being the first priority. Volunteers have, this month, all received communications to ensure they know who to contact should they wish to raise a safeguarding concern.

5. Recommendation
The Committee is asked to note the Chief Nurse Report for March 2016.

Author	**Beverley Geary, Chief Nurse**
Owner	**Beverley Geary, Chief Nurse**
Date	**March 2016**

Appendix 1

Nursing Dashboard - Trustwide

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - New PU			192	24	21	15	16	19	19	13	18	16	15	16
		Cat 4	No. of Patients (PP)	Safety Thermometer - New PU			5	0	0	0	0	2	0	1	0	0	0	2
		Cat 3	No. of Patients (PP)	Safety Thermometer - New PU			30	3	4	2	1	3	2	2	4	3	1	5
		Cat 2	No. of Patients (PP)	Safety Thermometer - New PU			110	14	14	10	12	11	9	4	12	9	8	7
		Unstageable	No. of Patients (PP)	Safety Thermometer - New PU			46	6	3	3	3	3	8	6	2	4	6	2
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - New PU			1	1	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	SafetyThermometer - FALLS			348	17	29	33	41	33	36	31	33	31	28	36
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	SafetyThermometer - FALLS			20	4	8	2	0	0	1	1	4	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	afetyThermometer - CQUIN HARM FREE	95%	Red		94.39	92.99	94.37	90.70	94.06	94.23	95	94.28	92.79	94.4	95.99
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - UTI - NEW UTI			236	19	29	26	20	20	24	23	17	21	20	17
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	tyThermometer - OMITTED CRITICAL MEDS			159	17	16	7	18	16	17	9	12	10	19	18
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type			26	1	3	5	3	2	1	4	3	3	1	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type			30	5	6	3	2	1	1	2	2	3	2	3
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE Treatment Type			11	1	2	1	1	3	1	0	0	1	0	1
Workforce	Vacancies	Inpatient area vacancies - RN (month end)	Number	CN Team				85.52	85.38	56.29	86.97	103.84	128.47	101.2	92.06	106.67	79.96	63.13
		Inpatient area vacancies - HCA (month end)	Number	CN Team				25.31	19.81	13.11	9.41	13.83	17.8	16.53	-7.58	11.87	34.87	25.86
	Turnover	Registered Nurses	%	Workforce Info				12.54%	10.36%	11.10%	11.21%	11.63%	12.33%	11.53%	12.24%	11.68%	11.83%	14.10%
		Healthcare Assistants	%	Workforce Info				18.52%	15.14%	10.89%	11.78%	12.31%	12.15%	12.23%	12.01%	12.24%	10.06%	13.23%
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				4.33%	3.75%	4.01%	4.35%	3.76%	3.82%	5.17%	4.37%	4.64%	4.64%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green		100.03%	94.85%	93.39%	93.95%	91.31%	91.70%	92.80%	92.00%	91.20%	90.40%	92.80%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Red		113.16%	108.27%	95.96%	95.93%	96.67%	88.60%	93.50%	95.40%	88.90%	89.70%	91.10%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green		93.69%	93.07%	103.03%	100.85%	100.10%	98.50%	96.70%	100.70%	93.70%	98.00%	96.30%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red		105.22%	107.02%	107.16%	106.51%	104.03%	100.60%	109.30%	104.50%	114.20%	115.00%	110.70%
	Bank & Agency	Overall Fill Rate	%	Workforce Info				74.53%	77.12%	82.24%	87.38%	80.29%	74.26%	77.55%	77.04%	70.76%	79.40%	75.30%
		Bank Fill Rate RN	%	Workforce Info				32.41%	29.43%	31.93%	29.66%	28.35%	29.14%	43.74%	36.98%	36.20%	46.38%	42.94%
		Bank Fill Rate HCA	%	Workforce Info				41.13%	38.24%	39.74%	43.07%	51.09%	56.02%	51.13%	53.85%	52.56%	67.07%	60.31%
		Bank - RN Hours filled	Number of Hours	Workforce Info				7,578	8,501	8,192	8,167	8,480	8,868	9,468	10,100	10,499	14,508	14,266
		Bank - HCA Hours filled	Number of Hours	Workforce Info				8,542	9,158	9,178	10,372	9,616	9,089	9,508	10,711	11,161	13,716	13,879
		Agency Fill Rate RN	%	Workforce Info				34.39%	39.85%	43.64%	54.73%	48.66%	42.01%	34.12%	40.36%	32.56%	30.26%	29.82%
		Agency Fill Rate HCA	%	Workforce Info				42.11%	48.48%	49.73%	47.72%	34.40%	23.35%	26.06%	22.78%	20.93%	16.55%	18.66%
		Agency - RN Hours filled	Number of Hours	Workforce Info				8,043	11,512	11,199	15,068	14,553	12,783	7,379	11,021	9,444	9,465	9,905
		Agency - HCA Hours filled	Number of Hours	Workforce Info				8,746	11,604	11,419	11,494	6,476	3,789	4,847	4,530	4,444	3,385	4,295
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	Red	8.00	2	2	2	0	0	0	0	0	0	1	1
		MRSA Screening - Elective	Compliance %	Signal	95%	Red		91.96	93.24	93.34	92.35	94.64	94.64	95.73	94.58	89.81	79.17	79.17
		MRSA Screening - Non-Elective	Compliance %	Signal	95%	Red		77.14	78.32	79.96	80.16	81.53	79.98	79.47	83.55	79.96	79.82	79.89
	C.Difficile	C Dif Toxin Trust Attributed	Cummulative	IC Team	48	Red	62.00	7	8	6	3	8	3	5	2	8	7	5
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	<30	Red	34.00	3	5	3	4	2	3	6	2	2	2	2
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			89.00	8	8	8	4	6	6	6	3	14	11	15
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Amber		91%	92%	93%	94.6	94%	94%	94%	94.93	94	94	94

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Goverance Team				5	14	12	20	11	16	21	19	12	11	27
	Critical Incidents	CI's reported	Number	Datix - Healthcare Goverance Team				4	5	2	10	7	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Goverance Team				0	0	1	0	0	0	0	0	0	0	1
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.15%	96.81%	95.91%	96.14%	97.01%	96.51	96.98	95.46	95.26	96	*Not Yet Available
			%Not Recommend	Signal				1.55%	0.95%	1.38%	0.92%	0.75%	0.9	0.88	1.26	1.83	1.19	*Not Yet Available
		A&E Friends and Family Test	% Recommend	Signal				79.58%	80.38%	82.12%	85.05%	85.09%	81.49	78.34	76.1	85.61	83.31	*Not Yet Available
			% Not Recommend	Signal				14.83%	14.56%	12.04%	9.43%	10.83%	12.77	13.75	16.9	8.7	11.36	*Not Yet Available
		Maternity (Ante Natal)	% Recommend	Signal				93.20%	90.99%	96.64%	96.90%	96.08%	96.46	95.6	100	97.22	99.01	*Not Yet Available
			% Not Recommend	Signal				0.97%	1.80%	0.00%	0.00%	0.00%	1.7	1.1	0	0	0	*Not Yet Available
		Labour & Birth	% Recommend	Signal				95.20%	98.04%	100.00%	97.60%	94.90%	98.76	95.5	93.75	98.97	98.75	*Not Yet Available
			% Not Recommend	Signal				0.80%	0.98%	0.00%	0.80%	1.02%	0	0.9	6.25	0	0	*Not Yet Available
		Maternity (Post Natal)	% Recommend	Signal				94.00%	96.59%	99.03%	95.79%	94.09%	98.37	95.6	100	0	100	*Not Yet Available
			% Not Recommend	Signal				3.00%	1.14%	0.00%	0.00%	2.33%	1.62	1.1	0	0	0	*Not Yet Available
		Community Post Natal	% Recommend	Signal				100.00%	98.51%	98.82%	100.00%	98.44%	100	95.66	100	94.44	98.31	*Not Yet Available
			% Not Recommend	Signal				0.00%	1.49%	0.00%	0.00%	0.00%	0	2.59	0	5.56	1.69	*Not Yet Available
	Complaints	Complaints Total	Number	PE Team				22	25	12	17	8	20	42	*Not Yet Available	*Not Yet Available	*Not Yet Available	*Not Yet Available
		Staff Attitude	Number	PE Team				1	1	2	3	2	6	7	*Not Yet Available	*Not Yet Available	*Not Yet Available	*Not Yet Available
		Patient Care	Number	PE Team				14	14	6	7	3	6	6	*Not Yet Available	*Not Yet Available	*Not Yet Available	*Not Yet Available
		Communication	Number	PE Team				7	10	4	7	3	8	5	*Not Yet Available	*Not Yet Available	*Not Yet Available	*Not Yet Available

Nursing Dashboard - York

York Teaching Hospital NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU				9	3	2	3	1	2	3	1	8	2	4
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	1	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU				1	1	0	0	0	0	0	0	1	0	0
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU				0	2	2	2	1	2	0	1	5	1	3
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU				2	0	0	1	0	0	2	0	2	1	1
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU				0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS				23	14	10	11	18	18	16	18	23	18	18
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS				2	0	1	0	0	0	1	2	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%			94.03	94.34	94.33	95.03	95.03	95.1	95.22%	95.09%	93.73	95.66	96.33
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS				5	10	9	8	7	11	3	7	11	3	9
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS				7	9	4	6	1	9	6	6	3	9	10
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				0	2	1	1	0	1	3	2	3	0	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE				2	3	1	0	0	0	1	0	2	2	2
	VTE Other	VTE Other		Safety Thermometer - VTE TREATMENT TYPE				0	0	0	0	0	0	0	0	0	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team				42.82	47.63	33.82	42.64	64.20	61.66	53.78	42.13	64.31	43.71	39.95
		Inpatient area vacancies - HCA	Number	CN Team				12.04	4.88	5.00	10.53	13.66	24.43	23.29	-0.10	10.05	20.33	26.87
	Sickness	Sickness (In Patient Areas)	%	Workforce Info				2.92%	3.70%	3.28%	2.55%	3.11%	3.43%	4.47%	3.96%	3.74%	3.99%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			89.40%	86.00	88.90	90.80	87.60	85.4	85.8	90.3	88	88.9	88.7
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			110.80%	108.40	97.00	95.60	93.70	94.3	94.3	96.6	94.5	93.7	94.2
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			96.60%	104.30	114.50	115.20	104.40	99.5	100	95.4	93.5	95.6	92.4
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			106.80%	116.40	114.73	120.10	103.00	108.7	109.1	104.6	101.1	109.1	103.7
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info					25.90	27.70	25.90	20.62	29.2	27.94	31.9	32.55	33.7	39.2
	Agency Fill Rate	Fill Rate	%	Workforce Info					62.40	67.00	62.70	63.11	44.9	43.31	43.1	38.69	42.4	33.0
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0		2	1	0	0	0	0	0	0	0	0	0	1
		MRSA Screening - Elective	Compliance %	Signal	95%			95.90%	97.03%	96.71%	95.10%	97.00%	97.20%	96.61%	97.05%	94.93%	75.94%	70.54%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			73.40%	74.89%	77.19%	78.95%	79.87%	78.21%	84.44%	79.89%	85.28%	79.09%	74.85%
	C.Difficile	C Diff Toxin Trust Attributed	Cummulative	IC Team	59		37	7	2	2	0	3	2	4	3	5	5	4
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	29		18	2	2	2	3	0	1	5	0	1	0	2
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			44	6	2	4	1	4	2	3	4	4	4	10
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%		9	95.00%	95.00%	97.00%	95.00%	95.00%	96.00%	97.00%	94.00%	95.00%	* not yet available	* not yet available
	Matron Environmental Audits	Environmental Audits	Compliance %	IC Team	95%		9	90.00%	90.00%	90.00%	92.00%	97.00%	95.00%	95.00%	95.00%	95.00%	* not yet available	* not yet available
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance				0	4	9	10	4	6	13	9	5	2	12
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance				2	2	1	4	0	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Governance				0	0	1	0	0	0	0	0	0	0	1
Patient Experience	Friends and Family	Inpatient Friends & Family Test	%Recommend	Signal				95.17	96.26	95.95	95.84	97.53	95.98	96.25	94.96	94.43	94.69	* not yet available
			%Not Recommend	Signal				2.24	1.13	1.79	0.93	0.75	1.00	1.12	1.60	2.46	1.53	* not yet available
		A&E Friends and Family Test	% Recommend	Signal				79.81	82.42	82.08	86.78	86.84	82.20	79.35	74.50	86.57	83.70	* not yet available
			% Not Recommend	Signal				14.42	12.53	12.92	8.06	8.92	12.43	12.83	18.30	7.09	11.28	* not yet available
		Maternity (Ante Natal)	% Recommend	Signal				100.00	85.00	95.18	97.87	93.93	96.24	89.79	100.00	93.75	97.80	* not yet available
			% Not Recommend	Signal				0.00	15.00	0.00	0.00	0.00	3.17	1.09	0.00	0.00	--	* not yet available
		Birth	% Recommend	Signal				84.18	21.20	21.10	98.00	98.00	98.80	98.80	91.67	98.80	98.80	* not yet available
			% Not Recommend	Signal				0.00	0.00	0.00	0.00	0.00	0.00	0.90	0.00	0.00	--	* not yet available
		Maternity (Post Natal)	% Recommend	Signal				--	15.18	20.08	100.00	100.00	97.06	98.00	100.00	100.00	100.00	* not yet available
			% Not Recommend	Signal				--	0.40	0.00	0.00	0.00	1.47	1.09	0.00	0.00	--	* not yet available
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints- Total	Number	PE Team				9	17	10	6	5	9	24	*	*	* not yet available	* not yet available
		Staff Attitude	Number	PE Team				0	0	1	1	1	3	2	*	*	* not yet available	* not yet available
		Patient Care	Number	PE Team				3	9	5	2	2	2	4	*	*	* not yet available	* not yet available
		Communication	Number	PE Team				6	8	4	3	2	3	5	*	*	* not yet available	* not yet available

Nursing Dashboard - Scarborough

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Patient Safety	Pressure Ulcers	PURP Overall	No. of Patients (PP)	Safety Thermometer - NEW PU			4	1	4	3	4	4	1	3	5	1	2
		Cat 4	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0
		Cat 3	No. of Patients (PP)	Safety Thermometer - NEW PU			1	0	0	0	1	0	0	0	0	0	1
		Cat 2	No. of Patients (PP)	Safety Thermometer - NEW PU			3	1	2	2	2	2	1	3	3	1	1
		Unstageable	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	2	1	1	2	0	0	2	0	0
		Deep Tissue Injury	No. of Patients (PP)	Safety Thermometer - NEW PU			0	0	0	0	0	0	0	0	0	0	0
	Falls	Falls	No. of Patients (PP)	Safety Thermometer - FALLS			8	5	2	1	2	4	8	8	8	4	11
		Falls With Harm (Moderate/Severe)	No. of Patients (PP)	Safety Thermometer - FALLS			1	0	0	0	0	0	0	2	0	0	0
	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer - CQUIN HARM FREE %	95%		91.26	92.64	94.77	90.80	90.68	93.89	93.08	91.04	90.2	93.31	95.48
	Catheter acquired UTI	New UTI	No. of Patients (PP)	Safety Thermometer - CQUIN HARMS			8	9	5	11	7	8	11	10	11	9	3
	Critical Missed Meds	Critical Missed Meds	No. of Patients (PP)	Safety Thermometer - OMITTED CRITICAL MEDS			9	3	3	7	10	3	2	4	7	6	10
	Deep Vein Thrombosis	New DVT	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			0	0	0	1	1	0	0	1	0	1	0
	Pulmonary Embolism	New PE	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	1	0	1	0	1	1	1	1	0	0
	VTE Other	VTE Other	No. of Patients (PP)	Safety Thermometer - VTE TREATMENT TYPE			1	1	0	1	0	0	0	0	1	0	0
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			33.04	24.91	20.30	28.20	25.45	31.15	30.57	36.66	26.93	23.93	21.43
		Inpatient area vacancies - HCA	Number	CN Team			10.25	11.90	5.83	0.00	3.98	-8.56	-6.86	-11.24	-3.69	0.75	-4.95
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			3.57%	5.55%	4.58%	5.15%	4.98%	5.16%	4.61%	5.08%	6.67%	6.46%	
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		81.30%	78.20%	85.70%	86.80%	81.50	80.5	81.7	83.8	87.5	88.6	83.7
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		94.30%	92.50%	93.30%	93.50%	90.00	89.8	92.3	104.6	102.5	92.6	91.8
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		99.30%	95.00%	109.80%	112.00%	113.20	109.4	109.2	94.1	90.8	104.9	100.6
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		119.50%	117.80%	120.20%	115.40%	119.50	105.9	108.8	108.4	108.8	113.5	118.9
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				45.70%	52.60%	51.00%	48.64%	51.80%	59.40%	62.00%	57.17%	73.70%	65.80%
	Agency Fill Rate	Fill Rate	%	Workforce Info				28.00%	30.00%	33.30%	27.72%	22.70%	19.40%	18.70%	14.63%	11.30%	11.20%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	3	0	1	2	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%		76.22	87.01	84.42	91.18	95.31	88.89	95.92	92.36	74.38	66.67	50
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		95.66	96.59	94.30	89.44	89.93	95.76	90.32	91.55	95.59	97.46	86.47
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48	15	0	6	3	2	0	1	0	0	2	1	0
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	<30	14	1	3	1	1	0	2	1	2	1	2	0
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team		37	2	6	3	3	0	4	3	4	3	6	3
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%		86.00%	86.00%	91.00%	92.00%	92.00%	98.05%	93.65%	95.26%	93.26%	*not yet available	*not yet available
	Matron Environmental Audits	Environmental Audits	Compliance %	IC Team	95%		94.00%	95.00%	95.46%	94.00%	86.00%	91.00%	95.68%	97.00%	93.50%	*not yet available	*not yet available
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			1	5	3	6	2	4	4	6	4	6	9
	Critical Incidents	CI's reported	Number	Datix - Healthcare Governance			2	2	1	5	1	0	0	0	0	0	0
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0	0
Patient Experience	Friends and Family Test	Inpatient Friends and Family Test	%Recommend	Signal			96.81	96.07	94.78	95.74	95.02	96.61	97.81	95.00	95.32	97.38	*not yet available
			%Not Recommend	Signal			0.87	1.59	0.26	1.26	1.39	0.85	0.40	1.00	1.10	0.56	*not yet available
		A&E Friends and Family Test	% Recommend	Signal			78.98	75.14	82.31	79.76	80.12	79.31	71.83	85.10	80.85	81.10	*not yet available
			% Not Recommend	Signal			15.92	19.77	9.52	13.69	16.27	13.79	19.72	9.20	12.77	11.81	*not yet available
		Maternity (Ante Natal)	% Recommend	Signal			100	23.46	21.82	95.34	21.18	98.00	100.00	100.00	100.00	100.00	*not yet available
			% Not Recommend	Signal			0	0.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	*not yet available
		Birth	% Recommend	Signal			97.4	34.78	38.80	96.00	93.75	100.00	100.00	100.00	100.00	98.00	*not yet available
			% Not Recommend	Signal			0	1.74	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	*not yet available
		Maternity (Post Natal)	% Recommend	Signal			94.4	22.70	20.10	100.00	100.00	100.00	96.20	100.00	90.90	97.10	*not yet available
			% Not Recommend	Signal			0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9.10	2.90	*not yet available
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team			11	7	1	11	3	11	13	*	*	*not yet available	*not yet available
		Staff Attitude	Number	PE Team			1	1	0	2	1	3	0	*	*	*not yet available	*not yet available
		Patient Care	Number	PE Team			9	4	1	5	1	4	2	*	*	*not yet available	*not yet available
		Communication	Number	PE Team			1	2	0	4	1	4	5	*	*	*not yet available	*not yet available

York Teaching Hospital NHS
NHS Foundation Trust

Nursing Dashboards

Bridlington Hospital

Produced by the Nursing Workforce Project Team

Date Last Updated: 17/03/2016

Nursing Dashboard
Johnson Ward

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	Cumulative Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Workforce	Establishment	Registered Nurses	wte	Workforce Info	N/A		13.44	13.44	13.44	13.44	13.44	13.44	13.44	13.44	13.44	13.44	13.44
		Healthcare Assistants	wte	Workforce Info	N/A		13.64	13.64	13.64	13.64	13.64	13.64	13.64	13.64	13.64	13.64	13.64
	Staff in Post	Registered Nurses	wte	Workforce Info	N/A		9.96	9.76	9.76	8.76	9.76	9.76	9.76	9.76	9.76	11.56	11.56
		Healthcare Assistants	wte	Workforce Info	N/A		11.96	13.76	13.76	13.56	13.56	13.56	13.56	13.56	13.56	13.56	13.56
	Vacancies	Registered Nurses	wte	Workforce Info	N/A		3.48	3.68	3.68	4.68	3.68	3.68	3.68	3.68	3.68	1.88	1.88
		Healthcare Assistants	wte	Workforce Info	N/A		1.68	-0.12	-0.12	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08
	Sickness	Registered Nurses	%	Workforce Info	3.1		0.52%	0.00%	1.71%	1.10%	0.00%	1.71%	1.39%	0.00%	0.53%	0.96%	0.00%
		Healthcare Assistants	%	Workforce Info	3.1		17.00%	15.27%	22.08%	25.31%	23.03%	21.88%	15.88%	14.50%	13.51%	11.85%	0.00%
	Maternity Leave	Registered Nurses	%	Workforce Info	N/A		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Healthcare Assistants	%	Workforce Info	N/A		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Statutory & Mandatory Training	Statutory & Mandatory Training	Statutory Training	% compliance	Learning Hub	75%		60.74	64.00	67.69	72.31	77.60	95.24%	78.45%	75.60%	71.08%	72.04%	92.94%
		Mandatory Training	% compliance	Learning Hub	75%		60.07	62.24	63.73	65.19	66.96	95.05%	86.90%	68.95%	99.52%	80.33%	95.18%
Patient Safety	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer	95%		86.98	82.14	87.50	90.00	86.36	90.91%	100.00%	85.19%	85.00%	95.45%	90.91%
	Falls	Falls Total	Number	DATIX		92	3	10	11	5	12	8	12	6	10	7	8
		Falls with Moderate/Severe Harm	Number	DATIX		7	0	1	1	0	2	0	0	0	1	0	2
	New or Deteriorated Pressure Ulcers	Category 1	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Category 2	Number	DATIX		16	1	1	3	1	3	1	0	1	1	2	1
		Category 3	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Category 4	Number	DATIX		1	0	0	0	0	0	1	0	0	0	0	0
		Unstageable	Number	DATIX		2	0	0	0	0	1	0	0	0	0	0	1
Infection Prevention	MRSA	MRSA Bacteraemia	ulative number of pat	IC Team	N/A	1.00	0	1	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%		-	-	-	100.00%	-	-	-	-	-	-	-
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		-	25.00%	66.67%	100.00%	88.89%	83.33%	100.00%	83.33%	100.00%	-	-
	C.Difficile	C DIF Toxin Trust Attributed	ulative number of pat	IC Team	N/A	3	0	0	1	0	1	0	1	0	0	0	0
Early Warning Trigger Tool	EWTT Metrics	EWTT Monthly Total	Total Monthly Score	EWTT Monthly Returns			9	15	7	6	9	7	10	4	4	4	4
		Ward Leader for more than six months	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Vacancies at less than 3%	Score	EWTT Monthly Returns	0		3	3	3	0	3	3	3	0	0	0	0
		Unfilled shifts is less than 6%	Score	EWTT Monthly Returns	0		0	0	0	0	2	0	0	2	0	0	0
		Sickness absence rate less than 3.1%	Score	EWTT Monthly Returns	0		2	2	0	2	2	2	2	0	2	2	0
		Evidence of monthly review of key quality indicators by peers	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Appraisal rate 95% or above	Score	EWTT Monthly Returns	0		2	2	2	2	2	2	2	2	2	0	2
		Evidence of involvement in Trust-wide multi-disciplinary meetings	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Formal feedback obtained from patients during the month and return rate from F&F Test is greater than 30%	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Less than two formal complaints in previous month (wards) or less than 3 (A&E or Depts)	Score	EWTT Monthly Returns	0		0	3	0	0	0	0	0	0	0	0	0
		Evidence of resolution to recurring themes	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Unusual demands on service exceeding capacity to deliver (e.g. national targets, outbreak)	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Hand hygiene & BBE 95%	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	3	0	0	0	0
		Matrons environment audit 95% or above	Score	EWTT Monthly Returns	0		0	3	0	0	0	0	0	0	0	0	0
		Ward/department appears tidy	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Evidence of effective multidisciplinary/multi-professional team working	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Investigation or disciplinary investigation (including RCA's & infection control RCA's)	Score	EWTT Monthly Returns	0		2	2	2	2	0	0	0	0	0	2	2

Nursing Dashboard
Kent Ward

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	Cumulative Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Workforce	Establishment	Registered Nurses	wte	Workforce Info	N/A		12.54	12.96	12.96	12.96	12.96	12.96	12.96	12.96	12.96	12.96	12.96
		Healthcare Assistants	wte	Workforce Info	N/A		7.94	6.94	6.94	6.94	6.94	6.94	6.94	6.94	6.94	6.94	6.94
	Staff in Post	Registered Nurses	wte	Workforce Info	N/A		12.77	12.77	11.77	11.77	11.78	11.78	10.78	11.78	11.22	11.22	10.72
		Healthcare Assistants	wte	Workforce Info	N/A		5.80	5.80	5.80	5.80	5.80	5.80	5.80	5.80	5.00	5.00	5.00
	Vacancies	Registered Nurses	wte	Workforce Info	N/A		-0.23	0.19	1.19	1.19	1.18	1.18	2.18	1.18	1.74	1.74	2.24
		Healthcare Assistants	wte	Workforce Info	N/A		2.14	1.14	1.14	1.14	1.14	1.14	1.14	1.14	1.94	1.94	1.94
	Sickness	Registered Nurses	%	Workforce Info	3.1		0.26%	3.28%	4.35%	20.40%	15.20%	12.73%	12.90%	12.89%	14.07%	10.52%	0.00%
		Healthcare Assistants	%	Workforce Info	3.1		1.15%	0.00%	3.45%	6.12%	0.56%	1.15%	6.01%	0.57%	0.00%	2.71%	0.00%
	Maternity Leave	Registered Nurses	%	Workforce Info	N/A		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Healthcare Assistants	%	Workforce Info	N/A		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	2.00%	10.34%	11.94%	12.00%	12.00%
Statutory & Mandatory Training	Statutory & Mandatory Training	Statutory Training	% compliance	Learning Hub	75%		83.64	86.36	90.48	90.48	95.25	77.06%	63.44%	59.18%	75.60%	75.72%	74.38%
		Mandatory Training	% compliance	Learning Hub	75%		85.27	88.73	92.29	90.95	92.62	81.00%	73.24%	68.79%	88.95%	89.56%	79.72%
Patient Safety	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer	95%		100.00	100.00	100.00	100.00	100.00	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
	Falls	Falls Total	Number	DATIX		11	0	2	2	0	2	3	1	0	0	0	1
		Falls with Moderate/Severe Harm	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
	New or Deteriorated Pressure Ulcers	Category 1	Number	DATIX		1	0	0	0	0	0	0	0	0	0	0	1
		Category 2	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Category 3	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Category 4	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Unstageable	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
Infection Prevention	MRSA	MRSA Bacteraemia	mulative number of patier	IC Team	N/A	0.00	--	--	--	--	--	--	--	--	--	--	
		MRSA Screening - Elective	Compliance %	Signal	95%		95.00%	94.26%	97.87%	97.40%	97.83%	96.99%	100.00%	98.03%	98.66%	98.20%	98.27%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		--	--	--	--	--	--	--	--	--	--	--
	C.Difficile	C DIF Toxin Trust Attributed	mulative number of patier	IC Team	N/A	0	--	--	--	--	--	--	--	--	--	--	
Early Warning Trigger Tool	EWTT Metrics	EWTT Monthly Total	Total Monthly Score	EWTT Monthly Returns			5	5	8	2	4	4	7	8	5	7	4
		Ward Leader for more than six months	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	1	1	1	1
		Vacancies at less than 3%	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Unfilled shifts is less than 6%	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	2	0
		Sickness absence rate less than 3.1%	Score	EWTT Monthly Returns	0		2	2	0	0	2	2	2	2	2	2	0
		Evidence of monthly review of key quality indicators by peers	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Appraisal rate 95% or above	Score	EWTT Monthly Returns	0		0	0	2	2	2	2	2	2	2	2	0
		Evidence of involvement in Trust-wide multi-disciplinary meetings	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Formal feedback obtained from patients during the month and return rate from F&F Test is greater than 30%	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Less than two formal complaints in previous month (wards) or less than 3 (A&E or Depts)	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Evidence of resolution to recurring themes	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Unusual demands on service exceeding capacity to deliver (e.g. national targets, outbreak)	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Hand hygiene & BBE 95%	Score	EWTT Monthly Returns	0		3	3	3	0	0	0	3	3	0	0	3
		Matrons environment audit 95% or above	Score	EWTT Monthly Returns	0		0	0	3	0	0	0	0	0	0	0	0
		Ward/department appears tidy	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Evidence of effective multidisciplinary/multi-professional team working	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Investigation or disciplinary investigation (including RCA's & infection control RCA's)	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0

Nursing Dashboard
Lloyd Ward

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	Cumulative Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Workforce	Establishment	Registered Nurses	wte	Workforce Info	N/A		11.42	11.42	7.46	7.46	7.46	7.46	7.46	7.46	7.46	7.46	7.46
		Healthcare Assistants	wte	Workforce Info	N/A		2.16	2.16	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94
	Staff in Post	Registered Nurses	wte	Workforce Info	N/A		7.40	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60	6.60
		Healthcare Assistants	wte	Workforce Info	N/A		3.16	3.16	3.16	3.16	3.16	3.16	3.16	3.16	3.16	3.16	3.16
	Vacancies	Registered Nurses	wte	Workforce Info	N/A		4.02	4.82	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86	0.86
		Healthcare Assistants	wte	Workforce Info	N/A		-1.00	-1.00	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78	0.78
	Sickness	Registered Nurses	%	Workforce Info	3.1		0.00%	0.00%	0.00%	7.36%	6.84%	10.61%	2.74%	0.40%	3.52%	12.71%	0.00%
		Healthcare Assistants	%	Workforce Info	3.1		33.82%	29.97%	42.70%	3.81%	13.69%	4.66%	0.00%	9.49%	1.63%	11.16%	0.00%
	Maternity Leave	Registered Nurses	%	Workforce Info	N/A		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Healthcare Assistants	%	Workforce Info	N/A		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Statutory & Mandatory Training	Statutory & Mandatory Training	Statutory Training	% compliance	Learning Hub	75%		81.82	81.82	81.82	80.00	81.82	74.68%	63.78%	66.32%	63.73%	71.09%	82.05%
		Mandatory Training	% compliance	Learning Hub	75%		79.82	84.72	84.73	81.36	86.00	66.51%	61.64%	50.16%	68.64%	89.27%	76.85%
Patient Safety	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer	95%		100.00	100.00	100.00	--	--	1	1	100	100	1	1
	Falls	Falls Total	Number	DATIX		1	0	0	0	0	0	1	0	0	0	0	
		Falls with Moderate/Severe Harm	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	
	New or Deteriorated Presssure Ulcers	Category 1	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Category 2	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Category 3	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Category 4	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Unstageable	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
Infection Prevention	MRSA	MRSA Bacteraemia	Cumulative number of patient	IC Team	N/A	0	--	--	--	--	--	--	--	--	--	--	--
		MRSA Screening - Elective	Compliance %	Signal	95%		81.54%	80.36%	84.62%	71.95%	77.46%	86.21%	83.95%	79.07%	70.18%	46.75%	34.72%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		--	--	--	--	--	--	--	--	--	--	--
	C.Difficile	C DIF Toxin Trust Attributed	Cumulative number of patient	IC Team	N/A	0	--	--	--	--	--	--	--	--	--	--	--
Early Warning Trigger Tool	EWTT Metrics	EWTT Monthly Total	Total Monthly Score	EWTT Monthly Returns			12	10	8	8	8	8	5	8	8	5	7
		Ward Leader for more than six months	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Vacancies at less than 3%	Score	EWTT Monthly Returns	0		3	3	3	3	3	3	0	3	3	0	0
		Unfilled shifts is less than 6%	Score	EWTT Monthly Returns	0		2	2	0	0	0	0	0	0	0	0	2
		Sickness absence rate less than 3.1%	Score	EWTT Monthly Returns	0		2	2	2	2	2	2	2	2	2	2	2
		Evidence of monthly review of key quality indicators by peers	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Appraisal rate 95% or above	Score	EWTT Monthly Returns	0		2	0	0	0	0	0	0	0	0	0	0
		Evidence of involvement in Trust-wide multi-disciplinary meetings	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Formal feedback obtained from patients during the month and return rate from F&F Test is greater than 30%	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Less than two formal complaints in previous month (wards) or less than 3 (A&E or Depts)	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Evidence of resolution to recurring themes	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Unusual demands on service exceeding capacity to deliver (e.g. national targets, outbreak)	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Hand hygiene & BBE 95%	Score	EWTT Monthly Returns	0		3	3	3	3	3	3	3	3	3	3	3
		Matrons environment audit 95% or above	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Ward/department appears tidy	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Evidence of effective multidisciplinary/multi-professional team working	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Investigation or disciplinary investigation (including RCA's & infection control RCA's)	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0

Nursing Dashboard
Waters Ward

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	Cumulative Total	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Workforce	Establishment	Registered Nurses	wte	Workforce Info	N/A		13.9	13.90	13.90	13.90	11.24	11.24	11.24	11.24	11.24	11.24	11.24
		Healthcare Assistants	wte	Workforce Info	N/A		10.39	10.39	10.39	10.39	8.77	8.77	8.77	8.77	8.77	8.77	8.77
	Staff in Post	Registered Nurses	wte	Workforce Info	N/A		12.44	12.44	12.44	12.44	11.44	11.44	11.44	11.44	10.44	9.44	9.44
		Healthcare Assistants	wte	Workforce Info	N/A		10.69	10.69	10.69	10.69	10.69	10.69	10.69	10.69	9.89	8.89	8.89
	Vacancies	Registered Nurses	wte	Workforce Info	N/A		1.46	1.46	1.46	1.46	-0.20	-0.20	-0.20	-0.20	0.80	1.80	1.80
		Healthcare Assistants	wte	Workforce Info	N/A		-0.30	-0.30	-0.30	-0.30	-1.92	-1.92	-1.92	-1.92	-1.12	-0.12	-0.12
	Sickness	Registered Nurses	%	Workforce Info	3.1		5.14%	6.86%	5.41%	5.86%	2.63%	0.00%	1.69%	8.57%	8.19%	4.11%	0.00%
		Healthcare Assistants	%	Workforce Info	3.1		6.73%	5.51%	1.56%	0.42%	4.46%	2.39%	2.17%	0.84%	6.03%	10.44%	0.00%
	Maternity Leave	Registered Nurses	%	Workforce Info	N/A		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
		Healthcare Assistants	%	Workforce Info	N/A		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Statutory & Mandatory Training	Statutory & Mandatory Training	Statutory Training	% compliance	Learning Hub	75%		64.44	65.95	68.89	70.00	74.81	78.00%	68.18%	63.80%	73.46%	72.25%	76.95%
		Mandatory Training	% compliance	Learning Hub	75%		71.63	73.96	74.52	83.08	86.30	79.70%	75.88%	57.98%	64.96%	83.25%	80.94%
Patient Safety	Safety Thermometer	Safety Thermometer Overall (Harm Free Care)	%	Safety Thermometer	95%		100.00	91.67	85.71	87.50	92.86	80.00%	80.00%	100.00%	92.31%	94.44%	93.75%
	Falls	Falls Total	Number	DATIX		62	10	11	7	2	4	2	5	4	2	0	5
		Falls with Moderate/Severe Harm	Number	DATIX		2	1	1	0	0	0	0	0	0	0	0	0
	New or Deteriorated Pressure Ulcers	Category 1	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Category 2	Number	DATIX		8	1	0	0	1	0	0	1	3	1	0	1
		Category 3	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Category 4	Number	DATIX		0	0	0	0	0	0	0	0	0	0	0	0
		Unstageable	Number	DATIX		2	0	0	0	0	0	1	0	0	1	0	0
Infection Prevention	MRSA	MRSA Bacteraemia	mulative number of patie	IC Team	N/A	1.00	1	0	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%		--	100.00%	100.00%	66.67%	--	--	100.00%	--	--	100.00%	100.00%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		100.00%	--	66.67%	100.00%	100.00%	100.00%	--	--	100.00%	100.00%	--
	C.Difficile	C DIF Toxin Trust Attributed	mulative number of patie	IC Team	N/A	0	0	0	0	0	0	0	0	0	0	0	0
Early Warning Trigger Tool	EWTT Metrics	EWTT Monthly Total	Total Monthly Score	EWTT Monthly Returns			7	7	6	4	7	7	3	0	2	6	2
		Ward Leader for more than six months	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Vacancies at less than 3%	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Unfilled shifts is less than 6%	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Sickness absence rate less than 3.1%	Score	EWTT Monthly Returns	0		2	2	2	2	2	2	0	0	2	2	2
		Evidence of monthly review of key quality indicators by peers	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Appraisal rate 95% or above	Score	EWTT Monthly Returns	0		0	0	0	0	0	2	0	0	0	0	0
		Evidence of involvement in Trust-wide multi-disciplinary meetings	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Formal feedback obtained from patients during the month and return rate from F&F Test is greater than 30%	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Less than two formal complaints in previous month (wards) or less than 3 (A&E or Depts)	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Evidence of resolution to recurring themes	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Unusual demands on service exceeding capacity to deliver (e.g. national targets, outbreak)	Score	EWTT Monthly Returns	0		0	0	2	0	0	0	0	0	0	0	0
		Hand hygiene & BBE 95%	Score	EWTT Monthly Returns	0		3	3	0	0	3	3	3	0	0	3	0
		Matrons environment audit 95% or above	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Ward/department appears tidy	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Evidence of effective multidisciplinary/multi-professional team working	Score	EWTT Monthly Returns	0		0	0	0	0	0	0	0	0	0	0	0
		Investigation or disciplinary investigation (including RCA's & infection control RCA's)	Score	EWTT Monthly Returns	0		2	2	2	2	2	0	0	0	0	0	0

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Director – 30 March 2016

Safe Nurse and Midwifery Staffing Report

Action requested/recommendation

The Committee is asked to receive the exception report for information

Summary

The Board of Directors are aware that from May 2014 all organisations were required to report actual versus planned nurse staffing levels. This is the twenty-second submission to NHS Choices of actual against planned staffing data for day and night duty in hours and by ward.

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

The data from this report continues to be produced from the revised tool which was introduced in June 2015.

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

Implications for equality and diversity

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

Reference to CQC outcomes

Outcome 13

Progress of report	This report is only written for the Quality and Safety Committee and Board of Directors

Risk	
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	March 2016
Version number	Version 1

Board of Directors - 30 March 2016

Safe Nurse and Midwifery Staffing Report

1. Introduction and background

The Board of Directors are aware that from May 2014 all organisations were required to report actual versus planned nurse staffing levels. This is the twenty-second submission to NHS Choices of actual against planned staffing data for day and night duty in hours and by ward.

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

The data from this report continues to be produced from the revised tool which was introduced in June 2015.

2. High level data by site

	Day		Night	
Site Name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Archways Intermediate Care Unit	100.0%	93.8%	100.0%	100.0%
Bridlington And District Hospital	93.4%	92.2%	80.1%	153.4%
Malton Community Hospital	82.1%	104.9%	100.0%	100.0%
Scarborough General Hospital	83.7%	100.5%	91.8%	118.9%
Selby And District War Memorial Hospital	95.9%	97.9%	82.8%	137.9%
St Helens Rehabilitation Hospital	96.6%	93.8%	82.8%	93.1%
St Monicas Hospital	96.2%	95.0%	100.0%	100.0%
White Cross Rehabilitation Hospital	100.9%	96.6%	87.9%	89.7%
York Hospital	86.7%	92.4%	94.2%	103.7%

3. Exceptions

Enhanced Supervision

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

Scarborough	York
Ann Wright	Ward 34
Chestnut	
Oak	

Provision of Safe Ward Cover

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

Scarborough	Bridlington	Community	York	
Ann Wright	LLoyd	Fitzwilliam	AMU	CCU
Beech	Kent	Selby IPU	G1	G2
AMU(Cherry)		Whitecross Court	G3	ICU
CCU			Ward 11	Ward 15
Chestnut			Ward 23	Ward 25
Holly			Ward 28	Ward 29
ICU			Ward 31	Ward 34
Lilac			Ward 35	Ward 37
Maple			Ward 39	
Stroke				

Bed Occupancy

Lloyd and Kent Wards at Bridlington and War Memorial Ward at Whitby changed their ratio of registered and unregistered staff dependent on bed occupancy levels and the effective use of staff with staff being deployed to other ward areas. Waters Ward currently has 20 beds when it is routinely staffed for 16 beds. G2 and G3 share a healthcare assistant, the healthcare assistant was predominantly on G2 during January 2016.

Activity demands on some wards have resulted in the ESA in York remaining open some nights; resulting in increased actual staffing.

The Surgical Assessment Unit on Lilac ward remained open longer than usual during February to help manage activity. This resulted in a higher level of staffing.

Vacancies, Sickness and Annual Leave

The Trust's ability to fill shifts due to sickness and vacancies reduce the average percentage staffing levels each month.

Bridlington	Community	Scarborough	York	
Kent	Fitzwilliam	Ann Wright	AMU	CCU
	Selby IPU	Beech	G1	G2
		AMU (Cherry)	G3	ICU
		CCU	Ward 11	Ward 15
		Chestnut	Ward 23	Ward 25

		Holly	Ward 28	Ward 29
		ICU	Ward 31	Ward 34
		Maple	Ward 35	Ward 37
		Stroke	Ward 39	

Actions and Mitigation of risk
Daily staffing meetings are taking place to deploy staff to high risk areas.

4. Vacancies by Site

The vacancy information for the adult inpatient areas below, has been taken from the ward budgeted establishments from the finance ledger and the staff in post data from ESR as at the end of February 2016. The vacancies pending start has been collated from central records following the introduction of centralised recruitment in HR.

	Reported vacancies		Vacancies filled pending start		Unfilled Vacancies	
	RN	**HCA**	**RN**	**HCA**	**RN**	**HCA**
Bridlington	6.78	2.68	2.6	0	4.18	2.68
Community	9.76	3.06	3.2	1.8	6.56	1.26
Scarborough	42.83	2.65	21.4	7.6	21.43	-4.95
York	68.73	59.73	38.8	23.27	29.93	28.07
Total	**128.11**	**59.73**	**66**	**32.67**	**62.11**	**27.03**

Of the 66fte vacancies pending start, this includes individuals who have been recruited through local generic recruitment, 31fte who have been recruited through the Newly Qualified campaign and a further 13 individuals who have been recruited through the European recruitment campaign who will be commencing in March/April 2016.

The Newly Qualified campaign continues and interviews are being held during March and into April. A recruitment fair is being organised for Saturday 23rd April 2016 where further registered nurse interviews will be held.

We have projected that there will be an average of 10fte register nurses leaving the Trust per month across our adult inpatient areas. We therefore are looking to over recruit to our registered nursing posts during the summer to meet the projected staffing levels from October 2016. This is being carefully reviewed each week by the Chief Nurse Team.

5. Recommendation

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

6. 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 Projects Manager**
Owner	**Beverley Geary, Chief Nurse**
Date	**March 2016**

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

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

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

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

Comments

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					
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 (%)
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ann Wright	430 - GERIATRIC MEDICINE		1044	744	870	1008	638	638	319	528	71.3%	115.9%	100.0%	165.5%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Ash	100 - GENERAL SURGERY		870	862.5	870	832.5	638	627	0	242	99.1%	95.7%	98.3%	-
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Beech	300 - GENERAL MEDICINE		1392	1188	1218	1176	957	737	638	682	85.3%	96.6%	77.0%	106.9%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Cherry	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	1740	1488	1392	1572	1595	1298	1276	1254	85.5%	112.9%	81.4%	98.3%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1392	1050	1044	1056	638	638	638	693	75.4%	101.1%	100.0%	108.6%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Coronary Care Unit	320 - CARDIOLOGY		2175	1920	435	645	1276	1045	319	462	88.3%	148.3%	81.9%	144.8%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Duke of Kent	420 - PAEDIATRICS		1522.5	1365	435	450	638	649	319	308	89.7%	103.4%	101.7%	96.6%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Hawthorn	501 - OBSTETRICS		696	696	348	348	638	638	0	0	100.0%	100.0%	100.0%	-
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Holly	110 - TRAUMA & ORTHOPAEDICS		1044	870	1044	1056	638	638	638	627	83.3%	101.1%	100.0%	98.3%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE		2610	1995	435	285	1595	1573	0	0	76.4%	65.5%	98.6%	-
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Lilac	101 - UROLOGY	100 - GENERAL SURGERY	1740	1432.5	1740	1477.5	638	913	638	847	82.3%	84.9%	143.1%	132.8%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Maple	100 - GENERAL SURGERY		2175	1800	1087.5	1327.5	1276	1122	638	715	82.8%	122.1%	87.9%	112.1%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Oak	430 - GERIATRIC MEDICINE		1392	1146	1914	1686	957	825	957	1045	82.3%	88.1%	86.2%	109.2%
SCARBOROUGH GENERAL HOSPITAL - RCBCA	Stroke	430 - GERIATRIC MEDICINE		1044	882	696	672	957	671	319	561	84.5%	96.6%	70.1%	175.9%
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Johnson	430 - GERIATRIC MEDICINE		870	852	1218	1170	638	638	319	319	97.9%	96.1%	100.0%	100.0%
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Kent	110 - TRAUMA & ORTHOPAEDICS		1087.5	930	870	877.5	638	308	0	319	85.5%	100.9%	48.3%	-
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Lloyd	100 - GENERAL SURGERY		630	562.5	630	240	187	110	0	22	89.3%	38.1%	58.8%	-
BRIDLINGTON AND DISTRICT HOSPITAL - RCBNH	Waters	430 - GERIATRIC MEDICINE		870	885	870	1020	638	627	319	319	101.7%	117.2%	98.3%	100.0%
YORK HOSPITAL - RCB55	11	100 - GENERAL SURGERY	101 - UROLOGY	1416	1314	846	858	638	638	638	638	92.8%	101.4%	100.0%	100.0%
YORK HOSPITAL - RCB55	14	100 - GENERAL SURGERY	101 - UROLOGY	1566	1458	1044	960	957	957	638	627	93.1%	92.0%	100.0%	98.3%
YORK HOSPITAL - RCB55	15	120 - ENT	101 - UROLOGY	1740	1635	1305	1297.5	957	1023	319	319	94.0%	99.4%	106.9%	100.0%
YORK HOSPITAL - RCB55	16	100 - GENERAL SURGERY		1914	1746	870	774	1276	1254	638	594	91.2%	89.0%	98.3%	93.1%
YORK HOSPITAL - RCB55	17	420 - PAEDIATRICS		1392	1170	348	300	957	924	319	319	84.1%	86.2%	96.6%	100.0%
YORK HOSPITAL - RCB55	23	430 - GERIATRIC MEDICINE		1522.5	1275	1305	1410	638	627	957	946	83.7%	108.0%	98.3%	98.9%
YORK HOSPITAL - RCB55	25	430 - GERIATRIC MEDICINE		1392	1014	870	996	638	638	957	946	72.8%	114.5%	100.0%	98.9%
YORK HOSPITAL - RCB55	26	430 - GERIATRIC MEDICINE		1522.5	1312.5	1305	1305	638	638	957	924	86.2%	100.0%	100.0%	96.6%
YORK HOSPITAL - RCB55	28	110 - TRAUMA & ORTHOPAEDICS		1566	1266	870	1026	638	638	638	891	80.8%	117.9%	100.0%	139.7%
YORK HOSPITAL - RCB55	29	110 - TRAUMA & ORTHOPAEDICS		1044	876	870	684	638	627	638	561	83.9%	78.6%	98.3%	87.9%
YORK HOSPITAL - RCB55	31	370 - MEDICAL ONCOLOGY		1957.5	1867.5	870	772.5	638	682	319	319	95.4%	88.8%	106.9%	100.0%
YORK HOSPITAL - RCB55	32	320 - CARDIOLOGY		1422	1200	1044	1026	638	638	957	924	84.4%	98.3%	100.0%	96.6%
YORK HOSPITAL - RCB55	33	301 - GASTROENTEROLOGY	361 - NEPHROLOGY	1392	1146	1044	996	638	638	957	935	82.3%	95.4%	100.0%	97.7%
YORK HOSPITAL - RCB55	34	340 - RESPIRATORY MEDICINE	301 - GASTROENTEROLOGY	1392	1302	1044	936	638	638	957	1012	93.5%	89.7%	100.0%	105.7%
YORK HOSPITAL - RCB55	35	430 - GERIATRIC MEDICINE		1218	1056	1044	1068	638	638	957	935	86.7%	102.3%	100.0%	97.7%
YORK HOSPITAL - RCB55	37	430 - GERIATRIC MEDICINE		1044	900	1218	1020	638	605	638	660	86.2%	83.7%	94.8%	103.4%
YORK HOSPITAL - RCB55	39	430 - GERIATRIC MEDICINE		1392	1098	870	960	638	638	638	616	78.9%	110.3%	100.0%	96.6%
YORK HOSPITAL - RCB55	36 - Acute Stroke Unit	430 - GERIATRIC MEDICINE		1740	1446	870	816	1276	1078	638	616	83.1%	93.8%	84.5%	96.6%
YORK HOSPITAL - RCB55	Acute Medical Unit	300 - GENERAL MEDICINE	430 - GERIATRIC MEDICINE	4350	3555	3480	2857.5	2552	2101	1914	2211	81.7%	82.1%	82.3%	115.5%

Only complete sites your organisation is accountable for				Day				Night				Day		Night	
		Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
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 (%)
YORK HOSPITAL - RCB55	Coronary Care Unit	320 - CARDIOLOGY		1740	1380	315	165	1276	1045	0	0	79.3%	52.4%	81.9%	-
YORK HOSPITAL - RCB55	Extended Stay Area	100 - GENERAL SURGERY	120 - ENT	1125	997.5	562.5	457.5	462	462	0	66	88.7%	81.3%	100.0%	-
YORK HOSPITAL - RCB55	G1	430 - GERIATRIC MEDICINE		696	720	870	714	638	638	638	616	103.4%	82.1%	100.0%	96.6%
YORK HOSPITAL - RCB55	G2	501 - OBSTETRICS		1044	966	522	414	638	616	319	594	92.5%	79.3%	96.6%	186.2%
YORK HOSPITAL - RCB55	G3	501 - OBSTETRICS		696	690	348	180	638	638	0	0	99.1%	51.7%	100.0%	-
YORK HOSPITAL - RCB55	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5220	4605	435	345	3828	3344	319	275	88.2%	79.3%	87.4%	86.2%
ARCHWAYS INTERMEDIATE CARE UNIT	Archways	925 - COMMUNITY CARE SERVICES		696	696	870	816	319	319	638	638	100.0%	93.8%	100.0%	100.0%
MALTON COMMUNITY HOSPITAL - RCBL8	Fitzwilliam	925 - COMMUNITY CARE SERVICES		1087.5	892.5	1522.5	1597.5	638	638	638	638	82.1%	104.9%	100.0%	100.0%
SELBY AND DISTRICT WAR MEMORIAL HOSPITAL - RCB	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1087.5	1042.5	1087.5	1065	638	528	319	440	95.9%	97.9%	82.8%	137.9%
ST HELENS REHABILITATION HOSPITAL - RCBTV	St Helens	430 - GERIATRIC MEDICINE		870	840	1087.5	1020	638	528	319	297	96.6%	93.8%	82.8%	93.1%
ST MONICAS HOSPITAL - RCB05	St Monicas	925 - COMMUNITY CARE SERVICES		592.5	570	750	712.5	319	319	319	319	96.2%	95.0%	100.0%	100.0%
WHITE CROSS REHABILITATION HOSPITAL - RCBP9	Whitecross Court	430 - GERIATRIC MEDICINE		870	877.5	1087.5	1050	638	561	319	286	100.9%	96.6%	87.9%	89.7%
	Total			71001	61582.5	47691	45498	42119	38951	25839	28105				

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York Teaching Hospital NHS
NHS Foundation Trust

Finance and Performance Committee –22 March 2016–Neurosciences Resource Room, York Hospital

Attendance: Mike Keaney, Chairman Michael Sweet Andrew Bertram Lucy Turner Anna Pridmore Gordon Cooney
Mandy McGale

Apologies: Juliet Walters, Sue Rushbrook, Graham Lamb

Observing: Jeanette Anness and Sheila Miller (Governors)

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
1.	**Last Meeting Notes 16 February 2016**	The agenda covered the following AFW and CRR items AFW EF1 DoF1,2, 4,7 CRR CE1 DoF 1-3	The Committee welcomed JA and SM to the meeting as observers. Three minor word changes were made to the minutes. The minutes were approved as a true record of the meeting.		
2.	**Matters arising**		MS asked for an update on the end of year contract negotiations. AB confirmed that VoYCCG and all other main commissioners, except S&R CCG had agreed year end positions. Further discussions were being held with SRCCG to conclude the position. MS asked for an update on the 'Tenner each day' (TED) initiative. GC advised that the launch would be in April and a campaign was currently being planned by the Communications Team.	The Committee was assured by the progress that had been made around the year end position. The Committee noted the date and the actions being taken	
3	**Risk Register**		MS asked about the risk around the CIP included in the Finance Director risk register. AB confirmed the		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			risk related to the 2016/17 CIP and not current year. It was agreed that an adjustment to the wording would be undertaken. SK advised that risk DOF 6 had been addressed and could be removed. The Trust has now received the outstanding £3m capital transition support for the acquisition of Scarborough. Ms queried the updating periods in the Chief Operating Officer risk register. The register could be read that the risks around ED would be addressed by the end of March 2016. It was agreed that the date column would be changed to 'monthly continuous'. LT explained that the register is reviewed on a monthly basis and the date reflects when the register will next be updated rather than when the risk will have been addressed. The Committee proposed that a future item for the Committee should be a detailed review of the risk registers. It was agreed the first register would be reviewed at April meeting.	The Committee congratulated SK on his achievement to obtain the final £3m.	
4.	**Capital Programme**		BG presented the paper. He reflected on the 2015/16 programme, highlighting that the programme was planned to be £21m, but the actual spend for the year had been £19m. BG outlined the projects that have been undertaken during the year which accounted for the £19m spend. He added that the reason for not spending £21m was self-imposed and to help the Trust to protect its cash position this financial year. The pre commitments that were included in the programme for 2015/16	The Committee noted the comments and the report. It was assured by the plans that were in place over the next five years and the flexibility that had been demonstrated in the system.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			will be carried forward to 2016/17. MK asked what will happen to the £2m not spent in 2015/16. AB explained that the Trust's £11m deficit had meant that methods of reducing spend had to be identified. Slowing down the capital spend during 2015/16 was a way of supporting the financial position. If the Trust successfully delivers the control total of £10m in 2016/17, then the £2m will effectively be re-provided and available for use on capital schemes. If the Trust does not deliver the control total and is running with a deficit at the end 2016/17, then the cash resource will be necessary for working capital to support the organisation. AB added that it is anticipated that fines will not be a feature of the financial regime for 2016/17. Instead the Trust will receive £13.6m sustainability funding with the requirement that the £10m control total must be achieved. AB explained that there are a number of conditions the Trust must satisfy to receive the full £13.6m sustainability funding. The Trust must achieve a number of targets including performance trajectories that have been provided to NHSI recently. AB confirmed that at present the rules related to the funding were not clear. He went on to explain that the sustainability funding will be paid quarterly in arrears, but at this stage guidance had not been released around the impact on the funding if a trajectory is not achieved. Referring back to the capital paper, AB explained that most of the capital programme is funded through depreciation and he was not worried about		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			the base level capital programme. BG presented the 2016/17 programme. He referred the Committee to the sources of funding available to the Trust and the planned capital expenditure for 2016/17. BG linked those two tables to the table that detailed the capital depreciation based expenditure plan for 2016/17. He highlighted that the proposals for projects included in the plan at this stage would over commit the Trust, but he anticipated that some projects would slip during the year. BG referred the Committee to the five year capital plan forecast and outlined the spending available over the next five years. BG referred to table A of the five year capital plan explaining that it listed the schemes that had already been approved. Table B of the five year capital plan showed the schemes that were being planned, many of which could be funded by drawing down external funds. The principle of using external funds is that the project has to demonstrate there is sufficient return to support any funding costs. MK asked BG to comment on the Bridlington development. BG advised that the scheme was a project included in table B of the five year capital plan. MK asked if the development for Bridlington was one of the solutions to the issues in ED in Scarborough. AB confirmed that was the case. Moving the elective care away from the Scarborough site on to the Bridlington site will help Scarborough hospital significantly. GC added that strategically the separation of		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			planned and unplanned care is the right thing to do. The Committee asked about the ED assessment area. BG confirmed that it was in the programme and would make a significant difference once developed. The Committee noted the report.		
5.	**TAP Monthly Summary**		GC presented the report. He outlined that the formation of the report had changed following the comments received from the F&P Committee last month. GC outlined the additional work that had developed over recent months and was now included in the TAP action plan. GC provided an overview of each additional piece of work and explained that each piece of work had been tested to ensure that it fitted with the priorities of TAP. GC commented on the level of fines and noted the fines that had been incurred during February. GC commented about debt recovery and confirmed that it was early days for the work, but progress was being made. GC updated on progress against the development of the business case process. GC outlined further work around the format of business cases that was being undertaken to continue to improve the system.	The Committee was assured by the developments that had taken place and noted the comments made about the other areas of work. The Committee remains concerned about the challenge around ED and the impact that has across the Trust.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			GC talked about the importance of the work with procurement. He outlined two examples of where significant savings had been made as a result of changing purchasing practices. The Committee noted the detail in the report and the progress around the TAP project.		
6.	**TAP and Cater discussion**		The Committee noted the report on TAP and its connection with Carter. SK gave an overview of the Carter Report. He reflected on the 15 recommendations in the report and explained that all recommendations had national leads from either NHSI or DH. SK referred the Committee to the examples of national key variations and explained that these variations need to be addressed to ensure optimum use of resources to deliver the required efficiency throughout the NHS. SK explained that the expectation nationally is that there is £5bn efficiency opportunity across non-specialist sector over the next three years which equates to 9% of acute budgets. This gives York Hospital a target of £33.6m to achieve based on the Carter recommendations. SK added that the efficiency team and TAP team have been working together and will continue to work together to agree governance approaches for the workstreams to deliver the required savings.	The Committee noted the report and the information included. It was understood that further information would become available over the next few months as the Carter recommendations start to be implemented.	
5.	**Work Stream 1: Operational**		LT presented the performance information.	The Committee was pleased to see the achievements in	JW to update the

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
	Reports		**CQUIN** – LT confirmed that all CQUIN had been achieved for quarter 3. As previously reported, the Sepsis CQUIN has demonstrated to be an issue nationally. It has now been agreed that the target has been achieved for the year. LT reported on the CQUIN for 2016/17. She explained that the CQUIN had been released very late and as a result was still be assessed and understood. She outlined the local, national and NHSE CQUIN and confirmed that some CQUIN may still be subject to change. **Diagnostics –** LT reported the continued excellent performance in diagnostics. She highlighted that this is the 6th month that the 6 week target has been achieved. **Cancer –** LT advised that the drop in performance in January related to two factors 1) Skin capacity shortfalls (37 skin breaches, across all sites). The Trust has successfully appointed to longstanding vacant Dermatology PAs in the last month 2) 30 patients chose to delay their appointments into January as a consequence of Christmas. The Trust is currently achieving the 14 day fast track target Q4 to date. LT reported on the 62 Day 1st Treatment, she reminded the Committee that the target is 85% and	Diagnostics and Cancer. However, concern remains about the continuing challenges that need to be overcome if the Trust is to achieve the Emergency Care Standards (ECS).	Board on the ECS

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			performance was 84.8%. LT explained that just under 50% of all patient breaches in January were due to complex diagnostic pathways. The Trust continues to benchmark well against national performance, which was 81% in January. The Trust has also exceeded its own internal performance from January 15 (76.24%) and January 14 (80.1%). There is a specific risk to delivery of the lung pathway (6 breaches in January) due to changes made to surgical activity administration by Hull and East Yorkshire Trust. This has been escalated to their Chief Operating Officer, but long delays for patients are still frequent. MS asked if the Trust had received a response to the letter sent to Hull and East Yorkshire. LT confirmed there had been no response from to the letter sent to Hull and East Yorkshire as yet. All Directorates are working on timed clinical pathways to improve compliance with the national standard, specifically for Breast, Colorectal, Lung and Prostate. **18 –weeks –** LT reported that the Trust achieved the incomplete target in February. She advised that both General Surgery and Urology failed at a speciality level and incurred fines. LT advised that the back log has increased by 13.7% (89 patients) during February.		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			LT explained that the backlog increase is being driven predominately by three specialties: Orthopaedics (+46), Urology (+21) and General Surgery (+31). She advised that Ward 29 reopened on the York Hospital site on 29 February and reductions are already being seen in the orthopaedic backlog. There have been 26 elective cancellations of patients on an 18 week pathway in February (January: 28) due to bed shortages. The Trust has cancelled 227 patients on an 18- week pathway since 1st October 15 due to bed shortages alone; cancellations for theatre staff shortfalls and proactive reduced activity as part of the Winter Plan have added to this. 21 lists were cancelled on the York site in February due to theatre staff shortages. LT added that as previously noted, non-urgent elective surgery has been significantly scaled back, as part of the Winter Plan; this will impact on the further reduction of the admitted 18 week backlog. It is expected that the backlog will not significantly reduce until March 16, when full surgical capacity and bed stock are regained. It is expected that the Trust will continue to meet the national incomplete standard throughout this period. The Trust continues to benchmark well against this standard nationally; the 92% target was failed by the NHS on aggregate in December 2015. LT suggested that as the Operational Performance Recovery Plan was expected to have been a report	The Committee welcomed the detail provided around the actions being taken and took assurance from the discussion. The Committee remains extremely concerned that performance has continued to be unacceptable.	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			that would run for a year, she proposed it should change to concentrate on the Emergency Department and by exception, report on any areas where performance is not being maintained. The Committee was in agreement with her proposal. **ED performance –** LT advised that the Trust had failed the ED 4 hour target for the 23rd consecutive month, achieving 84.80% with a total of 2,360 breaches across the Trust in February. The ED combined performance equated to £186,360 in contractual fines. Nationally, A&E performance in January 16 was 88.7% compared to 91.0% in December 15 and 91.2% in January 15. The number of patients waiting over 8 hours in A&E increased from 407 in December to 595 in January (York 273; Scarborough 322); an increase of 46% (188). Total non-elective admissions YTD are 5.75% ahead of plan (3,047). MM outlined the operational performance in Emergency Care. She advised that in Scarborough, Operation Fresh Start continues, but the site has been affected by an outbreak of Norovirus which is affecting acute work. As a result of the outbreak the bed base has been reduced and over the last 6 weeks it has affected most wards on the site at some time. She advised the Microbiologist has confirmed that there is no evidence that staff are		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			spreading the infection. As a result of the outbreak the Trust has been escalated to level 2 with NHSE and NHSI who are now supporting the organisation in identifying anything further that can be done. MM reported that the Rapid Assessment Team were now in place 7 days a week and a GP is working within the Emergency Department 3 days a week to support the Frailty Model. MM explained that a further meeting with NHSI and NHSE had been arranged where they had expressed that they were impressed with the performance in the Trust over the last few weeks given that there were now 4 wards closed and it is expected that a further 2 would close. The impact of the bed closures as a result of infection has been further long waits in the Emergency Department for patients. A number of actions are being taken to address the issues including • Running a media campaign to encourage visitors not to attend the hospital at present. • Using Aspen Ward where there are six individual rooms that can be used as isolation facilities. • Using the two side rooms in Ash ward as a pre elective facility to replace Aspen and use the discharge lounge area as a waiting room. • The Chief Nurse has been in discussion with the Commissioners about nursing homes and trying to manage the outbreaks in the homes rather than sending the patients to		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			the Emergency Department. • Public Health England has been involved in the discussions and will advise on any further actions that could be taken by the Trust. • The Infection Prevention Nurses continue to have oversight to ensure practice is adhered to. MM provided assurance that once the outbreak of Norovirus had been resolved she expected performance in the Emergency Department at Scarborough to return to the 90% level. MM reported that in York the issues were very different. December had seen an improvement in performance which it had been hoped would be sustainable. This included the introduction of the Discharge Liaison Officers (DLO). The initial rota was on a voluntary basis and could not be sustained on a long term basis. The appointment of the DLO is currently taking place and they will be in place in the next few weeks. MM advised that the Trust continues to receive support from ECIP and currently has an expert in Emergency Care working in the department for 6 months. She is currently concentrating on the workforce issues in the department and is working with the organisation to agree what the workforce needs of the department are. MM added that patient flow is determined by admission, discharge or transfer of a patient. MM reported that the new Directorate Manager had started and was having an	The Committee was assured by	

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			effect and the development of the new senior leadership team was now being seen. MM advised that it has been recognised that there has been a significant level of change and a high number of initiatives introduced in recent months to try to address the challenges in the Emergency Department. She reported that a review is now being undertaken to establish which initiative are having affect and which should be paused. She added that some simple changes have also been identified that will be completed. She confirmed that measures are being put in place against the initiatives, so that evidence can be established to show the benefit of the initiative. MM referred to the business case for frailty and explained the changes being made around AMU and AMB. She explained that AMU will review patients under the age of 75 and AMB will see patients 75 and over. The elderly team will deliver the acute frailty care from the AMB. Work is also underway to develop the escalation policy to build in a section on crowded areas. The Committee noted the comments and assurance given by MM.	the comments made about the work around reviewing the initiatives that have been introduced and the measures being introduced to support understanding of what is effective	
7.	**Work Stream 3: Finance Report**		AB advised that at the end of February the underlying I&E deficit has grown to £11.4m (previously £10.5m). The Trust currently stands £9.5m adrift of plan. This represents only a £0.3m deterioration in performance against plan given the income and expenditure planned profile in February	The Committee was pleased to see the reduced spending and reduction in the rate of deterioration.	AB to provide an overview

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			assumed some level of deterioration. AB drew the Committees attention to an issue that had arisen during the month where the Finance Team have had to correct an erroneous income assumption regarding the Trust's sexual health contract. The net position from this correction was to reduce previous months' reported income by £0.5m. Looking in isolation at the February movement (excluding the income correction) the I&E deficit has deteriorated by £0.4m. This is the lowest in-month rate of deterioration this year and, arguably, relates to the direct control measures in place to manage expenditure down and maximise income where possible. In terms of expenditure AB reported that overall in the month of February expenditure was £38.0m, some £0.4m lower than January and £1.9m lower than December. Of note is that the MARS payments of £0.5m are included in December's expenditure; but even excluding this, underlying expenditure was £1.4m lower in February than in December. Significant pressure is being exerted on the organisation to commit expenditure that is critically and clinically necessary only. Any and all expenditure that can be deferred is being deferred. Enhanced scrutiny of locum and agency expenditure to ensure compliance with the national rate caps is in place, with exceptions only being permitted on the grounds of an immediate patient		

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
			safety issue. AB referred to the graphs included in his report and commented on the improvement in the agency costs for nursing, but was concerned to see the increase in medical locum costs. He did note that the cost was still lower in February than it had been earlier in the year. AB referred to the forecast and advised that the forecast deficit was £11.2m. If the Trust continues to arrest the deterioration in the financial position in March the Trust will be within tolerances for achieving the forecast outturn position. This will require continued focus on expenditure avoidance and improved activity levels.		
8.	**Work Stream 3: Efficiency Report**		SK presented the report. He advised that overall delivery was £24.2m in February which was 93% of the annual target. He advised that he anticipates the target will be archived this year with £1.6m being delivered during March. SK explained that he was now looking at the target for 2016/17 which is currently planned at £26.4m. He acknowledged that it was getting more difficult to identify the savings and outlined that the profile of savings next year would be different and would have a key focus around Carter. The Committee noted the report.	The Committee were pleased to see the CIP target will be achieved again this year. The Committee noted the challenge for next year.	AB to update the Board.

	Agenda Item	AFW/ CRR	Comments	Assurance	Attention to Board
11.	**Any other business**		There was no other business.		
12.	**Next Meeting**		The next meeting is arranged for 19 April 2016		

G1

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

Finance Report

Action requested/recommendation

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

Summary

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 29 February 2016.

At the end of February the Trust is reporting an Income and Expenditure (I&E) deficit of £16.6m against a planned deficit of £7.1m 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	Finance & Performance Committee.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.
Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	March 2016
Version number	Version 1

Briefing Note for the Board of Directors Meeting 30 March 2016

Subject: February 2016 (Month 11) Financial Position

From: Andrew Bertram, Finance Director

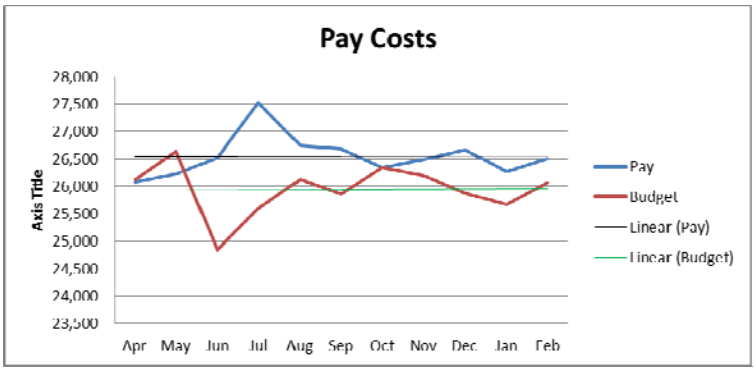
Summary Reported Position for the Period to February 2016

At the end of February the underlying I&E deficit has grown to £11.4m (previously £10.5m). The Trust currently stands £9.5m adrift of plan. This represents only a £0.3m deterioration in performance against plan given the income and expenditure planned profile in February assumed some level of deterioration. Also of note is that during the month the Finance Team have had to correct an erroneous income assumption regarding the Trust's sexual health contract. The net position from this correction was to reduce previous months' reported income by £0.5m. Looking in isolation at the February movement (excluding the income correction) the I&E deficit has deteriorated by £0.4m. This is the lowest in-month rate of deterioration this year and, arguably, relates to the direct control measures in place to manage expenditure down and maximise income where possible.

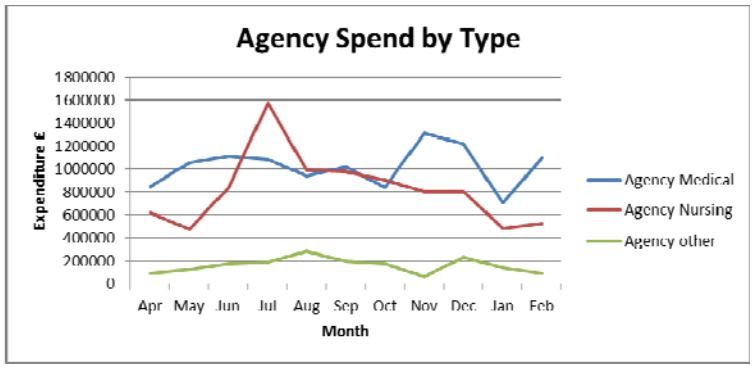
The report shows an actual income and expenditure deficit of £16.6m but the Board are reminded that this includes the full (technical, non-cash) charge of £4.6m associated with the loss of the Whitby Hospital asset transferring ownership to NHS Property Services. Also included in this position are the Board approved MARS payments, totalling £0.5m and made in December as part of the exit from the organisation of a number of individuals. In addition to this the position includes redundancies totalling £0.1m. These charges are considered restructuring costs. Both the asset transfer and restructuring costs are excluded in any Monitor assessment of our underlying position.

Expenditure Analysis

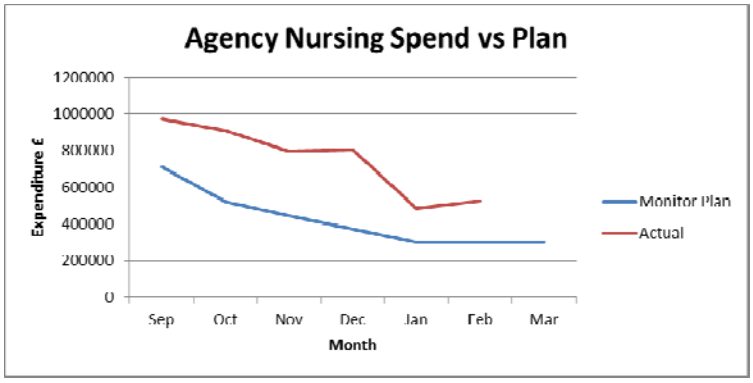
Overall in the month of February expenditure was £38.0m, some £0.4m lower than January and £1.9m lower than December. Of note is that the MARS payments of £0.5m are included in December's expenditure; but even excluding this, underlying expenditure was £1.4m lower in February than in December. Significant pressure is being exerted on the organisation to commit expenditure that is critically and clinically necessary only. Any and all expenditure that can be deferred is being deferred. Enhanced scrutiny of locum and agency expenditure to ensure compliance with the national rate caps is in place, with exceptions only being permitted on the grounds of an immediate patient safety issue.



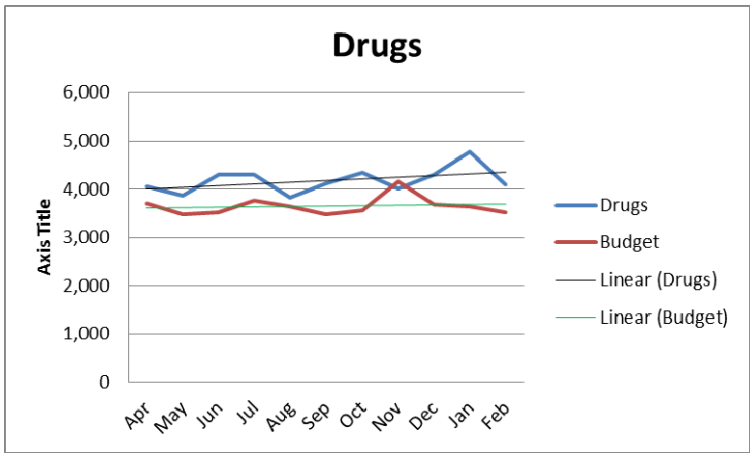
The chart shows pay costs against budget, including trend lines. Whilst spend in February has been above plan it is notable that costs remain at a relatively low level. Of note is the variance between plan and actual continues to close.



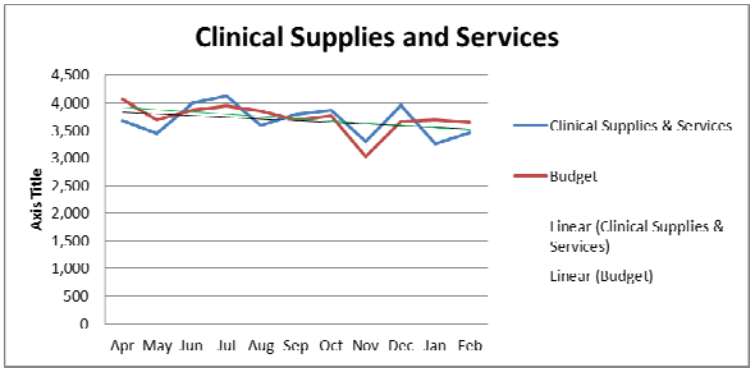
This chart analyses agency spend, looking specifically at staff group. The chart shows an overall reduction in nurse agency costs as recruitment improves, controls are enhanced and rates are negotiated downwards but of note is a plateau effect in February. Medical agency costs have spiked again in February.



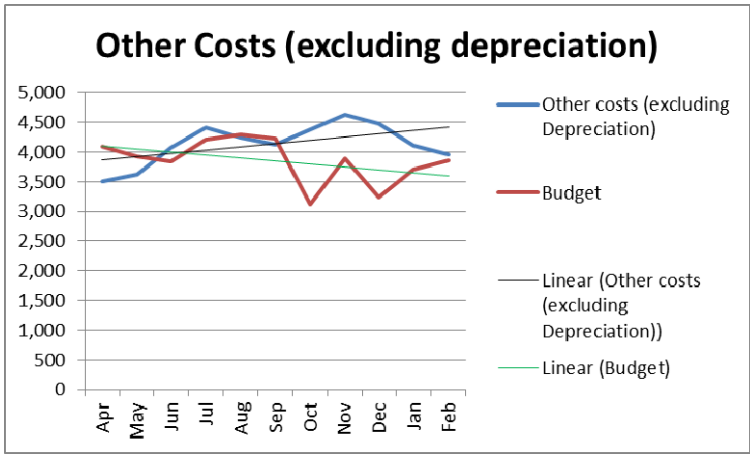
This chart looks at agency nursing spend against the Monitor improvement trajectory taking the Trust to the mandated 4% agency spend rate by March 2016. The trend remains encouraging with significant progress made towards the target rate. The Board are aware of recruitment difficulties and the control measures requiring Chief Nurse Office sign off.



This chart analyses drug expenditure. Of note is a return of more normal expenditure in month. This is not adversely impacting on the Trust's bottom line because this relates to high cost drugs excluded from tariff, for which commissioner income is matched.



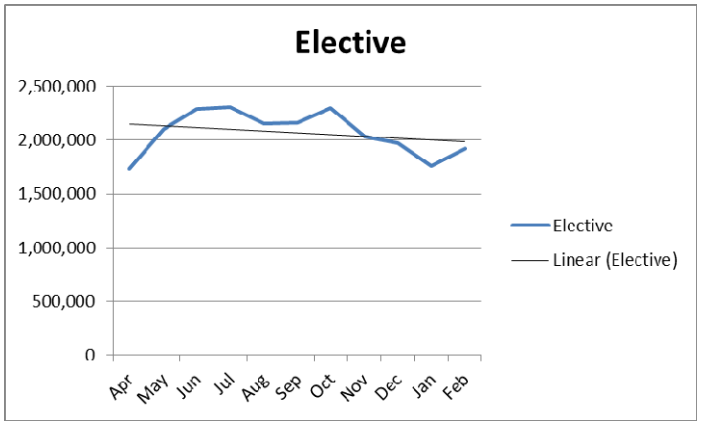
The same analysis is provided for clinical supplies & services. In this regard spend has closely matched budget throughout the year, with a downward overall trend. Spend in February remains below planned levels.



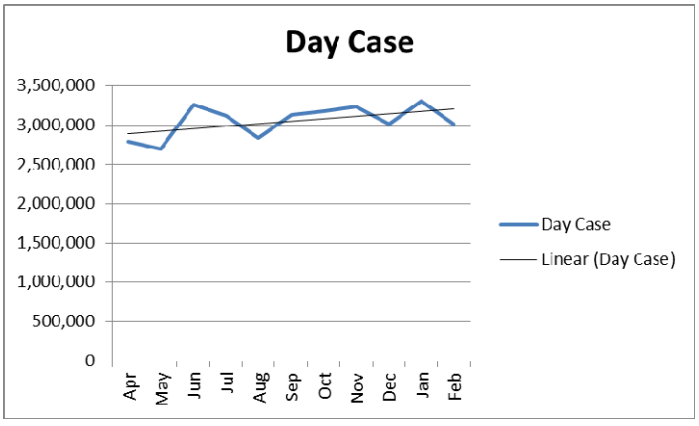
The final chart shows the same analysis for other expenditure. Of note is a continued closing of the gap between plan and actual.

Income Analysis

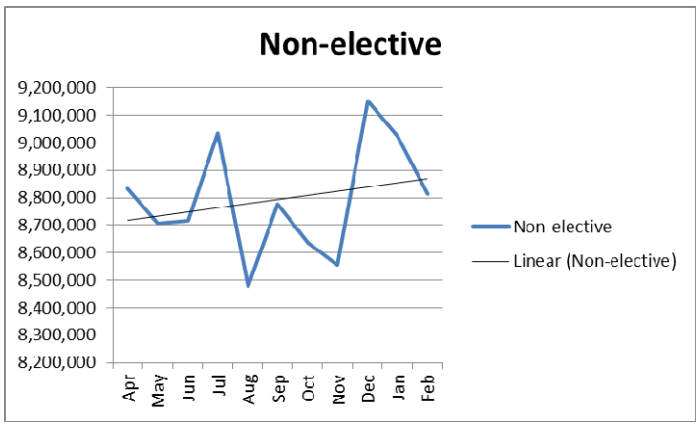
The charts below summarise the various income trends.



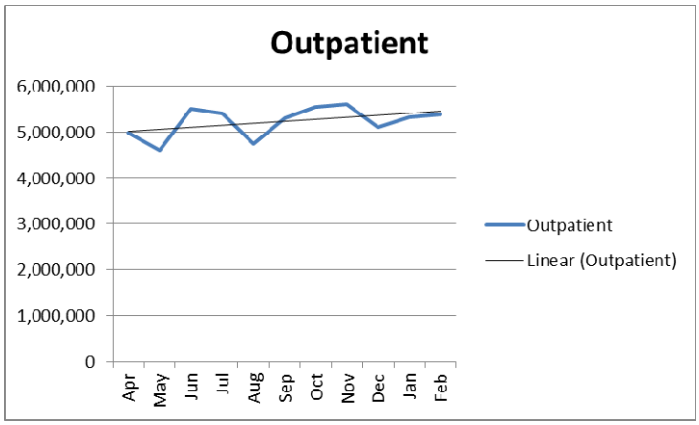
The chart shows monthly elective income (elective in-patients). This is based on freeze data where this is available, otherwise flex data or estimates are included. Despite a low number of working days in the month February has seen increased elective activity compared to January.



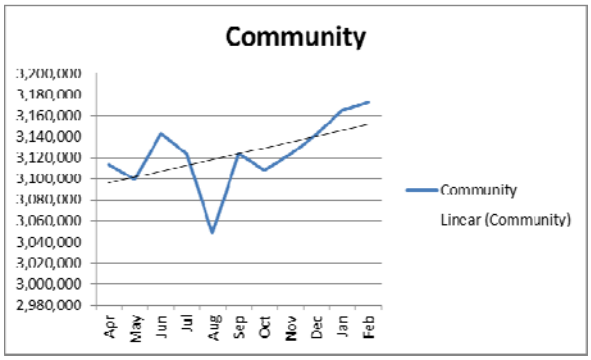
The same analysis is provided for day case income. Although fairly consistent throughout the year, February is relatively low compared to in-year peaks.

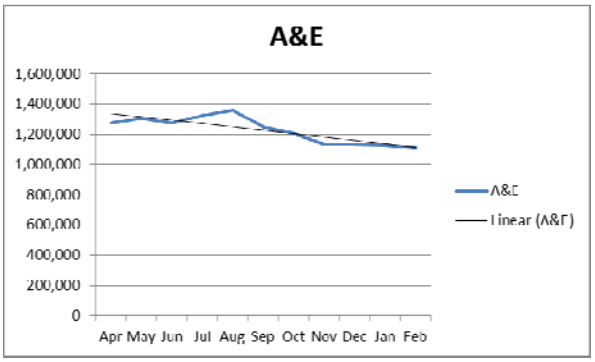


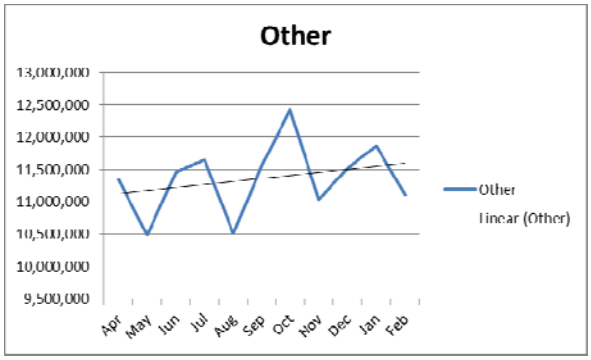
Despite the hospital being busy Non-elective income was relatively low in February reflecting the short number of days in the month. Of note are the upward trend line and the fact that upper and lower control limits are relatively tight to the trend line, noting the scale of this particular chart.



Outpatient income was again disappointing in February, not reaching its past peak levels.







In relation to A&E, Community and Other clinical income streams there are no significant issues I would wish to bring to the Board's attention.

Forecast Outturn Position

As usual the detailed finance report provides the latest estimate of the Trust's financial outturn. This has not moved from the forecast reported last month. Of note is that given our operational deficit now stands at £11.4m we do require an improvement of £0.2m in March to hit forecast. This will require continued focus on expenditure avoidance and improved activity levels.

At the time of writing this report we have agreed contractual outturn positions with Vale of York CCG, East Riding CCG, NHSE (Specialised Commissioning) and Harrogate & Rural District CCG. We have not agreed a position with Scarborough and Ryedale CCG. These agreements support our plans for increased March activity and will assist in delivery of our forecast position.

Scarborough & Ryedale CCG continue to challenge current and forecast trading levels and discussions continue to try to reach agreement. Of note is many of S&R CCG's challenges are similar to other CCG challenges which have now been satisfactorily agreed and closed. We will continue discussions with the CCG and I will keep the Board appraised.

The Board discussed in detail last month the impact of the current position and forecast outturn on the FSRR. The Board noted a score of 2. There are no changes to report to the position.

Other Issues

The Board are aware that of the agreed £20m strategic capital, payments of £17m have been received. I am pleased to report that following extensive discussions and negotiations by Steve Kitching and his team the final £3m instalment has been received by the Trust. This has been received in March and so does not feature in the reported cash position for February.

Finance Performance Report

March 2016

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 1st April 2015 to 29th February 2016

York Teaching Hospital NHS Foundation Trust

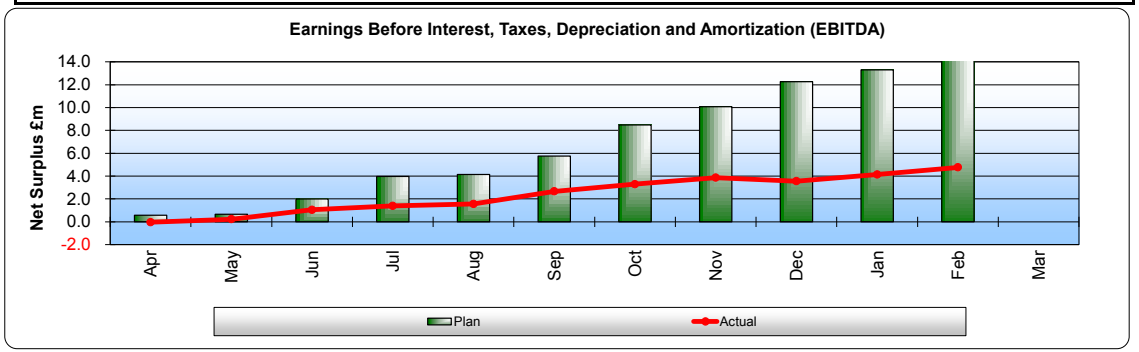
Summary Position:

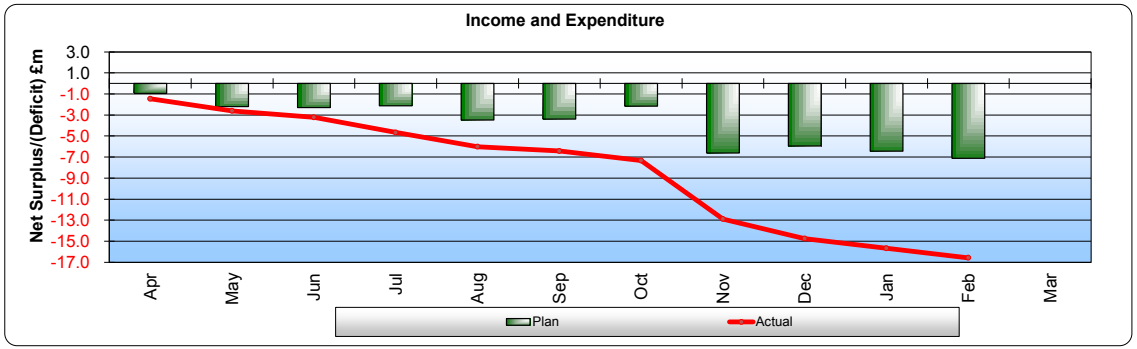
* The Trust is reporting an I&E deficit of £16.6m, placing it £9.5m behind the operational plan.

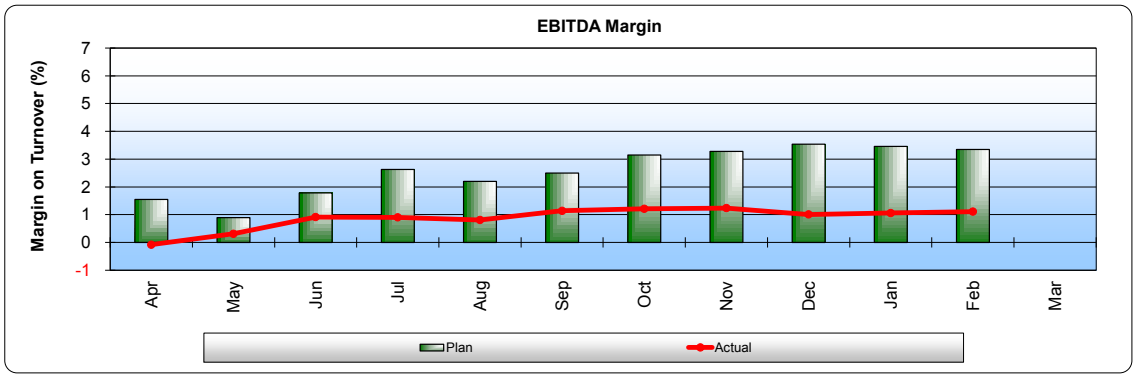
* Income is £7.1m ahead of plan, with clinical income being £3.2m ahead of plan and non-clinical income being £3.9m ahead of plan.

* Operational expenditure is ahead of plan by £16.5m, with further explanation given on the 'Expenditure' sheet.

* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £4.8m (1.11%) compared to plan of £14.1m (3.35%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	25,509	23,411	22,734	-677	24,525	-984
Planned same day (Day cases)	33,871	31,035	33,591	2,556	36,310	2,439
Non-Elective Income	104,287	95,531	96,725	1,194	107,311	3,024
Outpatients	66,517	60,884	57,559	-3,325	67,689	1,172
A&E	14,883	13,595	13,504	-91	16,039	1,156
Community	33,199	30,602	34,362	3,760	35,571	2,372
Other	132,043	120,948	120,688	-260	127,932	-4,111
	410,309	**376,006**	**379,163**	**3,157**	**415,377**	**5,068**
Non-NHS Clinical Income						
Private Patient Income	1,036	950	897	-53	973	-63
Other Non-protected Clinical Income	1,890	1,732	1,816	83	1,848	-42
	2,926	**2,682**	**2,713**	**31**	**2,821**	**-105**
Other Income						
Education & Training	14,333	13,139	14,291	1,152	15,420	1,086
Research & Development	4,156	3,810	4,473	664	4,573	417
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	600	550	677	127	739	139
Other Income	17,639	16,195	18,157	1,962	19,567	1,929
Transition support	10,907	9,998	9,997	-1	10,906	-1
	47,635	**43,692**	**47,595**	**3,904**	**51,205**	**3,571**
Total Income	**460,870**	**422,380**	**429,472**	**7,092**	**469,403**	**8,533**
Expenditure						
Pay costs	-311,829	-285,405	-292,088	-6,683	-318,551	-6,722
Drug costs	-43,831	-40,166	-46,051	-5,885	-49,186	-5,355
Clinical Supplies & Services	-44,750	-40,941	-40,466	475	-44,862	-112
Other costs (excluding Depreciation)	-46,390	-42,358	-45,513	-3,155	-49,442	-3,052
Restructuring Costs	0	0	-582	-582	-578	-578
CIP	1,596	630	0	-630	0	-1,596
Total Expenditure	**-445,204**	**-408,240**	**-424,700**	**-16,460**	**-462,618**	**-17,414**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**15,666**	**14,140**	**4,772**	**-9,368**	**6,785**	**-8,881**
Profit/ Loss on Asset Disposals	-4,500	-4,500	-4,586	-86	-4,583	-83
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation	-11,000	-10,083	-10,083	0	-11,000	0
Interest Receivable/ Payable	100	92	122	30	143	43
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-335	-307	-319	-12	-367	-32
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	-19	-19	-19	-19
PDC Dividend	-7,040	-6,453	-6,453	0	-7,040	1
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**-7,409**	**-7,112**	**-16,567**	**-9,455**	**-16,380**	**-8,971**

Contract Performance

Month 11 - The Period 1st April 2015 to 29th February 2016

York Teaching Hospital NHS
NHS Foundation Trust

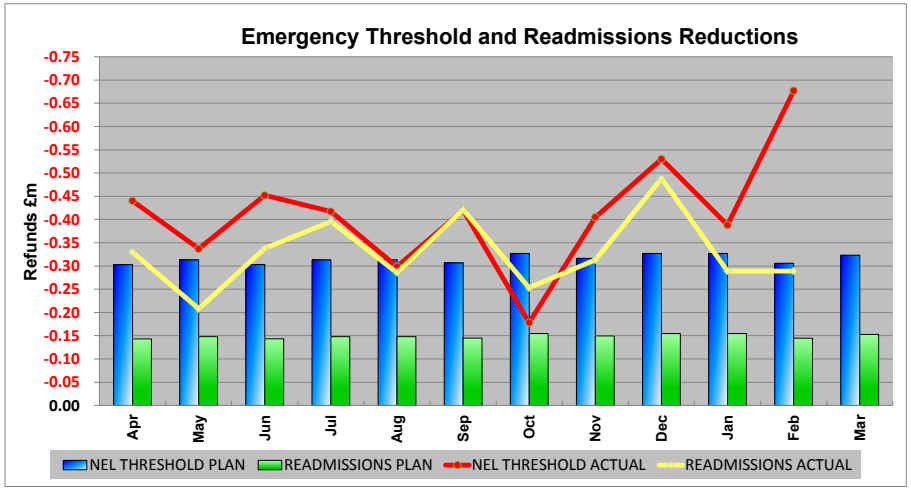
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	194,583	177,779	185,415	7,636
Scarborough & Ryedale CCG	74,977	68,421	72,084	3,663
East Riding CCG	37,600	34,251	37,869	3,618
Other Contracted CCGs	23,222	21,697	21,416	-281
NHSE - Specialised Commissioning	35,241	32,270	32,136	-134
NHSE - Public Health	14,466	13,336	13,345	9
Local Authorities	7,043	6,335	5,496	-839
Total NHS Contract Clinical Income	**387,132**	**354,089**	**367,761**	**13,672**

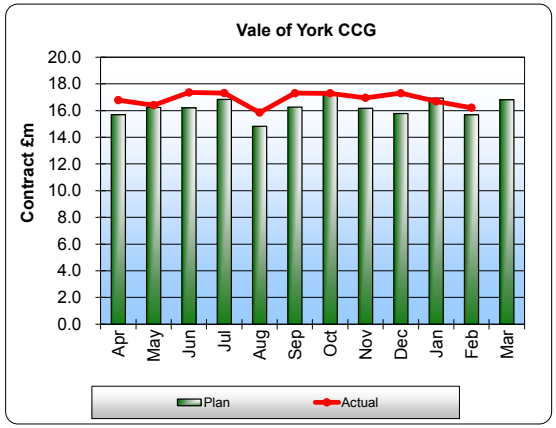
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	10,040	9,184	11,495	2,311
Risk Income	13,137	12,733	-387	-13,120
Total Other NHS Clinical Income	**23,177**	**21,917**	**11,108**	**-10,809**

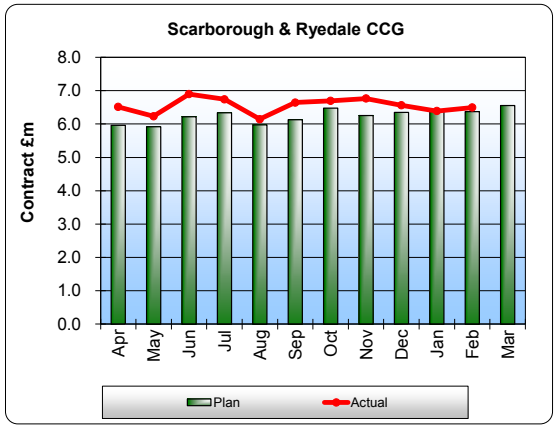
Specialist registrar income moved to other income non clinical	-1272
Winter resilience monies in addition to contract	1,566

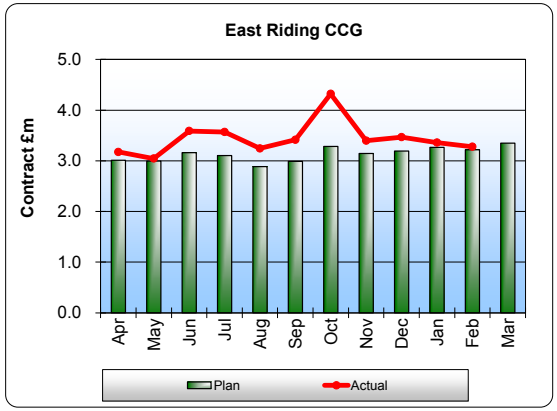
Total NHS Clinical Income	**410,309**	**376,006**	**379,163**	**3,157**

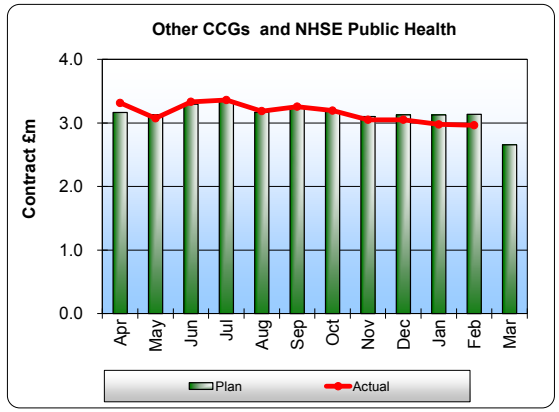
Activity data for the most recent month is partially coded; the month prior to this has over 90% coded, and earlier months are fully coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

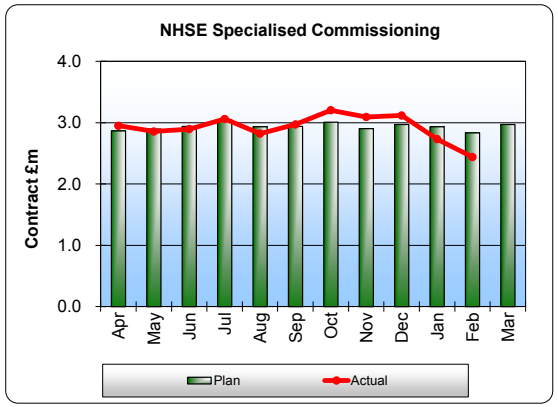


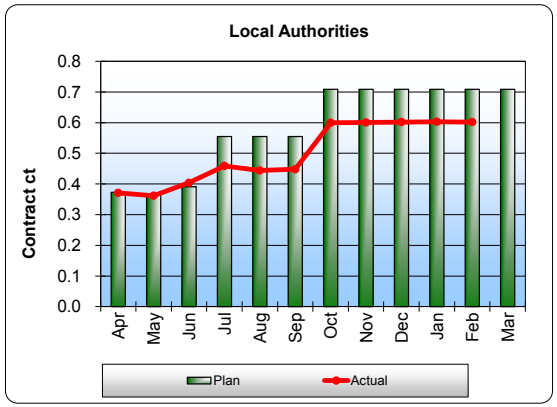












Expenditure Analysis
Month 11 - The Period 1st April 2015 to 29th February 2016

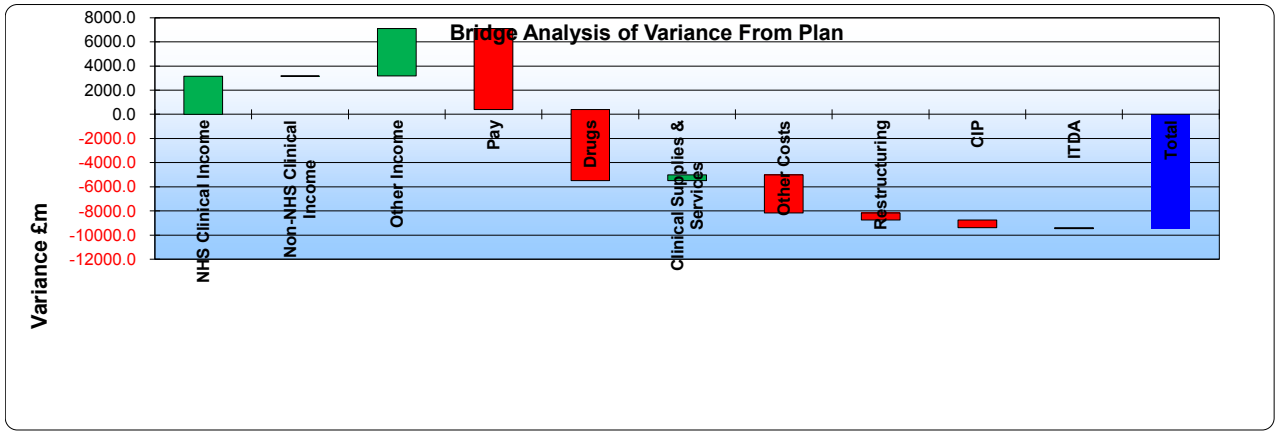
York Teaching Hospital NHS
NHS Foundation Trust

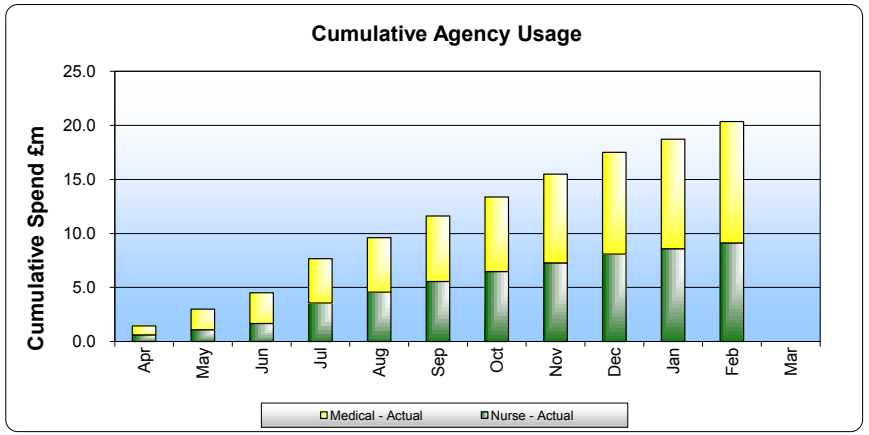
Key Messages:

There is an adverse expenditure variance of £16.5m at the end of February 2016. This comprises:

* Pay budgets are £6.7m adverse, linked to continued high locum and agency costs.
* Drugs budgets are £5.9m adverse, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £0.6m behind plan.
* Other budgets are £3.3m adverse.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	54,177	49,648	43,763	0	1,680	0	5,286	50,729	-1,081	-944	
Medical & Dental	29,301	26,808	23,769	0	184	0	5,942	29,894	-3,086	-2,702	
Nursing, Midwifery & Health Visting	93,914	86,075	74,246	493	331	3,437	9,119	87,625	-1,550	-1,381	
Professional & Technical	9,568	8,776	7,230	115	161	3	450	7,958	819	756	
Scientific & Professional	17,211	15,769	14,384	81	29	1	270	14,765	1,004	916	
P.A.M.s	22,157	20,334	18,049	52	255	2	400	18,757	1,578	1,403	
Healthcare Assistants & Other Support Staff	43,888	40,287	38,878	632	123	34	188	39,855	432	213	
Chairman and Non-Executives	161	147	148	0	0	0	0	148	-1	-1	
Executive Board and Senior Managers	14,598	13,361	12,270	6	0	0	53	12,330	1,031	939	
Administrative & Clerical	33,855	30,993	29,393	186	142	20	287	30,028	966	892	
Agency Premium Provision	3,717	3,407	0	0	0	0	0	0	3,407	3,098	
Vacancy Factor	-10,718	-10,202	0	0	0	0	0	0	-10,202	-9,442	
TOTAL	**311,829**	**285,405**	**262,130**	**1,566**	**2,903**	**3,496**	**21,994**	**292,088**	**-6,683**	**-6,253**	





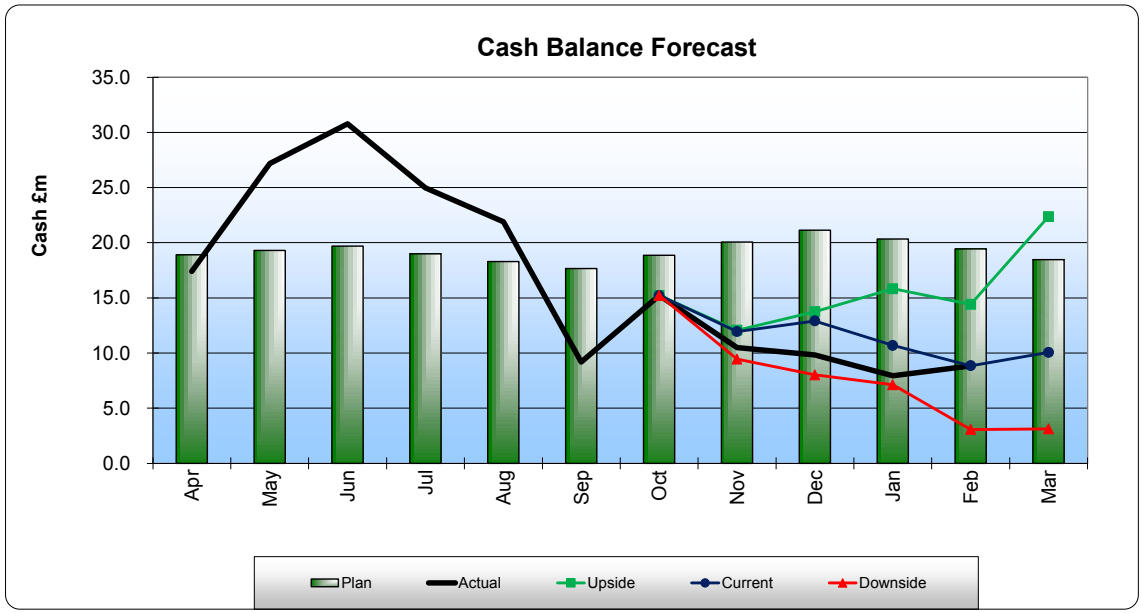
Cash Flow Management

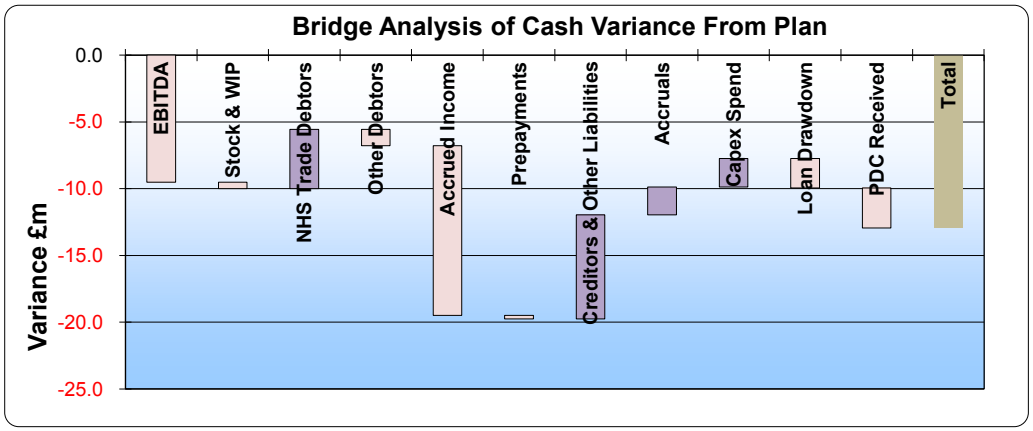
Month 11 - The Period 1st April 2015 to 29th February 2016

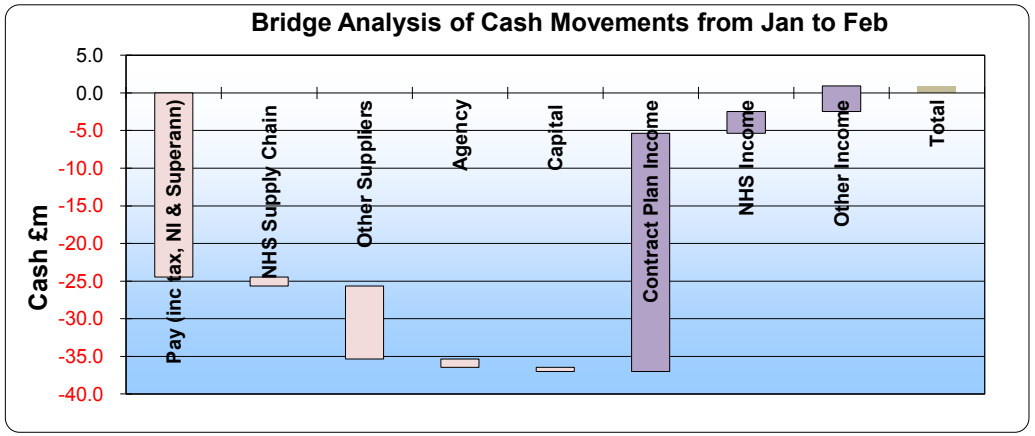
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The cash position at the end of February was £8.8m.
* We have actively increased creditor days through February to protect the Trust's cash position. The result of these actions was an overall increase of £900k from the closing balance of January.
* This is below the monitor plan, but in line with the revised cashflow forecast presented to the board in October.







Cash Flow Management
Month 11 - The Period 1st April 2015 to 29th February 2016

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

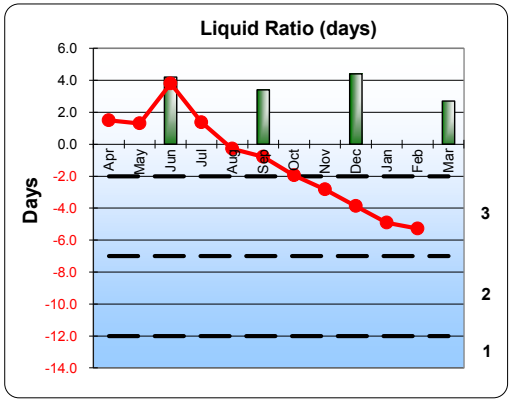
* The receivables balance at the end of February was £11.0m, which is below plan due to continued progress with debt collection.
* The payables balance at the end of February was £13.5m, which is below plan.
* The Financial Sustainability Risk Rating (FSRR), which is assessed as a score of 2 in February, and is reflective of the I&E position.

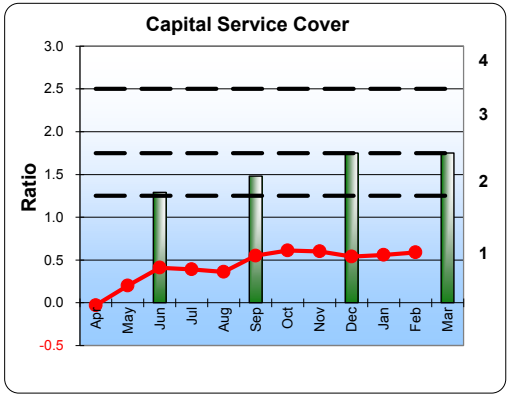
Significant Aged Debtors (+6mths)

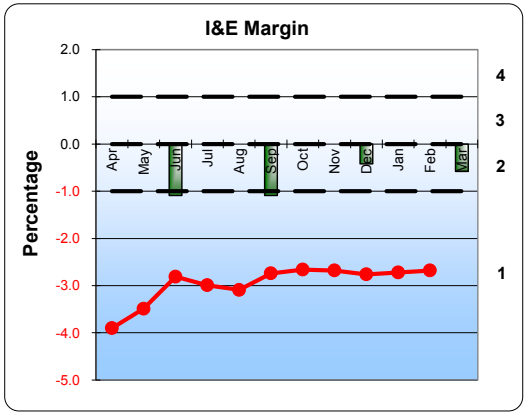
Harrogate and District NHS FT	**£545K**
NHS Vale of York CCG	**£147K**
Leeds and York Partnership NHS FT	**£68K**

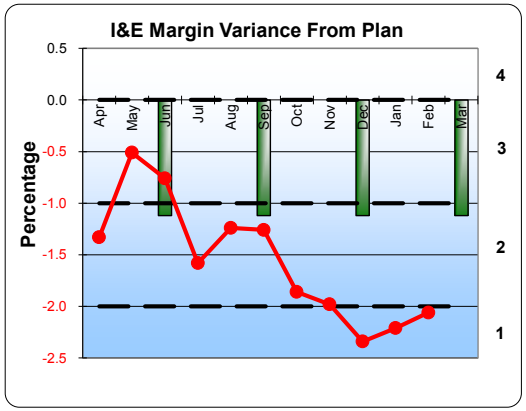
	Under 3 mths	3-6 mths	6-12 mths	12 mths +	Total
	£m	£m	£m	£m	£m
Payables	11.14	0.93	0.94	0.45	13.46
Receivables	8.95	0.99	0.35	0.72	11.01

FSRR Area of Review	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquidity (25%)	4	4	3	3
Capital Service Cover (25%)	2	2	1	1
I&E Margin (25%)	2	2	1	1
I&E Margin Variance From Plan (25%)	2	2	1	1
Overall Financial Sustainability Risk Rating	3	3	2	2







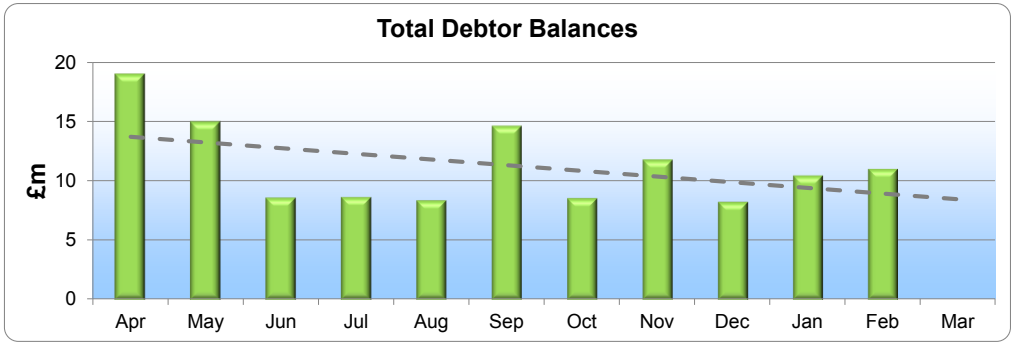


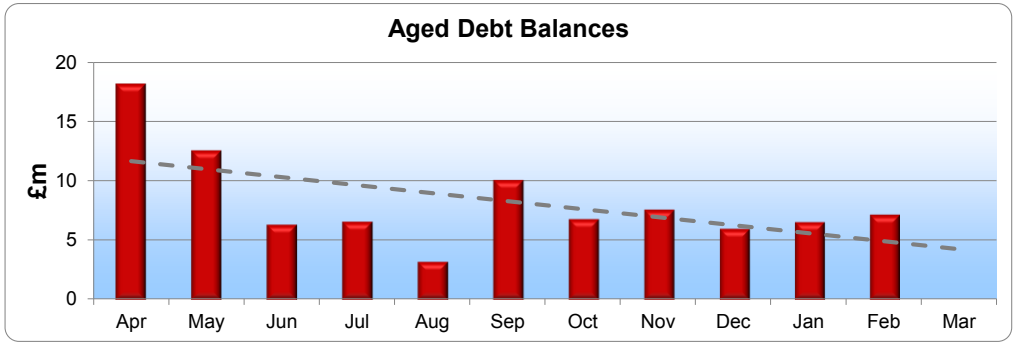
Debtor Analysis
Month 11 - The Period 1st April 2015 to 29th February 2016

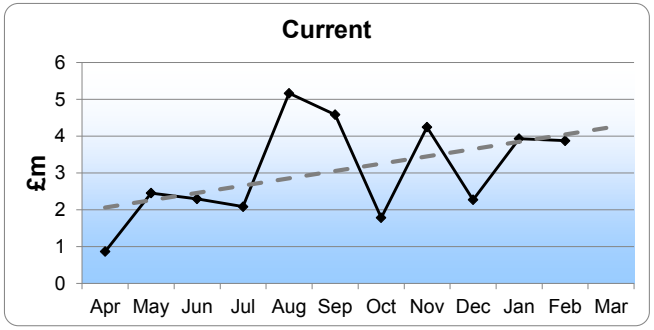
York Teaching Hospital NHS
NHS Foundation Trust

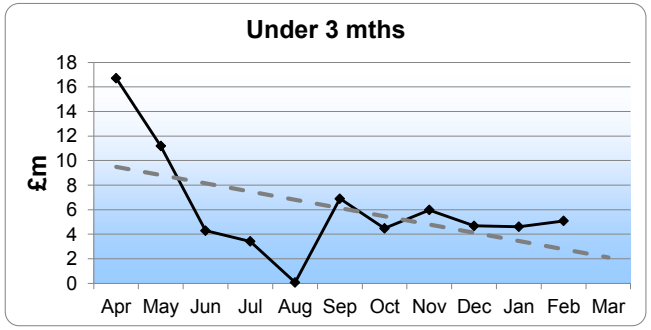
Key Messages:

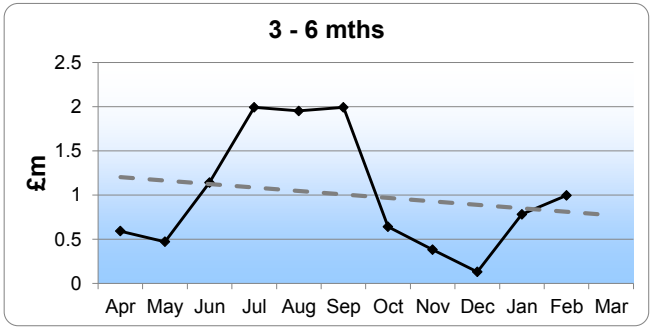
* At the end of February, the overall aged debt balance was £7.1m.
* Current invoices are trending upwards as activity continues around raising invoices and reducing accrued income.
* Debtors of under 3 months and 3 -6 months continue to trend downwards, as debt collection remains a focus.
* Debtors over 6 months are lower in value and are currently under review.

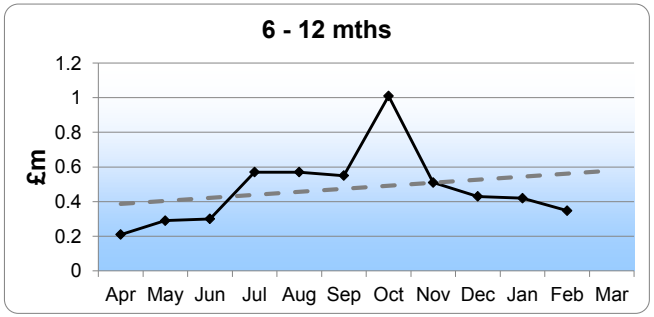


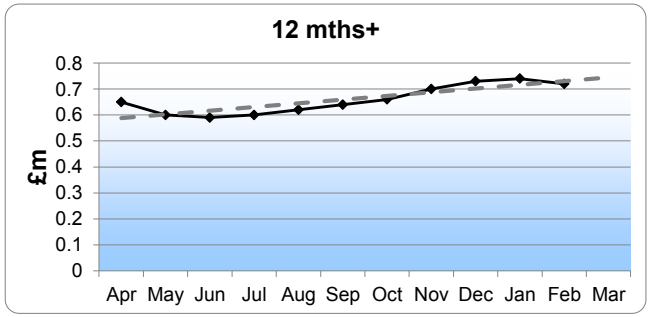












Capital Programme

Month 11 - The Period 1st April 2015 to 29th February 2016

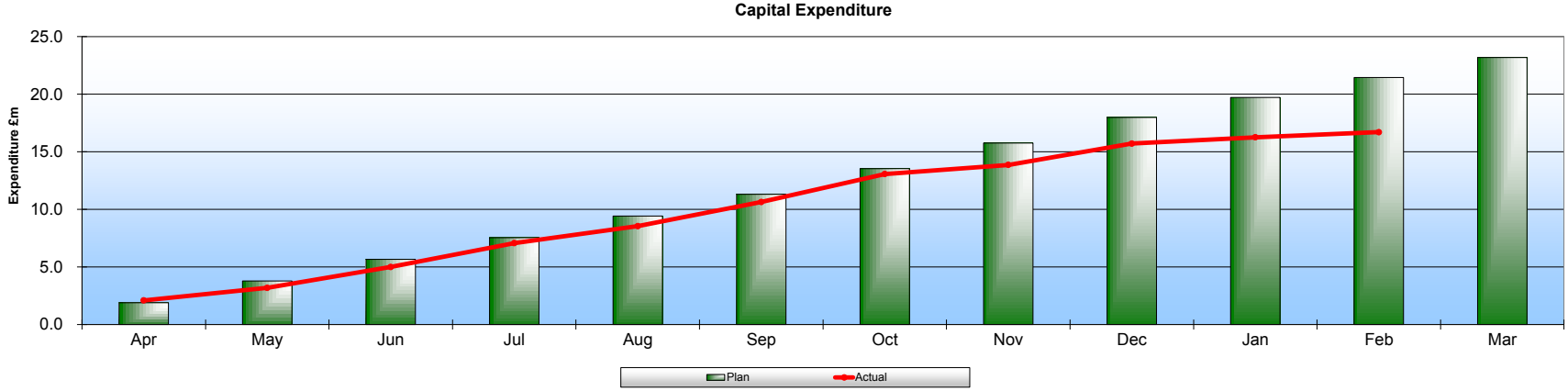
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The overall plan has reduced by £4.691m this is partly due to the Radiology equipment replacement plan moving into next year but also due to the Capital Programme Executive Group making the decision to delay the start of projects to April 2016 in order to protect the Trusts cash positon.

* The Scarborough and Bridlington Carbon Energy Scheme remains the largest projected in year spend currently at £4.871m and is due to complete in April 2016

* Strategic funding has been allocated to existing projects across the Scarborough site, including the Fire Alarm and Lift replacement projects and the upgrade of the IT network.



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
CT Scanner replacement- York (Owned)	2,015	1,721	1,720	295	
Fire Alarm System SGH	440	242	300	140	
York ED Phase 2	1,264	430	500	764	
SGH/ Brid Carbon & Energy Project	5,087	4,871	5,000	87	
Radiology Equipment Upgrade	3,085	18	-	3,085	
IT Wireless Upgrade - Trustwide	1,400	1,006	1,300	100	
Other Capital Schemes	3,655	3,246	4,116	-461	
SGH Estates Backlog Maintenance	1,000	689	647	353	
York Estates Backlog Maintenance - York	1,000	1,119	1,137	-137	
Medical Equipment	650	586	590	60	
IT Capital Programme	1,500	856	970	530	
Capital Programme Management	1,150	1,381	1,400	-250	
Radiology Lift Replacement SGH	440	35	40	400	
York Endoscopy Phase 1&2	-	245	275	-275	
Urology Facilities Malton	-	255	500	-500	
Contingency	500	-	-	500	Contingency funding has been allocated to specific projects
TOTAL CAPITAL PROGRAMME	**23,186**	**16,700**	**18,495**	**4,691**	A level of capital creditors is included in the total spend figure.

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£	£	£	£	
Depreciation	9,614	8,103	9,542	72	
Loan Funding b/fwd	1,386	1,386	1,386	-	
Loan Funding	9,577	5,206	5,234	4,343	
Charitable Funding	739	288	576	163	
Strategic Capital Funding	1,870	1,717	1,757	113	
TOTAL FUNDING	**23,186**	**16,700**	**18,495**	**4,691**	

Efficiency Programme

Month 11 - The Period 1st April 2015 to 29th February 2016

York Teaching Hospital NHS
NHS Foundation Trust

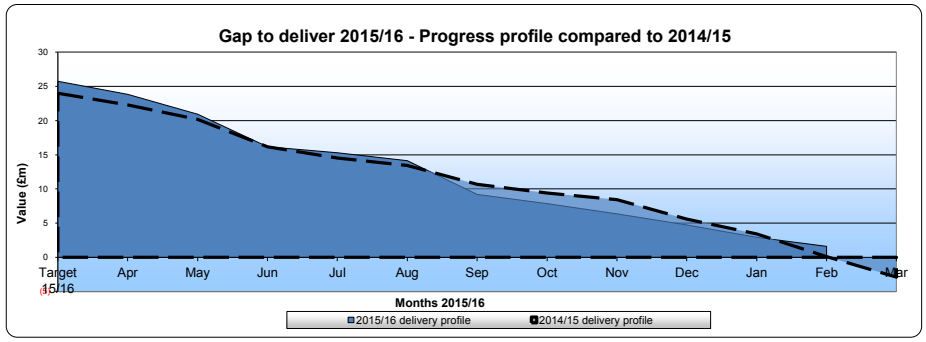
Key Messages:

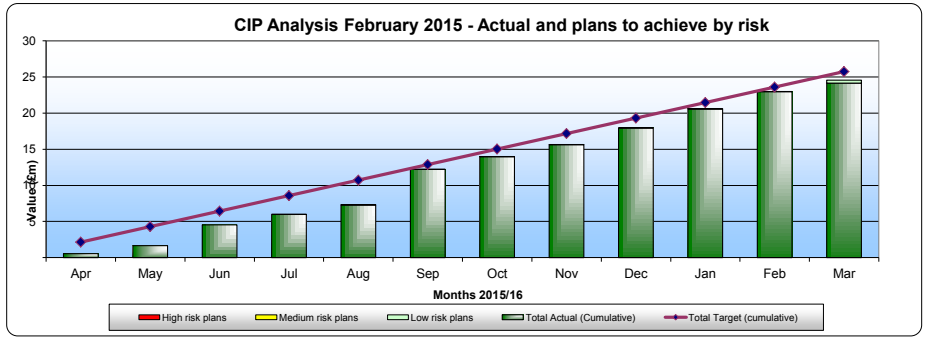
* Delivery - £24.2m has been delivered against the Trust annual target of £25.8m, giving a shortfall of (£1.6m).
* Part year Monitor variance - The part year Monitor variance has a shortfall of (£0.6m).
* In year planning - The in year planning gap is currently (£1.2m). In Q4 we exclude all in year high risk plans and medium risk plans.
* Four year planning - The four year planning gap is (£22.8m). 2016/17 now includes the revised Target figure.
* Recurrent delivery - Recurrent delivery is £10.7m, which is 41% of the 2015/16 CIP target.

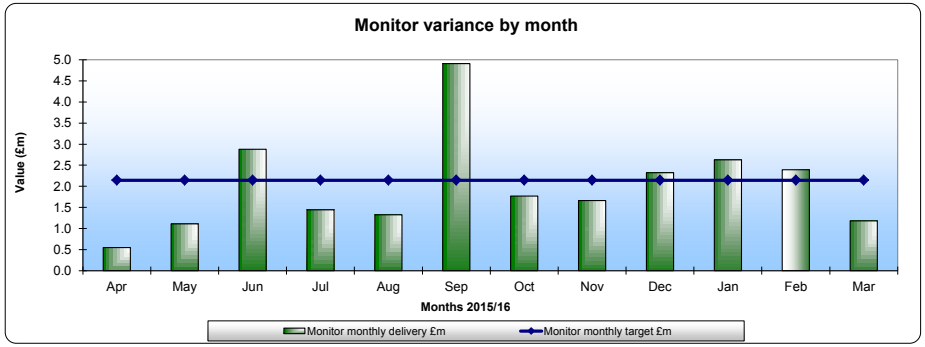
Executive Summary - February 2015	Total £m
TARGET	
In year target	25.8
DELIVERY	
In year delivery	24.2
In year delivery (shortfall)/Surplus	-1.6
Part year delivery (shortfall)/surplus - monitor variance	-0.6
PLANNING	
In year planning surplus/(gap)	-1.2
FINANCIAL RISK SCORE	
Overall trust financial risk score	(1 - RED)

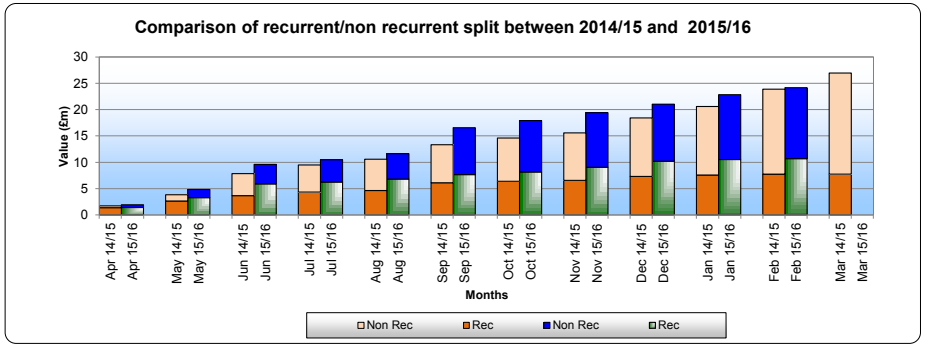
4 Year Efficiency Plan - February 2015					
Year	2015/16	2016/17	2017/18	2018/19	**Total**
	£m	£m	£m	£m	**£m**
Base Target	25.8	26.4	15.2	15.2	**82.6**
Plans	24.6	20.0	10.3	4.9	**59.7**
Variance	-1.2	-6.4	-4.9	-10.3	**-22.8**
%	**95%**	**76%**	**68%**	**32%**	**72%**

Risk Ratings			
Financial			
Score	January	February	Trend
1	15	12	↓
2	2	5	↑
3	4	3	↓
4	4	5	↑
5	1	1	↓
Governance			
Score	January	February	Trend
Red	0	0	→
Green	26	26	→







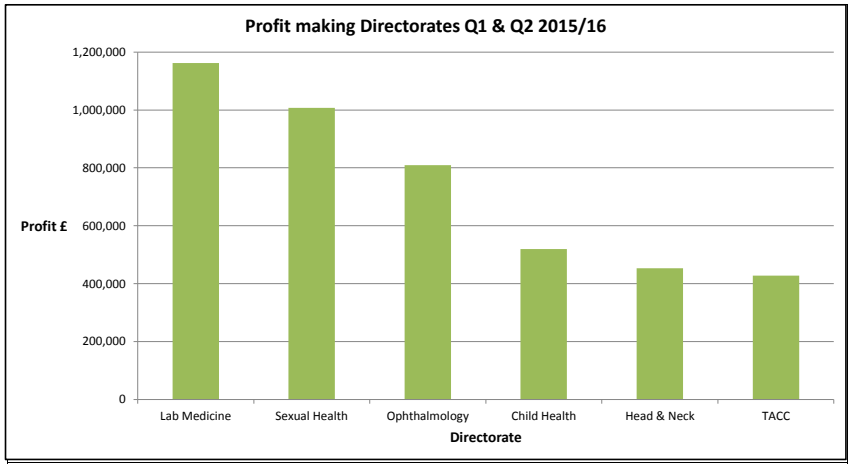


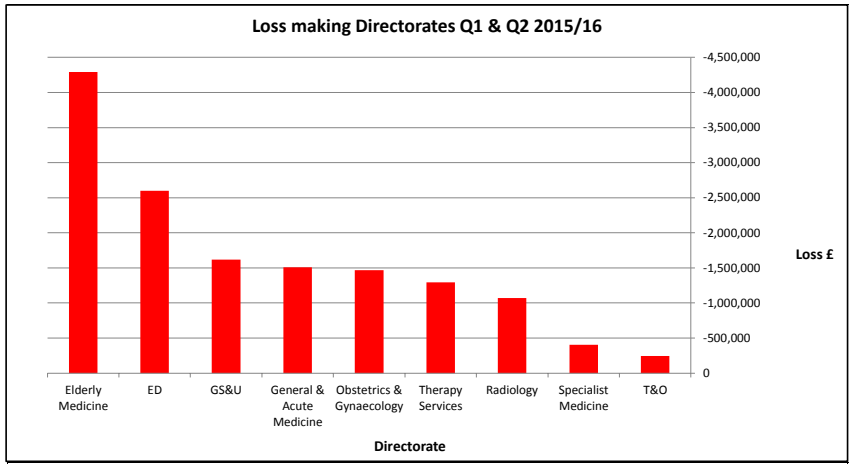
Service Line Reporting
Month 11 - The Period 1st April 2015 to 29th February 2016

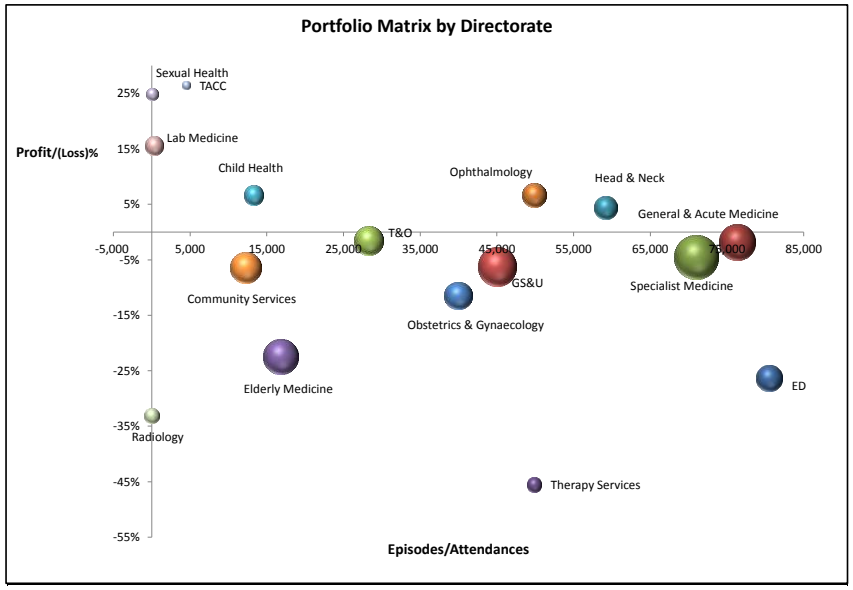
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Current data is based on Q1 & Q2 2015/16
* It is expected Q3 2015/16 will be completed towards the end of March 2016
* Directorate teams are being asked, on a quarterly basis, to confirm that the consultant PA's allocations used within the SLR system are correct
* Deep dive work is continuing within a number of Directorates







DATA PERIOD	Q1 & Q2 2015/16
CURRENT WORK	* Q3 2015/16 SLR data is now the key focus following the publication of Q2 data. Q3 2015/16 is expected to be completed towards the end of March 2016 * A detailed deep dive piece of work is currently in progress for Women's Health with the aim of identifying what the true underlying financial position of the service is * Deep dive work for Child Health, Elderly Medicine, General & Acute Medicine and Emergency Medicine is underway to agree the income and expenditure allocation methods * Work with Directorate teams is currently on-going to improve the quality of consultant job plan allocations used within the SLR system for each quarterly reporting period
FUTURE WORK	* Q4 2015/16 SLR data and Reference Costs will be the priority following the completion of Q3 * The SLR team are continuing to work with Directorate teams to improve the quality of outpatient staffing group costs within SLR * Future work around junior doctor job plans will become a key focus to improve the quality of the SLR data and also to inform the annual mandatory Education & Training cost collection exercise *Preparatory work for the Reference Cost and Education & Training mandatory submissions will soon begin ahead of the July and August submission deadlines

BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	**£2.7m**

Executive Pack

February 2016

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	0	0	0	0	2,910	2,661	2,958	297	0	0	10	10	945	866	199	-667	818	749	80	-669	0	0	0	0	0	0	0	0
Acute Medicine	0	0	12	12	219	200	1,067	867	92	84	399	315	774	709	930	221	1,004	920	987	67	94	86	35	-51	0	0	0	0
Anaesthetics	54	49	49	-0	17	16	23	7	1,750	1,603	1,726	123	1,650	1,511	1,806	295	2,466	2,259	2,693	434	0	0	0	0	24	22	114	92
Cardiology	670	614	245	-369	2,841	2,598	2,283	-315	1,098	1,006	1,180	174	12,125	11,107	12,284	1,177	19,537	17,896	14,583	-3,313	155	142	353	211	5,627	5,154	5,268	114
Chemical Pathology	0	0	0	0	0	0	2	2	54	49	34	-15	50	46	119	73	82	75	313	238	0	0	0	0	0	0	0	0
Clinical Neuro-Physiology	0	0	0	0	0	0	0	0	0	0	0	0	1,254	1,149	1,141	-8	70	64	82	18	0	0	1	1	0	0	0	0
Dermatology	0	0	0	0	8	7	2	-5	365	334	89	-245	7,292	6,679	5,243	-1,436	16,299	14,930	13,385	-1,545	424	388	106	-282	15,441	14,144	17,973	3,829
Ear, Nose And Throat	748	685	700	15	998	913	967	54	1,086	1,006	1,149	143	7,810	7,154	6,785	-369	8,307	7,609	8,884	1,275	12	11	26	15	8,987	8,232	8,787	555
Endocrinology	8	7	4	-3	3,698	3,382	2,721	-661	482	442	406	-36	2,203	2,018	1,814	-204	7,137	6,537	6,657	120	506	463	20	-443	0	0	1	1
Gastroenterology	229	210	223	13	4,901	4,509	4,745	236	9,602	8,795	8,588	-207	6,261	5,735	4,352	-1,383	11,532	10,563	7,820	-2,743	1,026	940	1,042	102	60	55	64	9
General Medicine	5	5	8	3	474	427	677	250	2,921	2,667	2,362	-305	92	84	79	-5	133	122	23	-99	18	16	10	-6	79	72	46	-26
General Surgery	2,898	2,655	2,396	-259	7,276	6,654	6,499	-155	10,767	9,863	9,461	-402	15,242	13,960	13,992	32	23,074	21,128	18,631	-2,497	794	727	700	-27	3,999	3,663	3,152	-511
Genito-Urinary Medicine	0	0	0	0	0	0	0	0	0	0	0	0	25,550	23,115	17,272	-5,843	11,980	10,837	9,630	-1,207	0	0	0	0	0	0	0	0
Geriatric Medicine	6	5	16	11	10,035	9,229	9,755	526	172	158	152	-6	3,844	3,521	3,665	144	3,851	3,528	3,142	-386	941	862	240	-622	46	42	39	-3
Gynaecology	822	753	771	18	980	896	1,075	179	1,474	1,350	1,388	38	7,670	7,026	6,975	-51	5,650	5,175	5,831	656	0	0	1	1	4,761	4,361	3,886	-475
Haematology (Clinical)	42	38	37	-1	219	206	207	1	3,973	3,665	3,779	114	1,898	1,739	1,805	66	12,845	11,786	12,340	554	668	612	598	-14	126	115	47	-68
Maxillofacial Surgery	352	322	283	-39	378	346	379	33	1,951	1,787	2,136	349	7,009	6,420	6,652	232	8,372	7,669	8,165	496	0	0	0	0	1,846	1,691	2,767	1,076
Medical Oncology	58	53	44	-9	148	135	126	-9	6,952	6,368	7,231	863	4,186	3,834	3,955	121	22,970	21,041	22,745	1,704	25,582	23,433	18,598	-4,835	90	82	123	41
Nephrology	72	66	94	28	1,606	1,469	1,048	-421	784	718	733	15	791	725	679	-46	8,311	7,613	6,386	-1,227	3,714	3,402	3,346	-56	0	0	0	0
Neurology	14	13	7	-6	207	196	156	-40	811	748	798	50	3,303	3,027	2,653	-374	6,115	5,601	4,932	-669	910	834	672	-162	56	51	0	-51
Obstetrics & Midwifery	24	22	38	16	5,338	4,881	5,174	293	0	0	0	0	46	42	51	9	1,166	1,068	1,178	110	0	0	0	0	168	154	94	-60
Ophthalmology	251	230	263	33	86	79	52	-27	5,385	4,933	5,633	700	16,145	14,789	13,636	-1,153	57,783	52,929	47,869	-5,060	0	0	0	0	12,929	11,843	11,232	-611
Orthodontics	0	0	0	0	0	0	0	0	0	0	0	0	1,491	1,366	1,197	-169	1,886	1,728	1,561	-167	0	0	0	0	9,636	8,827	8,203	-624
Paediatrics	65	60	53	-7	7,156	6,544	7,410	866	214	196	294	98	5,294	4,849	4,883	34	10,255	9,381	9,431	50	424	388	397	9	670	614	642	28
Palliative Medicine	0	0	0	0	0	0	0	0	0	0	0	0	1,048	960	345	-615	3,938	3,607	1,492	-2,115	418	383	258	-125	0	0	0	0
Plastic Surgery	34	31	42	11	8	7	11	4	338	310	391	81	407	373	576	203	512	469	580	111	0	0	1	1	29	27	56	29
Restorative Dentistry	0	0	0	0	0	0	0	0	0	0	0	0	629	576	706	130	441	404	366	-38	0	0	0	0	1,619	1,483	1,155	-328
Rheumatology	6	5	2	-3	14	13	4	-9	2,160	1,979	2,128	149	2,732	2,503	2,538	35	13,097	11,997	13,915	1,918	1,254	1,149	1,294	145	0	0	0	0
Thoracic Medicine	86	79	82	3	3,611	3,302	3,319	17	498	456	593	137	3,859	3,535	2,868	-667	10,544	9,658	8,510	-1,148	134	123	121	-2	296	271	182	-89
Trauma And Orthopaedic Surgery	1,955	1,802	1,705	-97	3,358	3,079	2,907	-172	2,283	2,091	2,382	291	18,700	17,129	17,410	281	27,248	24,959	26,185	1,226	0	0	0	0	1,460	1,337	1,427	90
Urology	1,566	1,434	1,481	47	1,598	1,461	1,529	68	5,844	5,353	8,728	3,375	2,662	2,438	4,822	2,384	4,243	3,887	8,771	4,884	14	13	32	19	3,788	3,470	286	-3,184
Obstetrics & Midwifery Zero Tariff	0	0	0	0	6,332	5,790	6,201	411	0	0	0	0	8,090	7,410	8,491	1,081	35,308	32,342	25,175	-7,167	0	0	0	0	9,460	8,665	9,115	450
Gynaecology Zero Tariff	4	4	2	-2	362	331	300	-31	2	2	3	1	4	4	1	-3	42	38	24	-14	0	0	0	0	20	18	14	-4
Total	**9,969**	**9,143**	**8,557**	**-586**	**64,778**	**59,330**	**61,597**	**2,267**	**61,058**	**55,962**	**61,773**	**5,811**	**171,056**	**156,398**	**149,924**	**-6,474**	**337,016**	**308,570**	**292,366**	**-16,204**	**37,088**	**33,973**	**27,851**	**-6,122**	**81,217**	**74,395**	**74,673**	**278**

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

Efficiency Programme Update – February 2016

Action requested/recommendation

The Committee is asked to note the February 2016 position.

Summary

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2015/16 target is £25.8m and year to date delivery, as at February 2016, is £24.2m.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	This report is presented to the Board of Directors and 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 Corporate Finance & Resource Management
Date of paper	March 2016
Version number	Version 1

Briefing note for the Finance & Performance Committee Meeting 22nd March 2016
Briefing note for the Board of Directors Meeting 30th March 2016

Subject: February 2016 - Efficiency Position
From: Steven Kitching, Head of Corporate Finance & Resource Management

Summary reported position for February 2016

Current position – highlights

Delivery - Overall delivery is £24.2m in February 2016 which is (93%) of the £25.8m annual target; there has been a £1.4m improvement in the position in the month. This position compares to a delivery position of £23.9m (99.5%) in February 2015.

The month 11 part year adverse variance is (£0.6m) which has improved in the month by (£0.3m). This position falls short of the 2014/15 position which was effectively achieved at this point last year.

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

In year planning – There is an in-year planning gap of (£1.2m) at February 2016, this has improved marginally in the month. Given that we are confident of full delivery for 2015/16, this gap will be closed.

Four year planning – The four year planning gap is (£22.8m) this position has declined by (£8.3m) in the month, however is should be noted the current planned target of £26.4m for 2016/17 (previously plan figure was £15.3m) is now included in the 4 year target total; therefore the underlying improvement in month is £2.8m. The comparative position in February 2015 was a gap of (£36.5m).

Recurrent vs. Non recurrent – Of the £24.2m delivery, £10.7m (44%) has been delivered recurrently. Recurrent delivery is £3.0m ahead of the same position in February 2015, which remains encouraging. The work continues to identify recurrent schemes.

The Committee should note that a specific piece of work is underway with the Director and Deputy Director of Finance to identify consistent areas of non-recurrent delivery by Directorate, which will then be removed as recurrent. This work is to be completed by the end of Q1 2016/17.

Quality Impact Assessments (QIA) – The current QIA process is currently being reviewed for the new financial year and Mr Khafagy, Consultant Urologist, has agreed to provide an overview and input to this process, to ensure it remains fit for purpose.

Overview

The overall delivery position remains on track for full delivery at the financial year end. The 4 year planning gap has increased by (£8.3m) in the month, however it should be noted that the 2016/17 target has been increased by £11.1m to match the 2016/17 CIP target of £26.4m, therefore we have an underlying £2.8m improvement in the month.

Recurrent delivery remains relatively strong, with the percentage recurrent delivery at £10.7m (44%) of overall delivery to date which is ahead of last year by £3m.

The Committee should note that a specific piece of work is underway with the Director and Deputy Director of Finance to identify consistent areas of non-recurrent delivery by Directorate, which will then be removed as recurrent. This work is to be completed by the end of Q1 2016/17.

It should also be noted that the current QIA process is currently being reviewed for the new financial year and Mr Khafagy, Consultant Urologist, has agreed to provide an overview and input to this process, to ensure it remains fit for purpose.

Risks

Given the positive position after 11 months, the main risks identified in the programme relate to 2016/17.

- The current target for 2016/17 is £26.4m, with plans identified at £20m; this leaves a (£6.4m) planning gap at this stage.

- Recurrent delivery remains a key focus, and a targeted piece of work is underway as noted above.

- The plan is to make significant changes to the programme in 2016/17, for example a key focus around the Lord Carter work streams, the differentiation of targets and the review of the target profile. It is unclear at this stage how this will impact on delivery and engagement in the programme, which has been a significant strength of the Efficiency Programme at the Trust and was highlighted as such by Monitor.

RISK SCORES - FEBRUARY 2016 -APPENDIX 1

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

RISK SCORES - FEBRUARY 2016 - APPENDIX 2

DIRECTORATE	Yr1 Target (£000)	4Yr Target (£000)	Yr 1 Plan v Target		Yr 1 Delivery v Target		Y1 Recurrent Delivery v target		4 Yr Plan v Target		Risk Score	
			%	Score	%	Score	%	Score	%	Score	Total Score	Monitor Rating
WOMENS HEALTH	2,239	4,041	32%	1	29%	1	20%	1	67%	1	4	1
EMERGENCY MEDICINE	1,126	2,463	43%	1	43%	1	42%	1	42%	1	4	1
SPECIALIST MEDICINE	2,884	6,704	53%	1	51%	1	29%	1	72%	1	4	1
GEN MED SCARBOROUGH	1,150	2,475	64%	1	62%	1	55%	1	53%	1	4	1
RADIOLOGY	2,410	4,020	71%	1	71%	1	52%	1	54%	1	4	1
CHILD HEALTH	1,335	2,870	81%	1	71%	1	50%	1	74%	1	4	1
TACC	2,959	7,175	79%	1	79%	1	66%	2	51%	1	5	1
HEAD AND NECK	625	1,833	66%	1	93%	2	26%	1	65%	1	5	1
GS&U	2,087	5,273	95%	2	93%	2	55%	1	65%	1	6	1
OPHTHALMOLOGY	870	2,438	90%	2	88%	2	65%	2	55%	1	7	1
COMMUNITY	1,562	4,007	72%	1	74%	1	54%	1	124%	5	8	2
MEDICINE FOR THE ELDERLY	1,424	3,723	104%	3	111%	4	46%	1	91%	2	10	2
AHP & PSYCHOLOGICAL MEDICINE DIRECTORATE	1,612	3,700	119%	4	115%	4	62%	2	86%	1	11	2
GEN MED YORK	1,949	5,235	100%	2	100%	3	64%	2	122%	5	12	3
LAB MED	1,144	3,247	129%	5	129%	5	78%	4	94%	2	16	4
SEXUAL HEALTH	470	1,040	148%	5	148%	5	11%	1	134%	5	16	4
ORTHOPAEDICS	1,354	3,646	184%	5	184%	5	64%	2	128%	5	17	4
PHARMACY	-189	503	140%	5	120%	5	120%	5	259%	5	20	5
CORPORATE												
OPS MANAGEMENT YORK	695	1,090	44%	1	33%	1	0%	1	89%	1	4	1
SNS	1,117	2,139	97%	2	97%	3	55%	1	75%	1	7	1
CHIEF NURSE TEAM DIRECTORATE	378	695	102%	3	96%	3	23%	1	56%	1	8	2
ESTATES AND FACILITIES	3,088	7,650	99%	2	97%	3	52%	1	120%	4	10	2
MEDICAL GOVERNANCE	103	222	207%	5	207%	5	18%	1	98%	2	13	3
WORKFORCE AND ORGANISATIONAL DEVELOPMENT	768	1,536	124%	5	124%	5	59%	1	117%	4	15	3
FINANCE	151	890	382%	5	382%	5	163%	5	65%	1	16	4
CHAIRMAN & CHIEF EXECUTIVES OFFICE	18	407	1900%	5	1900%	5	965%	5	85%	1	16	4
TRUST SCORE	**33,331**	**79,022**	**95%**	**2**	**94%**	**2**	**41%**	**1**	**85%**	**1**	**6**	**1**

G3

Providing care together in York, Scarborough, Bridlington, Malton, Whitby, Selby and Easingwold communities.

York Teaching Hospital NHS
NHS Foundation Trust

Public Performance Report

March 2016

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

Access Targets: 18 Weeks

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Incomplete Pathway: Percentage of patients on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral	**Specialty fail:** £300 fine per patient below performance tolerance **Quarterly:** 1 Monitor point TBC	**92%**	92.5%	92.8%	93.8%	94.0%	94.0%	93.5%	93.8%
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**	2	3	0	0	0	0	0
Admitted Pathway: Percentage of admitted patients starting treatment within a maximum of 18 weeks from Referral	Nil	**Not a 2015/16 target**	80.7%	75.6%	76.3%	77.8%	82.1%	75.3%	74.0%
Non Admitted Pathway: Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from Referral	Nil	**Not a 2015/16 target**	95.4%	95.2%	95.1%	95.3%	95.2%	95.0%	95.1%

Access Targets: Cancer

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

Indicator	Consequence of Breach	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Nov	Dec	Jan
14 Day Fast Track	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	89.8%	93.9%	91.9%	95.2%	94.8%	95.5%	91.7%
14 Day Breast Symptomatic	**Quarterly:** £200 fine per patient below performance tolerance 0.5 Monitor point TBC	**93%**	91.0%	91.4%	94.0%	94.8%	92.4%	96.0%	93.1%
31 Day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**96%**	96.1%	96.2%	99.3%	99.5%	99.1%	99.6%	99.2%
31 Day Subsequent Treatment (surgery)	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**94%**	95.6%	94.4%	97.3%	95.5%	92.3%	100.0%	97.1%
31 Day Subsequent Treatment (anti cancer drug)	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point TBC	**98%**	98.5%	99.6%	100.0%	100.0%	100.0%	100.0%	98.9%
62 day 1st Treatment	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**85%**	76.5%	87.8%	85.1%	84.5%	83.0%	90.0%	84.8%
62 day Screening	**Quarterly:** £1000 fine per patient below performance tolerance 0.5 Monitor point tbc	**90%**	92.2%	98.4%	92.0%	97.0%	100.0%	96.2%	92.0%
62 Day Consultant Upgrade	General Condition 9	**85%**	50.0%	-	-	-	-	-	-

Emergency Department

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Percentage of A & E attendances where the Patient was admitted, transferred or discharged within 4 hours of their arrival at an A&E department	£120 fine per patient below performance tolerance (maximum 10% breaches) **Quarterly**: 1 Monitor point TBC	**95%**	89.1%	88.3%	91.5%	87.1%	89.3%	86.8%	84.8%
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	**0 > 30min**	520	539	315	336	123	112	213
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	**0 > 60min**	383	415	139	190	59	114	217
Ambulance Handovers over 30 and 60 Minutes by CCG	**Ambulance Handovers over 30 and 60 Minutes by CCG**	**Breach Category**	**Q4 14/15**	**Q1 15/16**	**Q2 15/16**	**Q3 15/16**	**Dec**	**Jan**	**Feb**
	NHS VALE OF YORK CCG	30mins - 1hr	161	163	88	91	25	37	73
		1hr 2 hours	109	114	47	74	15	25	50
		2 hours +	44	26	19	18	4	21	35
	NHS SCARBOROUGH AND RYEDALE CCG	30mins - 1hr	177	152	94	127	49	33	71
		1hr 2 hours	83	101	28	42	16	25	49
		2 hours +	25	28	1	7	2	4	16
	NHS EAST RIDING OF YORKSHIRE CCG	30mins - 1hr	134	146	82	86	41	34	53
		1hr 2 hours	70	76	23	36	15	23	34
		2 hours +	17	22	1	4	3	4	12
	NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	30mins - 1hr	20	27	13	10	3	4	8
		1hr 2 hours	15	14	6	2	0	3	10
		2 hours +	2	3	0	0	0	1	4
	NHS HARROGATE AND RURAL CCG	30mins - 1hr	6	1	1	0	0	0	2
		1hr 2 hours	0	0	1	0	0	1	1
		2 hours +	0	0	0	0	0	0	0
	OTHER	30mins - 1hr	22	50	37	22	5	4	6
		1hr 2 hours	12	27	12	6	3	6	6
		2 hours +	6	4	1	1	1	1	0
Total number of patients waiting over 8hrs in A&E	General Condition 9	Q1 - Establish baseline	944	732	431	1060	264	407	592
Trolley waits in A&E not longer than 12 hours	£1,000 per incidence in the relevant month	**0 > 12 hrs**	11	0	1	18	0	0	20
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%**	97.6%	97.5%	97.1%	98.4%	98.9%	To follow	To follow

Mortality

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Jan 13 - Dec 13	Apr 13 - Mar 14	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	**A banding of "Significantly higher that expected" in SHMI using the "Extract Poisson Distribution" method for deriving upper and lower confidence limits, applied to each sub-group reported**	93	95	98	99	97	96	95
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9		105	107	108	109	107	108	107

Infection Prevention

Indicator	Consequence of Breach (Monthly)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Minimise rates of Clostridium difficile	*Schedule 4 part G* **Quarterly:** 1 Monitor point tbc	**48**	21	21	14	15	7	7	5
Number of Clostridium difficile due to "lapse in care"	Establish baseline and set trajectory	**TBC**	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of E-Coli cases	**Quarterly:** General Condition 9	**108 (TBC)**	27	24	16	23	8	11	15
Number of Methicillin Sensitive Staphylococcus Aureus (MSSA) bacteraemia cases	**Quarterly:** General Condition 9 (identified in 15/16 contract as HPA MESS monthly)	**30**	13	11	9	10	2	2	2
Zero tolerance MRSA	£10,000 in respect of each incidence in the relevant month	**0**	1	6	0	0	0	1	1
Confirmed cases of MRSA Bacteraemia to be notified to commissioner by next working day	General Condition 9	**100%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) of MRSA bacteraemia/SI report to be provided to the commissioner within 21 working days of the case being identified in line with national data capture system	General Condition 9	**100%**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Post Infection Review (PIR) completed	TBC	**TBC**	n/a	n/a	n/a	n/a	n/a	n/a	n/a
All High Risk (non-day case) Elective admissions are screened for MRSA prior to admission	**Quarterly:** General Condition 9	**95%**	86.0%	85.1%	85.6%	83.1%	89.9%	78.2%	69.2%
Emergency admissions are screened for MRSA within 24 hours of admission	**Quarterly:** General Condition 9	**95%**	66.2%	72.2%	75.1%	74.5%	79.7%	75.6%	73.9%

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Percentage of Patients waiting less than 6 weeks from Referral for a diagnostic test	£200 fine per patient below performance tolerance	**99%**	95.9%	95.2%	99.4%	99.1%	99.1%	99.1%	99.6%
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	0	0	0	0	0	0	3
All Patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days	Non-payment of costs associated with cancellation and non- payment or reimbursement (as applicable) of re-scheduled episode of care	**0**	15	9	0	8	4	1	1
No urgent operation should be cancelled for a second time	£5,000 per incidence in the relevant month	**0**	0	0	0	0	0	0	0
Cancelled operations within 48 Hours of the TCI due to lack of beds	General Condition 9	**65 per month**	548	205	40	182	39	20	81
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%**	96.9%	97.1%	97.4%	97.9%	97.9%	98.2%	98.4%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**99%**	99.9%	99.8%	99.7%	99.8%	99.8%	To follow	To follow
Failure to ensure that 'sufficient appointment slots' are made available on the Choose and Book System	General Condition 9	**>4% slot unavailability if utilisation >90% >6% unavailability if utilisation <90%**	4.3%	n/a	Reports currently unavailable from the HSCIC due to a change in system.				
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 - 87% Q2 - 89% Q3 - 91% Q4 - 93%**	92.0%	89.1%	89.7%	88.7%	87.8%	93.0%	93.9%
Delayed Transfer of Care to be maintained at a minimum level	As set out in General Condition 9 - Trust only to be accountable for Health delays.	**<1%**	1160	1476	1459	1754	625	625	497
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No patient cancelled more than twice by the Trust for non-clinical reasons. All new dates to be arranged within 6 weeks of the cancelled appointment	General Condition 9	**90%**	Annual statement of assurance						
Outpatient clinics cancelled with less than 14 days notice	General Condition 9	**200 per month**	514	452	486	448	143	135	169
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	**End Q2 745; end Q4 721**	2375	2365	2509	2492	764	831	885
% Compliance with WHO safer surgery checklist	General Condition 9	**100%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Readmissions within 30 days – Elective	The CCG will apply a % penalty following Flex and Freeze validation. (ER)	**08/09 outturn awaiting figure from CCG**	388	418	475	482	190	145	1 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**	1420	1435	1487	1534	549	461	1 month coding lag
Reduction in avoidable transfers within the Trust after 10pm. Excludes transfers for clinical reasons or for patients transferred to a more appropriate ward	General Condition 9	**100 per month (Baseline 374; Q1;-330; Q2-280;Q3-250;Q4-220)**	374	302	258	308	91	90	123

Quality and Safety

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.3%	99.7%	99.1%	99.7%	100.0%	99.6%	100.0%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	General Condition 9	**Best Practice Standards**	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced quarterly .						
Immediate Discharge letters - 24 hour standard: Overall Trust Position Monthly report and quarterly audit . Action plan to be provided where the target failed in any one month. 25 cases from SR and 25 cases from ERY.	General Condition 9	**>98% for admitted patients discharged and >98% for A&E patients discharged**	Quarterly audit						
Quality of Ward IDLs (Quarterly audit undertaken on Scarborough and Rydale and East Riding patients and triangulated with Trust information. Method of measurement will be in line with agreed methodology). 25 cases from SR and 25 cases from ERY	General Condition 9	**Q1 - 94% Q2 - 95% Q3 - 96% Q4 - 97%**	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)	General Condition 9	**Q1 - 90% Q2 - 92% Q3 - 94% Q4 - 96%**	Quarterly audit						
All Red Drugs to be prescribed by provider effective from 01/04/2015	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
All Amber Drugs to be prescribed by provider effective from 01/04/2015	Recovery of costs for any breach to be agreed via medicines management committee	**100% list to be agreed**	CCG to audit for breaches						
NEWS within 1 hour of prescribed time	None - Monitoring Only	**None**	85.9%	87.0%	87.4%	86.9%	87.3%	86.9%	85.6%

Never Events

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Never Events	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	**>0**	0	1	0	0	0	0	1

District Nursing Activity Summary

Indicator	Source	Threshold	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Dec	Jan	Feb
Community Adult Nursing Referrals (excluding Allied Health Professionals)	GP	-	2040	2769	2576	3448	1166	1103	1075
	Community nurse/service	-	792	921	886	1058	392	356	378
	Acute services	-	904	1086	961	1151	439	384	460
	Self / Carer/family	-	425	470	662	888	293	290	287
	Other	-	236	309	278	378	159	180	123
	Grand Total	-	4397	5555	5363	6923	2449	2313	2323
Community Adult Nursing Contacts	First	-	3187	4360	4479	5115	1694	1657	1745
	Follow up	-	35421	41534	46925	55714	18961	18989	20131
	Total	-	38608	45894	51404	60829	20655	20646	21876
	First to Follow Up Ratio	-	11.1	9.5	10.5	10.9	11.2	11.5	11.5
Community Hospitals average length of stay (days)	Archways	-	26.8	20.9	22.8	21.7	20.8	24.8	20.5
	Malton Community Hospital	-	22.4	23.4	20.8	19.0	24.8	19.1	19.2
	St Monicas Hospital	-	24.0	15.5	15.5	16.6	20.3	15.5	32.6
	The New Selby War Memorial Hospital	-	29.0	24.5	20.8	19.9	23.2	20.8	21.3
	Whitby Community Hospital	-	21.9	20.0	19.2	12.8	18.4	22.3	21.4
	Total	-	24.2	21.1	20.2	17.2	21.8	20.8	21.5
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	5	8	11	11	6	3	7
		Emergency	71	73	79	80	31	24	19
	Malton Community Hospital	Elective	48	19	37	15	4	5	3
		Emergency	110	101	115	128	40	40	39
	St Monicas Hospital	Elective	16	17	14	15	4	7	4
		Emergency	27	43	41	38	12	9	10
	The New Selby War Memorial	Elective	57	59	69	73	23	24	23
		Emergency	55	68	68	72	24	26	20
	Whitby Community Hospital	Elective	0	0	1	1	1	0	0
		Emergency	140	136	133	191	35	32	34
	Total	Elective	126	103	115	115	38	39	37
		Emergency	403	491	433	509	142	131	122

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Complaints and PALS												
New complaints this month	47	43	41	33	41	37	58	42	38	28	25	40
Number of Ombudsman complaint reviews	7	2	4	1	1	3	1	0	2	1	0	4
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	0	0	0	0	1	0	1
Number of Ombudsman complaint reviews partly upheld	2	0	1	0	0	0	0	1	0	2	0	2
Late responses this month (at the time of writing)***	0	3	2	10	7	4	6	0	8	0	0	0
Top complaint issues												
Aspects of clinical treatment	32	30	27	21	27	29	30	15	30	24	21	39
Admission/discharge/transfer arrangements	2	1	3	1	1	0	5	5	2	3	4	7
Appointment delay/cancellation - outpatient	2	2	2	0	0	2	0	2	3	1	2	1
Staff attitude	5	3	7	3	3	3	6	0	0	0	0	0
Communications	4	4	1	3	2	2	8	5	7	9	13	24
Other	0	0	1	1	2	0	7	0	0	0	0	0
New PALS queries this month	478	430	416	498	643	530	631	682	505	450	492	557
PALS queries at same time last year	367	378	369	406	442	488	426	463	392	334	461	432
Top PALS issues												
Information & advice	126	158	155	171	237	233	296	309	202	171	196	211
Staff attitude	12	19	14	23	24	14	19	17	18	13	21	16
Aspects of clinical treatment	84	69	63	72	101	64	76	75	66	53	68	91
Appointment delay/cancellation - outpatient	52	29	35	46	59	39	60	55	49	40	37	28

**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	18	12	14	12	20	11	16	22	19	13	11	27
% SI's notified within 48 hours of SI being identified*	100%	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%
% SI's closed on STEIS within 6 months of SI being reported	66%	100%	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Number of Negligence Claims	15	15	15	12	14	8	14	21	21	15	12	12
Extension requests made at least 4 weeks prior to deadline of report due date, and reason given is acceptable to CCG (Threshold - 90% by Q4)	1	0	2	0	1	0	1	2	3	1	6	0
Duty of Candour demonstrated within SI Reports (Threshold 100%)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Percentage of reported SI's, investigated and closed as per agreed timescales**** (Threshold (90%)	82%	83%	85%	83%	93%	100%	92%	94%	75%	100%	71%	94%
Percentage of reported SI's with extension requested.												

* this is currently under discussion via the 'exceptions log'

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
Pressure Ulcers**												
Number of Category 2	44	37	49	34	37	44	34	29	47	36	31	37
Number of Category 3	6	4	8	10	4	3	3	7	4	3	7	2
Number of Category 4	1	0	1	0	0	1	1	3	1	1	0	0
Total number developed/deteriorated while in our care (care of the organisation) - acute	41	31	38	35	33	35	27	27	49	37	34	45
Total number developed/deteriorated while in our care (care of the organisation) - community	32	25	47	27	29	28	27	34	33	20	25	20
Falls***												
Number of falls with moderate harm	3	1	2	5	0	3	3	4	2	2	0	6
Number of falls with severe harm	4	3	8	4	5	1	5	3	10	1	6	4
Number of falls resulting in death	0	0	0	0	1	0	0	1	0	1	0	0
Safeguarding												
% of staff compliant with training (children)	59%	62%	65%	68%	74%	80%	80%	81%	82%	82%	82%	84%
% of staff compliant with training (adult)	59%	62%	64%	69%	74%	80%	81%	82%	82%	82%	83%	83%
% of staff working with children who have review CRB checks												

Note ** and *** - falls and pressure ulcers subject to validation. Fall resulting in death currently being investigated as Serious Incident and the degree of harm will be confirmed upon completiion of investigation.
All falls and pressure ulcer data has been refreshed to reflect imrovements in identification, monitoring and reporting of falls and pressure ulcers.
**** - data revised to exclude SIs which have been delogged since declaration

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York Teaching Hospital NHS

NHS Foundation Trust

Board of Directors - 30 March 2016

FY2015-16 Q3 Capital Programme Review and 2016-17 Capital Plan

Action requested/recommendation

The Committee is requested to:

- Note the contents of the above review of the delivery of the 2015-16 capital programme to date.
- Endorse the forward capital plan for the 2016-17 financial year, noting the risks and scope for flexibility outlined above.

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	Any risks are detailed in the report.
Resource implications	Resources implication detailed in the report.
Owner	Dr Andrew Bennett, Head of Capital Projects
Author	Brian Golding, Director of Estates and Facilities
Date of paper	February 2016
Version number	Version 1

Board of Directors – 30 March 2016

FY2015-16 Q3 Capital Programme Review and 2016-17 Capital Plan

1. Introduction and Background

The purpose of this paper is to review the delivery of the capital programme during the 2015-16 financial year at the end of Quarter 3 and to provide a forecast for the remainder of the financial year. In addition this report will outline the forecast capital plan for the 2016-17 financial year in some detail and the following three years at high-level only.

2. Delivery of the 2015-16 Capital Programme To Date

Overall, the current capital expenditure up to the end of December 2015 was within 12% of the forecast spending plan issued to Monitor (the Trust is allowed a +/- 15% tolerance). The forecast to Monitor was that the Trust would spend roughly £18m by the end of December 2015 whereas the ledger data shows an actual capital expenditure of £15.7m. The delivery of the capital programme, in terms of expenditure, was therefore on track at the end of the third quarter.

At the end of Q3 of the current financial year, nearly £9.1m had been spent on a variety of current capital projects, including almost £4.9m of expenditure on the Scarborough Carbon and Energy Fund project. The Estates Department was allocated £2m for backlog maintenance schemes in 2015-16 (£1m for Scarborough-based Estates projects and £1m for York-led projects). At the end of Quarter 3 of the 2015-16 financial year, the total spend against the £2m allocation was nearly £1.7m. The Medical Equipment Programme received an allocation of £650K and had spent, up to the end of December 2015, £579K. The SNS Department had, at the end of December 2015, received a capital allocation totalling £1.4m to fund approved IT schemes. At the end of December it had spent £1.6m. The remainder of the expenditure incurred in the financial year to date was related to the approved construction / refurbishment projects, capital programme management (salary capitalisation), fees incurred in relation to Table B and C schemes and fees incurred in relation to the development of Outline Business Cases for the three strategic projects (York Endoscopy Development, Bridlington Surgical Facilities Project and the Scarborough ED / Paediatric Facilities project).

At the start of the current 2015-16 financial year, the total value of depreciation-funded schemes was roughly £13.2m from a total depreciation-based allocation of £11m, which entailed an over-commitment of £2.2m. During the current financial year to the end of December 2015, the over-commitment had been reduced to £98K.

3. Forecast 2015-16 Outturn

At the start of Quarter 4 of the FY 2015-16 financial year, the Capital Projects Department was asked to slow / defer capital expenditure on projects in order to assist the Trust with protecting the organisation's cash reserves. The current forecast outturn expenditure for the 2015-16 capital programme is almost £19.4m comprised of a combination of spend from the annual depreciation-based capital fund, strategic capital, charitable funding and loan funding.

Based on this planned expenditure, there is currently a circa £2.3m under-commitment of capital. This outturn figure - £19.4m – would entail that the Trust's capital expenditure in 2015-16 is 17.5% below the amount of expenditure originally forecast to Monitor, which is clearly outside of the +/- 15% tolerances allowed by Monitor. The justification for this under-commitment is the Trust's need to slow / defer capital expenditure in Quarter 4 of the FY 2015-16 financial year in order to protect its cash reserves.

4. Draft 2016-17 Capital Plan

4.1 Available Funding

The funding available to invest in capital projects is split into four categories: depreciation-based funding, strategic funding that was granted to the Trust when it acquired the Scarborough Acute NHS Trust, loan funding from the Independent Trust Financing Facility (ITFF), and charitable funding. In principle, the amount of depreciation-based funding in 2016-17 is £11m. The Trust has allocated circa £3.566m from the remainder of the strategic funding for investment in specific capital projects in 2016-17. There is no fixed amount of charitable funding allocated to capital projects; individual projects have to submit requests to the Charitable Funds Committee for consideration and approval in order to access whatever charitable funds the Trust may have / make available. At present, the Capital Plan for 2016-17 shows charitable funding of £200K has been provisionally allocated to suitable schemes and there is a further £243K allocated to the completion of the Stroke Rehab Project at York Hospital. Similarly, there is no fixed amount of loan funding allocated to capital projects; the Capital Plan for 2016-17 shows that £4.4m of loan funding has already been obtained to fund the replacement of important radiology equipment in York and Scarborough hospitals. New projects may be considered, by the Capital Programme Executive Group initially, for loan funding in 2016-17 but given the NHS' financial position nationally, and the Trust's financial position specifically, it is by no means certain that the Trust will be able to borrow funding from the ITFF to invest in capital projects. Trusts have been issued with the guidance document 'Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21' in which it clearly states the following.

> 'Capital investments proposed by providers should be consistent with their clinical strategy and clearly demonstrate the delivery of safe, productive services with a business case that describes affordability and value for money. Given the constrained level of capital resource available from 2016/17, *there will be very limited levels of financing available and the repayment of existing and new borrowing related to capital investment will need to be funded from within the trust's own internally generated capital resource in all but the most exceptionally pre-agreed cases*. Trusts will need to procure capital assets more efficiently, consider alternative methods of securing assets such as managed equipment services, maximize disposals and extend asset lives. In January [2016], the DH will be issuing some revisions to how the PDC dividend will be calculated and a number of other changes to the capital financing regime.' (my italics).

A summary of the Trust's funding sources for its 2016-17 capital programme is contained in the Appendix 1 below.

4.2 Planned Capital Expenditure in 2016-17

A summary/overview of the Trust's proposed 2016-17 capital plan expenditure is contained in the table in Appendix 2 below. The draft capital plan for 2016-17 shows a proposed expenditure of £13.1m from the Trust's depreciation-based capital funding of £11m. This proposed expenditure is being split between investment in projects and routine capital

programme costs (equipment replacement programme, professional fees, staff salaries, minor capital scheme funding and a contingency allocation). The latter totals £2.8m. In addition to this amount, a provisional allocation of £2.9m has been made for investment in the SNS Department's equipment / IT infrastructure replacement and upgrade work and the Estates Department's backlog maintenance work. Both departments will be expected to bid for funding from this allocation by assembling robust and substantiated and risk-based investment proposals for approval by the Capital Programme Executive Group.

At this stage, then, the capital plan contains an over-commitment of the Trust's depreciation-based capital funding of £1.4m. The need to protect the Trust's cash reserves in 2015-16 by slowing / deferring some capital projects has clearly had an impact the availability of funding for new projects in FY 2016-17 by deferring expenditure that was scheduled for the current financial year into the next one. The table in Appendix 3 below contains a detailed schedule of the schemes that are proposed for investment from depreciation-based capital funding in 2016-17.

The planned expenditure from the Trust's Strategic Fund totals £3.566m and is principally focussed on projects to eliminate significant estate-related risks at Scarborough Hospital: namely, the replacement of the site's fire alarm system and the replacement of three lifts that are crucial for the proper movement of patients and equipment around the hospital. At the end of the 2016-17 financial year, the Trust will have spent £12.749m of the £20m strategic capital funding it was allocated when it acquired the Scarborough Acute Trust, leaving £7.251m available to invest in a suitable project or projects. At the present time, however, the Trust has only received £17m of the £20m capital sum it was granted and there is therefore a risk that if the remaining £3m is not forthcoming, the Trust will only have £4.251m of strategic capital funding left at the end of the 2016-17 financial year to invest in a suitable project or projects.

The planned expenditure of loan funding is £4.450m that has already been secured for replacement of radiology equipment in 2016-17.

The planned expenditure of charitable funds is £443K, which is comprised of £243K expenditure to complete the Stroke Rehab Project at York Hospital and £200K that may be allocated to suitable capital schemes.

5. Flexibility

There are four main sources of flexibility in the 2016-17 capital plan. Firstly, there is scope for slippage of schemes, as there is in every year's capital plan. Slippage may allow the Trust to approve more schemes to be delivered using depreciation-based capital funding in the knowledge that some of the approved schemes will slip and consequently the expenditure associated with them will move into the 2017-18 financial year, thereby balancing the planned capital expenditure with the available capital finance.

The second source of flexibility in the 2016-17 capital plan is attached to the £500K contingency funding that has been allocated.

The third source of flexibility in the 2016-17 capital plan is the remaining strategic funding that may be utilised to fund more schemes in 2016-17.

The final source of flexibility is the possibility of obtaining loan funding for suitable projects from the ITFF. As I have noted above, however, the scope for obtaining loan funding from

the ITFF may be reducing in the short-term.

6. Risks

The main risk to the capital programme in 2016-17 is the potential impact of the Trust's financial position and its forecast deficit on its cash resources in-year, which may require the Capital Projects Department, and other stakeholders, to slow or defer their planned projects until the 2017-18 financial year.

The second main risk in the draft capital programme for 2016-17 relates to the use of strategic capital funding. Although, the remaining strategic funding is a source of flexibility within the capital programme, if the Trust elects to use some of the remaining strategic capital finance for, say, estate backlog maintenance schemes at Scarborough Hospital then the funding will not be available in the future to invest in the strategic capital schemes to redevelop emergency care and paediatric care facilities (the funding would have to be found from loans or other funding sources such as JV arrangements). A further risk relating to the strategic capital finance that is already available for investment is that it is currently being used to fund the development of feasibility-/outline-stage assessments and business cases for three projects – the re-development of emergency care facilities in Scarborough, the re-development of paediatric facilities in Scarborough and the development of elective surgical facilities in Bridlington - in the knowledge that the remaining strategic funding is insufficient to fund any one of these schemes in its entirety. The Trust has recently identified that the re-development of paediatric facilities in Scarborough is of a lesser priority than the other two schemes and that the project to develop elective surgical facilities in Bridlington is likely to be funded via an ITFF-sourced loan. Until the loan is secured, however, the project development work that is being undertaken at present is being financed from the remaining strategic funding.

The scarcity of capital finance to invest in new projects is also a risk because it means that there may be insufficient finance to invest in priority TAP-related schemes in 2016-17. There are a number of schemes in Table B of the capital plan for 2016-17 that are fairly well-developed in relation to the project delivery process (i.e. they are in the detailed design stage) and will be shortly seeking approval to move into the construction/delivery phase. There are also a large number of other schemes that are having feasibility-/outline-stage assessments and business cases produced for them that will shortly be seeking approval to move into the detailed design stage. Both of these sets of schemes will bring pressure onto the available capital finance in 2016-17.

A further risk, which is associated with my comments in the previous paragraph, is that there needs to be increased grip and control over the commitment of capital finance to invest in the external professional services required to take a scheme from a project initiation request to a fully designed and specified proposal with a full capital cost plan. There are a number of schemes in Tables B and C of the capital plan for 2016-17 that are being invested in as far as professional fees are concerned and I would like approval to review the scale and timing of the investment in professional services and fees over the next two financial years as a minimum. My relatively new project initiation and prioritisation process will certainly support this review to a large extent but as the newly established Business Case Panel gains momentum and grip, it will need to keep in mind that initial cases received and approved by the Panel that require capital investment to develop them further may be paused for some time pending the availability of new capital finance to invest in them.

The final risk associated with the proposed capital programme for 2016-17 is that the provision of £2.9m will need to fund allocations to the Estates Department for backlog maintenance projects and to the SNS Department for investment in IT equipment and infrastructure. In my opinion, this sum may be insufficient to meet the combined demand for capital finance from the Estates and SNS Departments and therefore a rigorous prioritisation process will need to be undertaken for the allocation of capital finance by these stakeholders to proposed projects.

7. Recommendations

The Committee is requested to:

- Note the contents of the above review of the delivery of the 2015-16 capital programme to date.
- Endorse the forward capital plan for the 2016-17 financial year, noting the risks and scope for flexibility outlined above.

Author	**Dr Andrew Bennett, Head of Capital Projects**
Owner	**Brian Golding, Director of Estates and Facilities**
Date	**February 2016**

Appendix 1 – Types of Funding Available for Investment in Capital Projects in 2016-17

Type / Source of Funding for Capital Projects	Amount of Funding 2016-17
Depreciation-based	£11m
Trust Charitable Funds	Subject to individual projects / proposals being considered and approved by the Trust's Charitable Funds Committee and the availability of general charitable funds. £200K allocated to schemes in 2016-17. £243K allocated to completion of the Stroke Rehab Project at York Hospital in 2016-17.
Loan Funding (ITFF)	£4.4m already secured for replacement of radiology equipment in 2016-17. Subject to individual projects / proposals being considered and approved for loan funding by the Trust's CPEG and subject to the Trust being able to secure loans from the ITFF.
Strategic Funding	£20m granted to the Trust. £17m received from DH to date. £9.1m spent at end of 2015-16 FY.
Other	£713K – from sale of Groves Chapel property (to be added to depreciation-based funding).

Appendix 2 – Planned Capital Expenditure in 2016-17

Source of Capital Funding for 2016-17 Capital Projects	Planned 2016-17 Expenditure
Depreciation-based	£13.130m planned expenditure. £1.418m over-commitment.
Trust Charitable Funds	£443K £243K – allocated to completion of Stroke Rehab Project at York Hospital £200K – to be allocated to schemes in FY2016-17
Loan Funding (ITFF)	£4.450m already secured for replacement of radiology equipment in 2016-17.
Strategic Funding	£3.566m

Appendix 3 – Detailed Capital Depreciation-Based Expenditure Plan for 2016-17

Project	Amount of Funding 2016-17 £000
YH - ED Improvements Phase 2	614
YH / SGH - Grant Aid - E-Prescribing	400
IT Network Upgrade	200
YH - Theatre 10 Cardiac/ Vascular - Enabling Works	220
YH - Restorative Dentistry	195
MLT - Urology Facilities	1,800
SGH - Maternity Bereavement Suite (Backlog Maintenance)	245
YH - Endoscopy Phase 2 (JAG-req recovery facility improvements)	26
Easingwold - Purchase of Tanpit Lodge	1,000
Theatre 10 to Cardiac/Vascular	1,100
YH Admin Block 2nd Floor	200
Removal of Tugs from York Hosp main street	150
Radiology Plan - Capital Works Element	
SGH - SPECT CT	930
SGH/YH - MRI	150
SGH - X-Ray Room	50
YH - 2 x X-Ray Rooms	150
Routine programme Costs	
Equipment Programme	450
SNS Plan & York /SGH Estates Backlog Maintenance	2,900
Fees (Table B & C Schemes)	500
Capital Staff	400
IT capital staff	450
Minor Schemes Unallocated Budget <£100k	500
Contingency	500
Total Depreciation Funded Schemes	**13,130**

York Teaching Hospital NHS Foundation Trust - 5 Year Capital Plan Forecast - 201 V5

Funding Source	BC Approved	WIP	Ref		2016/17	2017/18	2018/19	2019/20
				Table A Approved Schemes				
				A1- Depreciation Funding	**£,000**	**£,000**	**£,000**	**£,000**
Depn	2014-15/89	Y		ED Improvements Phase 2	614			
Depn	2012/01	Y		Grant Aid - E-Prescribing York/SGH	400			
Depn	2014-15/101	Y		IT Network Upgrade	200	500		
Depn	2014-15/92	Y		Theatre 10 Cardiac/ Vascular - Enabling Works	220			
Depn	2014-15/76			York Restorative Dentistry	195			
Depn	Y			Ritual Washing Facility		64		
Depn	2014/15-17			Urology Facilities Malton	1,800			
Charitable	2012-13/169			SGH Maternity Bereavement Backlog Maintenance	245			
Depn	Y			York Endoscopy Phase 2	26			
Depn				Purchase of Tanpit Lodge Easingwold	1,000			
Depn	Y			Theatre 10 to Cardiac/Vascular	1,100			
Depn				YH Admin Block 2nd Floor	200			
Depn				Removal of Tugs from York Hosp main street	150			
				Radiology Plan - Capital Works Element				
Depn				SGH SPECT CT -	930			
Depn				SGH/York MRI	150			
Depn				SGH - X-Ray Room	50			
Depn				York - 2 x X-Ray Rooms	150			
				Routine programme Costs				
Depn				**Equipment Programme**	450	450	450	450
Depn				**SNS Plan & York /SGH Estates Backlog Maintenance**	2,900	3,000	3,000	3,000
Depn				**Fees (Table B & C Schemes)**	500	500	500	500
Depn				**Capital Staff**	400	400	400	400
Depn				**IT capital staff**	450	450	450	450
Depn				Minor Schemes Unallocated Budget <£100k	500	500	500	500
Depn				**Contingency**	500	500	500	500
				A1 Total Depreciation Funded Schemes	**13,130**	**6,364**	**5,800**	**5,800**
				Total Available Funds **	**11,713**	**11,700**	**12,000**	**12,000**
				Over /under commitment	**- 1,418**	**5,336**	**6,200**	**6,200**
				****Depn Funding of £11m to be confirmed by Exec Board**				
				A2 - Strategic Capital Funding				
strategic	2013-14/12	Y		Radiology Lift Replacement (SGH)	840			
strategic	2013-14/41			Fire Alarm System (SGH)	890			
strategic				SGH Ambulance Handover / OPAL	500			
strategic				ED/ Children's svs	50			
strategic				SGH Replacement of Estates & Facilities Portakabins	1,132			
strategic				Radiology Equipment Replacement	100			
strategic				Bridlington Development	54			
Strategic				**Strategic Fund - Schemes to be confirmed**				
				A2. Total Strategic Funded Schemes	**3,566**	**-**	**-**	**-**
				1. Available Funds	**3,566**	**-**	**-**	**-**
				1. Variance	**-**	**-**	**-**	**-**
				A3 - Other Funding				
				Radiology Plan - Equipment Only				
Loan/depn				SGH SPECT CT - Equipment only	325			
Loan				SGH/York MRI - Equipment only	1,975			
Loan			25c	SGH - X-Ray Room Equipment only	300			
Loan				York - 2 x X-Ray Rooms Equipment only	600			
Loan				York - Replacement Cardiac/ VIU labs Equipment only	1,250			
				Total Schemes Loan funded	**4,450**	**-**	**-**	**-**
				Charitable Funded Schemes				
Charity	2012-13/43			Star Appeal	243			
Charity	Y			Charitable Schemes	200	200	200	200
				Total Schemes charitably funded	**443**	**200**	**200**	**200**
				A3. Total Funds Other Sources	**4,893**	**200**	**200**	**200**
				Available Funds	**4,893**	**200**	**200**	**200**
				Variance	**-**	**-**	**-**	**-**
				Table A Total	**21,589**	**6,564**	**6,000**	**6,000**
				Table A Funding	**20,172**	**11,900**	**12,200**	**12,200**
				Total Variance/ expected slippage	**- 1,418**	**5,336**	**6,200**	**6,200**

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Analysis of Capital Funding		2016/17	2017/18	2018/19	2018/19
Depreciation Funding		11,000	11,700	12,000	12,000
Other unallocated funding source - Sales		713			
Loan Funding		4,450	-	-	-
Charitable Funding		443	200	200	200
Strategic Capital (PDC)		3,566	-	-	-
Total	*	**20,172**	**11,900**	**12,200**	**12,200**
Balance of Strategic funding		7,251			
Other unallocated funding source - Sales		713			

Table B - Schemes in planning

	1. Master Plan				
loan	YH Endoscopy Development cost to BC	500	9,800		
strategic	SGH - Paediatric / ED assessment	1,000	8,500		
loan	Cardiac/Vascular Extension	700	6,000	2,700	2,700
	Total	**2,200**	**24,300**	**2,700**	**2,700**
	2. Trustwide				
Depn	**IT Capital Programme - Unallocated Budget**		1,500	1,700	1,700
Depn	**Estates Backlog Maintenance Programme ***		2,200	2,500	2,500
loan	Cytology Optimisation	1,334			
loan	SGH Pathology /Blood Sciences	1,500			
loan	York Histology		750		
	Total	**2,834**	**4,450**	**4,200**	**4,200**
	3. Scarborough/Bridlington				
strategic / loan	BDH Additional Operating Theatre	5,000	5,000	2,000	2,500
Depn	Roll out cook freeze Patient Catering	1,000			
Depn	Refurbish body storage/ viewing facilities		800		
Depn	SGH Pharmacy Robot		1,000		
charitable	SGH - Relocate Elderly Medicine clinic/office - Charitable	87			
	Total	**6,087**	**6,800**	**2,000**	**2,500**
	4. York				
Depn	Fire Alarm System (York)	1,335			
Depn	Community Stadium (training and MSK outpatients)	125	135		
Depn	York combined Contact Centre	400			
Depn	Groves Chapel Exit strategy	200			
Depn	Child Development Centre improvements	50			
charitable	Renal Self Care	20			
charitable	Café Ward 37	10			
Depn	York - Breast Imaging PACS	200			
Depn	Opthalmology Microscope - Theatre	40			
Depn	Histology Modular Build	60			
	Total	**2,340**	**135**	**-**	**-**
	5. Community				
Depn	Malton Fire Compartmentation	550			
	Total	**550**	**-**	**-**	**-**
	Total Table B - Schemes in planning	**14,011**	**35,685**	**8,900**	**9,400**

	Table C - Schemes under consideration	**2016/17**	**2017/18**	**2018/19**	**2018/19**	
	Proposed Schemes					
	1. Scarborough/ Bridlington					
1	SGH CCU Relocation - merged with SGH Paed	**x**				
2	Third Endoscopy Treatment Room	500				
3	BDH Roads & Car Park Resurfacing	720				
4	Car Park Alterations (Improvements) Phase 3	1,000				
5	Theatre Storage	650				
6	SGH Breast Service Expansion	**x**				
7	Chemotherapy Unit/ Garden	**x**				
8	SGH Relocation of Physio	**X**				
9	SGH Maternity Ward Updgrade	**X**				
10	SGH Ward Security	**X**				
11	Audiology relocation (Disposal of Springhill)	**X**				
12	Lawrence Unit refurbishment (BDH)	**X**				
13	Relocation of Estates SGH	500				
	2. York					
Depn **14**	Decontamination Optimisation	1,000				
Depn **15**	Ward Block Reconfiguration(inc AAU)	750	250			
Depn **16**	Admin accommodation review	700	500			
17	Refurbish- Mortuary	1,000				
18	SARC	250				
19	YH ED Asessment	**X**				
20	OPD improvements - Head/Neck & Max/Fax Lab	**X**				
21	Dermatology Adaptations	**X**				
22	Pharmacy Storage of IV's	**X**				
23	Equipment Library	**X**				
24	Omnicell Stock System York	**X**				
25						
26	**3. Community**					
#REF!	Malton Maternity phase 2	**X**				

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

Audit Committee Highlight Report

Action requested/recommendation

The Board of Directors is asked to note the key discussions held at the Audit Committee on 14 March 2016.

Summary

The Audit Committee met on 14 March 2016 and agreed to highlight to the Board the following discussion items:

- Annual Plan
- New Board Assurance Framework model

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, but the new Board Assurance Framework model does fit with the new well-led domain.

Progress of report	The Audit Committee received both items at the meeting held on 14 March 2016.
Risk	There are no strategic risks identified in the report. There are areas where the Trust explains rather than complies. These areas do not create significant risk for the governance arrangements.
Resource implications	There are no specific resource implications highlighted from this report.
Owner	Audit Committee
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	March 2016
Version number	Version 1

Board of Directors – 30 March 2016

Highlight Report from the Audit Committee

1. Introduction and background

The Audit Committee met on 14 March 2016. The key points the Audit Committee would like to raise with the Board of Directors following that meeting are:

- Annual Plan
- New Board Assurance Framework Model

2. Annual Plan

The Audit Committee received a presentation from Mr Bertram and Mr Lamb on the Annual Plan.

The Committee discussed the risks to the organisation, noting that they are well rehearsed and generally included in the corporate risk register. A summary of the risks was included in the associated paper as follows:

- At this stage no contracts have been signed for 2016/17 with commissioners as both providers and commissioners still await the publication of the NHS Standard Contract for 2016//17. Discussions continue with all commissioners and there remain differences between the Trust's assessed activity and income included in this plan and assumed local price levels, and the CCGs willingness and ability to fund at these levels.

- Activity and income plans will be underpinned by Payment by Results principles. Income will be clearly linked to activity and there is a risk that if activity is below plan then income will be also be less than plan.

- The Trust's activity plan and therefore income plan is based on Directorate assessments of the forecast non-elective demand, and referrals into services generating additional activity necessary to sustain the cancer and other access requirements.

- The expenditure plans assume that in year overspending on operational budgets can be managed by Directorates.

- Further investment in NICE recommendations outside of the PbR tariff is subject to securing specific agreement and income from commissioning PCTs. The plans assume that no unplanned investment will take place unless specific income is secured.

- The plans assume a significant and challenging corporate CIP target. Although national guidance only prescribes a savings efficiency of 2%, it has been necessary to set the new cost reduction CIP in 2016/17 at 2.7%, requiring a saving of £12.9m. This is increased to £27.5m (5.6%) once the estimated net non-recurrent carry over figure from 2015/16 is included.

- The plan assumes that £2.5m planned slippage of proposed developments is achieved.

- The plan assumes payment of 2.5% for the CQUIN quality improvement scheme is achieved.

- The plan assumes a reduction of £3.9m for non-payment by commissioners for 30 day readmissions. Clarification on this aspect of the business rules and penalty regime is expected in the imminent publication of the 2016/17 national contract.

- The plan assumes that agency and locum spend in 2016/17 is contained to no more than £18m, compared to the forecast outturn of £25m in 2015/16. It is assumed that the national cap on agency rates, coupled with improved levels of substantive appointments will facilitate this.

The Committee understood that discussions were being held with Commissioners about the assumptions being made around QUIPP schemes and the impact those assumptions might have on commissioner income and risk to the whole health economy. The Committee discussed the consistency and understanding around the figures between the Trust and commissioners. The Committee learnt that there were some differences around the growth and income assumptions made by the Trust and those made by the commissioners. The growth assessment made by the Trust is 3 or 4%; the growth assessment made by the commissioners is 0.8%.

In terms of fines, the Committee were advised that the expectation is that as long as the Trust hits the improvement trajectory submitted by the Trust, the Trust will not incur any penalties.

The Committee discussed the relationship of the sustainability and transformation fund and the penalties. The payment of funding will be made quarterly in arrears, although there is a risk that funding might be compromised if the Trust does not delivery the improvements. This in turn, might compromise the delivery of the £10.3m control total. The Committee were given an example of what might affect the funding. If the Trust failed the Emergency Department improvement trajectory in a quarter, then it is possible that it will lose some of the payment for that quarter. At this stage there is no definitive information explaining this, but it is expected to be released shortly.

The Committee also discussed Payment by Results principles. The Committee understood that Monitor and NHS England had submitted proposals for 2016/17 designed to improve the stability of providers. These are currently being consulted on. The 2016/17 tariff proposals include the following assumptions, which have a direct impact on the Trust's overall level of income:

- Pay, prices and reform uplift 3.1%.
- A Department of Health imposed efficiency requirement of 2%.
- Tariff inflated on average by 1.1%.
- The non-elective threshold continues on activity over 2008/09 outturn levels for which marginal income at 70% of tariff will apply.
- Specialised services marginal rate, previously at 70% for activity above 2014/15 contract levels, to be removed for 2016/17.

Finally the Committee understood that the NHS national standard contract for 2016/17 has not yet been published. Once published, it is expected that the CQUIN will be confirmed at 2.5%.

3. Revised Board Assurance Framework Model

The Audit Committee received a presentation from Ms Symington (Chair of the Trust) introducing the revised Board Assurance Framework model.

The Committee reviewed the model and were applauding of the split in the model and the approach being taken, recognising it was simple and easy to understand. The Audit Committee

also like the link between the Board Committees and the Ambition statements. It was noted that the final text for the ambitions statement had not as yet been approved by the Board, so any wording in the Board Assurance Framework would remain draft until the 'Our Commitment to You' document had been approved.

The Audit Committee suggested that once the wording of the ambitions had been approved, the controls and assurances in the Board Assurance Framework should be reviewed. A draft is attached to this paper for the Board to consider.

4. Recommendation

The Board of Directors is asked to note the key discussions held at the Audit Committee on 14 March 2016.

Author	**Anna Pridmore, Foundation Trust Secretary**
Owner	**Audit Committee**
Date	**March 2016**

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

New Board Assurance Framework Model

Action requested/recommendation

The Board of Directors is asked to note the comments from the Audit Committee regarding the development of the new Board Assurance Framework model.

Summary

Following the results of the Well Led review and the on-going work around the development of the Board Assurance Framework, the attached paper outlines a revised approach to the BAF.

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, but this does fit with the new well-led domain.

Progress of report	The Audit Committee reviewed the model at the meeting held on 14 March 2016
Risk	There are no strategic risks identified in the report. There are areas where the Trust explains rather than complies. These areas do not create significant risk for the governance arrangements.
Resource implications	There are no specific resource implications highlighted from this report.
Owner	Board of Directors
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	March 2016
Version number	Version 1

Board of Directors – 30 March 2016

Revised Board Assurance Framework Model

1. Introduction

The purpose of the Board Assurance Framework (BAF) is to bring together, in one place, the key risks to the achievements of the board's strategic objectives.

The BAF is a key tool for the Board to identify the strategic risks to the Board's objectives and the methods of monitoring those risks.

2. External Feedback

The Well Led Review of our trust took place in October/November 2015.

The Executive Summary of the review included some actions described as urgent by the review team, which included:

1. *Produce a document translating the Trust's vision and values, and strategic priorities from the integrated business plan, into a set of strategic objectives, supported by measurable outcomes* (see Question 1)

2. *Publicise and cascade the final set of strategic objectives throughout the organisation, so they can form the basis of directorate, team and individual objective setting* (Q1)

3. *Use the new strategic objectives as the starting point for a new board assurance framework* (Q2)

3. Our Commitment to You document

Following the discussion at the Board Time Out, the Trust has developed a revised version of 'Our Commitment to You'.

The final, published version of 'Our Commitment to You' will be present at the April 2016 Board meeting.

4. Development of the framework

The development of the Trust's ambitions has enabled us to produce a revised BAF. The Trust's ambitions are reflected in the BAF.

- Our Quality and Safety Ambitions
- Our Finance and Performance Ambitions
- Our People and Capability Ambitions
- Our Facilities and Environment Ambitions

Having identified the ambitions we are able to identify the risks. 'Our Commitment to You' identifies the strategic steps to realise our ambitions. By definition failure to achieve these steps puts achievement of the strategic ambitions at risk.

This forms the basis of the Trust's revised BAF.

Attached to this paper is a draft BAF.

The BAF is split into two sections:

- ***BAF- At-a-Glance (an abbreviated version of the full BAF, which will be part of the CE's report to Board)***

It is the aim of the chair to construct a BAF which can be used in a practical way by the board, every month.

It is given that the strategic ambitions and the strategic risks of the trust are owned by the unitary board.

The BAF At-a-Glance is an abbreviated version of the full BAF: it seeks to identify the risks succinctly, along with the subcommittee of the board which has greatest oversight of the risk, and a simple rag rating system which gives the board an instant overview of the status of the risks to our strategic ambitions.

The board will be able to reference this document throughout board meetings, ensuring that risk is being addressed at the subcommittees of the board and at the board meeting itself.

- ***The BAF itself (a full version of the risks to the achievement of the Trust's strategic objectives)***

The BAF is an unabbreviated version of the document described above.

Like the At-a-Glance version it describes the risk succinctly.

The unabbreviated version then identifies the controls which mitigate the risk- and in most cases these are existing strategies, policies and procedures.

The unabbreviated version then goes on to identify the assurances on which the board can rely, in relation to the mitigation of the risks- and in most cases these are the work of sub-committees of the board, executive committees, contractual agreements etc

The unabbreviated version finally identifies any gaps in either control or assurance.

Based on the controls and the assurance in place, and any identified gaps, the Foundation Trust Secretary with the Chief Executive are able to rag-rate each of the risks relating to the achievement of the strategic ambitions of the trust.

The columns included in the BAF are defined as follows:

The risk to achieving the objective (what could prevent the objective from being achieved)	This is a straight inversion of the ambition identified in the ' Our Commitment to You' document
Corporate Risk Register reference (CRR Ref)	Identification of a link from a risk perspective between the CRR and BAF. It allows the read across between the top down document from the Board (BAF) and the bottom up document (CRR).

Controls/ Responses	Identification of action taken by management, the Board, and other parties to manage risk and increase the likelihood that established objectives will be achieved.
Assurance	Evidence that demonstrates risks are being reasonably managed and objectives are being delivered.
Gaps in control/ assurance	Where the Trust does not have controls/systems in place or where the controls are ineffective. Where the Trust is unable to provide evidence that the controls/ responses /systems, on which reliance is placed, are effective.
Assurance level	A RAG rating assessment of the current risks to the achievements of the strategic objectives of the Trust.

5. Worked up examples

Please find attached a fully worked up, draft example of this revised methodology in relation to Our Quality and Safety Strategic Ambition.

This is offered as the basis for discussion and subsequent approval.

6. Recommendation

The Board of Directors is asked to consider the proposed model and the process for the updating of the Assurance Framework and confirm approval.

Author	**Anna Pridmore, Foundation Trust Secretary**
Owner	**Board of Directors**
Date	**March 2016**

York Teaching Hospital NHS
NHS Foundation Trust

Board Assurance Framework – At a glance.

Our Board Assurance Framework is structured round our 4 key ambitions.

The BAF identifies the strategic risks to the achievement of our ambitions, the method of oversight and RAG rated assurance levels.

Controls and assurance in relation to the key strategic risks to achieving our ambitions can be found in the full Board Assurance Framework.

Our Quality and Safety Ambition: Our patients must trust us to deliver safe and effective healthcare.		
Strategic risks to the achievement of our quality and safety ambitions	**Board Committee with oversight**	**Assurance Level**
1. We are unable to build alliances with partners which enable the delivery of integrated care	Quality and Safety Committee	Green
2. We fail to separate acute and elective care	Quality and Safety Committee	Amber
3. We fail to improve patient safety, 7 days a week	Quality and Safety Committee	Amber
4. We fail to reform and improve emergency care	Quality and Safety Committee	Red
5. We neglect to be innovative when designing care pathways	Quality and Safety Committee	Amber
6. We fail to listen to our patients and staff, and fail to act on their feedback.	Quality and Safety Committee	Green

Board Assurance Framework

Our Board Assurance Framework is structured round our 4 key ambitions.
This full BAF identifies the strategic risks to the achievement of our ambitions and includes controls, assurance and identifies gaps in controls and assurance.
This full BAF is also rag rated.

Our Quality and Safety Ambition - Strategy Objective 1 – Our patients must trust us to deliver safe and effective healthcare

Risk to achieving the objective	CRR Ref	Controls / Response	Assurance	Gaps in control/ assurance	Assurance Level
What could prevent this objective being achieved		What controls/ responses, we have in place to assist in securing delivery of our objectives	Where controls/ systems that our controls/ systems on which we are placing reliance, are effective	Where we are failing to put control/ systems in place. Where we are failing	RAG rating
1.1 We are unable to build alliances with partners which enable the delivery of integrated care		- Lead Director responsible for alliances with partners - Regular dialogue with partners to ensure the Trust is building alliances - Membership of a number of forums locally - Board to Board meetings with local partners	- Approach to the development of the STP locally - Use of agreed ambitions for health Framework - Feedback from forums such as Strategy Resilience Group - Consortium meetings e.g. Transformation Executive Group - Individual meetings held with partners and the Chair and CE	No gaps at this time, but it is a dynamic risk	Green
1.2 We fail to separate the acute and elective care of our patients to drive up standards and improve access		- Business Cases e.g. Development of Elective Orthopaedic Care at Bridlington - Implementation of the Acute Services Strategy - Use of working groups on all sites reviewing activity	- Performance data - Executive Board discussions and time out - Business case management system - Directorate pathway design	Development continues to be undertaken - further business cases to be developed to support such developments	Amber
1.3 We fail to improve patient safety, the quality of our patient experience and patient outcomes, all day, every day	MD 4 MD 5 DSC 4 CN 6 CN 7 CN 8	- Working Group established by the Trust to manage the implementation of systems e.g. 7 day working - Implementation of various strategies including Nursing and Midwifery, Sign up to	- Operational Performance Recovery Plan - Inpatient Survey - Outpatient Survey - FFT - Avoidable deaths metric - SHMI	7 day working has not as yet been introduced	Amber

		Safety and Patient Safety. - Implementation of policies and procedures including Being open with patients policy and concerns and complaints - Use of the healthcare governance systems	- Claims - SI		
1.4 To fail to reform and improve emergency care, focussing on rapid diagnostics, assessment and ambulatory care	MD 6 COO 2	- The formulation of Provider Alliance Forums and Senior Leaders Board - Attendance at Tripartite meetings - Introduction of the Discharge to Assess process - Policy development around discharge - Arrangements for the provision of some services by Primary Care	- Operational Performance Recovery Plan - ECIST support - Performance data - Concordat - Performance data	Continued challenges around achieving the Emergency Care Standards on a sustainable basis	Red
1.5 We fail to be innovative in our approach to providing the best possible care, sympathetic to different communities and their needs	DOF 2	- Development of Directorate Service Plans and associated Business Cases e.g. 7th dialysis shift (operating on a Sunday) - Development of the Community Care Hubs - Development of sustainable Stroke Care Services	- Benchmarking of systems and pathways - Business Case management process - Strategic discussion with partners - Performance data - National stroke database information	The Trust continues to develop innovative approaches	Amber
1.6 To listen to patients and staff, act on their feedback, and share with them the changes we make		- Concerns and Complaints Policy and Procedure - Patient Experience Strategy - Patient Experience quarterly reports - Patient Experience Steering Group	- Family and Friends Test - National Inpatient Survey - Number and trends of complaints/ compliments - CQC and Choices website feedback pages - Complaints quarterly reports	Family and Friends Test	Green

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York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

Corporate Financial Plan 2016/17

Action requested/recommendation

The Board of Directors is asked to note this report and the Appendices, and to approve the Trust's Financial Plan for 2016/17, which will form the basis of the final Annual Planning submission to Monitor on 11th April 2016.

Summary

Over recent months work has been on-going to develop the Financial Plan for 2016/17. The financial plan 2016/17 has been developed through a process of consultation and discussion with Directorates and local commissioners, and is now presented for approval by the Board of Directors.

The Board of Directors is asked to consider and approve the plan for 2016/17 in order to confirm operational budgets, including detailed cost reduction requirements for the financial year. The financial plan supports the final Annual Plan submission to Monitor due on 11th April 2016.

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

Implications for equality and diversity

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

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

Reference to CQC 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	March 2016
Version number	Version 1

Board of Directors - 30 March 2016

Financial Plan 2016/17

1. Introduction

The approach to Annual Planning for 2016/17 as prescribed by Monitor has taken a different direction to that adopted last year. Whereas for 2015/16 Monitor required the development of a one year operational plan only; for 2016/17 Monitor requires the submission of both a one year operational plan, plus in partnership with other partner organisations in the local health economy, a 5 year Sustainability and Transformation Plan to drive the 'Five Year Forward View'.

The development of the one year operational plan for 2016/17 is to involve an initial draft submission, on which Monitor will give feedback, followed by a final submission. The submission dates are:

- Draft – 8th February 2016
- Final – 11th April 2016

The financial plan detailed in this report covers 2016/17 only, and has been developed to meet the requirements of the final submission. The plan has been developed through a process of consultation and discussion with Directorates and local commissioners, and is now presented for approval by the Board of Directors.

The plan will be underpinned by contracts with 9 x Clinical Commissioning Groups (CCGs), 2 x Local Authorities, and NHS England; covered by 5 separate contracts. The activity underpinning this is the 2015/16 forecast outturn, adjusted for anticipated activity changes.

Contracts (both acute and community) are not yet agreed with the various commissioners and work continues in this regard with a view to signing contracts as soon as practical. The main obstacles to contract agreement at this stage are ones of affordability for commissioners primarily linked to differing opinions on likely non-elective growth in the system, and the still awaited publication of the 2016/17 NHS standard contract.

NHS England, the TDA, and Monitor have made it clear that contracts must be signd by 31st March 2016. Where contracts remain unsigned between providers and commissioners at 25th April 2016, as a last resort an arbitration process will be statutorily imposed on commissioners and non-FTs where the disputed amount exceeds either 1% of the total expected contract value or £1m if higher. Although arbitration cannot be statutorily imposed on FTs, Monitor's expectation is that FTs will enter voluntarily where necessary into an arbitration process.

The Board of Directors is asked to consider and approve the plan for 2016/17 in order to confirm operational budgets, including detailed cost reduction requirements for the financial year. The financial plan supports the final Annual Plan submission to Monitor on 11th April 2016.

2. Payment by Results

As was the case in 2015/16, under the Health & Social Care Act 2012, Monitor and NHS England are jointly responsible for the National Tariff Payment System, with NHS England leading on specifying the units of purchase (currencies) and Monitor leading on pricing methodologies.

Monitor and NHS England have submitted proposals for 2016/17 designed to improve the stability of providers, and these in accordance will the 2012 Act have been out to consultation and final confirmation of the tariff is awaited. The 2016/17 tariff proposals include the following assumptions, which have a direct impact on the Trust's overall level of income:

- Pay, prices and reform uplift 3.1%.
- A Department of Health imposed efficiency requirement of 2.0%.
- Tariff inflated on average by 1.1%.
- The non-elective threshold continues on activity over 2008/09 outturn levels for which marginal income at 70% of tariff will apply.
- Non-payment for certain elective and non-elective readmissions within 30 days of discharge.
- Specialised services marginal rate, previously at 70% for activity above 2014/15 contract levels, to be removed for 2016/17.

Publication of the NHS national standard contract 2016/17 is also awaited, where it is expected that once published it will be confirmed that 2.5% income relating to the continued delivery of the quality reform agenda and targets (CQUIN) will continue to apply. In addition, it has been widely briefed that there will be a relaxation to the level and/or application of some of the Trust penalties incurred for failing to meet key access targets; although at this point in time this cannot be confirmed.

3. Sustainability and Transformation Fund (S&T Fund)

The Government announced in its most recent Spending Review a commitment to provide an additional £8.4 billion real terms funding for the NHS by 2020/21.

The increased funding available for 2016/17 totals £3.8 billion, which includes a £1.8 billion S&T Fund for the provider sector in 2016/17, to be targeted primarily at providers of emergency care. This settlement is predicated and dependant on the NHS provider sector delivering a deficit of not more than £1.8 billion in 2015/16 and breaking even in 2016/17 after application of the fund. It is not clear at this stage of the consequences should the NHS provider sector fail to meet either of these targets.

As its share of the S&T Fund, the Trust has received notification that it will receive £13.6m in 2016/17, backed by cash. However, linked to this is a requirement that the Trust deliver the following in 2016/17:

- Deliver a control total of £10.0m I&E surplus, after excluding income from donations.
- Make demonstrable progress towards meeting key access targets
- Adhere to the national rate caps on agency appointments, and
- Meet the expected savings levels for the organisation as identified by Lord Carter.

The Trust's plan for 2016/17 is based on receiving the £13.6m sustainability funding and delivering an updated I&E surplus of at least £10.0m, after discounting the impact of

donations. The Board of Directors has confirmed its intention to accept the sustainability funding.

4. Income & Expenditure Plans

The income and expenditure plans are based on the Directorate assessments of activity requirements to meet forecast demand.

In summary the Income & Expenditure plan for 2016/17 is presented in **Appendix A**. This includes income growth from commissioners and other sources of £26.5m compared with the 2015/16 baseline plan, after assuming £9.3m reduction in income resulting from Commissioners' QIPP schemes, and other payment risk issues. The income plan is based broadly on the estimated outturn activity for 2015/16 together with Directorate assessments of growth to sustain national prescribed access requirements, and underlying growth in non-elective demand, plus service developments. Also included is £13.6m from the S&T Fund. The directorate activity plans underpinning the income plan are shown in **Appendix B**.

In terms of expenditure, a net increase in expenditure of £26.0m is assumed in 2016/17. This includes pay and inflationary pressures of £15.2m; investment in largely pre-committed service developments, the cost of meeting the assessed growth in activity, and other costs £11.9m. This is offset by cost reductions in transitional costs linked to the acquisition of the former Scarborough & North East Yorkshire NHS Trust of -£1.1m. The net increase in expenditure is set out in more detail in **Appendix C**.

The plan provides for £0.3m exceptional costs in 2016/17 related to the writing down of fixed assets following the completion of refurbishment capital schemes. These costs, known as impairments, have a negative technical impact on the Income and Expenditure position of the Trust.

After planned CIPs, a surplus of £10.7m, including the impact of the £0.3m technical impairment loss and £0.5m profit from asset disposals, is projected. After discounting the technical adjustments in line with Monitor guidance, the 'normalised' surplus is £10.5m.

5. Financial Risk

A number of significant risks and assumptions to achieving the Income and Expenditure position summarised above are included in the plans, and these are set out below.

- At this stage no contracts have been signed for 2016/17 with commissioners as both providers and commissioners still await the publication of the NHS Standard Contract for 2016//17. Discussions continue with all commissioners and there remain differences between the Trust's assessed activity and income included in this plan and assumed local price levels, and the CCGs willingness and ability to fund at these levels.
- Activity and income plans will be underpinned by Payment by Results principles. Income will be clearly linked to activity and there is a risk that if activity is below plan then income will be also be less than plan.
- The Trust's activity plan and therefore income plan is based on Directorate assessments of the forecast non-elective demand, and referrals into services generating additional activity necessary to sustain the cancer and other access requirements.
- The expenditure plans assume that in year overspending on operational budgets can be managed by Directorates.
- Further investment in NICE recommendations outside of the PbR tariff is subject to

securing specific agreement and income from commissioning PCTs. The plans assume that no unplanned investment will take place unless specific income is secured.

- The plans assume a significant and challenging corporate CIP target. Although national guidance only prescribes a savings efficiency of 2%, it has been necessary to set the new cost reduction CIP in 2016/17 at 2.7%, requiring a saving of £13.0m. This is increased to £26.4m (5.5%) once the estimated net non-recurrent carry over figure from 2015/16 is included.
- The plan assumes that £2.5m planned slippage of proposed developments is achieved.
- The plan assumes payment of 2.5% for the CQUIN quality improvement scheme is achieved.
- The plan assumes a reduction of £3.9m non-payment by commissioners for 30 day readmissions. Clarification on this aspect of the business rules and penalty regime is expected in the imminent publication of the 2016/17 national contract.
- The plan assumes that agency and locum spend in 2016/17 is contained to no more than £17.2m, compared to the forecast outturn of £25m in 2015/16. It has been assessed that the recent months' lowered agency and locum spend run rates; coupled with continued adherence to the national cap on agency rates, and improved levels of substantive appointments will facilitate the achievement of an overall reduced spend level.
- The plan assumes that the conditions of the £13.6m STF listed in section 3 are met

It is essential during 2016/17 that Directorates manage non-activity related expenditure within budget, including any unforeseen pressures if the overall plan is to be achieved. In addition the achievement of agreed cost improvements and the generation of additional income during the year are essential to delivery of the plan and will require strong leadership and commitment at all levels in the organisation.

6. Investment in Prior Commitments – Appendix C

Pay and Inflationary Pressures (£15.2m)

Based on supporting information for calculation of the 2016/17 national PbR tariff, an average provision is made for Pay & Price inflation of 3.1%.

Of significant impact in 2016/17 is the assessed £4.9m increase on Employers NI costs resulting from the Government's decision to revoke the 'contracted out' status of NHS pensions.

An average increase of 1.0% is assumed for Cost of Living pay increases in 2016/17, in line with the recently announced national settlement for staff on Agenda for Change contracts. Provision is also made for other pay pressures linked to incremental progression of staff on Agenda for Change pay scales and on the Consultant Contract; as well providing for Clinical Excellence awards, and an increase in the Living Wage.

The main non-Pay inflationary pressure is linked to a notified increased premium of £1.8m for CNST in 2016/17.

Investment in Activity Related Developments (£10.0m)

Significant resources are required to meet the full year cost of commitments, which commenced during or prior to 2015/16, and new service developments and other costs necessary to ensure that projected activity can be delivered and access targets sustained.

The provision is designed to meet growth in activity experienced during 2015/16 and further anticipated growth during 2016/17, and includes the impact of agreed business cases including:

- The transfer of Elective Orthopaedic Services to BDH
- Integrated cancer services development
- Ambulatory care developments
- Orthopaedic Arthroscopy expansion

Also included is a figure of £4.6m relating to anticipated growth in drugs and devices that are excluded from PbR and for which additional income from commissioners to match cost is assumed in the plan.

Quality & Risk Management (£1.7m)

A number of potential risk areas exist in the delivery of qualitative and quantitative targets and requirements, service improvement, and in ensuring basic infrastructure essential to the safe delivery of services is in place. The provision is intended to cover the following risk areas:

- Meeting net qualitative and other non-activity related cost pressures identified by Directorates arising in 2015/16.
- Business cases linked to Leadership development, extending Consultant Psychiatric cover, addressing junior doctor on-call in Maxillofacial, additional Anaesthetists, and O&G consultant at Scarborough.

Other Costs (-£1.1m)

Planned reductions in transitional costs (£1m) linked to the acquisition of the former Scarborough & North East NHS Trust, and leasing costs; partially offset by meeting the cost of the 2nd cohort of Advanced Care Practitioners.

Depreciation, Dividend, Gain on Asset Disposal, and Interest Payable (£0.2m)

Marginal changes are anticipated (+/-) in Depreciation, PDC, Interest Payable, and the Gain on the disposal of Groves Chapel during 2016/17.

7. Operational Budget Setting

Operational budget-setting discussions with directorates and departments have focussed on an analysis of the service pressures incurred during the last financial year (2015/16) and those that are anticipated this year, together with assessments of the means and cost of delivering planned activity in 2016/17. An overall net additional provision of £1.0m has been assessed in the overall strategy to supplement qualitative, risk, and general service pressures. Directorates have assessed the additional cost of activity over the 2015/16 plan and this is reflected and discussed in section 5 above.

8. Cost Improvement Targets

Delivery of the financial plan for 2016/17 continues to reliant on the achievement of high levels of cost savings, and improvements in efficiency. Although nationally an efficiency level of 2% is prescribed, it has been necessary to set a higher level of target efficiency, with

a planned requirement to deliver a 2.7% cost efficiency improvement in 2016/17.

In planning CIPs for the Trust, a new in year target for the Trust of £13.0m (2.7%) has been set. This has increased to £26.4m (5.5%) with the inclusion of the 2015/16 carry forward.

Work to develop and implement initiatives to deliver the efficiency target is well underway. Directorates have been set challenging local CIP targets and numerous meetings have been held with each in developing their local programmes. **Appendix D** illustrates that schemes identified to date amount to £18.9m in 2016/17, thereby giving a deficit in 2016/17 of £7.5m.

The current CIP deficit in 2016/17, which is primarily attributable to the level of carried forward target from 2015/16, presents a challenging position and work is continuing to identify schemes to bridge the shortfall. As always delivery of the plans is paramount and these will be monitored closely as the year progresses. If required, to mitigate against non-delivery, the Board may need to exercise delay and deferral of any and all new investment.

9. Non Recurrent Expenditure Programme

The non-recurrent expenditure and leasing programme of £6.5m is held centrally to support equipment leasing programmes, equipment purchases, non-recurrent revenue costs associated with capital schemes, minor works schemes and other significant non-recurrent costs including expensive equipment repairs. Centralising these budgets provides flexibility to cover expenditure that can vary significantly from year to year. The Programme mainly covers existing commitments, but also allows for the lease cost of additional equipment to support the capital equipment replacement programme, and the planned replacement of ward based medical equipment, and surgical instruments.

10. Capital Programme Expenditure

The resource available for capital investment in 2016/17 is currently estimated at £18.7m. This is derived from depreciation funding, strategic capital, and loan finance. An outline programme will be presented to the Capital Programme Group in March 2016, and to Board, for approval, in April. Anticipated schemes include two replacement MRI Scanners, X-Ray equipment and a SPECT CT in Scarborough. In addition to general site maintenance, other schemes include the replacement of Fire Alarm systems and lifts at Scarborough, remedial works to Malton ahead of the opening of the Urology project, and the purchase of Tanpit Lodge to secure the long term location of Renal services in that locality.

The draft Capital programme also includes schemes to reduce backlog maintenance, improve statutory compliance, maintain and develop our IT capability and to upgrade the wireless network across the Trust. The replacement of equipment will continue to be mainly funded through leasing.

11. Balance Sheet

Fixed assets are expected to increase as capital is invested in new developments, while net current assets are forecast to increase primarily linked to a forecast improvement in the Trust's cash position. The impact of additional loans and PDC for capital is included.

The forecast balance sheet as at the end of March 2017 is attached at **Appendix E.**

12. Cash Flow Forecast

The cash flow forecast assumes that the final £3m of strategic capital PDC is received during 2016/17 together with additional loan funding. It also reflects receipt of the S&T Fund £13.6m, and the final year of the transitional support funding linked to the acquisition of the

former Scarborough & North East Yorkshire NHS Trust from NHS England of £10.0m. Cash levels are expected to increase gradually over the next year, from £10.3m at the end of 2015/16 to £23.5m at the end of 2016/17 as capital funding is invested over this period, and due to the planned £10.7m I&E surplus.

Early negotiations with the Trust's two main commissioners have been successful with regard to agreement to pay the 2016/17 contract value in 10 equal instalments between April and January, as oppose to the traditional 12 instalments. This will front load cash into the Trust to protect against any delays in receipt of the sustainability fund, due to be paid quarterly in arrears.

The forecast cash flow for 2016/17 is attached at **Appendix F.**

13. Financial Sustainability Risk Rating

Monitor's 'Financial Sustainability Risk Rating' (FSRR) focuses on the Trust's ability to keep trading (providing services) and has four measures focussing on Capital Service Cover, Liquidity, I&E Margin, and I&E Margin Variance from Plan. Each measure has an equal weighting, with a score of 1 (low) to 4 (high) in each case, with the overall rating being an average of these.

Based on the current plan, the Trust would expect to achieve a maximum rating of 4 in 2016/17. The results are attached at **Appendix G**.

14. Control Total

The Board will be aware that the Trust has been set an I&E surplus control total of £10.0m for 2016/17 (previously referred to in section 3 above), which differs from the control total originally notified by Monitor of £10.7m. As a result of a concern by Monitor of the variability presented by donations and asset disposals that could be applied against Trust control totals, the decision was taken that these should be excluded for the purpose of monitoring the control total.

The tables below illustrated (a) the 'adjusted' control total for the Trust (£9.961m), and (b) the resultant adjusted planned Trust surplus (£10.099m) for comparison to the control total. This demonstrates that the Trust's plan slightly exceeds the required control total.

	£m
Original control total	10.700
Less: Donations & Grants received of PPE & intangible assets, total per month 6 submission	0.739
Less: Depreciation and Amortisation - donated/granted assets, total per month 6 submission	0.000
Adjusted Control Total	**9.961**

	£m
Surplus/Deficit pre impairments and transfers	11.003
Less: Gain/(loss) on asset disposals	0.507
Less: Donations & Grants received of PPE & intangible assets, total	0.739
Less: Depreciation and Amortisation - donated/granted assets	-0.342
Plan Adjusted for Donations and Asset Disposals	**10.099**

15. Recommendation	
The Board of Directors is asked to note this report and the Appendices, and to approve the Trust's Financial Plan for 2016/17, which will form the basis of the final Annual Planning submission to Monitor on 11th April 2016.	
Author	**Graham Lamb, Deputy Finance Director**
Owner	**Andrew Bertram, Finance Director**
Date	**March 2016**

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
SUMMARY INCOME & EXPENDITURE POSITION 2016/17

	£000
INCOME	
NHS Clinical Income	
Elective	26,545
Planned Same Day	38,750
Non-Elective	109,502
Outpatients	65,547
A&E	14,522
TCS	30,174
Other	136,396
Sustainability & Transformation Fund	13,600
	435,036
Non-NHS Clinical Income	
Private Patient Income	976
Other Non-protected Clinical Income	1,799
	2,776
Other Income	
Research & Development	3,167
Education & Training	15,049
Donations & Grants received of cash to buy PPE & Intangible Assets	739
Other Income	17,104
Transitional Support	10,045
	46,104
Total Income	**483,915**
EXPENDITURE	
Pay costs	-313,525
Drug costs	-47,883
Clinical Supplies & Services	-42,119
Other costs (excluding Depreciation)	-50,906
Total Expenditure	**-454,433**
EBITDA	**29,483**
Profit/ Loss on Asset Disposals	507
Fixed Asset Impairments	-300
Depreciation	-12,000
Interest Receivable	100
Interest Expense on Non-commercial borrowings	-461
Other Finance costs	0
PDC Dividend	-6,627
Taxation Payable	0
NET SURPLUS/ DEFICIT	**10,703**

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
DIRECTORATE ACTIVITY PLANS 2016/17
BASED ON DIRECTORATE ASSESSMENTS

Specialty	Elective Inpatients	Elective Daycases	Non Elective	Outpatients 1st Att	Outpatients Follow Up	Non Face to Face (Telephone Contacts)	Outpatient Procedures
	FCEs	FCEs	FCEs	Atten	Atten	Contacts	Procedures
GENERAL SURGERY	3,049	10,963	9,474	15,055	19,874	790	3,198
UROLOGY	1,758	9,527	2,382	5,047	8,911	50	294
TRAUMA & ORTHOPAEDICS	2,179	2,778	4,012	19,760	28,488	0	1,332
ENT	798	1,256	1,118	7,634	9,266	18	9,025
OPHTHALMOLOGY	282	5,677	61	15,720	56,413	0	11,448
ORAL SURGERY	333	2,116	471	6,967	8,476	0	2,628
RESTORATIVE DENTISTRY	0	0	0	662	357	0	1,398
ORTHODONTICS	0	0	0	1,231	1,690	0	9,036
NEUROSURGERY	0	0	0	0	0	0	0
PLASTIC SURGERY	32	462	8	602	590	0	10
CARDIOTHORACIC SURGERY	0	0	0	68	15	0	0
ACCIDENT & EMERGENCY	0	10	3,878	0	0	0	0
ANAESTHETICS	60	2,272	40	2,632	3,755	0	430
GENERAL MEDICINE	20	3,156	3,684	80	22	12	36
GASTROENTEROLOGY	249	9,487	11,258	7,802	13,754	1,039	66
ENDOCRINOLOGY	18	362	5,380	2,454	7,734	29	2
CLINICAL HAEMATOLOGY	44	4,212	534	1,818	14,011	568	38
PALLIATIVE MEDICINE	0	0	0	27	85	280	0
CARDIOLOGY	425	1,363	5,127	13,557	16,557	384	7,136
ACUTE INTERNAL MEDICINE	26	584	20,097	666	784	49	0
DERMATOLOGY	0	240	8	5,442	13,009	92	21,140
RESPIRATORY MEDICINE	64	599	6,527	3,474	10,805	82	216
GENITOURINARY MEDICINE	0	0	0	22,631	12,939	0	0
NEPHROLOGY	183	1,083	1,877	746	7,793	3,723	0
MEDICAL ONCOLOGY	56	8,385	502	4,540	26,345	28,897	116
NEUROLOGY	12	1,421	324	2,380	5,661	720	0
CLINICAL NEUROPHYSIOLOGY	0	0	0	1,240	102	0	0
RHEUMATOLOGY	2	2,309	20	2,499	14,202	1,480	0
PAEDIATRICS	70	337	7,532	5,345	10,394	456	710
GERIATRIC MEDICINE	96	176	27,014	4,114	3,596	240	62
OBSTETRICS & MIDWIFE	12	2	13,126	9,125	28,286	0	10,306
GYNAECOLOGY	841	1,386	1,177	7,289	6,076	2	4,478
CHEMICAL PATHOLOGY	0	64	0	154	362	0	0
HAEMATOLOGY	0	0	0	42	39	0	0
TOTAL	10,610	70,227	125,631	170,760	330,352	38,912	83,104

YORK TEACHING HOSPITAL NHS TRUST
FINANCIAL PLANNING 2016/17
MARGINAL EXPENDITURE PLANS

Marginal Changes @ Nominal Pay & Price Levels

MARGINAL EXPENDITURE CHANGES	2016/17 £000
1. INFLATIONARY ISSUES	
Pay & Non Pay Inflation	**5,491**
Agenda for Change	**1,506**
Consultants - Clinical Excellence Awards	**430**
Consultants - Increments	**546**
CNST Premiums	**1,841**
Living Wage Increase	**440**
NI increase due to removal of 'contracted out' status on pensions	**4,897**
	15,151
2. ACTIVITY RELATED DEVELOPMENTS	
Agreed/ Impacting During 2015/16	
Agreed business cases primarily linked to the transfer of Elective Orthopaedic Services to BDH	**47**
New in 2016/17	
Excluded Drugs & Devices Growth during 2016/17	**4,615**
Activity Growth during 2016/17, including the impact of agreed business cases primarily around integrated cancer services development, Ambulatory Care developments, Orthopaedic Arthroscopy expansion.	**5,295**
	9,957
3. QUALITATIVE & RISK MANAGEMENT INVESTMENTS	
Agreed/ Impacting During 2015/16	
Directorate Identified Issues	**1,038**
Agreed business cases primarily around the development of an In-house nurse bank	**-21**
New in 2016/17	
Agreed business cases including Leadership development, Consultant Psychiatry cover, addressing Junior on-call in Maxillofacial, Replacement Anaesthetists, new O&G consultant at Scarborough.	**674**
	1,691
4. OTHER ISSUES	
New in 2015/16	
Reduction in Leasing Costs	**-165**
Transitional costs - linked to the Acquisition of Scarborough	**-1,074**
ACP Cohort 2 costs not met by Directorates	**185**
	-1,054
SUB-TOTAL (To EBITDA)	**25,745**
Profit on the disposal of Groves Chapel	**-507**
Depreciation	**1,000**
Interest Payable on Loans and Leases	**126**
Reduction in PDC Dividends	**-413**
TOTAL	**25,951**

York Hospitals NHS Foundation Trust
Cost Improvement Programme 2016/17
@ Nominal Pay & Price Levels

Themes	2016/17	Notes
	£'000	
Financial plan 2016/17 @ 3.5%	15,542	
Less: Income in Plan	-2,500	
Net 2016/17 plan - Expenditure	**13,042**	
Initial non recurrent to recurrent carry forward	13,374	
Total target	**26,416**	
	£'000	
1 Identified with high achievability		
Low risk		
1 Workforce	2,414	Workforce schemes - incl reduced posts, rostering, job plans, skill mix and staffing reviews in line with Carter themes.
2 Procurement	300	stock rationalisation and management improvements; improved procurement for clinical supplies and services in line with Carter themes
3 Pharmacy/Drugs	811	Procurement savings; generic drugs and Biosimilar and Joint CCG initiatives in line with Carter themes.
4 Estates Management & Other	273	Estates optimisation; transport, improve energy consumption in line with Carter themes
5 Non Carter	2,131	Service development - improved productivity and performance
Low risk	**5,929**	
2 Identified with medium achievability		
Medium risk		
1 Workforce	2,032	Workforce schemes - incl reduced posts, rostering, job plans, skill mix and staffing reviews in line with Carter themes.
2 Procurement	354	stock rationalisation and management improvements; improved procurement for clinical supplies and services in line with Carter themes
3 Pharmacy/Drugs	589	Procurement savings; generic drugs and Biosimilar and Joint CCG initiatives in line with Carter themes.
4 Estates Management & Other	768	Estates optimisation; improve energy consumption in line with Carter themes
5 Non Carter	2,935	Service development - improved productivity and performance
Medium risk	**6,676**	
3 Identified with Low achievability		
High risk		
1 Workforce	2,339	Workforce schemes - incl reduced posts, rostering, job plans, skill mix and staffing reviews in line with Carter themes.
2 Procurement	387	stock rationalisation and management improvements; improved procurement for clinical supplies and services in line with Carter themes
3 Pharmacy/Drugs	187	Procurement savings; generic drugs and Biosimilar and Joint CCG initiatives in line with Carter themes.
4 Estates Management & Other	521	Estates optimisation; improve energy consumption in line with Carter themes
5 Non Carter	2,822	Service development - improved productivity and performance
High risk	**6,257**	
Grand Total	**18,862**	
Shortfall against Target	**-7,555**	

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
BALANCE SHEET
FOR THE YEAR ENDING 31 MARCH 2017

	£000
ASSETS, NON CURRENT	
Intangible Assets	3,663
Property, Plant and Equipment	240,594
Trade and Other Receivables	1,087
Total Fixed Assets	**245,344**
ASSETS, CURRENT	
Inventories	6,840
NHS Trade Receivables	8,428
Non-NHS Trade Receivables	3,595
Other Receivables	1,979
Provision for Impaired Receivables	-1,039
Prepayments	2,273
Accrued Income	2,000
Cash with GBS	23,449
Cash in Commercial Accounts	25
Total Current Assets	47,550
CURRENT LIABILITIES	
Trade Payables	-8,003
Capital Payables	-1,946
Current Tax Payables	-5,530
Accruals	-11,503
Other Payables	-6,880
Payments on Account	-38
Deferred Income	-1,607
Non Commercial Loans	-2,404
Provisions, Current	-107
Interest Payable on Borrowings	-161
Total Current Liabilities	-38,179
NET CURRENT ASSETS (LIABILITIES)	**9,371**
NON CURRENT LIABILITIES	
Loans Non Current Non-Commercial	-20,326
Provisions, Non Current	-1,055
NON CURRENT LIABILITIES	**-21,381**
TOTAL ASSETS EMPLOYED	**233,334**
TAXPAYERS' EQUITY	
Public Dividend Capital	88,967
Retained Earnings (Accumulated Losses)	80,902
Revaluation Reserve	63,465
Other Reserves	
Total Taxpayers Equity	233,334
TOTAL FUNDS EMPLOYED	**233,334**

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
CASH FLOW
FOR THE YEAR ENDING 31 MARCH 2017

	£000
CASH FLOW FROM OPERATING ACTIVITIES	
Surplus/(deficit) after tax	17,183
Non-cash flows in operating surplus/(deficit)	12,300
Operating Cash flows before movements in working capital	**29,483**
Movement in Working Capital:	
NHS Trade Debtors	3,000
Accrued Income	197
Trade Creditors	2,999
Provisions & Liabilities	-59
Net cash inflow/(outflow) from operating activities	**35,620**
CASH FLOW FROM INVESTING ACTIVITIES	
Capital Expenditure:	
Property - new land, buildings or dwellings	-1,383
Property - maintenance expenditure	-2,980
Plant and equipment - Information Technology	-1,542
Plant and equipment - Other	-5,439
Purchase of intangible assets	-400
Expenditure on Capitalised Development	-6,979
	-18,723
Proceeds on Disposal:	
Proceeds on disposal on Property, Plant, and Equipment	**712**
Other Cash Plows from Investing Activities:	
Interest Received	**96**
Net cash inflow/(outflow) from investing activities, Total	**-17,915**
Net cash inflow/(outflow) before financing	**17,705**
CASH FLOW FROM FINANCING ACTIVITIES	
Repayment of Commercial Loans	-6
Repayment of Non Commercial Loans	-1,610
Public Dividend Capital Repaid	-431
PDC Dividends Paid	-6,624
Drawdown of Non Commercial Loans	4,450
Other cash flows from financing activities	-300
Net cash inflow/(outflow) from financing activities, Total	**-4,521**
Net increase/(decrease) in cash and cash equivalents	**13,184**
Opening Cash	10,288
Net increase/(decrease) in cash	13,184
Closing Cash	**23,472**

Financial Sustainability Risk Rating

Capital Service Cover		
Revenue Available for Capital Service	£m	28.844
Capital Service	£m	(8.704)
Capital Service Cover metric	0.0x	**3.31**
Capital Service Cover rating	Score	**4**
Liquidity		
Working Capital for FSRR	£m	2.531
Operating Expenses within EBITDA, Total	£m	(454.432)
Liquidity metric	Days	2.00
Liquidity rating	Score	**4**
I&E Margin		
Normalised Surplus/(Deficit)	£m	10.495
Adjusted Total Income	£m	484.015
I&E Margin	%	2.17%
I&E Margin rating	Score	**4**
I&E Margin Variance From Plan		
I&E Margin Variance From Plan	%	-1.75%
I&E Margin Variance From Plan rating	Score	**2**
Financial Sustainability Risk Rating	Score	**4**

Defaults to 2015/16 Outturn Score

Thresholds	4	3	2	1
Capital Service Cover	2.5	1.75	1.25	< 1.25
Liquidity	0	-7	-14	< -14
I&E Margin	1%	0%	-1%	<=-1%
I&E Margin Variance	0%	-1%	-2%	<=-2%

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

Operational Plan 2016/17

Action requested/recommendation

The Board of Directors are asked to discuss and approve the operational plan 2016/17 for submission to Monitor on the 11th April 2015.

Summary

Monitor released the shared planning guidance and timetable for submission at the end of December 2015, which required Providers to produce the following related plans:

- A local health and care system sustainability and transformation plan, which will cover the period October 2016 to March 2021
- A plan by organisation for 2016/17 – this will need to reflect the emerging sustainability and transformation plan

The timeline for submission of the operational plan for 2016/17 was incredibly tight with a draft due to Monitor on the 8th February 2016 and the final version due on the 11th April 2016.

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 30 March 2016
Risk	Risks are detailed in the plan.
Resource implications	Resource implications are detailed in the plan.
Owner	Andrew Bertram, Director of Finance
Author	Lynda Provins, Governor & Membership Manager
Date of paper	March 2016
Version number	Version 1

Board of Directors - 30 March 2016

Operational Plan 2016/17

1. Introduction and background

Monitor released the shared planning guidance and timetable for submission on the 22nd December 2015, which require Providers to produce the following related plans:

- A local health and care system sustainability and transformation plan, which will cover the period October 2016 to March 2021
- A plan by organisation for 2016/17 – this will need to reflect the emerging sustainability and transformation plan

Details of the required content for the operational plan narrative document was released on the 18th January 2016. The timeline for submission of the operational plan for 2016/17 was incredibly tight with a draft due to Monitor on the 8th February 2016 and the final version due on the 11th April 2016.

2. Update on progress

A working draft was submitted to Monitor within the timeframe, but with the understanding that this would change due to financial information and consultation with the Board and a sub-group of the Council of Governors. Consultation has taken place in March.

The template provided by Monitor for the narrative part of the document was very prescriptive with the result that the document is short and high level and drafted with emphasis on the elements which Monitor require.

A draft of the operational plan 2016/17 (appendix 1) is attached for discussion before finalisation and submission to Monitor on the 11th April 2016. Summary statement extract (appendix 2) is attached for reference only and evidences Monitor's financial template.

3. Recommendation

The Board of Directors are asked to discuss and approve the operational plan 2016/17 for submission to Monitor on the 11th April 2015.

4. References and further reading

Monitor's guidance regarding the content and submission can be found on their website under: Delivering the Forward View: NHS planning guidance 2016/17 to 2020/21 – Annual Plan review template and guidance for NHS foundations trusts.

Author	**Lynda Provins, Governor & Membership Manager**
Owner	**Andrew Bertram, Director of Finance**
Date	**March 2016**

York Teaching Hospital NHS
NHS Foundation Trust

Draft
Operational Plan

2016/17

V0.03

Approach to Activity Planning

Demand & Capacity

Directorates have been involved in robust elective care demand and capacity modelling work using the Interim Management and Support (IMAS) tool (over the last 12 months). This work has now been undertaken at specialty level and includes monitoring of outturn, growth, activity profiles and case mix. This will enable the Trust to model capacity required to support current demand, forecast growth and determine additional activity to ensure high confidence in meeting the elective care standard. This model has been shared with Clinical Commissioning Group (CCG's) and there is high confidence levels regarding its application.

Modelling continues in outpatient services regarding advice and guidance and new to follow up ratios. This is through redesign and focus on delivery of clinical review, through alternative models, which potentially could reduce the number of face to face contacts releasing additional capacity.

Whilst a specific demand and capacity tool has not yet been agreed with commissioners for emergency activity, the organisation has a wealth of high quality information and intelligence on demand, flow and variation. Once clinical models have been developed and agreed, this can soon be applied to our clinical information systems to establish agreed activity profiles for 2016/17.

The Trust's recovery plan, in responding to and enabling appropriate access for emergency care, is focusing on alternative models of care that can respond to increasing demand and variation in attendance levels. Examples of this work include ambulatory care models, access to acute assessment areas in both medicine and surgery, primary care interface at the front door, discharge to assess and an increased ability to transfer to step down and intermediate care beds within the community.

Risks around recruitment and retention of workforce remain; however, the Trust is heavily engaged in workforce planning in relation to specialty specific models being explored together with other initiatives centred around recruitment, retention and role adaptation including work on creating enhanced roles for bands 1 to 4 and advanced clinical practitioners.

Planning Assumptions

The specialty level demand and capacity data collated has been profiled and shared, at a high level, on the Unify template. Elective activity for 2016/17 has been profiled together with growth and a clear understanding of avoiding backlog, to secure robust arrangements going forward. Risks remain around increased acute admissions, which result in reduced elective capacity together with capacity constraints in other parts of the wider system and prevents timely discharge of patients. Delayed discharges is a System Resilience Group priority and patients are being offered transfer to Bridlington

for treatment with a limited number being treated through private capacity or waiting list initiatives in order to boost elective capacity.

Activity profiles for urgent care require further and continued modelling as new patient pathways and delivery of care evolve.

Planning

Developing demand and capacity plans for elective activity will require support and continued partnership working arrangements with the independent sector particularly around challenged specialties such as orthopaedics and ophthalmology. However, in order to support delivery one of the key objectives is to work towards the separation of elective and emergency care work.

The Trust is committed to investing in Bridlington Hospital to create a surgical centre of excellence, which builds on work already undertaken by moving elective orthopaedics to Bridlington, in order to protect the capacity at Scarborough. The Trust is also working with commissioners to redesign emergency care at Scarborough in particular on senior assessment and ambulatory care.

An application has been made to NHS England to develop a new model of care in acute medicine at Scarborough Hospital, the outcome of which should be known by the end of March. The model has been designed to address the number of transfers between different wards, delays to admission from the Emergency Department and a reduction in the number of multiple assessments. The focus will be on a single streaming and assessment process and all patients will be deemed ambulatory unless a senior decision maker decides to admit. A key feature will be the use of an innovative multidisciplinary workforce of advanced clinical practitioners, Band 4 non-registered practitioners and a combined General Practitioner/Acute Clinician role.

The Trust is in the process of developing a Urology One-stop Service. The building work for this development has started and should be finished in October/November 2016. The service will be provided at Malton Hospital and take all new adult referrals from Bridlington, Scarborough and York and will deliver diagnostics (x-ray, ultrasound, flexible cystoscopy, urodynamics and trust biopsies) as well as clinical review. The aim is to centralise this work to ensure patients are seen quickly, save on multiple attendances and are either discharged home or have a plan for surgical intervention back at the hospitals in Bridlington, Scarborough or York.

Key Operational Standards

The Trust can confirm that the activity planning undertaken will ensure that the Referral to Treatment Incomplete standard is maintained as well as internal cancer standard delivery (with the exception of 62 days first treatment) and diagnostic waiting times.

As highlighted in the Targets and Indicators section of the Monitor Annual Plan, the Trust has declared a risk regarding the delivery of the 62 day cancer standard. This risk is threefold; capacity in tertiary centres, internal pathways which require remodelling and delivery of the standard for cancers that interact with more than one tumour site. Whilst the Trust has declared a risk to delivery, it has proposed an 85% (compliant) trajectory from Q1.

Delivery of the Emergency Care Standard (ECS) remains a key priority for the Trust. Workforce shortages, increased attendances and admissions all remain risks to delivery. The Trust is working closely with local CCGs to implement and embed mitigating actions. These include; Ambulatory Care models, restructured 'Front Door' models, workforce skill mix reviews and improved working relationships with Urgent Care Centres (UCCs). Winter planning will be undertaken from Q2 16/17 and this will include flexible escalation beds, scaling back elective work and utilising surgical wards for medical patients; all similar to changes implemented as part of the 15/16 Winter Plan.

Activity will be monitored closely through the Contract Management Boards, where remedial actions for managing unplanned changes in demand will be agreed.

Approach to Quality Planning

Quality & Safety

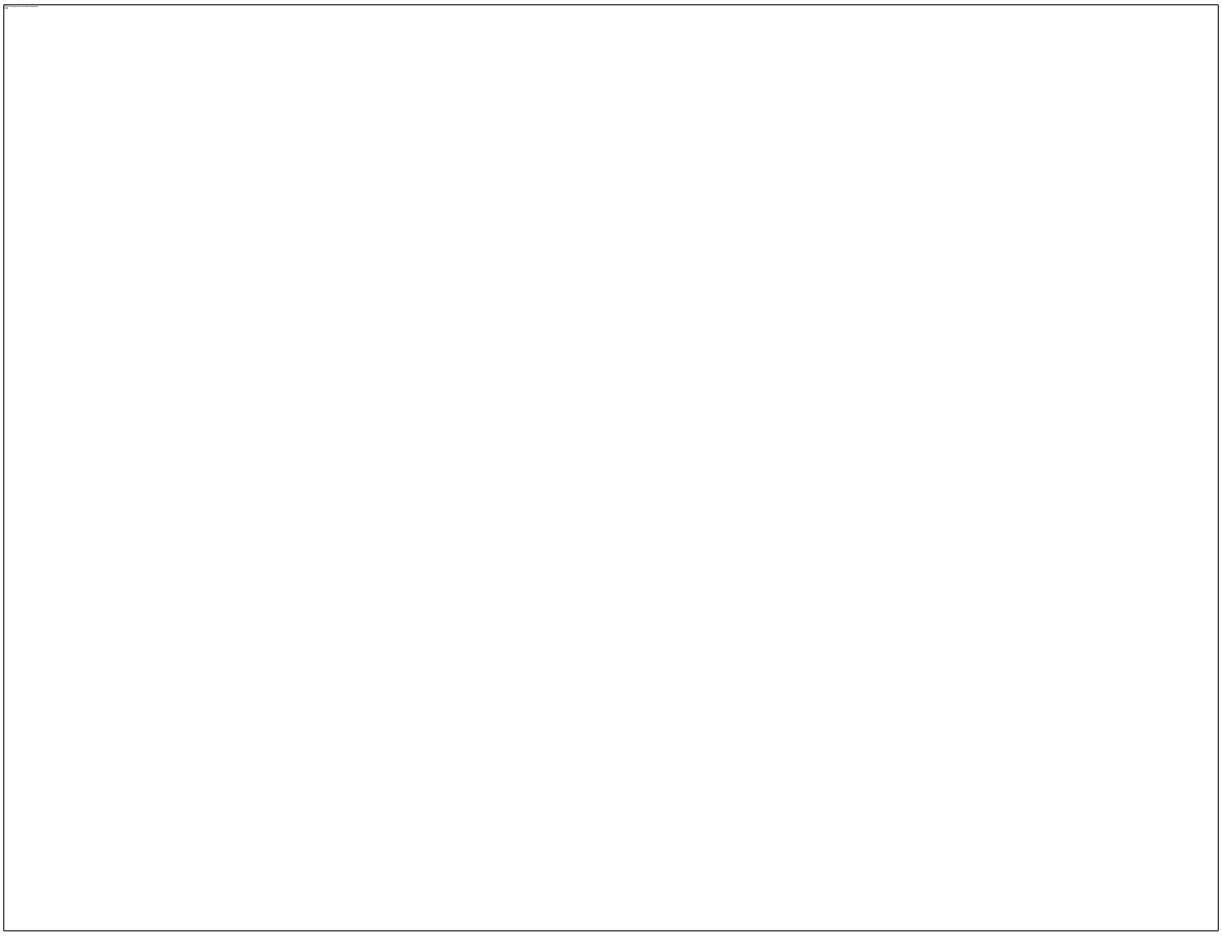
The Care Quality Commission (CQC) reviewed the Trust's services in March 2015. The context to this review included the recent integration of two community services (Scarborough, Ryedale & Whitby and York & Selby) plus the integration of the former Scarborough and North East Yorkshire Healthcare NHS Trust. All these services had financial, operational, quality and safety performance issues.

Notwithstanding this context the CQC commented that:

- The Trust was caring and compassionate
- Patients are treated with dignity and respect
- The Trust is committed to best treatment with best outcomes
- The Trust was open and honest

The report went on to comment on many examples of innovation and in particular excellence in End of Life Care. The CQC praised Community Services and the Community Hub developments and commented on the Trust's positive approach to partnership working and clinical alliances.

A summary of the CQC assessment for each of the Trust's main sites and Community Services and each of the CQC domains is provided below.



The CQC gave an overall Trust rating of "requires improvement" this was largely influenced by shortages in nurse staffing resulting in an over reliance on agency staff and the on-going difficulties with meeting the emergency care standard that have been acknowledged as a whole system issue.

There were a small number of other key improvement themes including uptake of statutory and mandatory training and performance against key national targets. An improvement action plan has been developed, implemented and is monitored regularly by the Board sub-committees and Board of Directors.

Quality Improvement Governance Systems

This year a detailed and planned approach to quality planning has been undertaken and a timetable that includes plans for consultation with key stakeholders, both internal and external has been agreed by the Board of Directors.

A steering group, led by the Chief Nurse working with the Foundation Trust Secretary and leads from Patient Safety, Patient Experience and Healthcare Governance have led consultation exercises to agree organisational priorities

with agreed timeframes. These have also taken into account actions from the CQC inspection from March 2015 and risks to quality and safety as well as aspirational developments for quality development and improvement.

Executive Lead: Beverley Geary, Chief Nurse

Three Quality Priorities for 2016/17

Patient safety

- Reduce avoidable mortality
- Screening for patients with severe sepsis throughout the hospitals and early completion of Sepsis 6 bundle of care
- Improve incident reporting

Previous successful initiatives will continue with a focus on sustainability and will include:

- Reducing harm from falls
- Reduction in the incidence of avoidable pressure ulcers
- Reduction in the number of missed critical medications
- Effective antimicrobials stewardship

Clinical effectiveness

- Effective care for patients receiving insulin and those in need of capillary blood glucose monitoring
- Implementation of electronic prescribing and medicines administration
- Reduce hospital associated infections of Clostridium difficile (C.diff), Methicillin –Resistant Staphylococcus Aureus (MRSA), bacteraemia and Methicillin Sensitive Staphylococcus Aureus (MSSA), and ensure safe prescribing of antibiotics

Patient Experience

- Ensure end of life care is in accordance with best practice
- Improve dementia care
- Enhance partnership working with paediatric services and mental health agencies

A revised patient experience strategy setting out the priorities for the next 3 years has been approved by the Board of Directors. Initiatives' including increased collaboration with patients and families', the development of a volunteer strategy and working with individual directorates to provide local information reports to improve the patient experience will be monitored by the Patient Experience Steering Group.

Our quality goals for 2016/17 are:

- Improving care of acutely ill and deteriorating patients. We use the National Early Warning Score for adult patients, Maternity Early Warning Score and the Paediatric Early Warning Score

- Reducing harm to patients, specifically:

    - Infection prevention and control

    - Reducing the prevalence of pressure ulcers

    - Reduction of patient falls in hospital

- Monitoring critical medicines and antimicrobials by introduction of an electronic prescribing system.

- Reduction in avoidable mortality by systematic analysis of deaths.

- Continue to achieve excellence in end of life care 7 days a week.

Top Three Risks to Quality

Increased acute admissions – Increased acuity of patients in the Emergency Departments and increased acute admissions prevents the timely transfer of patients. The complex needs of patients awaiting discharge, who are medically fit for discharge, delays rapid availability of acute beds. Our plans to reduce risk include working with our local commissioners and partner organisations on admission prevention, a discharge to assess model and improved discharge planning for those patients with complex needs. Across the Trust we will focus on early senior clinical review of patients.

Inability to recruit medical and nursing staff resulting in significant increase in agency and locum spend – the Trust continues to make progress in relation to reducing nursing agency spend (July 15 - £1.5m, Sept 15 - £1m, Jan 16 - £0.5m) and will continue to pursue further reductions over time. Whilst recruitment remains challenging, a number of successful local and European recruitment campaigns were undertaken at the end of last year. Newly qualified RNs are currently in an extended preceptorship period and those RNs appointed last October are now within the budgeted establishment. A blended approach has been used with the European recruitment and appointees are coming through as and when their PIN numbers are received.

The European campaign continues and new staff are being appointed. In addition, the Trust is currently working with educational partners to develop training programmes for new roles and also to increase the recruitment opportunities' for newly registered nurses.

In order to reduce agency spend a number of new incentives have been introduced (since November 2015) for staff working on the internal Trust bank.

These incentives are intended to make working on the bank more attractive therefore increasing bank fill rates and as a consequence reducing agency expenditure.

Incentives include;

- increasing the hourly rate of pay for bank work by 5%
- allowing bank only workers to be able to continue to the top of the pay scale to the top point of the band (rather than being halted at the third point as was the case with NHS Professionals)
- for substantive staff picking up bank shifts during the winter period (1 December to 31 March), bank work undertaken would attract an additional payment of 15% on top of the basic rate
- staff working on the bank at a lower band than their substantive role could be paid their substantive rate for that work, e.g. band 6 substantive worker can receive their band 6 rate for a band 5 bank shift

As well as these incentives, new processes have been implemented to add additional scrutiny and the need for senior level approval for requests to seek shifts which would be non-compliant with the new National Agency rules, i.e. above the capped rate or off framework. The Trust is committed to moving away completely from off-framework agencies with a trajectory for minimal use by April 2016.

The Trust has had some difficulties with recruiting to some medical specialities and some nursing posts. This will be managed by appraisal of clinical pathways and redesign of services where necessary. In addition, alternate roles such as physician assistants and advanced care practitioners are being considered together with expanding the responsibilities and number of non-registered nursing workforce. The Trust is only using off-framework agency staff when patient safety is considered to be at risk. In hard to recruit posts the Trust is revising terms and conditions and offering enhancements.

Ability to meet national targets – The achievement of targets remains challenging, however, following introduction of the operational recovery plan in April 2015, the Trust has seen some noticeable improvements:

- Diagnostics – achieved 5 consecutive months up to and including Jan 2015/16
- Cancer – Following a challenging period the Trust has seen a demonstrable improvement and achieved all its targets in December 2015
- Breast Symptomatic - following the centralisation of the services for symptomatic breast on the York site, the Trust has been compliant with this access target
- 18 weeks – following changes in April 2015 to the RTT standard, the Trust has met the 92% incomplete target throughout 2015/16

However, the biggest challenge remains around the Emergency Department target and the ability to meet the 4 hour 95% target.

Well-Led Elements

The Well Led review has been completed by the Trust in conjunction with Grant Thornton and was reviewed by the Board of Directors in January 2016 and an Action Plan is currently being formulated.

'Sign up to Safety' Priorities for 2016/17

The Trust joined the Sign up to Safety Campaign in July 2014 and continues to make good progress with safety pledges.

Put safety first – The Trust is enhancing its strategies for reduction of mortality by expanding the remit of the Mortality Review Group and revising the mortality review proforma. In addition, the Trust will continue to reinforce the recognised good practices of multidisciplinary ward rounds, early consultant review and implementation of care bundles.

The Trust mandates the use of the Post-take Ward Round Checklist on the acute medical units and has recently developed this approach in the general surgery assessment units.

The Trust has introduced a screening tool for patients with severe sepsis in the Emergency Departments, Obstetric Departments and Paediatric wards and advocates early intervention of the Sepsis 6 bundle of care.

The Trust continues to promote better management of patients with diabetes and has negotiated two local Commissioning for Quality and Innovation (CQUIN) schemes for 2016/17, which will ensure a detailed focus on improvements.

The Trust will aim to reduce avoidable harm from Healthcare Associated Infection (HCAI) and have negotiated a local CQUIN scheme of 2016/17 to ensure a focus on the reduction of urinary catheter associated infections for patients in acute care.

The Trust will continue to monitor and benchmark rates of healthcare associated infection, through audit, surveillance and Post Infection Review (PIR) aiming to reduce rates to below the national mean. Clostridium difficile (C.diff) incidence continues to increase regionally and nationally. PIR and antimicrobial compliance audits highlight that prescribing in line with formulary continues to improve, but due to the acute nature of illness, particularly amongst the elderly, the need for essential antimicrobial therapy leads to sporadic cases in a population that naturally carries C.diff as part of their normal bowel flora.

Monitoring of the indication and appropriate use of broad spectrum antibiotics to reduce the risk and incidence of C.diff will be continued by the Antimicrobial Stewardship Team in particular in relation to sepsis management when such treatments are prescribed. A lack of permanent decant space continues to

compromise the Trusts ability to deliver an annual deep clean programme and proactive hydrogen peroxide vapour (HPV) disinfection. Similarly a lack of isolation capacity poses a risk for the Trust.

A new Infection, Prevention and Control (IPC) Governance structure has been developed to reinforce that IPC is an organisational priority. A work plan to reduce infection, promote prevention and explore ways to reduce the risks (including developing a deep clean programme) will be presented to the Board in the first quarter of 2016/17.

Good progress has been made on reduction of severe harm from pressure ulcers and patient falls and the Trust will continue to monitor progress with improvement plans.

Continually learn – The Trust will continue to use the information available from the Friends and Family surveys, Patient Advice and Liaison Service (PALS), formal and informal complaints and the national patient survey to identify improvements and actions and continue to publish information relating to complaints and patients feedback.

As a commitment to developing its culture of safety the Trust undertakes Patient Safety Walk Rounds by Non-Executive and Executive Directors and provides a monthly summary report to the Executive Board and the Board of Directors.

The Trust is refining its systems for mortality review to ensure they are sensitive and valid for its community hospitals.

The Trust aims to learn from incidents, complaints and litigation by reflecting on practice and where necessary, changing systems of work to ensure that patients are safe and that repetition of avoidable harm is prevented. The Trust continues to refine, improve and share learning from the Post Infection Review (PIR) process.

Being honest – The Trust promotes its Being Open Policy to ensure that the Trust's systems and processes support a culture of transparency and openness and meet the requirements of the Duty of Candour.

The Trust involves patients in safety by asking them to let us know if they notice anything of concern and alert us to non-compliance, for example with hand hygiene.

The Trust aims to involve patients as much as they wish in decisions about their care and treatment and particularly before consenting to treatment.

The use of safety briefings has been extended, particularly at Scarborough Hospital with support from the Improvement Academy.

The Trust has enhanced the dissemination of learning from serious incidents with our publication Nevermore.

Collaboration – The Trust uses benchmarking data and internal and external peer review to support analysis and facilitate learning. In addition, work continues with local commissioners to understand and agree where changes in pathways of care will develop more effective care.

The Trust continues to work with partner organisations including: NHS Improvement Academy, York University, Bradford University and the Global Sepsis Alliance.

Support to improve and celebrate progress – The Trust supports its clinical staff to develop skills and motivation, promote leaders to develop patient safety behaviours and skills and improvement in statutory and mandatory training through the Learning Hub together with enhancing doctors training.

The Trust continues to encourage reporting of errors and incidents in order to learn lessons; it will not tolerate neglect or wilful misconduct.

The Trust recognises the valuable contribution its staff makes to safe and effective patient care and profiles achievements at our annual Celebration of Achievement Event.

Last year the Trust launched its trust wide annual Patient Safety Conference, which gave staff an opportunity to showcase the vast amount of successful improvement work that is taking place throughout the organisation. A Junior Doctor Safety Improvement Group was also developed, which is led by doctors in training specifically for doctors in training.

Association of Medical Royal Colleges' Guidance on the Responsible Consultant

The responsible consultant is clearly identified on the clinical record and we transfer patients to a different consultant based on patient's needs when clinically appropriate. There is a named nurse allocated to care for a group of patients on a shift by shift basis. We have a plan to ensure that all patients are aware of their named consultant and nurse.

Seven Day Services

The Trust has a significant complement of 7 day services in place, with many specialty rotas providing full 365 day cover. However, the Trust recognises there are areas where a further extension is necessary to establish true equity of care.

Elective and planned care is routinely provided where demand exists on evenings and weekends. The Trust expects to increase its offering on this basis.

The Trust will ensure that 7 day working is affordable by improving job planning in the delivery of acute and urgent care and managing the impact on elective work. The Trust plans to extend senior clinical review over 7 days.

Quality Impact Assessment (QIA) Process

The Trust has a well-established and embedded QIA process and follows the following process:-

- all Cost Improvement Programmes (CIP) schemes are self-assessed by the Directorate teams, including senior clinical input, against the Trust's risk assessment framework
- the schemes are independently reviewed by a senior clinician and a senior nurse
- there is then an escalation process for any schemes that have been highlighted as high or extreme risk to the Executive team including the Medical Director and Chief Nurse
- the summary information is also provided to the Finance and Performance Committee and ultimately the Board of Directors as part of the monthly efficiency report
- this process is an on-going process so new schemes are assessed as they are added
- the Trust also has a comprehensive patient safety, quality, workforce, finance and performance report which provides details of all relevant quality & safety indicators

In addition to this KPMG stated in their report, following an audit of the CIP process:

'We have not seen the model proposed by YTH for CIP quality impact assessment implemented at other Trusts. However, our view is that it offers a unique advantage over traditional paper-based reviews carried out by a Trust medical and nursing director: discussion at directorate-level by clinicians is likely to produce a different level of challenge and front-line realism into assessments. We therefore encourage its adoption, with the recommendation that the process is reviewed by the Finance & Performance committee prior to FY 14/15'

Triangulation of indicators

The Board of Directors are provided with data and key performance indicators. The Trust's performance information pack was recently reviewed by Grant Thornton LLP as part of an extensive Well-led Review. The pack was rated "green" and Grant Thornton LLP commented on the high standard of information and data quality assurance processes.

Triangulation is received from an integrated performance report covering all aspects of performance including; finance, staffing, access, quality and safety. This information is routinely presented monthly; but also includes data feeds refreshing many indicators daily or even in real time.

Triangulation is supported through the Board of Directors and through a Board sub-group meeting structure examining specifically finance and performance and quality and safety issues. Key indicators used include a finance report detailing a key analysis of income and expenditure variances, a detailed analysis of cash and other finance metrics. This is set alongside quality and safety reports from the Chief Nurse and Medical Director drawing key performance metrics and issues from the Trust's comprehensive performance report to the Board's attention. Key metrics include workforce turnover, vacancy rates, recruitment progress, patient safety indicators from the safety thermometer (such as infection control, falls and pressure sores), mortality indicators and compliance reports relating to key aspects of medical and nursing practice (such as thrombolysis assessment, antimicrobial prescribing and dementia screening).

Quality & Safety and Finance & Performance Sub-committees

These Board committees meet before the Board and consider the indicators specific to each committee. The detail discussed and assurance obtained by each committee is then presented to the full Board meeting held 8 days later. This information is then discussed and triangulated by the Board. Grant Thornton LLP commented "We saw many examples of performance information being used to hold management to account, at Board and committee meetings….".

Workforce Strategy Committee

This committee meets every two months to consider key workforce indicators, such as staff turnover, recruitment statistics, vacancy rates, appraisal performance, sickness rates and many other workforce metrics. The committee routinely reports through to the Board on their findings and also on assurance they have obtained.

Data Quality Group

This is a sub-group of the Audit Committee and considers the quality of the information being presented to the Board. The group specifically reviews the internal audit work programme and seeks assurance that all aspects of data quality are being appropriately investigated. As part of its work programme the group receives presentations from key management individuals into all aspects of data and data quality and has the opportunity to directly question and seek assurance from Trust "experts".

Approach to Workforce Planning

Workforce Planning

In line with Health Education England (HEE) the Trust undertakes an annual workforce planning programme that forecasts workforce requirements for the

following five years. Both the Medical Director and the Chief Nurse are consulted during the completion of the return and it is a requirement that those individuals complete specific narrative sections of the submission.

Board Approval

Members of the Board of Directors sign off the annual workforce planning return that is submitted to HEE to inform commissioning of training and education at national and regional level.

Links to Clinical Strategy

The Trust is committed to ensuring the Keogh Standards are achieved across the acute pathways in order that services are delivered seven days a week. To support this aim, a task and finish group has been established to oversee this process. An integral part of this is the review of job plans and rotas to ensure they offer maximum direct clinical care within the confines of the national contract. It is anticipated that a new acute model will be required at the Scarborough Hospital site to help support delivery given the on-going recruitment and workforce challenges.

Detailed below are some speciality specific models being explored:

Acute &Emergency
The Trust is developing workforce models to ensure patients are seen quickly with the appropriate treatment plan put in place. This is with the aim of reducing admissions or reducing the amount of time spent in hospital where admission is unavoidable.

To support the model skill mix reviews have been underway and the Emergency Department in Scarborough Hospital have successfully integrated Advance Care Practitioners into their workforce structure.

Planned and Elective
The Trust is examining ways of maximising facilities to increase planned and elective activity. This includes:

- the expansion of the Bridlington Hospital site in order to support increased elective activity, which supports the separation of acute and elective activity on the Scarborough Hospital site;
- Maximise throughput and utilisation of theatres; and
- Extended operating hours during the week along with routine weekend working
- Urology One-stop Service at Malton

Community Hubs
The Community Hubs are a pilot example of the direction of travel for the local health and care system. They demonstrate the 'one team' approach to service delivery that brings different professions (GPs, Consultants, District Nurses and Local Authority Staff), together to work in an integrated way supported by

generic workers who have competencies across a range of traditional disciplines. As the 'system' moves to providing support to allow individuals to take responsibility for their own health needs and to promote wellbeing, the workforce will need to be equipped with the skills to adopt a more coaching approach rather than our traditional paternalistic outlook and the dependency this creates. The workforce will be managed with a matrix approach with line management, professional leadership and multidisciplinary team (MDT) leadership all potentially coming from different individuals.

Local Workforce Transformation Programmes

Links to the Organisation's use of the Calderdale Framework workforce transformation model, as supported by HEE, Y&H. Measurements would be efficient use of resources, staff working to full potential, increased staff engagement, improved quality and safety with staff working to agreed protocols and standards, reduced expenditure as staff on lower bands take on tasks that would traditionally be delivered by registered practitioners.

For example: within the Emergency Department at York, clinical skills and tasks that can be delegated to an unregistered support worker were identified, thus freeing up the registered nurses to work more productively, utilise their skills more effectively, whilst maintaining service delivery, appropriate skill mix, and effective/productive use of registered nurses time. Agenda for Change (AFC) band 3 senior healthcare assistants already in post and AFC band 4 assistant practitioner role to be implemented April 2016. Initially replace 6.0 whole time equivalent (WTE) AFC band 5 with 6.0 WTE AFC band 4 assistant practitioners

The Support Staff Learning Team continues to deliver a portfolio of learning aimed at up-skilling AFC bands 1-4 non-clinical support staff. In particular these programmes are designed to re-engage existing learners or new staff and provide a range of 'bite size' programmes that target core elements of learning, resulting in a product that is now also being accessed by non-registered health staff. These programmes will be embedded and built on during 2016-17.

Elements of provision are now accessible via the Trust's online learning system. This portfolio will grow in 2016/17 as we ensure that learners, where possible, are offered a choice of provision, the opportunity to undertake learning at their own speed, at a time convenient to them.

2015/16 Maths and English pilot activity with Yorkshire Ambulance Service (YAS) and York College proved to be mutually beneficial and will continue in 2016/17. Open to anybody that has a need, these courses have been accessed by staff wanting to achieve GCSE equivalent either as a return to learning, or, for further progression in the organisation.

Reliance on Agency Staffing

eRostering is used in a number of ward areas and is being rolled out further at the Scarborough Hospital site. Exception reporting is provided regularly and presented to senior nursing staff, including roster creators, those who give final approval for rosters (e.g. matrons) and the Corporate Nursing team. Advice is available on best practice rostering and there are organisationally agreed principles around this to ensure effective rostering. Work has been undertaken to improve the benefits of working on the internal nurse bank, including enhanced rates and weekly pay to reduce reliance on agency.

Alignment with Local Education and Training Board Plans

The annual workforce plan is aligned to the Local Education and Training Board (LETB).

The Trust will sign Talent for Care / Widening Participation, Partnership Pledge to evidence commitment to developing our non-registered workforce.

Triangulation of Quality and Safety Metrics with Workforce Indicators

Trust, site and ward level dashboards incorporating workforce and patient safety metrics are examined and published. In addition, the Early Warning Trigger Tools are utilised across ward areas to proactively identify patients who require attention.

Monitoring of Quality Impact Assessments

Achieving CIP from the workforce is a subset of the Trust's Turnaround Avoidance Programme (TAP) that was launched in July 2015. There are a variety of measures being explored and all are subject to quality impact assessments.

New Workforce Initiatives Agreed with Partners

Our workforce planning return for 2015/16 described a need over time for an increase in AFC bands 1-4 staff undertaking preventative activities as a result of the changes described in the Five Year Forward View. To deliver this it was determined new roles would need to be developed. These are detailed below:

Bands 2-4 (clinical) development continues, with career progression from band 2, to band 3, to band 4. Roll-out within the organisation to newly recruited band 2 health care assistants (HCAs) of Level 2 Diploma, designed and accredited in partnership with National Open College Network (NOCN), funded through the Support Staff Learning and Development fund (SSLDF).

Band 4 Assistant Practitioner role to be piloted (see above) and links with HEE proposals re Nursing Associate role. Foundation degree/level 4 discussions in progress with Coventry University (Scarborough Campus), York St John University, and (continue with) University of York in support of

the academic requirement for level 4 attainment to support role. Our vision is for such a role to be across Nursing and AHPs (Allied Health Professionals).

Work is also in progress to produce a Health & Social Care Apprenticeship Framework to meet the needs of the Trust, and enable potential employees another entry route into our workforce. Again supporting the HEE Apprenticeship Initiative, we are working with Skills for Health to produce both a Strategy and Framework, by end March 2016, with the aim of piloting a first cohort mid/late summer.

Working in partnership with Support Staff Learning Team, Recruitment, and York College & York High School, to develop and deliver a pilot generic apprenticeship programme targeting 16 year olds. This will include options to shadow in different areas within the Trust so as to inform future career choices for the apprentices. If successful, this will be rolled out to Scarborough Schools in 2017 where the need to 'grow our own' staff due to high local vacancies is important. Funded from HEE/SSLDF bids

Continued funding support for the use of apprenticeship frameworks for new/hybrid roles as they are identified.

Advanced clinical practitioners (ACPs). There are 7 qualified ACPs in the organisation and another 11 due to complete training in June 2016. They are autonomous practitioners working in high risk areas such as Emergency Department (ED) and Acute Medical Unit (AMU) where the numbers of doctors is below establishment, due to national specialty shortages and local geographic issues. Based on this new workforce model it has been possible to develop a new Ambulatory Care Unit. A third cohort for Scarborough ED is being considered for 2016/7 to develop ED services. Funding to support the training element of this role was sourced from HEE Workforce Transformation bids.

There are on-going discussions around involvement in a Physician Associates programme being developed by HYMS

Agency Rules

Whilst the Trust's main objective is to reduce agency usage, there remains the requirement to use agency staff where we are unable to fill substantively or via the Trust Bank. When we need to do this we are approaching approved framework agencies in the first instance and only going off framework as a last resort. To ensure that all agency usage is purchased at a competitive rate we have undertaken intelligence gathering from our neighbouring Trusts to ensure we are not alone in the implementation of the Monitor caps. This has facilitated discussions to reduce the rates further.

Senior nursing staff are involved in managing day to day changes to staffing to ensure appropriate levels of staff and skill mix in all areas. Vacant shifts only go to agency for fulfilment once all opportunity to fill via the internal nurse bank has been explored. Any consideration of approaching off framework

agencies or booking shifts above the capped rates is only done with director approval.

Workforce Risks

The Board of Directors receive a monthly workforce report detailing key workforce matrices. Included within this is the up to date nursing vacancy position and level of agency expenditure. In addition the Workforce Strategy Committee, a sub-committee of the Board of Directors receives further detailed information relating to all workforce matters.

All Clinical Directorates are subject to a monthly performance meeting where their specific challenges are examined and solutions explored. Monthly reports are submitted to NHS England of the Trust's actual staffing against plan.

Approach to Financial Planning

Financial Forecasts and Modelling - Forecast Outturn 2015/16

The Trust continues to operate within the context of the difficult national economic situation and its impact on the NHS.

For the end of the 2015/16 financial year, the Trust is forecasting an income and expenditure deficit of £16.4m, and a FSRR of 2. This forecast includes technical adjustments for impairments (£0.3m) and loss on the transfer of Whitby hospital to NHS Property Services (£4.6m); and restructuring costs of £0.6m all of which are discounted by Monitor in their assessment of the Trust's underlying performance, and presents a normalised deficit of £10.9m. The Trust is forecasting a cash balance of £10.3m, and that it will achieve its CIP plan for the year of £25.8m. 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.

- 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 70% of tariff.

- 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.

The Trust's financial plan for 2016/17 seeks to recognise these issues and accommodate the cost of solutions within the overall plan. These plans are now described in a way so as to align with the Normalised Surplus Bridge with the APR template.

Adjusted Opening Baseline for 2016/17 (-£17.6m)

This adjustment takes into consideration the removal of prior year pass-through income/expenditure and prior year non-recurrent items as well as adjusting for the full year effect of 2015/16 initiatives giving the adjusted opening baseline for 2016/17.

	£m
2015/16 deficit after tax from continuing operations	-16.4
Add back:	
- Loss on transfer by absorption of Whitby hospital	4.6
- Impairments	0.3
- Restructuring costs	0.6
Normalised deficit 2015/16	**-10.9**
Adjustments to Operating Baseline:	
(a) Reverse prior year clinical pass through income and costs	
- Income	-45.9
- Costs	45.9
	0
(b) Reverse non-recurrent CIPs	**-14.4**
(c) Full year impact of prior year recurrent CIPs	**0.5**
(d) Reverse non-recurrent impact of delayed Whitby transfer in 15/16	
- Income	-4.7
- Costs	4.6
	-0.1
(e) Reverse non-recurrent agency and bank premium	**3.3**
(f) Reverse non-recurrent non-clinical income and associated costs	
- Income	-3.7
- Costs	2.4
	-1.3
(g) Reverse non-recurrent escalation costs	**3.3**
(h) Reverse non-recurrent use of reserves	**2.4**
(i) Other issues	**-0.4**
Adjusted Opening Baseline	**-17.6**

Activity (-£2.5m)

The Trust adopts a bottom up approach to capacity and activity planning. Individual directorates developing their own local activity and capacity plans

predicated on assessed growth assumptions, known service developments/ changes, and requirements to meet required access targets. Following confirm and challenge meetings with senior managers from the Trust's Contracting and Operations directorates, plans are agreed and valued based on the national tariff and local agreed pricing structures, to provide an aggregate income and activity plan for the Trust.

At a corporate planning level a contingent sum of £9.3m has been deducted from the aggregate income plan to recognise (a) potential service areas that may be subject to challenge and not agreed by commissioners during contract negotiations (£4.3m), and (b) the impact of QIPP plans by commissioners (£5m). At this stage the contract negotiations and discussions with commissioners regarding their QIPP programmes are continuing, against which the Trust can test robustness of this provision.

Additional income from demand and volume changes has been assessed at £6.2m after the corporate adjustment referred to above has been applied, whereas the cost of delivery is assessed at £8.7m after assumed savings resulting from QIPP schemes, and reductions in negotiated contract levels.

Price/ Tariff Changes (-£9.4m)

In line with national guidance the Trust has modelled an overall 3.1% inflationary impact on costs and a net 1.1% tariff increase on relevant clinical income, after netting off the expected 2% efficiency within tariff. At a local level, for non-NHS clinical income and income from non-clinical services the Trust has assumed an average price increase of 1.0%. Overall the assessed impact of these assumptions is to place a net £9.4m pressure on the Trust's I&E forecast position. The key elements underlying these assumptions are detailed below.

Tariff Changes (+£5.2m)

The proposed changes to the national tariff, together with changes to local prices has been assessed to provide a net £5.2m benefit to the Trust, ad is comprised:.

- The net impact of 1.1% increase in the national tariff for relevant clinical services has been assessed at £4.2m.
- The suspension of the specialist services risk share will benefit the Trust by £0.1m.
- Currency & relevant price changes provide a benefit of £0.4m
- The impact of a 1% average increase on non-NHS clinical income and income from non-clinical services £0.5m

Cost inflation (+£14.6m)

The 3.1% assumed for cost inflationary issues totals £14.6m, and is comprised:

- Provision for cost of living pay increases and general price increases not covered below of £5.4m.
- Assessed cost increase of £2.5m due to incremental progression and clinical excellence awards

- The Trust has received notification that its CNST premiums are to increase by £1.8m.
- An increase in Trust NI contributions of £4.9m due to staff who are members of the NHS Pension scheme no longer having 'contracted out' status from the state pension from April 2016.

Other Issues (£0.7m)

The other main issues included in the plan are detailed below:

	£m
Clinical pass through income and costs	
- Income	45.4
- Costs	-45.4
	0.0
Reduction in Scarborough transition support and costs	
- Income	-0.9
- Costs	1.1
	0.2
Reduction in CLRN Service:	
- Income	-1.0
- Costs	1.0
	0.0
Other income changes:	
- Increase in CQUIN	0.4
- Winter Resilience	0.3
- Reduction in Overseas visitor and Private patient income	-0.1
- Loss of SLA for the provision of Estates services to another provider	-0.7
- Additional NMET income	0.4
- Various other Direct Credit Income	0.3
	0.6
Other Costs:	
- Investment in training Advanced Care Practitioners	-0.2
- Reduction in the cost of leasing equipment	0.2
- Reduction in the cost of leasing equipment	-0.1
	-0.1
Total	**0.7**

Sustainability & Transformation Fund (£13.6m)

The Trust has included its notional allocation of £13.6m from the general element of the Sustainability & Transformation fund 2016/17, as notified in the joint TDA/Monitor letter of 15th January 2016. No assumption has been made of any allocation from the targeted element of the fund at this stage.

PFI & Non-EBITDA items (-£0.7m)

The Trust has assessed an increase in non-EBITDA items of £0.7m, primarily in connection with increases in PDC, and Depreciation & Amortisation.

CIPs (£26.4m)

A CIP requirement of £26.4m (5.5%) has been built into the plan for which current plans exist to meet £18.9m, with the balance of £7.5m identified as non-recurrent due to absence of firm plans at this stage. Further detail is provided in the 'Efficiency Savings 2016/17' section below.

Summary Financial Forecasts 2016/17

Income & Expenditure Summary

The summary I&E position for 2016/17 is shown in the table below. The plan for 2016/17 results in a forecast operating surplus of £10.7m, which after allowing for a technical adjustment regarding impairments and profit on asset disposals, results in a normalised I&E surplus of £10.5m.

	£m
Operating Income included in EBITDA	483.176
Operating Expenses included in EBITDA	-454.432
EBITDA	**28.744**
Operating Income excluded from EBITDA	0.739
Operating Expenses excluded from EBITDA	-12.300
Non Operating Income	0.607
Non Operating Expenses	-7.088
Surplus	**10.703**

Balance Sheet

The summary balance sheet for 2016/17 is shown in the table below.

	£m
Non Current Assets	245.344
Current Assets	
Cash and cash equivalents	23.474
Other current assets	24.076
	47.550
Current Liabilities	
Other borrowings	-2.404
Other current liabilities	-35.775
	-38.179
Net Current Assets	9.371
Non-Current Liabilities	
Other borrowings	-20.326
Other non-current liabilities	-1.055
	-21.381
Total Assets Employed	**233.334**
Taxpayers' and Others' Equity	**233.334**

Cash Flow

The Trust's cash balance is forecast to increase during 2016/17 rising from an opening balance of £10.3m to a closing balance of £23.5m, reflecting the forecast I&E operating surplus.

Financial Sustainability Risk Rating (FSRR)

The provisional FSRR for 2016/17 is 4, with the scores for the component elements presented in the table below. The 'I&E margin variance from plan' score automatically defaults to the forecast outturn score for 2015/16 for planning purposes.

Capital Service Cover		
Revenue Available for Capital Service	£m	28.844
Capital Service	£m	-8.704
Capital Service Cover metric	0.0x	3.31
Capital Service Cover rating	Score	**4**
Liquidity		
Working Capital for FSRR	£m	2.531
Operating Expenses within EBITDA, Total	£m	-454.432
Liquidity metric	Days	2.00
Liquidity rating	Score	**4**
I&E Margin		
Normalised Surplus/(Deficit)	£m	10.495
Adjusted Total Income	£m	484.015
I&E Margin	%	2.17%
I&E Margin rating	Score	**4**
I&E Margin Variance From Plan		
I&E Margin - Plan from 15/16 APR	£m	n/a
I&E Margin - 15/16 Out-turn	£m	n/a
I&E Margin Variance From Plan	%	-1.75%
I&E Margin Variance From Plan rating	Score	**2**
Financial Sustainability Risk Rating		**4**

Sensitivity Analysis

The Trust has undertaken a sensitivity analysis using the model within the Monitor template in order to test overall robustness of the financial plan 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:

- The Trust has assumed £5m reduction in NHS clinical income due to commissioners' QIPP plans, partly mitigated by a 40% (£2m) reduction in costs – the sensitivity analysis has assumed a 50% risk in the Trust's ability to reduce its costs.

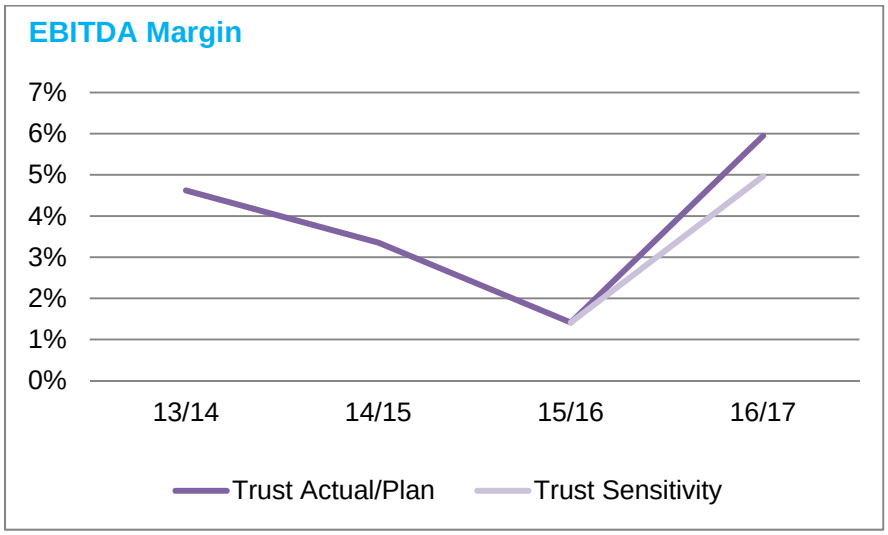
- Increased overall expenditure resulting from higher than planned agency and locum staffing costs - increased net costs (reflecting the premium element payable) of £3.0m is assumed, with a 75% likelihood of this materialising.

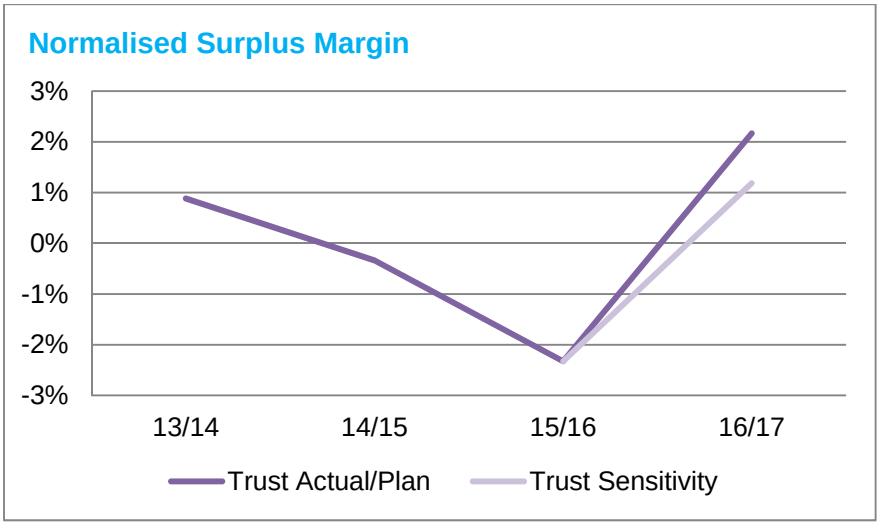
- Failure to meet the 2016/17 planned cost improvement target - a shortfall of £6m is assumed, with a 25% likelihood of this materialising.

There is a further potential risk, which at this stage the Trust is unable to quantify and include in its analysis. This relates to a lack of clarity around the rules for the Sustainability and Transformation fund 'control total' and the potential financial impact of any failure to meet the conditions of the fund.

There is also one potential upside, which has not been included in the analysis as the Trust is still awaiting confirmation from Monitor and TDA. This relates to the potential removal of the 'Non-elective Readmissions' element in the NHS standard contract suggested at the recent Monitor/TDA facilitated joint NHS Trust and Foundation Trust Finance Director meetings. If confirmed, this would present the Trust with a £3.8m opportunity, which it would use to reduce its £26.4m CIP target for 2016/17.

The impact of the three assumptions above on the Trust's EBITDA margin and the normalised I&E margin is illustrated in the graphs below. The Trust's EBITDA margin will reduce from 5.9% (£28.7m) to 5.0% (£24.0m), whereas the normalised I&E margin decreases from 2.2% (£10.5m) to 1.2% (£6.7m).





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 2016/17.
- Increase activity and income through seeking new business from new markets.
- Service Rationalisation.

Efficiency Savings 2016/17

One of the greatest challenges facing the organisation is the delivery of a £88m efficiency programme; over the five financial years to March 2021, this includes £33m potential opportunity over the first 3 years identified by the Lord Carter team. The Trust also has an extremely challenging stretch CIP target for 2016/17 of £26.4m, which is not without a significant level of risk, however we can demonstrate an excellent record of delivering efficiencies; having exceeded its target for the last seven years and which is due to a number of organisational strengths including significant engagement and innovations. All savings targets are devolved to Directorates and the Clinical Director structure ensures a high level of engagement in the process.

A further strengthening of the organisation's approach to a clinically and financially viable organisation has been the introduction of the Turnaround Avoidance Programme (TAP), led by a dedicated Programme Director; TAP is the organisations approach to delivering a sustainable financial future. It ensures that we focus our management effort on the Trusts priorities. The way that TAP does this is by bringing structure, process and discipline to the way we manage our priorities.

Lord Carter's Provider Productivity Work Programme

In the development of our efficiency programme for 2016/17 our absolute goal has been to incorporate the potential opportunities identified by the Lord Carter work into our core work programme, this will ensure full engagement by the organisation and individual directorate teams. Our initial work has involved identification of opportunities both by theme and by directorate team and it is noted that the Lord Carter opportunity is spread over 3 years.

Our initial work has identified the following areas of opportunity; which are incorporated in our current firm identified plans of £18.9m; although it should be noted there is much more work and refinement still to be completed in this area:-

Themes	**Yr1 – 16/17**
Workforce	£6.8m
Procurement	£1.0m
Pharmacy	£1.6m
Other (Incl. Estates & Facilities)	£1.5m
Total	**£10.9m**

Agency Rules

The Trust has introduced a number of incentives for bank work in November and December. These include - an increase in pay rates of 5% above incremental progression for all bank work; the ability for bank only workers to progress to the top of the pay scale (rather than being capped at the third point as was previously the case) so that remuneration is reflective of experience; an additional enhancement to pay of 15% for substantive staff who undertake bank work during the winter period and finally weekly pay is also now being offered to both nursing and medical staff undertaking bank work.

The benefits described above have had a positive impact on bank fill rates. In September and October, fewer than 40% of nursing temporary staffing shifts were filled by the Bank. In November, 44% of shifts were filled by the Bank and in December this figure was 43%. In January, there was a significant increase with almost 55% of requests being filled by the internal Bank. Bank fill rates remain above 50%.

There has also been a corresponding reduction in agency fill rates from an average of 35% in each month between September and November 2015 to an average of 26% each month between December 2015 and February 2016. Monthly agency expenditure on nursing has also reduced from more than £900k in September and October 2015 to just over £800k in November and December 2015 to around £500k in January and February 2016.

The Trust is also working with neighbouring Trusts to ensure a unified response to the introduction of the agency caps. To ensure patient safety is never compromised the Trust is reviewing each individual case of need.

The current value included in our 2016/17 plan is a reduction in premium rate expenditure of £2.6m; this improvement is clearly predicated on suitable substantive staff being available and is not without risk.

Procurement

Procurement (and choice) is controlled through online catalogues. The catalogues are controlled by qualified professionals (MCIPS) and the system controlled by a series of logins, hierarchies and approvals. This means that no on-person can order and approve the same request and many have to seek senior leadership approval before their goods are ordered.

Reports are routinely run for the top 100 items by value and by demand. These lists are worked through as an on-going project (Project 100) looking at ensuring the top 100 items we procure are fit for purpose and value for money. This project is managed through the Medical and Surgical Supplies & Equipment (MSSE) Committee who provide oversight, scrutiny and support. Aligned to this is Project 321. This looks at stripping out duplication of products across the Trust so that we don't use different products for the same task on different sites. As part of the TAP described above we have just introduced a No PO, No Pay policy.

This work is further supplemented by regional collaboration via the Regional Supplies Managers Network and the through the participation of the Head of Procurement on both the NHS Northern Customer Board and NOECPC Customer Board.

Our data, as we're a NEP trust, is already shared with Monitor (for the Product Price Benchmark Metrics) and through NHSSC back to the BSA influencing the NHS's Core Range.

Capital Planning

The Head of Capital Projects is working with various stakeholders on the development of a Trust estate strategy that will be published early in 2016-17. This document will be firmly aligned to the Trust's corporate/strategic objectives and the clinical strategies of individual directorates. This will enable the Head of Capital Projects to demonstrate that the capital project investment plans are consistent with, and support the delivery of, the Trust's clinical strategies and that they also serve to improve the safety, suitability, quality and condition from which the organisation's healthcare services are delivered. The intention is also to refresh the development control plans for the Trust's main sites that will provide further assurance, when investment proposals are being assessed, that projects are consistent with the Trust's estate, and thereby its clinical, strategies.

For example, one of the Trust's strategic objectives is to separate elective and emergency/non-elective care delivery. The Capital Projects Department is currently finalising the Outline Business Case for a project to create an

elective surgical centre of excellence at the Trust's hospital site in Bridlington. All surgical specialties have been asked to explore the potential use of Bridlington before plans are finalised. This project will also support another of the Trust's strategic objectives: namely, increasing the organisation's market share for elective services.

Another scheme that the Capital Projects Department is developing is the project to reconfigure emergency care facilities at Scarborough Hospital, which will support the achievement of the Trust's strategic objective to develop and reform emergency care with less emphasis on admission and greater focus on rapid diagnostics, assessment and ambulatory care.

The Capital Projects Department is also working up a cardio-vascular project to enable building works to start in 2017. This will support the increase in the Trust's capacity from two cardio-vascular labs to four for this important diagnostic and treatment service. This will also provide an improved environment, greater privacy and dignity and enabling vascular and cardio teams to further develop skills and expertise, which will support the Trust's strategic objective of developing and growing our specialist services.

In 2015-16, the Head of Capital Projects has introduced a revised project initiation procedure to increase the level of grip and control over the initiation of new capital schemes. The process now involves a more robust and structured project initiation request form and the information returned is used to assess each request against a range if criteria (strategic support / consistency, financial benefits, patient benefits, staff benefits, statutory compliance / risk mitigation or elimination). This scoring assessment process will produce a prioritised schedule of projects for approval to be developed into feasibility studies. Estate backlog maintenance schemes are similarly being assessed and prioritised against the outputs of the risk-based 6-facet survey work and on-going estates and facilities compliance work to ensure that the backlog maintenance element of the capital programme is fully aimed at improving the safety, condition and compliance of the Trust's facilities.

The Head of Capital Projects has now assumed responsibility for the Trust's property management function. Through this function we are focussing: on improving space utilisation across the Trust's estate, consolidating the Trust's premises where possible, disposing of surplus properties where possible and reducing the cost of the space the Trust currently occupies (e.g. by vacating leasehold properties where possible). The Trust now has a Space Management Group that oversees the allocation and use of space across the estate and it is working with the Finance Directorate to facilitate the inclusion of space occupation costs within the service line reporting process that is being applied to the Trust's services. Divisions and directorates will increasingly be incentivised to increase their space utilisation and to reduce their footprint where possible.

Link to the emerging 'Sustainability and Transformation Plan' (STP)

The STP footprint has been agreed and consists of Vale of York, Scarborough & Ryedale, East Riding , Lincolnshire and Hull and North East Lincolnshire areas.

A Provider Alliance Board has been established as a means of securing provider engagement and driving transformational change. The Provider Alliance Board includes North Yorkshire County Council, City of York Council, SHIELD GP Federation, CAVA GP Federation, NIMBUS GP Federation, York CVS, Selby Voluntary Service, Tees, Esk & Wear Valleys NHS Foundation Trust and this Trust. The Trust will be a key player in the production, delivery and monitoring of the STP and its constituent parts.

Emerging STP themes are:-

- Sustaining and developing local services at Scarborough Hospital
- Promoting the review and reinvention of the acute and urgent care model at Scarborough Hospital (the subject of a recent small District General Hospital Pioneer application to NHS England)
- Separating elective and acute care activity with a key development of elective services on the Bridlington Hospital site
- Developing an integration plan with local primary care and CCG partners to provide a wider range of community and out of hours services to help prevent unnecessary hospital admissions; working with Local Authorities and the voluntary sector will be fundamental to this.
- Developing and promoting a range of early supported discharge services to facilitate timely, safe and effective resettlement of patients in their home environment after their stay in Hospital
- Improving the internal hospital flow of patients admitted through Emergency Departments
- Sustaining and building on existing secondary, community and primary care alliances with partner organisations for the benefit of the local health care system as a whole.

Key issues discussed at the local interagency STP planning group meeting that need to be addressed as the York/Scarborough elements of the plan are developed include:

- **Financial position**. Understanding the current financial position and pressures across the system is critical in determining the extent to which existing plans will deliver financial sustainability for partner organisations. This overarching system financial position is pivotal to developing understanding of what approaches will be taken as a system and how actions drive sustainability across the system.

- **Key messages and content**. It is anticipated that current plans are the right approach to delivering the transformational changes that make the local system sustainable. This assumption needs to be tested against the refreshed financial positions of each organisation going into 2016-17 and plans will need to be revised accordingly.

- **Consistency** with plans across organisations. It is essential that the content of the Sustainability and Transformation Plan is consistent with existing plans and does not undermine or conflict with existing approaches. It should summarise and draw together the totality of current plans, expressing this as a clear narrative for change across the system.

- **Structure**. The aim is to adopt the clear structure set out in the guidance – with plans expressed under headings of 1. Closing the health and wellbeing gap 2. Driving transformation to close the care and quality gap 3. Closing the finance and efficiency gap. Existing plans will map to these headings. It is envisaged that the Sustainability and Transformation Plan will be a high-level narrative that sits over and is entirely consistent with existing plans including:

    - Ambition for Health (the Scarborough district interagency planning process)
    - Health and wellbeing strategies and plans
    - Financial recovery plans
    - System recovery plan (performance)
    - Better Care Fund plans
    - Previous strategic and operational plans
    - Business plans within partner organisations

Membership and Elections

Governor Elections

The Council of Governors at the Trust currently has 26 governor seats in the constitution:

Public Governors	Sixteen elected seats
Staff Governors	Five elected seats
Stakeholder Governors: Local Authorities Local Universities Voluntary groups	Five appointed: • Three seats • One seat • One seat

Elections were carried out in August 2015 using the Electoral Reform Society. The following appointments were made:

- 4 public governors were reappointed
- 3 new public governors were appointed
- 1 new staff governor for the community was appointed
- 2 new stakeholder governors were appointed
- 2 stakeholder governors appointments were reconfirmed

The next elections will be held during the summer of 2016. The following seats will be included in the elections:

- York constituency – 2 seats
- Selby constituency - 1 seat
- Ryedale and East Yorkshire constituency – 1 seat
- Hambleton constituency – 1 seat
- Staff - 1 seat

The elections process will begin at the end of June 2016 and the election results will be announced at the end of September 2016.

Governor Recruitment, Training and Development

The following are examples of governor development and governor/membership engagement

- Prospective governor drop in sessions
- Governor induction
- Recruitment training
- Training for PLACE Assessments
- Annual General Meeting
- Open Day
- Council of Governor meetings
- Board of Director meetings
- Meet your governor session held in January 2016

Membership Strategy

As part of the preparation for the completion of the transaction for the acquisition of Scarborough & North East Yorkshire Healthcare NHS Trust, the Trust developed a strategy for membership to increase membership at the East Coast.

A new strategy is been drafted, which sets out the Trust's commitment to building a representative membership to support public accountability and will set out a series of objectives to maintain, grow and engage its membership. Any campaigns to grow membership will be targeted at any under-represented demographic and geographic areas.

Summary of Plan

Summary Income and Expenditure Account

	units	Actual 2013-14	Actual 2014-15	Out-turn 2015-16	Plan 2016-17
Operating income (inc. in EBITDA)					
NHS Clinical income	£m	384.433	397.002	415.377	435.036
Non-NHS Clinical income	£m	2.714	2.679	2.821	2.776
Non-Clinical income	£m	54.721	52.031	50.466	45.365
Total operating income, inc. in EBITDA	£m	**441.868**	**451.712**	**468.664**	**483.176**
Operating expenses (inc in EBITDA)					
Employee expense	£m	(289.594)	(300.151)	(318.551)	(313.525)
Non-Pay expense	£m	(131.851)	(136.422)	(143.489)	(140.907)
PFI / LIFT expense	£m	0.000	0.000	0.000	0.000
Total operating expense, inc. in EBITDA	£m	**(421.445)**	**(436.573)**	**(462.040)**	**(454.432)**
EBITDA	£m	**20.423**	**15.139**	**6.624**	**28.744**
EBITDA margin %	%	*4.6%*	*3.4%*	*1.4%*	*5.9%*
Operating income (exc. from EBITDA)					
Donations and Grants for PPE and intangible assets	£m	0.624	0.634	0.739	0.739
Operating expenses (exc. from EBITDA)					
Depreciation & Amortisation	£m	(11.273)	(10.850)	(11.000)	(12.000)
Impairment (Losses) / Reversals	£m	(2.851)	(3.757)	(0.300)	(0.300)
Restructuring costs	£m	(1.008)	(0.355)	(0.578)	0.000
Total operating expense, exc. from EBITDA	£m	**(15.132)**	**(14.962)**	**(11.878)**	**(12.300)**
Non-operating income					
Finance income	£m	0.113	0.163	0.143	0.100
Gain / (Losses) on asset disposals	£m	0.003	0.000	0.000	0.507
Gain on transfers by absorption	£m	0.000	0.000	0.000	0.000
Other non - operating income	£m	0.000	0.000	0.000	0.000
Total non-operating income	£m	**0.116**	**0.163**	**0.143**	**0.607**
Non-operating expenses					
Interest expense (non-PFI / LIFT)	£m	(0.228)	(0.354)	(0.367)	(0.461)
Interest expense (PFI / LIFT)	£m	0.000	0.000	0.000	0.000
PDC expense	£m	(5.723)	(6.238)	(7.040)	(6.627)
Other finance costs	£m	(0.031)	(0.023)	(0.019)	0.000
Non-operating PFI costs (e.g. contingent rent)	£m	0.000	0.000	0.000	0.000
Loss on transfers by absorption	£m		0.000	(4.586)	0.000
Other non-operating expenses (including tax)	£m	0.000	0.000	0.000	0.000
Total non-operating expenses	£m	**(5.982)**	**(6.615)**	**(12.012)**	**(7.088)**
Surplus / (Deficit) after tax	£m	**0.049**	**(5.641)**	**(16.384)**	**10.703**
Profit/(loss) from discontinued Operations, Net of Tax	£m	0.000	0.000	0.000	0.000
Surplus / (Deficit) after tax from Continuing Operations	£m	**0.049**	**(5.641)**	**(16.384)**	**10.703**
Memorandum Lines:					
Surplus / (Deficit) before impairments and transfers	£m	**2.900**	**(1.884)**	**(11.498)**	**11.003**
One off income/costs	£m	(3.856)	(4.112)	(5.464)	0.207
Normalised Surplus / (Deficit)	£m	**3.905**	**(1.529)**	**(10.920)**	**10.495**
Normalised surplus/(deficit) margin %	%	*0.9%*	*(0.3%)*	*(2.3%)*	*2.2%*

Summary Statement of Financial Position

Non-current Assets					
Intangible assets	£m	1.714	1.716	3.403	3.663
Property, Plant & Equipment	£m	212.866	225.882	232.638	240.594
On-balance sheet PFI	£m	0.000	0.000	0.000	0.000
Other	£m	1.261	1.087	1.087	1.087
Total non-current assets	£m	**215.841**	**228.685**	**237.128**	**245.344**
Current Assets					
Cash and cash equivalents	£m	25.315	18.493	10.288	23.474
Other current assets	£m	33.440	28.123	27.273	24.076
Total current assets	£m	**58.755**	**46.616**	**37.561**	**47.550**
Current Liabilities					
Overdrafts and drawdowns in committed facilities	£m	0.000	0.000	0.000	0.000
PFI / LIFT leases	£m	0.000	0.000	0.000	0.000
Other borrowings	£m	(1.207)	(1.313)	(1.616)	(2.404)
Other current liabilities	£m	(31.603)	(32.483)	(32.747)	(35.775)
Total current liabilities	£m	**(32.810)**	**(33.796)**	**(34.363)**	**(38.179)**
Non-current Liabilities					
PFI / LIFT leases	£m	0.000	0.000	0.000	0.000
Other borrowings	£m	(12.676)	(11.539)	(18.280)	(20.326)
Other non-current liabilities	£m	(1.186)	(1.115)	(1.115)	(1.055)
Total non-current liabilities	£m	**(13.862)**	**(12.654)**	**(19.395)**	**(21.381)**
Reserves	£m	227.924	228.851	220.931	233.334

Summary Statement of Cash Flows

Surplus (Deficit) from Operations	£m	**5.915**	**0.811**	**(4.515)**	**17.183**
Operating activities					
Non-operating and non-cash items in operating surplus/(deficit)	£m	13.884	14.610	11.300	12.300
Operating Cash flows before movements in working capital	£m	**19.799**	**15.421**	**6.785**	**29.483**
Movements in working capital	£m	(7.567)	9.240	3.052	6.196
Increase/(Decrease) in non-current lines	£m	0.000	0.000	0.000	(0.060)
Net cash inflow/(outflow) from operating activities	£m	**12.232**	**24.661**	**9.837**	**35.620**
Investing activities					
Capital Expenditure (Accruals basis)	£m	(17.039)	(22.280)	(18.495)	(18.723)
Increase/(decrease) in Capital Creditors	£m	2.915	(1.977)	0.230	0.000
Proceeds on disposal of PPE, intangible assets and investment prope	£m	0.003	0.000	0.237	0.712
Other cash flows from investing activities	£m	0.113	0.163	0.100	0.096
Net cash inflow/(outflow) from investing activities	£m	**(14.008)**	**(24.094)**	**(17.928)**	**(17.915)**
Financing activities					
Public Dividend Capital repaid	£m	0.000	0.000	0.000	0.000
Repayment of borrowings	£m	(0.530)	(1.125)	(1.254)	(1.616)
Capital element of finance lease rental payments	£m	(0.107)	(0.107)	(0.054)	0.000
Interest element of finance lease rental payments	£m	(0.013)	0.000	0.000	0.000
Interest paid on borrowings	£m	(0.215)	(0.333)	(0.363)	(0.431)
Support funding required	£m			0.000	0.000
Other cash flows from financing activities	£m	15.168	(5.771)	2.116	(2.474)
Net cash inflow/(outflow) from financing activities	£m	**14.303**	**(7.336)**	**0.445**	**(4.521)**
Opening cash and cash equivalents less bank overdraft	£m	12.788	25.262	**17.934**	**10.288**
Net cash increase / (decrease)	£m	12.527	(6.769)	(7.646)	13.184
Changes due to transfers by absorption	£m	0.000	0.000	0.000	0.000
Closing cash and cash equivalents less bank overdraft	£m	**25.315**	**18.493**	**10.288**	**23.472**

Financial Sustainability Risk Rating

Capital Service Cover					
Revenue Available for Capital Service	£m	20.536	15.302	6.767	28.844
Capital Service	£m	(6.619)	(7.847)	(8.734)	(8.704)
Capital Service Cover metric	0.0x	**3.10**	**1.95**	**0.77**	**3.31**
Capital Service Cover rating	Score	**4**	**4**	**1**	**4**
Liquidity					
Working Capital for FSRR	£m	19.379	5.743	(3.642)	2.531
Operating Expenses within EBITDA, Total	£m	(421.445)	(436.573)	(462.040)	(454.432)
Liquidity metric	Days	16.55	4.74	(2.84)	2.00
Liquidity rating	Score	**4**	**4**	**3**	**4**
I&E Margin					
Normalised Surplus/(Deficit)	£m			(10.920)	10.495
Adjusted Total Income	£m			469.546	484.015
I&E Margin	%			(2.33%)	2.17%
I&E Margin rating	Score			**1**	**4**
I&E Margin Variance From Plan					
I&E Margin - Plan from 15/16 APR	£m			-0.58%	
I&E Margin - 15/16 Out-turn	£m			(2.33%)	
I&E Margin Variance From Plan	%			-1.75%	-1.75%
I&E Margin Variance From Plan rating	Score			**2**	**2**
1 Rating Trigger	Text	**No Trigger**	**No Trigger**	**Trigger**	**No Trigger**
Continuity of Service Risk Rating	Score	**4**	**4**		
Financial Sustainability Risk Rating	Score			**2**	**4**

Summary of assumptions applied in plan

CIPs as a percentage of opex within EBITDA less PFI expenses	%	0.00%	6.51%	5.28%	5.49%
CIPs	£m		30.414	25.755	26.416
NHS clinical income inflation/(deflation)	%				1.15%
Costs inflation/(deflation) including allocated CNST	%				3.53%
Total financial pressure	%				2.38%
Financial Pressure - NHS clinical income	%				1.15%
Financial Pressure - Non-NHS clinical income	%				1.00%
Financial Pressure - Non-clinical income	%				1.00%
Financial Pressure - Employee expense	%				3.72%
Financial Pressure - Non-pay expense	%				2.90%

Financial Sustainability Risk Rating Thresholds	4	3	2	1
Capital Service Cover	2.5	1.75	1.25	< 1.25
Liquidity	0	-7	-14	< -14
I&E Margin	1%	0%	-1%	<=-1%
I&E Margin Variance	0%	-1%	-2%	<=-2%

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

Efficiency & Productivity: Carter at York

Action requested/recommendation

The Committee is asked to consider and agree the proposals in the attached document.

Summary

The report provides a summary of the Carter Report (Carter) and its recommendations along with a proposal on how we move forward with continued improvement and reduction in costs at York Hospital. This includes a proposal to bring the Turnaround Avoidance Programme (TAP) and the Efficiency Programme closer together while aligning our approach to the requirements of Carter.

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, Finance Director
Author	Wendy Pollard, Deputy Head of Resource Management
Date of paper	March 2016
Version number	Version 1

Board of Directors – 30 March 2016

Efficiency & Productivity: Carter at York

1. Introduction

The purpose of this document is to provide a summary of the Carter Report (Carter) and its recommendations along with a proposal on how we move forward with continued improvement and reduction in costs. This includes a proposal to bring TAP and CIP closer together while aligning our approach to the requirements of Carter.

2. Context

Carter identifies 15 recommendations (Appendix 1). A number of these have National leads, eg NHSI and DH. The report includes examples of key variations (Table 1) that need to be addressed to ensure optimum use of resources to deliver the required efficiency throughout the NHS.

Table 1 – 8 Key Variations – indicates where York is compared to the National average. (Note that clarification is being sought on some of the definitions used by Carter in Table 1 and Table 2).

Table 1

Description	National Average	York
Average Cost on an Inpatient Treatment	£3,500	To be defined
Hours of care provided by registered nurses and health care support workers per patient per day	6.33 to 15.48 hrs	To be defined
Deep wound infection rates for primary hip and knee replacements	0.5% - 4% looking at 1%	1%
Average price per hip prothesis	£788 - £1,590	£927
Cost of Pathology (compared to operating expenditure)	<1.6%	1.1%
Medicine Stock-holding	11 – 36days, 15 days	14 days
Sickness and absence rates	2.7% - 5.8%	3.96%
Estates and facilities		
• Total estates and facilities running costs per area (£/m2)	<£320	£288
• Estates and facilities non-clinical space (% of floor area)	<35%	To be advised
Corporate and Admin Costs (back-office)	6% - 11%	9.82%

Nationally there is a £5bn efficiency opportunity across the non-specialist acute sector over the next **3** years which equates to 9% of acute budgets giving York Hospital a target of £33.6M based on Carter recommendations.

The figures identified in Table 1 above are our current assessment of Management and Admin costs. This this must be treated with a high degree of caution at this stage as we are awaiting clarification on this definition.

Table 2 below identifies where these opportunities lie and the timescale we are working to.

Table 2

Workstream	**Carter Annual Efficiency Opportunity National Level**	**Carter 3yr Opportunity York**	**Yr1**	**Yr2**	**Yr3**	**Yr4**	**Yr5**
		£M	**£M**	**£M**	**£M**	**£M**	**£M**
Procurement	£700m	3	1.0	1.0	1.0	?	?
Hospital Pharmacy and Medicines Optimisation	£1 bn	5	1.7	1.7	1.6	?	?
Workforce	£2 bn	21	7	7	7	?	?
Estates Management	£1 bn	5	1.7	1.7	1.6	?	?
Executive and Admin Costs (back-office)						**?**	**?**

Corporate and Admin costs need to be reduced to 7% of Income by 2018 and be no more than 6% of Income by 2020. We are incorporating this into our current workstreams.

Carter acknowledges a number of key factors that need to be addressed for these opportunities to be realised by 2020:

- People, not to be seen as a commodity but more emphasis on support, leadership, innovation.
- The importance of a single governance and reporting framework to enable transparency across the acute sector.
- Appropriate implementation and utilisation of digital technology such as e-prescribing and e-rostering
- National problem of delayed transfers of care.

It is recognised that none of this is achievable without national and local collaboration with all organisations involved in the commissioning and delivery of healthcare together with emphasis placed on individual Trust Boards accountability to achieve the required efficiencies.

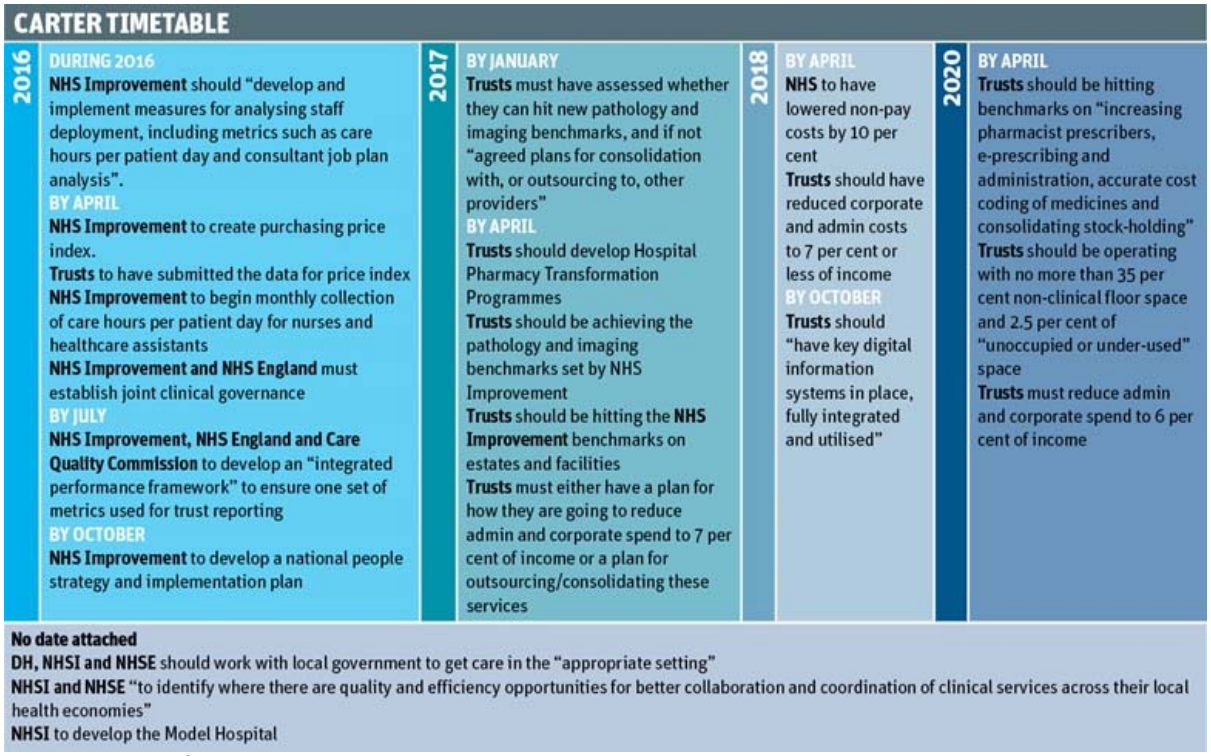
3. Model Hospital

The Carter Team, with the support of 136 Trusts has created various resources to enable Trusts to benchmark their services against those of their peers through the introduction of the Model Hospital.

NHS Improvement will pick up the mantle for developing the Model Hospital further. The Model Hospital identifies best practice and provides guidance on the use of appropriate measures to benchmark against peers. A key focus is the development of hospital dashboards (Appendix 2 – separate sheet) and a set of common metrics to ensure consistency across the NHS (Appendix 3).

4. Carter Timescale

There are a number of key dates that should be observed relating to the delivery of initiatives; these are indicated in the 'Carter timetable' below.



Source: HSJ, 5 February 2016

5. What this means for York

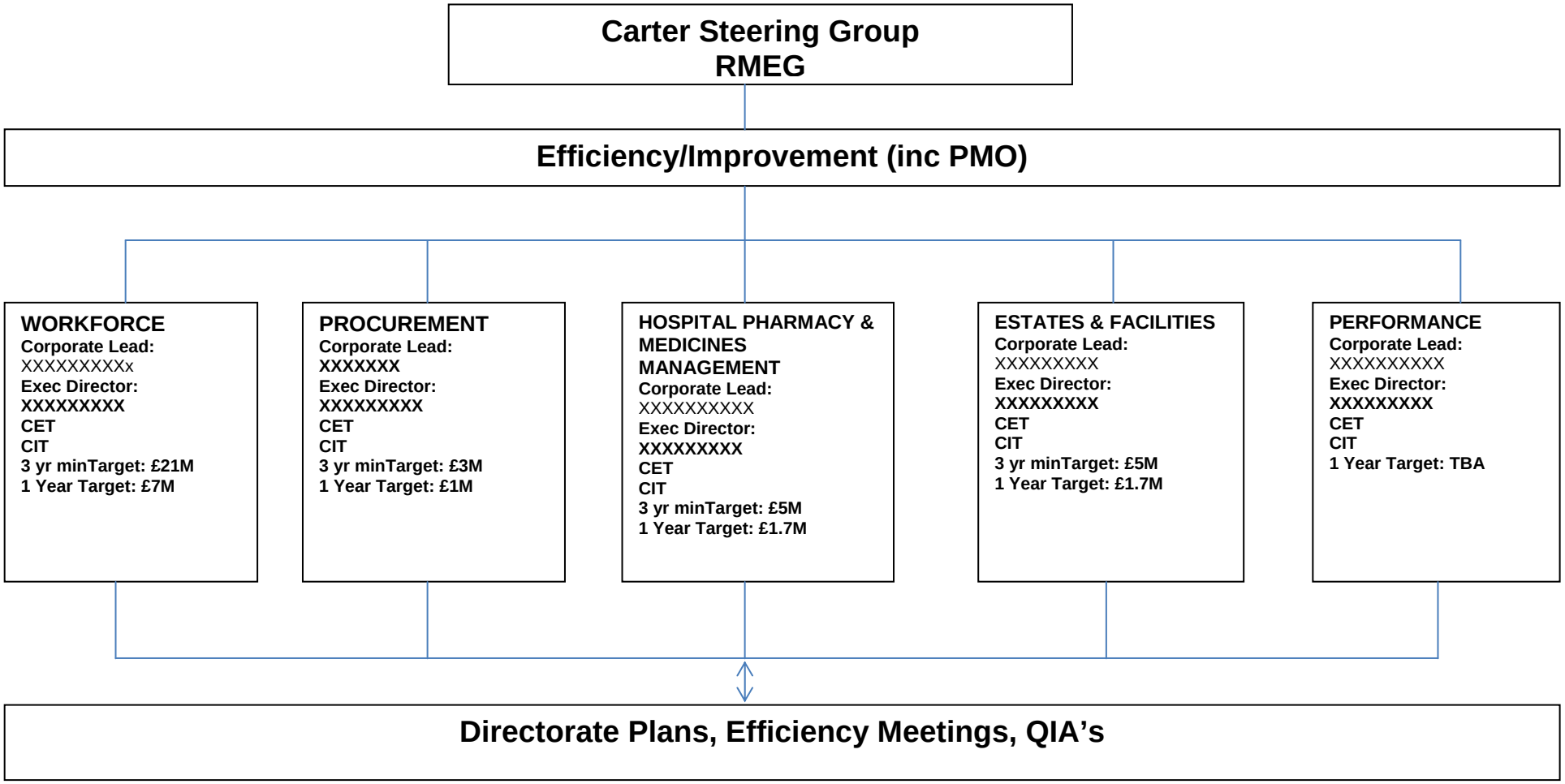
York Trust has an excellent record in delivering efficiencies over a number of years. Current plans identify £41m of savings opportunities over the next 5 years

Feedback from Monitor suggests that while we have a good track record of engaging the Trust in the efficiency agenda there is a need to accelerate delivery and be more structured and directive in our approach. This is borne out by the volume of non-recurrent savings, £13.5M (56%) of £24.2M being delivered non-recurrently to date in the current financial year.

A review of non-recurrent delivery is underway. The output will be an increase in recurrent delivery. This work is to be completed by the end of Q1 2016/17.

The following draft structure (Diagram 1) is to be developed to focus on Key Carter workstreams and ensure closer alignment of TAP and CIP in line with national leads. This will provide assurance to our regulators and the Board of the governance arrangements in place.

Reporting Structure – Diagram 1



6. How will this be done?

Bring together the Resource Management Executive Group (RMEG) and current TAP Steering Group.

Closer working and alignment of Corporate Efficiency Team (CET) and Corporate Improvement Team (CIT) and aligning activities with the outline programme.

Develop each work stream with the nominated Executive Lead.

Directorate Plans are a product of each work stream plus any other plans the Directorate wants to develop to improve productivity and efficiency.

A Contract between each Executive Lead and Directorate re delivery.

Delivery of CIP will be measured and monitored in the current way.

We will be encouraging substantive change using Improvement methodology.

The Steering Group will allocate resource to support priority deliverables.

Communications and engagement Strategy Plan to be developed.

Timescale 1 April 2016.

7. Recommendation

The Committee is asked to consider and agree the proposals in the attached document.

Author	**Wendy Pollard, Deputy Head of Resource Management**
Owner	**Andrew Bertram, Finance Director**
Date	**March 2016**

Appendix 1 – 15 Recommendations from Carter

1. Development of a national people strategy and implementation plan by October 2016 – NHS Improvement

2. Develop and implement measures for analysing staff deployment during 2016, include Care Hours per Patient Day and consultant job planning analysis – NHS Improvement

3. Hospital Pharmacy Transformation Programme, April 2017

4. Pathology and Imaging depts. Achieve benchmarks as NHS Improvement – by April 2017

5. Trusts report procurement information monthly to NHS Improvement, create NHS Purchasing price Index, April 2016

6. Trusts to operate at or above benchmarks agreed by NHS Improvements for operational management of estates and facilities; Apr 2017.

7. Rationalisation of corporate and administration functions, costs not to exceed 7% of Income by 2018 and 6% of Income by 2020 OR plans in place for shared service consolidation by Jan 2017

8. NHS Improvement and NHS England establish joint clinical governance by April 2016.

9. All trusts to have key digital information systems in place, fully integrated by October 2018

10. DoH, NHSE and NHS Improvement to work collaboratively to provide strategy on patient care and recover and step down facilities

11. NHSE and NHS Improvement work with Trust boards re quality and efficiency opportunities for collaboration and co-ordination of clinical services

12. NHS Improvement develop Model Hospital

13. NHS Improvement, CQC and N HSE develop integrated performance framework; July 2016

14. All acute trusts to implement recommendations of above report by dates indicated

15. National bodies to engage with Trusts to develop their timetable of efficiency and productivity improvements up to 2020-21

NHS ESTATES AND FACILITIES DASHBOARD 2014-15

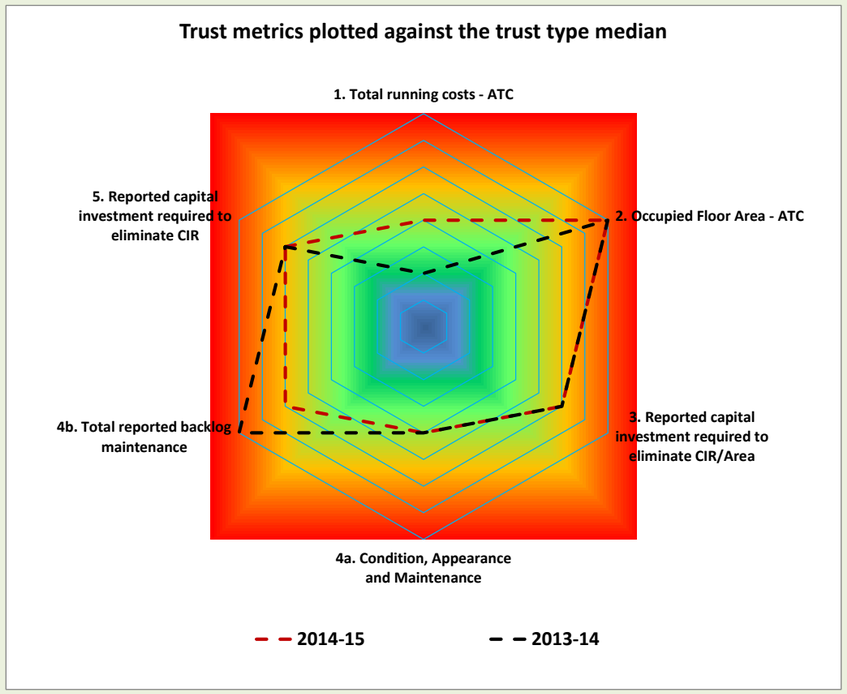
APPENDIX 2

CODE	RCB	TRUST NAME	YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

TRUST OVERVIEW

Organisation type	**ACUTE - LARGE**
Commissioning region	**NORTH OF ENGLAND**

		2014-15	2013-14
Total occupied floor area	m2	175,093	175,495
Total estates and facilities running costs	£	50,600,316	31,886,229
Potential total E & F running cost saving by moving to the trust type median	£	0	0
Potential targeted E & F running cost savings from individual cost elements	£	4,552,816	963,166
Potential cost savings from improved utilisation of space	£	To be confirmed	
% of occupied floor area operated under a PFI contract	%	0%	not collected
% of occupied floor area under direct NHS management	%	100%	not collected
E & F running cost of floor area operated under a PFI contract	£/m2	0.00	not collected
E & F running cost of floor area under direct NHS management	£/m2	288.99	not collected



METRICS SCORING METHODOLOGY	
Quartile 1	Blue
Quartile 2	Green
Quartile 3	Amber
Quartile 4	Red

METRICS SOURCED FROM NATIONAL DATA

Domain 1 - Efficiency - Cost		TRUST METRIC 2014-15	Trend	2013-14	2014-15 QUARTILES FOR ACUTE - LARGE Lowest	Lower Quartile	Median	Upper Quartile	Highest
Total estates and facilities running costs / ATC	**£ 1,000 / ATC**	110.96	↑	65.39	61.38	86.25	119.27	137.65	261.84
Total estates and facilities running costs / area	£ / m2	288.99	↑	181.69	181.09	267.45	357.52	434.90	836.92
Total Hard Facilities Management costs - ATC	£ 1,000 / ATC	25.50	↑	23.21	9.38	20.40	27.25	36.37	107.76
Energy costs	£ / Units	0.05	↓	0.06	0.04	0.05	0.06	0.07	0.11
Building and engineering maintenance costs	£ / m2	42.75	↑	25.18	3.16	15.63	24.34	37.36	83.20
Portering	£ / m2	13.24	n/a	not collected	4.86	13.39	15.55	18.82	38.27
Water and sewage costs	£ / m2	3.51	↑	3.29	2.12	3.14	3.80	4.65	7.57
Waste costs	£ / tonnes	278.18	↑	244.05	153.02	210.41	248.68	295.45	685.92
Total Soft Facilities Management costs - ATC	£ 1,000 / ATC	48.36	↑	42.18	28.71	38.62	43.55	50.33	71.07
Laundry and linen costs	£ / item	0.35	↑	0.26	0.12	0.28	0.32	0.36	0.57
Food costs	£ / meal	3.67	↑	3.58	2.03	3.18	3.71	4.09	5.93
Cleaning costs	£ / m2	44.79	↑	42.06	11.93	34.58	38.17	45.57	67.65

Domain 2 - Effectiveness - Productivity		2014-15	Trend	2013-14	Lowest	Lower Quartile	Median	Upper Quartile	Highest
Occupied Floor Area - ATC	**1,000 m2 / ATC**	0.38	↑	0.36	0.16	0.30	0.33	0.37	0.42
Amount of utilised space	%	86.4%	→	86.4%	76.2%	93.5%	96.4%	99.0%	100.0%
Amount of non-clinical space	%	37.4%	→	37.4%	15.7%	36.7%	44.7%	48.7%	69.2%
Total income earned per area	£ / m2	2,589	↑	2,530	1,752	2,656	2,931	3,101	5,539
Estates and facilities staff sickness absence rate	%	5.1%	→	5.1%	0.0%	5.1%	5.4%	6.1%	7.3%
Amount of energy used	Units / m2	445.66	↓	457.39	263.18	388.11	447.92	503.36	903.38
Portering	Beds/WTE	12.98	n/a	not collected	6.38	7.92	9.66	11.30	25.33
Waste - ATC	ATC ratio*	4.81	↑	4.65	1.57	4.59	4.97	5.42	9.12
Laundry and linen - ATC	ATC ratio*	9.28	↑	8.55	4.06	8.30	9.46	10.67	13.61
Food service productivity	Meals / Beds / Day	2.84	↓	2.90	1.58	2.51	2.79	3.09	3.90
Cleaning productivity	m2/WTE	539	↓	592	328	538	613	706	2023

Domain 3 - Safety		2014-15	Trend	2013-14	Lowest	Lower Quartile	Median	Upper Quartile	Highest
Reported Critical Infrastructure Risk (CIR)/Area	**£/m2**	56.52	↑	56.39	3.76	14.87	39.45	113.40	324.35
Reported Critical Infrastructure Risk	£	9,896,680	→	9,896,680	604248	2,081,808	6,178,820	18,070,549	35,105,579
Fires recorded	No.	0	→	0	0	2	3	6	30
False Alarms	No.	47	↑	40	6	73	115	180	401
Number of people injured resulting from fire(s)	No.	0	→	0	0	0	0	0	1
Number of patients sustaining injuries during evacuation	No.	0	→	0	0	0	0	0	0

Domain 4a - Quality - Patient Environment		2014-15	Trend	2013-14	Lowest	Lower Quartile	Median	Upper Quartile	Highest
Condition, Appearance and Maintenance	**%**	92.39%	↓	93.83%	79.56%	85.64%	90.24%	93.23%	97.87%
Cleanliness	%	99.45%	↓	99.54%	91.86%	96.39%	97.69%	98.76%	99.74%
Food	%	84.54%	↑	80.18%	69.88%	83.68%	87.84%	91.16%	97.11%
Privacy, Dignity, Wellbeing	%	82.43%	↓	82.85%	66.13%	81.41%	84.77%	89.76%	95.33%
Condition, Appearance and Maintenance	%	92.39%	↓	93.83%	79.56%	85.64%	90.24%	93.23%	97.87%
Dementia	%	61.89%	n/a	not collected	47.88%	63.55%	70.52%	76.95%	95.41%

Domain 4b - Quality - Infrastructure		2014-15	Trend	2013-14	Lowest	Lower Quartile	Median	Upper Quartile	Highest
Total reported backlog maintenance	**£/m2**	257.04	↑	256.45	3.83	56.34	174.74	264.59	1,104.45
Amount of functionally suitable space	%	63.75%	↓	63.86%	40.81%	84.62%	94.30%	99.68%	100.00%
Single bedded rooms	%	24.4%	↑	22.8%	0.0%	22.9%	26.8%	30.7%	66.6%
CO2 emissions	kg/m2	107.57	↓	120.26	50.62	101.87	112.30	132.38	203.14

Domain 5 - Organisation Governance & Processes		2014-15	Trend	2013-14	Lowest	Lower Quartile	Median	Upper Quartile	Highest
Capital investment required to eliminate CIR	**£**	9,896,680	→	9,896,680	604248	2,081,808	6,178,820	18,070,549	35,105,579
Capital investment required to eliminate backlog	£	45,005,640	→	45,005,640	671957	9,521,743	24,064,900	37,816,082	153,895,626
Capital spend as % of NBV of land and buildings	%	7.6%	↑	7.3%	0.5%	2.2%	3.4%	5.9%	17.2%
Retail Income	£/m2	43.29	n/a	not collected	0.00	228.80	510.84	798.15	2975.84

Produced by: Estates and Facilities Management Efficiency Project Team, Department of Health

EFM National Programme Head: Pete Sellars

For further information please refer to the NHS Estates and Facilities Efficiency Dashboard Guidance document or contact the dedicated mailbox efmefficiencyteam@dh.gsi.gov.uk

Sources: ERIC 2014-15 and 2013-14, PLACE 2015 and 2014, Electronic Staff Records 2014-15 and 2013-14, Trust Financial Accounts 2014-15 and 2013-14

Version: 1.1 Produced: December 2015

Appendix 3 – Metrics for measuring efficiency 'Carter'

There are a number of metrics that have been developed and it is advised that a combination of these metrics are used to measure productivity track improvements.

ATC

- ***Adjusted Treatment Cost (ATC)*** – Actual Cost divided by Cost Weighted Output

The ATC is based on a trust's reference costs. Lord Carters conclusion is that Trusts need to improve the way they collect reference cost data and in time Lord Carter expects the use of the ATC to encourage trusts to be more accurate in their approach to reference costing. While cost data collection improves, the view is that ATC can still be used for comparison between trusts and peer groups and provides lines of enquiry to identify where potential savings opportunities might exist.

Using the ATC methodology our potential savings opportunity has been calculated as **£33.6m** (9%) compared to the national mean.

Weighted Activity Unit (WAU)

Measure of activity where one WAU is a unit of hospital activity equivalent to an average elective inpatient stay.

Calculated by adding together all the different types of activity weighted according to the national average cost of providing that activity. All types of activity counted in reference costs are included, for example non-elective work, outpatients and diagnostic tests as well as elective admissions.

Example: Hips

Total cost of Hips Procedures divided by the quantity of clinical activity

Recommendation that WAU should be used as the key unit of activity for tracking cost and efficiency across NHS acute trusts from April 2016.

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

Workforce Report – March 2016

Action requested/recommendation

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

Summary

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

- The Trust's annual sickness absence rate (in January) has increased for the tenth month in a row and is now above 4%.
- A new CQUIN relating to staff health and wellbeing will be introduced for the 2016/17 financial year.
- The Trust's annual turnover rate has increased for the eighth month in a row. The annual turnover rate in the year to February 2016 was 11.95%.
- Bank fill rates for nursing temporary staffing requests remain above 50% for the second month in a row.
- Further reductions in prices caps and new rules relating to the procurement of all agency staff through approved frameworks come into effect from 1 April 2016.
- Employee relations activity, particularly in relation to the management of sickness absence continues to increase.
- The government has accepted a recommendation to award a 1% pay increase to all staff groups for 2016/17.
- The results of the 2015 Staff Survey have been released. The Trust's results compare favourably to other similar organisations with Overall Staff Engagement improving to 'average'.

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

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the

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

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

Reference to CQC outcomes

Outcomes 12, 13 & 14

Progress of report	This report is written solely for the Board of Directors
Risk	No risk
Resource implications	There are Human Resources implications identified throughout this report
Owner	Patrick Crowley, Chief Executive
Author	Polly McMeekin, Deputy Director of Workforce
Date of paper	March 2016
Version number	Version 1

Board of Directors – 30 March 2016

Workforce Report – March 2016

1. Introduction and background

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

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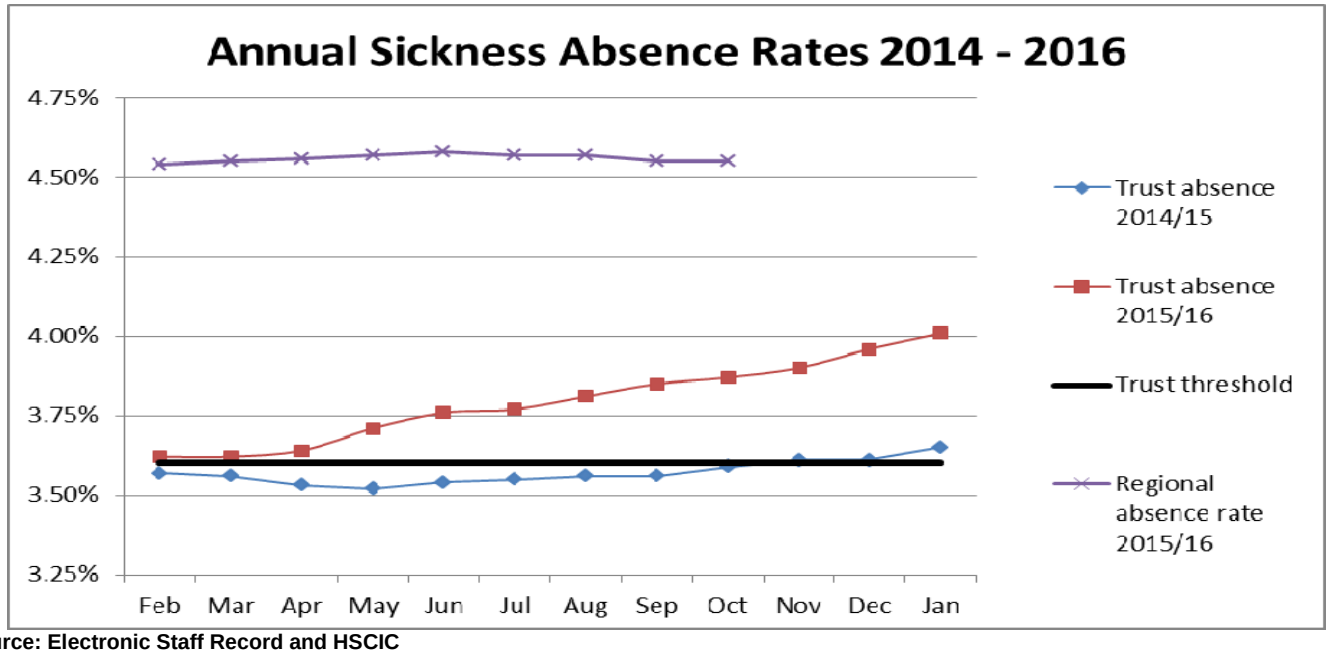
2. Workforce Report

2.1 Sickness Absence

Graph 1 – Annual sickness absence rates

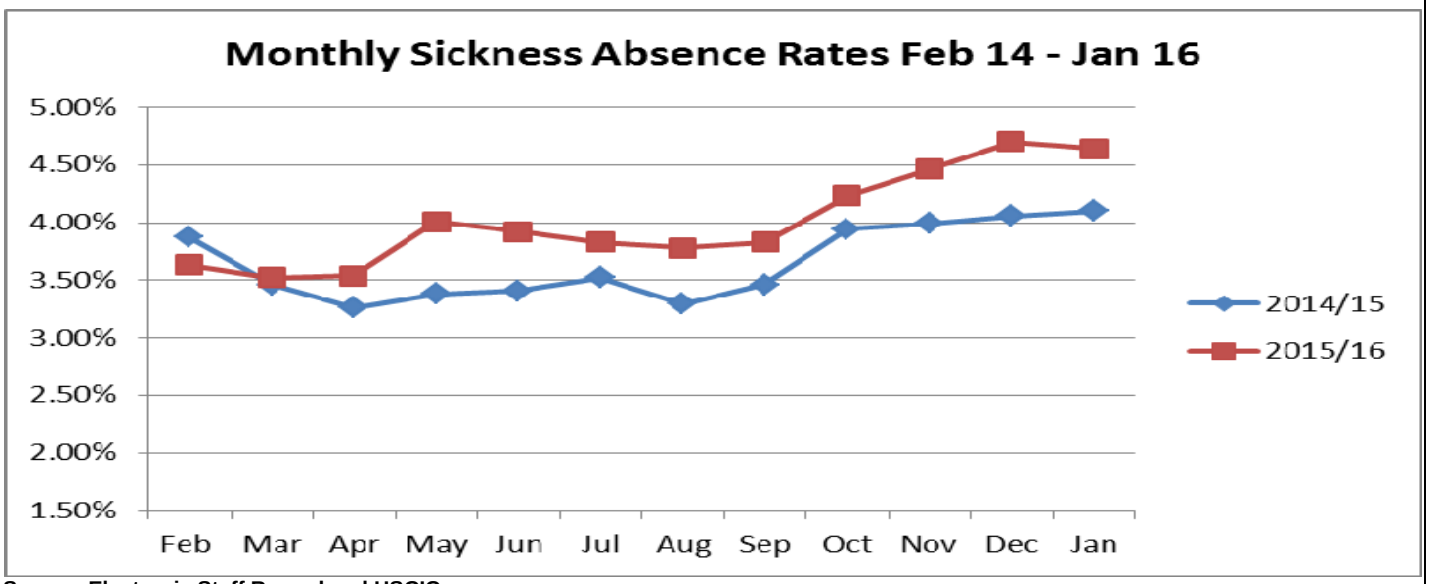
The graph below compares the rolling 12 month absence rates to the Trust's locally agreed threshold and to the regional (Yorkshire and Humber) sickness absence rates. Although the Trust's absence rate continues to be well below the regional absence rate the cumulative annual absence rate has increased in each of the last ten months and is now above 4%.



Source: Electronic Staff Record and HSCIC

It had been noted in this report previously that seasonal variation is evident in monthly sickness absence rates. The graph below shows the monthly absence rates from February 2014 to January 2016. Whilst this demonstrates similar patterns in both years, it also shows that in every month of the last year, with the exception of February 2015, the absence rate is higher than it was in the same month of the previous year. The monthly absence rate in January 2016 was 4.64%.

Graph 2 – Monthly sickness absence rates



Source: Electronic Staff Record and HSCIC

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

Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
Anxiety/stress/depression – 20.18% of all absence days lost	Gastrointestinal – 18.78% of all absence episodes
MSK problems, inc. back problems –17.99% of all absence days lost	Cold, cough, flu – 15.88% of all absence episodes
Gastrointestinal –8.62% of all absence days lost	Anxiety/stress/depression –9.26% of all absence episodes

2.2 NHS Health & Wellbeing CQUIN

A new CQUIN will be introduced in 2016/17 relating to staff health and wellbeing and from April 2016, hospitals and other providers of NHS care will for the first time be funded to improve the support they offer to frontline health staff to stay healthy. We will be able to earn our share of a national incentive fund worth £600m in 2016/17 if we:

- Offer frontline nurses, therapists, doctors, care assistants and other staff access to workplace physio, mental health support, and healthy workplace options. The annual NHS staff survey will track the increase in NHS staff saying that our Trust is taking positive action to support their health and wellbeing, and reduce work related stress and back injuries.
  In the 2015 staff survey 65% of our staff said that their immediate line manager takes a positive interest in their health and wellbeing (the average score for combined acute and community Trusts was 65%) and 28% said that the organisation definitely takes positive action on health and wellbeing (the average score for combined acute and community trusts was 29%). These questions collectively comprise Key Finding 19 (Organisation and management interest and action on health/wellbeing) which is the Key Finding we expect to be tracked for this CQUIN.

- Ensure that healthy food options are available for our staff and visitors, including those working night shifts. To qualify for the scheme, we will need to remove adverts, price promotions and checkout displays of sugary drinks and high fat sugar and salt food from all our premises. We will also be required to submit information on our current fast food franchises, vending machines and retail outlets in preparation for the NHS 'sugar tax'.

- increase the uptake of the winter flu vaccine for staff so as to reduce sickness absence and protect vulnerable patients from infection. The aim is to increase staff vaccination rates from around 50% to over 75%.

2.3 Turnover

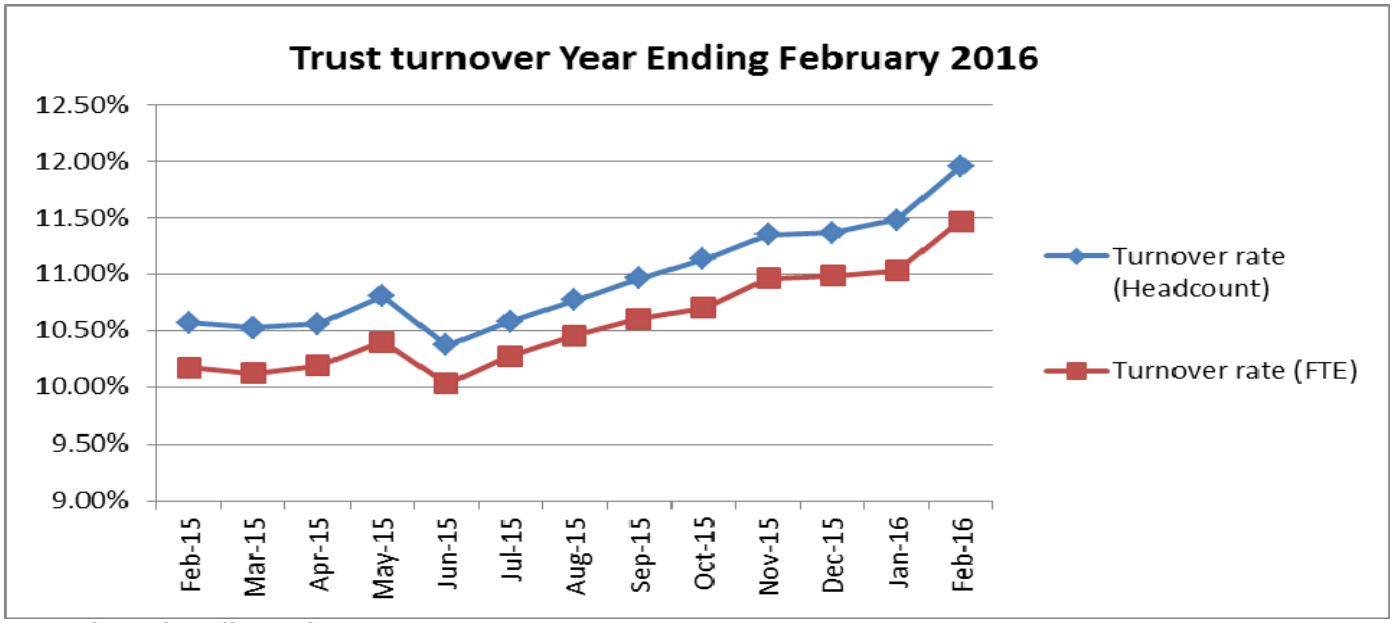
The turnover rates shown below exclude all staff on fixed term contracts, including all junior doctors on rotational contracts. This is a common convention used across the NHS for calculating turnover. The figures also exclude staff who have TUPE transferred to another organisation.

The annual turnover rate increased in February 2016 for the eighth consecutive month. Based on full time equivalent leavers the turnover rate for February 2016 was 11.47%; based on headcount the rate was 11.95%. This equates to 953 leavers in the 12 month period.

More than two thirds of leavers (641) left due to voluntary resignation, including 79 who left due to relocation. More than a quarter of leavers (247) were retirees. The Mutually Agreed Resignation

Scheme and redundancy accounted for 2.52% (24) and the same number left due to dismissal.

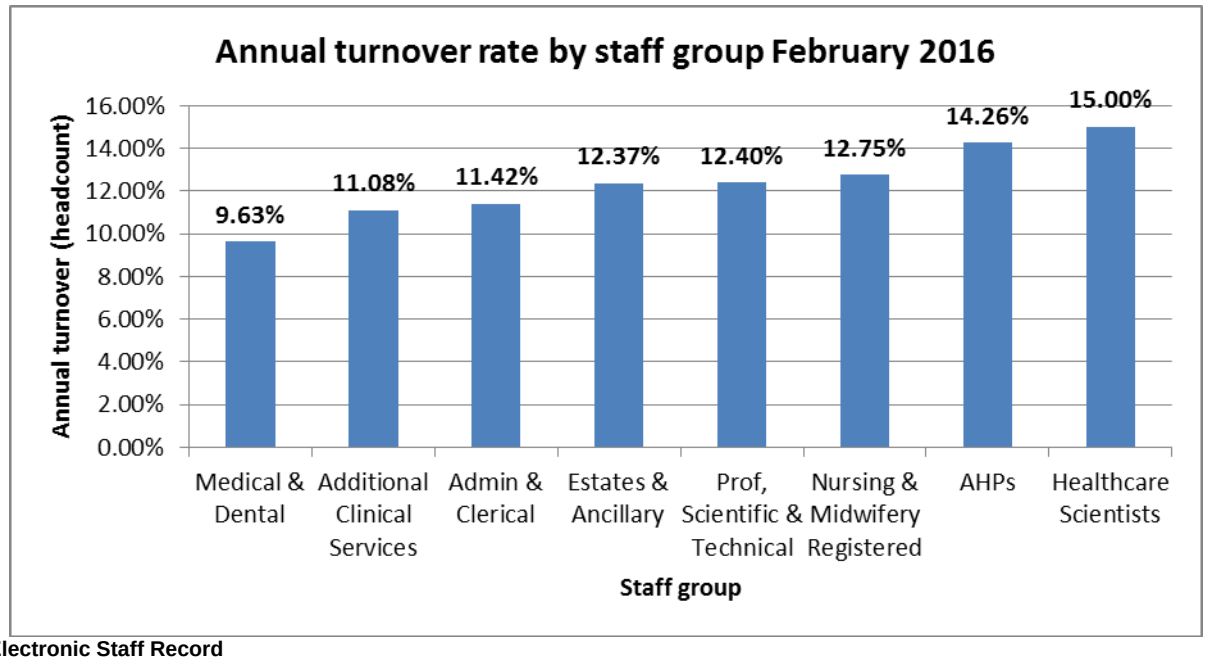
Graph 3 – Overall Turnover Rates



Source: Electronic Staff Record

Turnover amongst all staff groups has increased in February and the turnover rates for the Estates and Facilities, Professional, Scientific & Technical, Registered Nursing and Midwifery, AHPs and Healthcare Scientist staff groups are all higher than the overall Trust turnover rate as shown in the graph below.

Graph 4 – Turnover rates by staff group



Source: Electronic Staff Record

2.4 Medical Workforce

Junior Doctor Industrial action

Following the decision to impose the new junior doctor contract after the unsuccessful negotiations, the British Medical Association announced a series of dates where members would be taking

industrial action. The first of these was a 48 hour strike where only emergencies would be covered which took place from 08:00 on Wednesday 9th March to 08:00 on Friday 11th March.

Two further episodes of industrial action are due on the following dates:

08:00 on Wednesday 6th April to 08:00 on Friday 8th April
08:00 on Tuesday 26th April to 08:00 on Thursday 28th April

Only emergencies will be covered by participants during these times.

2.5 Temporary staffing

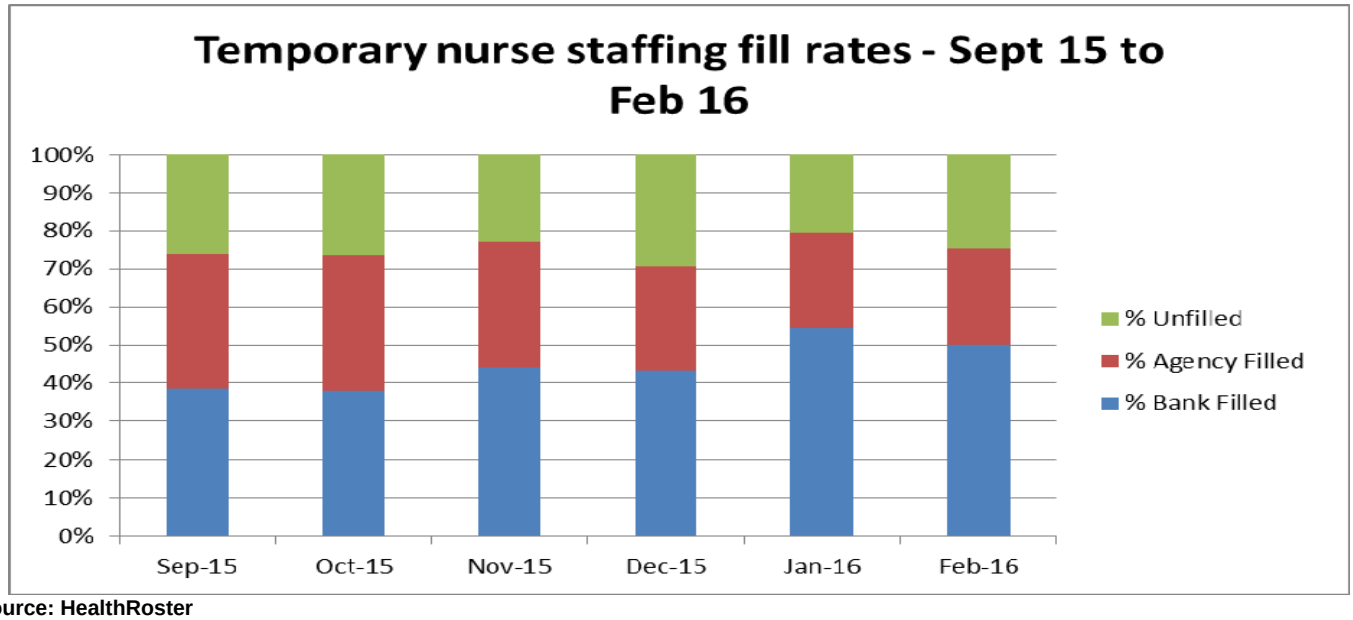
Temporary nurse staffing

The new benefits which were introduced at the end of last year to incentivise work on the internal bank have had a positive impact on bank fill rates. In September and October, fewer than 40% of nursing temporary staffing shifts were filled by the Bank. In November, 44% of shifts were filled by the Bank and in December this figure was 43%. In January, there was a significant increase with almost 55% of requests being filled by the internal Bank. Although the figure dropped in February, bank fill remained above 50%.

There has been a corresponding reduction in agency fill rates from an average of 35% in each month between September and November 2015 to an average of 26% each month between December 2015 and February 2016. Monthly agency expenditure on nursing has also reduced from more than £900k in September and October 2015 to just over £800k in November and December 2015 to around £500k in January and February 2016.

An enhanced rate of bank pay (basic rate +15%) was offered for shifts worked in the winter period between 1st December 2015 and 31st March 2016. Bank fill rates may be impacted from April when the rate of pay for bank work reverts to the basic rate (increment point +5% for substantive staff).

Graph 5 – Nursing Temporary Staffing Fill Rates



Source: HealthRoster

Agency usage reporting to Monitor

There continues to be a requirement to report on a weekly basis to Monitor all agency usage which is not compliant with the rules introduced in October and November 2015. These rules relate to use

of off framework agencies for the supply of nursing staff and price caps on agency use for all staff groups.
All shifts and bookings which are required to be reported to Monitor are subject to senior level scrutiny and are only approved where there would be a patient safety implication of leaving the shift unfilled.

The third and (currently planned to be) final phase of reductions in agency price caps will come into effect on 1 April 2016. Additionally, from this date Trusts will be required to use Monitor/TDA approved frameworks for the procurement of all agency staff, for all staff groups both clinical and non-clinical. The approved frameworks are due to be announced during the week commencing 14 March 2016. We continue to work with agency suppliers to ensure that any bookings are compliant with these rules.

Whilst there will still be a 'break glass' mechanism whereby it will still be possible to book shifts which are non-compliant with the rules where there is a patient safety implication should the shift be left unfilled, the allocation of the Transformation and Sustainability monies is dependent on demonstrating compliance with the rules.

In addition, from 1 April 2016, all NHS Trusts (excluding ambulance Trusts) will be subject to expenditure ceilings covering all agency and locum staff. These apply to 2016/17 expenditure. These all-staff agency ceilings will replace the nursing agency ceilings from 1 April. The ceilings have been calculated to drive a further significant reduction in agency. On 17th March 2016 the Trust received formal notification that our agency spend should not exceed £17,200,000.

2.6 Employee Relations Activity

The table below describes the number and type of employee relations activity each month since September 2015.

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

Employee Relations Activity	**Sept 2015**	**Oct 2015**	**Nov 2015**	**Dec 2015**	**Jan 2016**	**Feb 2016**
Number of Disciplinaries (including investigations)*	18	15	9	12	6	12
Number of Grievances	6	7	8	7	10	13
Number of Formal Performance Management Cases (Stage 2 and 3)*	3	4	7	8	6	5
Number of Employment Tribunal Cases*	5	7	4	5	6	4
Number of active Organisational Change cases in consultation (including TUPE)	18	12	9	6	4	7
Number of long term sick cases ongoing	Not previously reported	142	139	188	251	224
Number of short term sick cases (Stage 2 and 3)	Not previously reported	123	136	147	111	153

Increases in sickness absence rates have been detailed in section 2.1 above and the increases in activity in relation to the management of sickness absence is demonstrated in the table above. The table also details increases in activity in other areas of employee relations.

2.7 Pay award 2016/17

The government has accepted recommendations from the independent pay review bodies for all NHS staff groups to be awarded a 1% consolidated pay increase with effect from April 2016. 1% uplift will be applied to all pay points on all Agenda for Change payscales and there will be a base increase of 1% to national salary scales for directly employed doctors and dentists in the UK. Clinical Excellence Award, discretionary points, distinction awards and commitment awards will also increase in line with main pay recommendations of 1% for 2016/17.

2.8 Staff Survey Results 2015

A paper has been provided to the Board of Directors which summarises the results of the 2015 staff survey.

In the main the results were positive, scores for 21 of 32 Key Findings are average or better than average for combined acute and community Trusts and of the 22 findings which had a comparable finding in the 2014 survey, 20 have improved or remained the same.

An overall indicator of staff engagement is calculated using the questions that make up three of the individual Key Findings in the survey. The Trust's overall score for the staff engagement indicator was 3.78 in the 2015 survey. This was 'average' when compared to other similar Trusts and the score for each individual Key Finding making up the calculation for this indicator was better than the score in the 2014 survey which was 3.70.

A LiA (Listening into Action) scatter map has been produced for Acute and Community Trusts which shows an analysis of 20 Key Findings from the survey which are intended to offer an insight into how NHS staff rate their Trust's leadership and culture. The scatter graph positions Trusts based on average or above average responses compared to similar trusts for those Key Findings and also based on the positive or negative trend in their responses compared to the previous year. This Trust was placed in the top-right quadrant of the scatter map, which placed the organisation amongst the best performing Trusts, i.e. above average performance and trending positively. The scatter map is provided in Appendix 1.

3. Conclusion

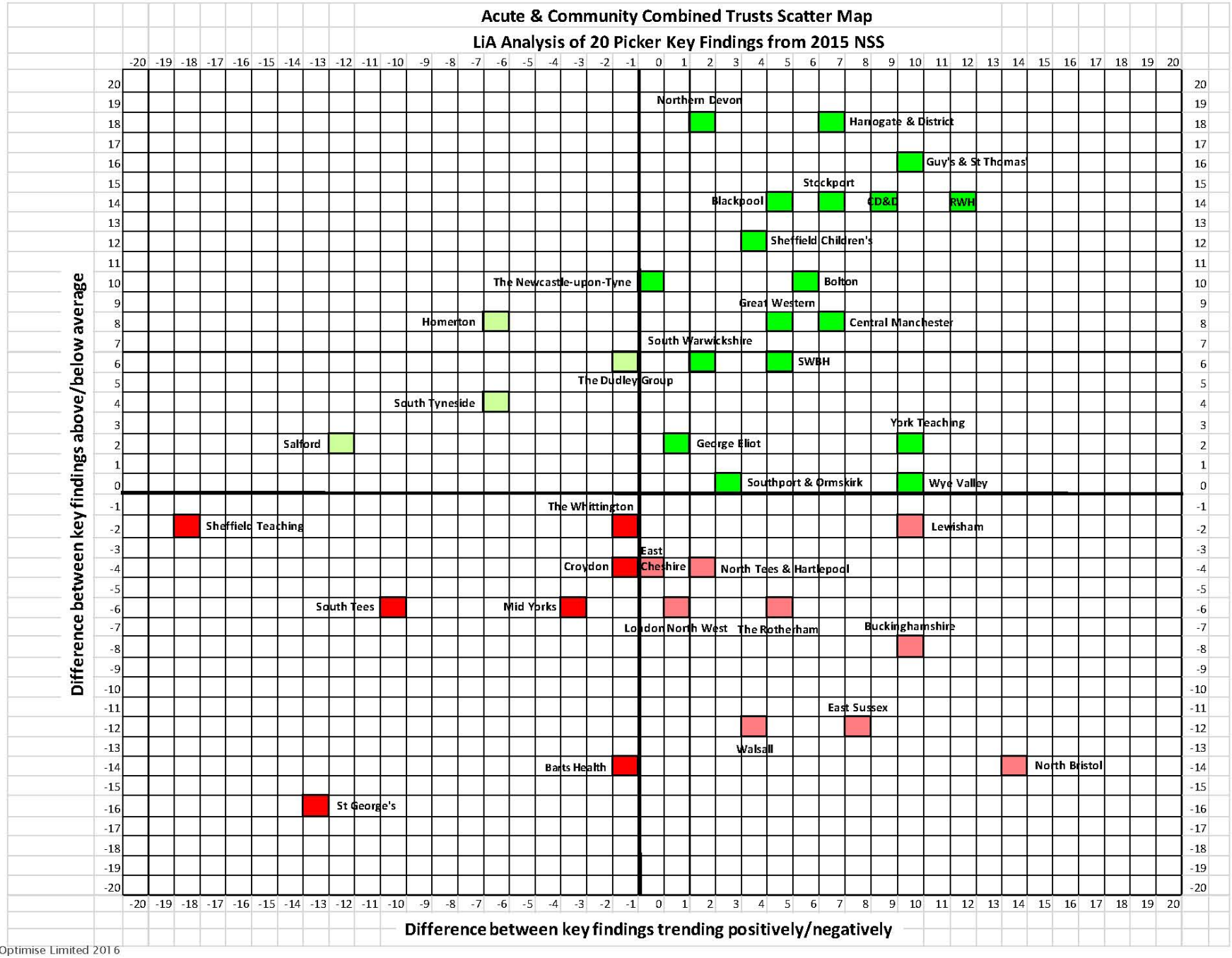
This report has detailed key workforce metrics highlighting any issues or trends. In those areas where there are issues, actions which have already been identified have been detailed. The impact of actions will become apparent in subsequent reports.

4. Recommendation

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

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

Appendix 1



York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

Results of the 2015 National NHS Staff Survey

Action requested/recommendation

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

Summary

The attached document details the results of the 2015 National NHS Staff Survey.

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

Outcomes 12, 13 & 14

Progress of report	Workforce Strategy Committee, 15th March 2016
Risk	No risk

Resource implications	There are Human Resources implications identified throughout this report
Owner	Patrick Crowley, Chief Executive
Author	Sian Longhorne, Senior Human Resources Lead
Date of paper	March 2016
Version number	Version 1

Board of Directors – 30 March 2016

Results of the 2015 National NHS Staff Survey

1. Introduction and background

The 13th annual National NHS Staff Survey was live between the end of September and the beginning of December 2015. The results of the survey were published and made available to the public on 23rd February 2016.

The Trust adopted a mixed mode methodology for the approach to the survey in 2015, inviting all eligible staff to participate in the survey either via a paper or online questionnaire. In total 3,820 staff responded (3,274 online and 546 paper) which represented a response rate of 45%. This was above the average for combined acute and community trusts (41%) but slightly lower than the response rate of 47% in the 2014 survey.

The responses to the survey questions were used to calculate 32 Key Findings which are structured around four of the seven pledged to staff in the NHS Constitution, plus three additional themes as follows;

- Staff Pledge 1: to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.
- Staff Pledge 2: To provide all staff with personal development, access to appropriate education and training for their jobs and line management support to enable them to fulfil their potential.
- Staff Pledge 3: To provide support and opportunities for staff to maintain their health, well-being and safety.
- Staff Pledge 4: To engage staff in decisions that affect them and the services they provide, individually, through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.
- Additional theme: Equality and diversity
- Additional theme: Errors and incidents
- Additional theme: Patient experience measures

There were substantial revisions to the questionnaire, Key Findings and benchmark groups for the 2015 survey.

The results present each of the Key Findings with an indication as to whether the score has improved or deteriorated since the 2014 survey (for those findings where there is a direct comparator from 2014) and how the score compares to the average score for other combined acute and community trusts.

2. Results

2.1 Benchmarking with other combined acute and community trusts

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

- Scores for eight Key Findings were better than average
- Scores for 13 Key Findings were average
- Scores for 11 Key Findings were worse than average

Top five ranking scores

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

- **Key Finding 18** - % of staff feeling pressure in the last 3 months to attend work when feeling unwell *(a lower score is better for this finding)*
    - Trust score – 51%. This was the best score attained by a combined acute and community trust for this finding.
    - National average – 58%

- **Key Finding 25** - % of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months *(a lower score is better for this finding)*
    - Trust score – 24%
    - National average – 27%

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

- **Key Finding 16** - % of staff working extra hours *(a lower score is better for this finding)*
    - Trust score – 69%
    - National average – 72%

- **Key Finding 26** - % of staff experiencing harassment, bullying or abuse from staff in last 12 months *(a lower score is better for this finding)*
    - Trust score – 22%
    - National average – 24%

Bottom five ranking scores

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

- **Key Finding 32** – effective use of patient/service user feedback *(a higher score is better for this finding)*
    - Trust score – 3.57
    - National average – 3.65

- **Key Finding 11** - % of staff appraised in last 12 months *(a higher score is better for this finding)*
    - Trust score – 80%
    - National average – 86%

- **Key Finding 2** – staff satisfaction with the quality of work and patient care they are able to deliver *(a higher score is better for this finding)*
    - Trust score – 3.87
    - National average – 3.94

- o
- **Key Finding 24** - % of staff/colleagues reporting most recent experience of violence *(a higher score is better for this finding)*
    - o Trust score – 50%
    - o National average – 52%

- **Key Finding 9** – effective team working *(a lower score is better for this finding)*
    - o Trust score – 3.71
    - o National average – 3.77

2.2 Changes since the 2014 survey

Overall, for those Key Findings where there is a comparable score from the 2014 survey;

- 11 scores have improved
- Two scores have deteriorated
- Nine scores have stayed the same

Where staff experience has improved

These are the Key Findings where the experiences of staff at the Trust have improved since the 2014 survey;

- **Key Finding 18** – % of staff feeling pressure in the last 3 months to attend work when feeling unwell *(a lower score is better for this finding)*
    - o Trust score 2015 – 51%
    - o Trust score 2014 – 58%

- **Key Finding 8** – staff satisfaction with level of responsibility and involvement *(a higher score is better for this finding)*
    - o Trust score 2015 – 3.91
    - o Trust score 2014 – 3.82

- **Key Finding 7** – % of staff able to contribute towards improvements at work *(a higher score is better for this finding)*
    - o Trust score 2015 – 71%
    - o Trust score 2014 – 66%

- **Key Finding 31** – staff confidence and security in reporting unsafe clinical practice *(a higher score is better for this finding)*
    - o Trust score 2015 – 3.67
    - o Trust score 2014 – 3.55

- **Key Finding 4** – staff motivation at work *(a higher score is better for this finding)*
    - o Trust score 2015 – 3.92
    - o Trust score 2014 – 3.83

Where staff experience has deteriorated

These are the Key Findings where the experiences of staff at the Trust have deteriorated since the 2014 survey;

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

- Trust score 2015 – 89%
- Trust score 2014 – 92%

Although this has deteriorated at a local level, the score for this Key Finding is better than average compared to similar trusts. However, of particular note relating to this finding, 81% of BME staff responded positively to this question compared to 90% of white staff.

Also of note, in relation to a separate finding, 25% of BME staff said that they had experienced discrimination at work in the last 12 months, compared to 7% of white staff. (This could have been discrimination from other staff or patients/service users.)

- **Key Finding 11** – % of staff appraised in the last 12 months *(a higher score is better for this finding)*
  - Trust score 2015 – 80%
  - Trust score 2014 – 83%

2.3 Overall indicator of staff engagement

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

The Trust's overall score on the staff engagement indicator was 3.78. This was average when compared to other similar trusts and the score for each individual Key Finding making up the calculation for this indicator was better than the score in the 2014 survey. The highest overall staff engagement score attained by a combined acute and community trust was 4.03.

3. Conclusion

In the main the results of the 2015 survey are positive, scores for 21 of 32 Key Findings are average or better than average for combined acute and community trusts and of the 22 findings which had a comparable finding in the 2014 survey, 20 have improved or stayed the same.

The results of the 2015 survey will be used to evaluate the actions which were taken in response to the 2014 survey. The results will also be used to inform a corporate action plan to address the worse ranking scores and scores which have deteriorated.

Scores for some Key Findings vary significantly between staff groups and departments, for example the overall staff engagement score ranges from 3.64 in the Emergency Departments and Trauma and Orthopaedics Directorate to 3.94 in the General Surgery and Urology Directorate. Department and staff group level results will be used to identify both areas of good practice and areas where additional local level actions may be required for department or directorate specific issues.

4. Recommendation

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

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

Date	**March 2016**

Environment & Estates Committee – 17 March 2016, Committee Room, Bridlington Hospital

York Teaching Hospital NHS Foundation Trust

Attendees: Mike Sweet (MS) (Chair), Jennie Adams (JA), Brian Golding (BG[1]), David Biggins (DB), Colin Weatherill (CW), Brian Golding2 (BG[2]), Jane Money (JM), Janet Mason (JMa), Carol Birch (CB), Paul Bishop (PB), Andy Betts (AB), Fiona Jamieson (FJ), Anna Pridmore (AP), Jacqueline Carter (JC)

In Attendance: Diane Rose (DR), Public Governor for Scarborough and Pat Stovell (PS), Public Governor for Bridlington hospitals

	Agenda item	AFW /CRR	Paper	Comments	Assurance	Attention to Board
1.	**Welcome / Introductions.**			MS welcomed DR and PS (Governors) to the meeting. They were in attendance today as part of the process to help familiarise Governors with the role of NEDs. It was noted that AP was now a Committee member and this was her first meeting.		
2.	**Apologies for absence.**			None.		
3.	**Directorate Risk Register**			Following discussion at the last meeting it was agreed to review the Estates & Facilities Directorate current Risk Register and create a priority list in order to improve the management of the Register. BG[1] explained that he has asked for the risk register to be refreshed as there are inconsistencies arising from the amalgamation of registers for York, Scarborough and community services. Kingsley Needham (KN) has created a pro-forma for managers to use to submit any new risks - KN or CW would then review the proposed amendments prior to being added to the RR. FJ asked if she could review the priority list with CW/KN - this was noted. MS reminded colleagues that we had agreed to add the Sustainability Plan and climate change to the CRR - this was noted.		
4.	**Minutes of last meeting held on 15th December 2015** **Matters Arising:**			The minutes of the last meeting held on 15.12.15 were agreed as a correct record. AP asked if she could have a copy of the ToR - this was noted. At this point JA led a general discussion about how to align the documentation of this Committee meeting with the new system for Board papers that allows		

	E& F Structure Chart **PLACE** **SWMH Energy Report**			meeting papers to be viewed/accessed electronically by Board members. It was agreed that the suggestion should be investigated. **Post meeting note – it has been agreed that future meeting papers will be made available electronically for a trial period.** The new E&F structure chart will be circulated to Committee members. CB confirmed that PLACE training had taken place on 7.3.16 as planned and they were well on the way with assessments for this year. BG[2] provided an update report to the Committee on the current energy situation at SWMH and why it was not performing to its design targets. Since the last meeting work has been undertaken to understand how it was designed and is operated. The way that schedules and temperatures work in the building are now better understood and a number of recommendations have been proposed to improve the efficiency of the plant. These will be implemented. There is still work to be done to determine how the combined heating and power plant can be a better contributor to the operation of the building which will include working closely with Selby District Council to ensure we receive any carbon footprint efficiency saving benefits. It was noted that the building (hospital) is under-utilised by 44% and as an example, consulting rooms are not being fully utilised. BG[1] expressed the view that given the pressure on the York site it would be important to challenge Directorates to use that space. BG[2] pointed out that each room has its own heating control and that was noted. MS asked about the Building Management System (BMS) that controls the energy operations on site, as this is currently a stand alone system. BG[2] said the intention is to look at that next year, he said the intention is to make changes that will enable monitoring and control to be undertaken from York. This was noted. BG[1] said we need to review the achievement against the original design intentions with a post project review audit in order to ensure that projects are validated and lessons learned. He would contact Andrew Bennett. This was noted. BG[2] confirmed he was working closely with Paul Johnson in Estates in terms of a handover following his retirement. MS thanked BG[2] for this update. He would make reference at the Board about post design control expectations.	The committee was assured that the work undertaken would improve the energy efficiency of the site	Brian Golding to brief the Board

				The report was noted. Next update report to Committee - September '16.		
5.	**Premises Assurance Model (PAM) compliance report.**			DB presented the latest report to the Committee; this forms the basis of the Trust's 15/16 PAM return submission. Overall it shows limited assurance; E&F are showing acceptable levels of compliance against the "effectiveness" and "patient experience" domains, but compliance against "efficiency" is lower. At the last meeting policy & procedure issues were discussed around compliance for the "safety" domain. DB confirmed he had now put in place a register for the E&F directorate. JA asked if he had found any gaps, DB said a number of policies were found to be out of date and he will take action and address these as part of the 16/17 PAM work. It was also noted that some evidence had not been submitted and significant focus was required on demonstrating evidence to support compliance within the "governance" domain and encouraging a change in culture. CW has agreed to look at governance arrangements within the E&F directorate and that will be a main focus. It was noted there is a strong link between the PAM work and the recently published Lord Carter report, and this will help accelerate any work that needs to be addressed. DB already has a number of related work streams coming up. BG[1] said we will start to build PAM reporting site by site 16/17 with the objective of eliminating red risks. MS asked how we compare to our peers; DB confirmed nationally we are in the upper quartile. It was agreed to have a specific item on the next agenda to pick up the Carter recommendations particularly for the efficiency and effectiveness domains. This was noted. JA asked for some form of key to be added to the data shown and any performance indicators, to help interpret and measure the data and put it into context. DB acknowledged the request. MS thanked DB for this update. Report to be prepared for BoD to include a "key".	The Committee noted progress and look forward to regular updates.	Annual PAM Report to BoD. Brian Golding to lead.
6.	**Health & Safety:** **Minutes of H&S/NCRG meeting, 15/1**			The Committee received the minutes for information. BG[1] brought to the attention of the Committee the following items: • Needlestick injuries - a sub group was being set up to address the issue and move the organisation towards the target of zero incidences. • H&S audits - self assessment audits for 14/15 had been		

				completed, KN was in the process of compiling the final report, which will show 90%+ compliance. The final report will be an item on the next agenda.	The Committee noted the high level of compliance.	
	H&S Quarterly report			CW presented the latest quarterly health, safety & security report. The information presented in the report is total numbers Trust wide unless stated. The report shows 11 months data for this year against last year 14/15. Section 1.1 of the report provided an overview of the Trust's monitoring systems used to capture the data. A question was raised about the AIRS data and whether it included patient slips, trips & falls. It was confirmed that it does – staff issues are a separate category. STFs only cover clinical areas not non clinical – FJ said she would be able to unpick that information through the work she does to identify which are patients and which are not. Section 1.2 provided information on the top 5 main themes and for the non-clinical AIRS data, a breakdown summary was provided at 1.4. It was noted that specifically for the E&F Directorate incidents have been relatively small and report on average less than 1%. RIDDOR reporting had dropped considerably – CW said there had been a slight change in the reporting process. JA asked if there might be an element of under reporting – CW confirmed "no" that was not the case – we still get a lot of AIRS which do for example, reflect the security log and police reports against the AIRS forms – JM confirmed she is trying to tie all those together. Theft was showing a downward trend which could be as result of security staff doing a lot more patrolling and having a visible presence. JA asked if she could see the previous year's figures so we can see trend information – CW will consider this but because the reporting process has changed it might not be a true reflection – this year we will have a 60-70% reduction in RIDDORs – the main themes are STFs and manual handling issues.		
	H&S Policy			The Committee received the Policy for approval in line with its review date. The H&S/NCRG had previously endorsed the policy contents. The Committee raised a number of minor amendments that were required to the policy – these were noted. Other issues to note: • Staff training – CW is undertaking risk assessment training sessions for IOSH. COSHH training will be undertaken externally – CW to speak to BG[1] further. • Page 21. 9.2 – implementation of policies – JA queried whether this was a robust enough statement to ensure effective dissemination. BG[1] confirmed this is part of mandatory training.	The Committee approved the Policy.	Policy to March '16 BoD

	14/15 Briefing Noted			• Page 23. 11.2 – H&S performance indicators – a question was raised as to what the plans were to achieve any set objectives. CW confirmed it is mainly action plans arising from the self-assessment annual audits and PAM that formulate objectives. **Post meeting note** – noted that the H&S/NCRG have an Action Plan that is reviewed every quarter – within that document KPIs are chosen and set for each year – current KPIs are to focus on are: slips, trips & falls, needlestick injuries and RIDDOR. This requires further discussion. BG[1] recognised that the policy was a large document however, he assured the Committee it is disseminated through mandatory training as well as general awareness raising. BG[1] also made reference to a recently published document by the Institute of Directors on "Leading Health & Safety at work" and said it would be really helpful in identifying and addressing any gaps against what is set out in the policy. It was felt it would be useful to have a separate Board session to refresh H&S training/understanding. CW said he intended to overhaul the H&S Policy in order to have an overarching policy with a number of procedures sitting behind it for ease of reference. MS thanked CW for this update. Date to be agreed for BoD session. The 14/15 Briefing Note which forms the basis of an Annual Report, will be taken to the BoD in June '16 along with the 15/16 full Annual Report. This was noted. FJ asked for one amendment to be made prior to the paper going to the Board – Page 2. refers to there being no inspections from regulatory authorities – FJ confirmed that the CQC visited in March '15. This was noted.		Annual H&S report to proceed to BoD in June '16
7.	**Travel & Transport: Minutes of last meeting T&T Group, 18/2**			The Committee received the minutes for information. BG[1] brought to the attention of the Committee the following: • Personal travel plans - BG[1] explained that we had worked with the CoYC and received a week's worth of consultancy time which resulted in them coming into the York Hospital to meet staff, discuss different modes of transport to aid staff in their choice of travel to work. • The same exercise will take place at Scarborough on 24/3 as part of the NHS Sustainability Day - funding from the car parking income will be used. The Committee noted the minutes.		
8.	**Space Management Group: Schedule of occupation and**			The Committee received a paper for consideration about the Trust's estate; the main sites it occupies, specialist services it provides from other	The Committee	Scope of properties

	unmet demands			sites, and Community Health Centres and GP surgeries. A full list of properties owned/occupied by the Trust is shown at App A. In total this amounts to 70 sites. The size and space occupancy costs are shown at App D. Total operating cost is shown as £47m - this is linked to the Carter report which states operating costs as £55m. It would be important to understand the gap as this information will be used to inform the Carter efficiency programme - BG[1] is confident that within the next 12 months this data will be robust. There was also a schedule of space requests / unmet space requirements at App E. BG[1] said this is linked to SLR so the intention would be to break operating costs down to each individual department and challenge them to try and reduce their space occupancy. MS welcomed the report and would bring it to the attention of the Board linking it to the Trust's backlog maintenance programme, mainly for Scarborough. BG[1] said he would invite Tony Burns, Space Manager to give a presentation on the detail behind the data at the next meeting of the Committee. It was noted any corporate requests needed to be added to the schedule.	welcomed this level of scrutiny	and operating costs to be highlighted to BoD. MAS.
9.	**NHS Protect**			The Committee received a Circular on the outcomes of the review of the NHS Protect's function and services. The document will be passed to the Audit Committee for information (AP). There was nothing further to report at this meeting. The circular was noted.		
10.	**Sustainable Development: Minutes of the SDG, 3/2** **SDMP Action Plan**			The Committee received the minutes of the last meeting of the SDG for information. JM made reference to the presentation that took place by Dr David Devins, whom it was noted was working quite closely with Ian Willis on a piece of work around procurement and action within supply chains. BG[2] said we use a model based on the SDU (Sustainable Development Unit), but along with procurement we are hoping to develop a bespoke model that will enable us to obtain individual supplier's carbon footprints. AP made reference to the Chesterfield strategy whereby they source 90% local food. BG[1] was not aware of this and agreed to look into it as part of the Catering Strategy evaluation that CB is involved in. It was felt it would be useful to have the opportunity of a separate Board session at some point to help the Board understand and prioritise those areas we want to focus on as part of the Trust's sustainable development activities. This was noted. The Committee received the latest Sustainable Development Management Plan (SDMP) for consideration. In Jan '16 the BoD	. The committee	. The Board to be reminded

				reviewed and endorsed the updated SDMP. The SDMP takes account of any recent publications of the SDU. Progress was noted against the previous Board recommendations and commitments. Commitments included undertaking regular assessments using monitoring against the GCC (Good Corporate Citizen) model. In 2015 our GCC score was 33% against a national target of 50%. For 2016 target is 60%. Commitments also included the monitoring of total carbon emissions. JM said the GCC target is open to interpretation, we scored poorly on adaptation because our contingency / resilience plans are not currently up to date. If they had been up-to-date we would have scored quite well. Another issue for YFT is the period over which improvement is measured. For example, carbon emissions are a key area of performance measure and whereas our overall performance has deteriorated against the benchmark year (a year prior to the SNEY acquisition), our carbon emissions per patient contact have declined over the same period. JM is working towards making sustainability more integral throughout the organisation. MS felt it was a very ambitious document and asked for it to be condensed into a shorter form for use by the Committee and to include KPIs. JM said this document related to the previous report so it is gradually coming down in size. Previous mention had been made of monitoring against KPIs and following discussions with managers, some have been proposed and they are set out on Page 7 of the document and include business mileage and carbon footprint, There will be a need to develop proposed targets for 16/17 and to ensure that quarterly data can be obtained. JA referred to the location of Bridlington Hospital and that significant patient journeys will be required – BG[1] confirmed this links to space utilisation work and needs to be linked into the Masterplan and Capital Programme as sustainable development is very much part of that. JM said she is focussing on an engagement campaign and in particular the signing off of Business Cases to ensure they have taken into account mitigation of carbon footprint. AP asked if JM would support the managers in that process, JM said it will take a while to develop but it will give her the opportunity to be involved in that process and address the awareness in the organisation. JA echoed MS's comments that it was a challenging plan. She said it would be important to be realistic about the benefits. It was noted the Carter review will be a big driver for us and the sustainable development agenda can link into that quite easily. JM reminded colleagues that our visions/values include a statement on sustainable healthcare so that	welcomed the report and its ambitions	that Sustainable Development needs to become part of the Trust's culture in a manner similar to TAP. MS & BG

	NHS Sustainability Day			vision is already there. She also confirmed that the Action Plan would be broken down into categories to help understanding. MS thanked JM for this update. The Report was endorsed by the Committee. The NHS Sustainability day is planned for 24.3.16. The Trust is using this as an opportunity to raise awareness across the Trust. A number of activities are planned for the day at York, Scarborough and Bridlington including the official opening of the CHP plant at Bridlington, a sustainable travel enterprise at Scarborough and waste reduction initiatives/information at York. JA was pleased to note the Scarborough event as in the previous report it shows that travel claims are still going up. JM confirmed that was a KPI work stream. There was mention of having an information system that allowed you to see who was travelling and when as a way of encouraging car sharing. MS asked for this information to be provided to the Governors.		
11.	**Any Other Business**			**Energy Manager** – This was BG^2s last meeting prior to his retirement. On behalf of the Committee MS thanked him for his contribution to the establishment of the Committee and for all his work in the hospital.		
12.	**Future meeting dates.**			Wednesday 8th June 2016 at Selby Hospital, 10am.		

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 30 March 2016

NHS Premises Assurance Model Compliance Report

Action requested/recommendation

The 2014/2015 report is submitted to Board of Directors for approval.

Effective April 1st 2016 the Trust adopts NHS PAM 2016 Model and ensures that integration with the recommendations of the Carter Report (2016) are reflected in both Efficiency & Effectiveness domains.

The Trust adopt a site specific approach to PAM Reporting in 2016 placing more ownership and responsibility of the assessment return on responsible Estates & Facilities Managers in order to ensure that relevant Estates & Facilities Managers are making informed decisions on compliance. Suitable training in PAM 2016 is provided for Estates & Facilities Managers prior to the launch date on April 1st.

Robust monthly monitoring of progress against the model continues with a monthly report provided to Director of Estates.

Summary

The NHS Premises Assurance model (NHS PAM) brings together a system to gain assurance on:

- Compliance with quality and safety standards
- Efficiency, Effectiveness and governance

The model provides a vehicle by which Estates & Facilities staff, managers and Trust board can gain assurance on the safety, effectiveness, efficiency and governance arrangements within Trust Estates & Facilities functions.

This report forms the Trust 2015/2016 NHS PAM Return.

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

Implications for equality and diversity

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

Reference to CQC outcomes

Health & Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 15; Premises and Equipment.

Progress of report	Environment and Estates Committee – 17 March 2016
Risk	Low
Resource implications	No Significant Resource requirements
Owner	Brian Golding, Director of Estates & Facilities
Author	David Biggins, Head of Medical Engineering/PAM Lead
Date of paper	March 16
Version number	1

Environment & Estate Committee – 17 March 2016

NHS Premises Assurance Model Compliance Report (Annual Return) 2015-2016

1. Introduction and background

The NHS Premises Assurance model (NHS PAM) brings together a system to gain assurance on:

- Compliance with quality and safety standards
- Efficiency, Effectiveness and governance

The model provides a vehicle by which Estates & Facilities staff, managers and Trust board can gain assurance on the safety, effectiveness, efficiency and governance arrangements within Trust Estates & Facilities functions.

This report forms the Trust 2015/2016 NHS PAM Return.

2. NHS Premises Assurance Model

York NHS Teaching Hospital Foundation Trust, (The Trust) Estates and Facilities Directorate introduced the NHS PAM in October 2014 using recognised methodology described in the Department of Health (2014) document "The NHS Premises Assurance Model", May 2014.

The model aims to provide a vehicle for demonstration of evidence to support safety, quality, effectiveness, efficiency and good governance across a range of Estates and Facilities functions or domains as they are referred to within NHS PAM these include engineering, cleaning, catering, transport, asset management and health and safety.

The Trust`s approach included the introduction of a central portal which allows responsible Estates and Facilities Managers to submit evidence of compliance against the model and undertake subsequent risk assessment and action planning against any gaps in compliance.

Gaps in compliance are rated within the model as:

- Red - Inadequate evidence to demonstrate compliance
- Amber - Requires Moderate Improvement
- Yellow - Requires Minor improvement
- Green - Good evidence of compliance
- Blue - Outstanding evidence of compliance

All gaps are addressed via the formulation of action plans with action plans currently monitored via Operational meetings and face to face meetings with relevant managers, PAM Lead and Head of Estates and Facilities.
Significant risks identified are escalated via responsible Managers to E&F Risk Register

A Monthly compliance report is also prepared by PAM Lead and disseminated to Director and Head of Estates and Facilities.

The Environment & Estate Committee, through its terms of reference will have a key role in gaining assurance on NHS PAM Compliance.

2.1 Current Position

The Trust improved its overall compliance position when compared to 2014/2015 NHS PAM Compliance Report.

The current position against NHS PAM is shown in the attached return report including an executive summary which focuses on further model development required for 2016/2017.

Significant findings against this year`s position are:

Overall Estates & Facilities are demonstrating acceptable levels of compliance against the model in Effectiveness, and Patient Experience domains.

Compliance against the Efficiency domain has become less robust however this domain was in 14/15 managed by our Deputy Director of Estates who left the organisation around 6 months ago, responsibility for this domain will be re allocated appropriately by April 1st 2016.

Additional work around Estates Policy and procedure and in particular our common approach to property ,land, asset management and new builds and refurbishment in order to provide evidence to demonstrate compliance within the safety domain with the model is required

Significant focus is required on demonstrating evidence to support compliance with the organisational governance domain primarily through further development of our overall Directorate governance arrangements and improved surveillance of cost evaluated action plans relating to our property and sites.

3. Conclusion

The Trust compliance position has improved when compared to last year`s return

However the Trust is still currently demonstrating limited assurance against the NHS PAM model.

A Suite of action plans identifying gaps, areas for improvement and associated risks are currently in development by domain leads/Estates and Facilities Managers with monitoring in place for all action plans submitted to the central portal.

Organisational governance and safety domains require significant inputs with regards to both evidence of action planning and progression of plans once completed

4. Recommendation

The 2014/2015 report is submitted to Board of Directors for approval.

Effective April 1st 2016 the Trust adopts NHS PAM 2016 Model and ensures that integration with the recommendations of the Carter Report (2016) are reflected in both Efficiency & Effectiveness domains.

The Trust adopt a site specific approach to PAM Reporting in 2016 placing more ownership

and responsibility of the assessment return on responsible Estates & Facilities Managers in order to ensure that relevant Estates & Facilities Managers are making informed decisions on compliance.
Suitable training in PAM 2016 is provided for Estates & Facilities Managers prior to the launch date on April 1st.

Robust monthly monitoring of progress against the model continues with a monthly report provided to Director of Estates.

5. References and further reading

Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)
NHS PAM

Trust Premises Assurance Model Compliance Dashboard (August 2015) Appendix 1

The NHS Premises Assurance Model- Revised and updated 2014 ,Department of Health

The NHS Premises Assurance Model(Revised and updated) 2016, Department of Health

Author	**David Biggins, Head of Medical Engineering**
Owner	**Brian Golding, Director of Estates & Facilities**
Date	**February 2016**

Department of Health

York Teaching Hospital NHS
NHS Foundation Trust

NHS

Report on Premises Assurance Model self-assessment questions

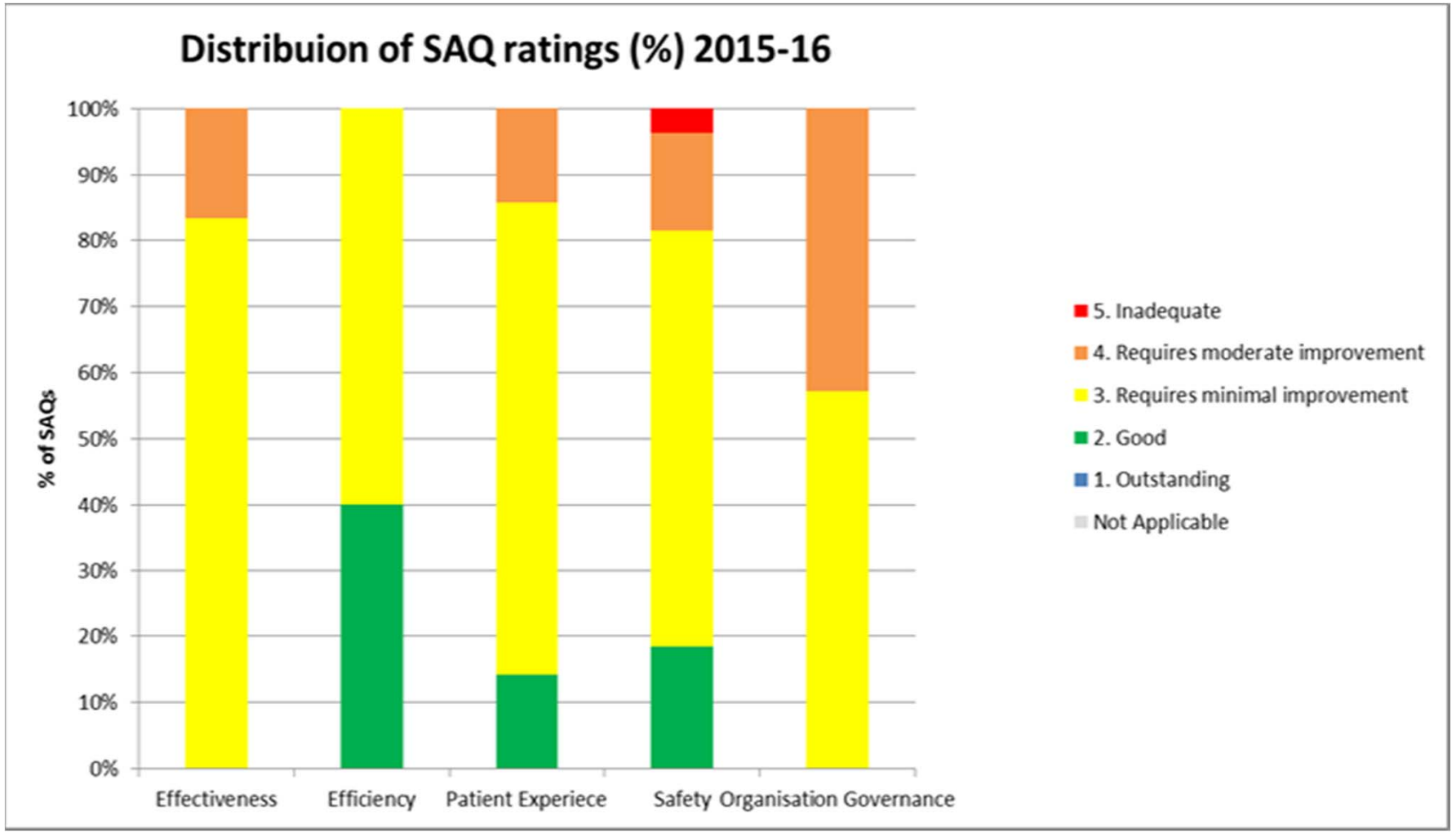
York Teaching Hospital NHS Foundation Trust

2015/2016

York Teaching Hospital NHS
NHS Foundation Trust

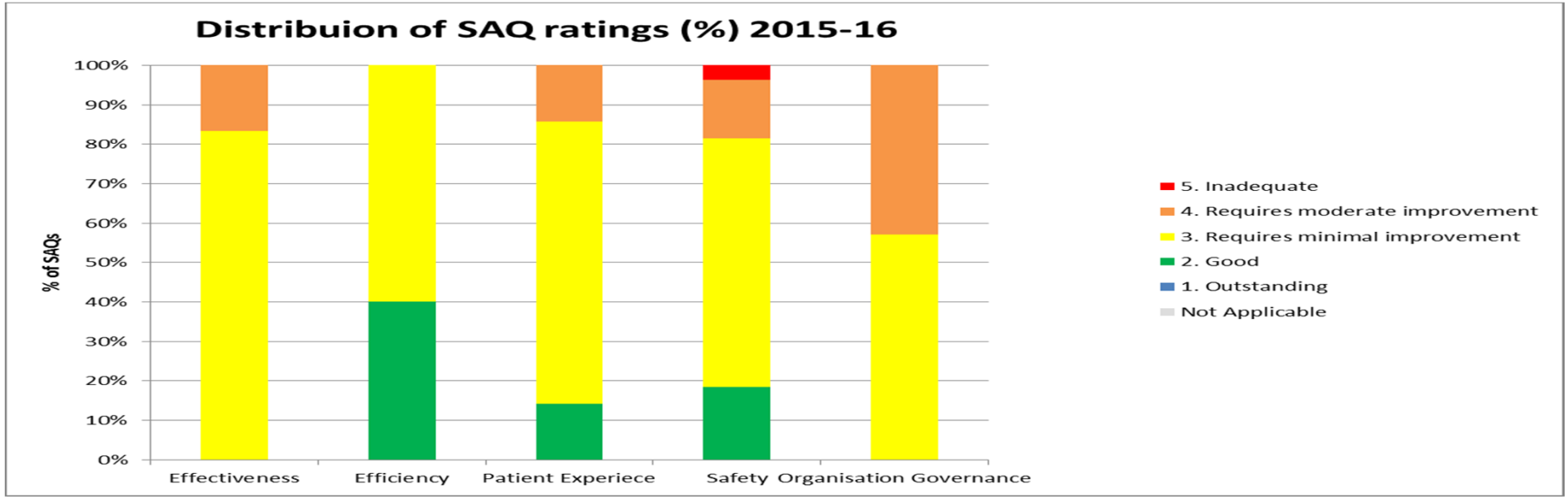
York NHS Teaching Hospital Foundation Trust	NHS Premises Assurance Model Return 2015/2016
Owner	Brian Golding; Director of Estates & Facilities
Author	David Biggins- Estates & Facilities
Status	Approved by Environment & Estates Committee (March 2016)
Version No	1.0
Date	20th March 2016

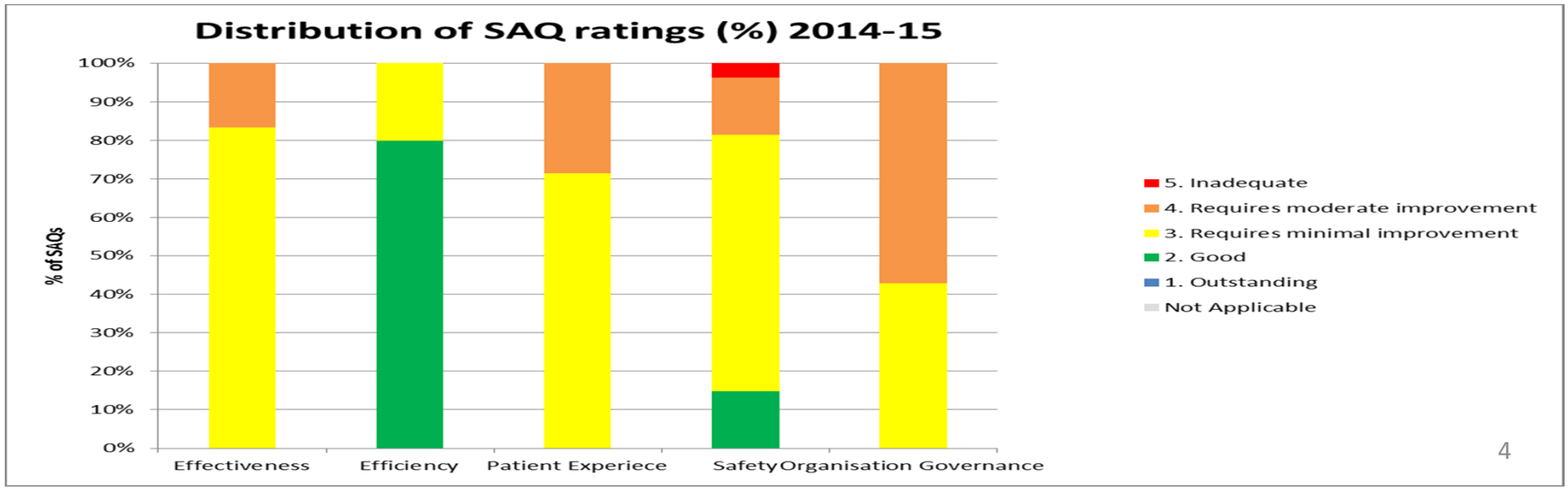
Trust NHS Premises Assurance Model(PAM) Results 2015/2016



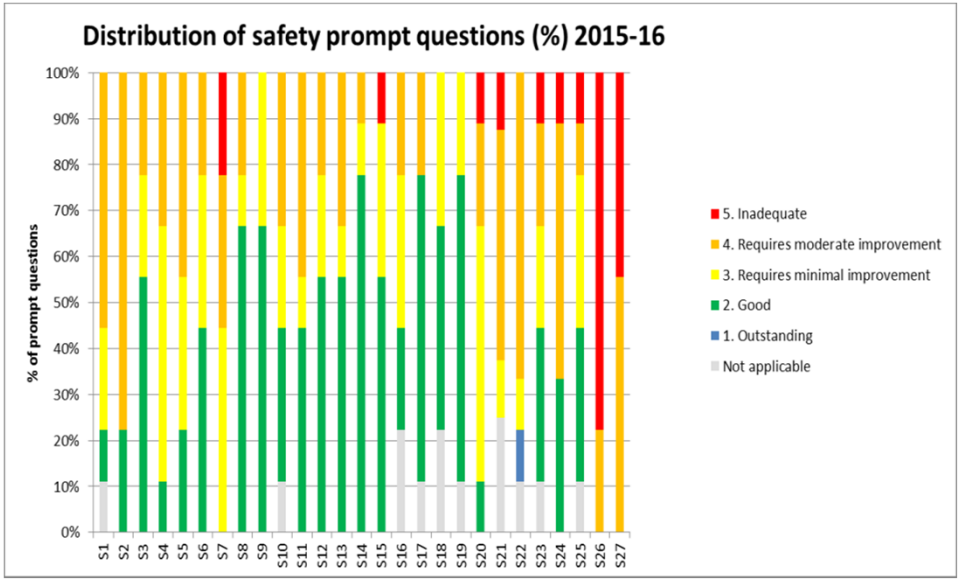
SAQ= Self Assessment Question

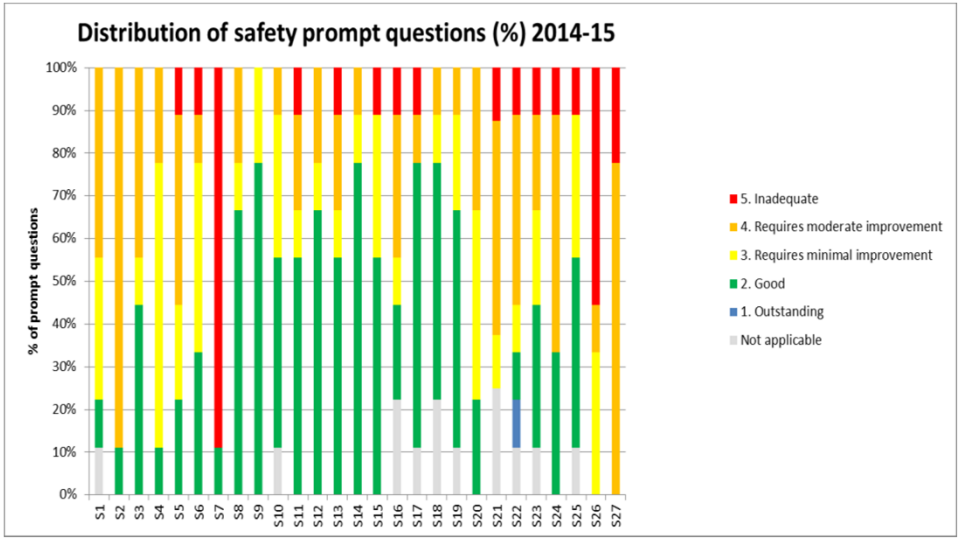
Year to Year Comparison of Trust Results- All Domains





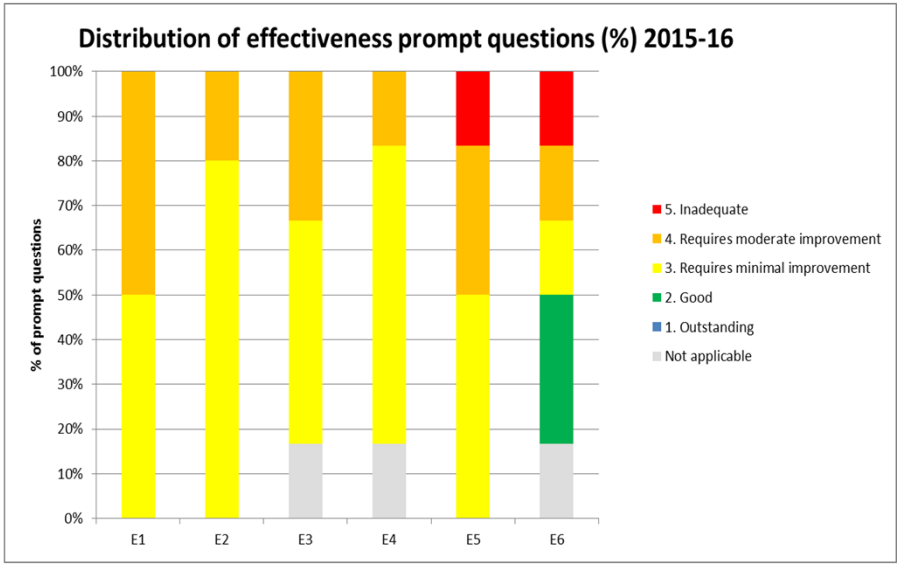
Safety Domain

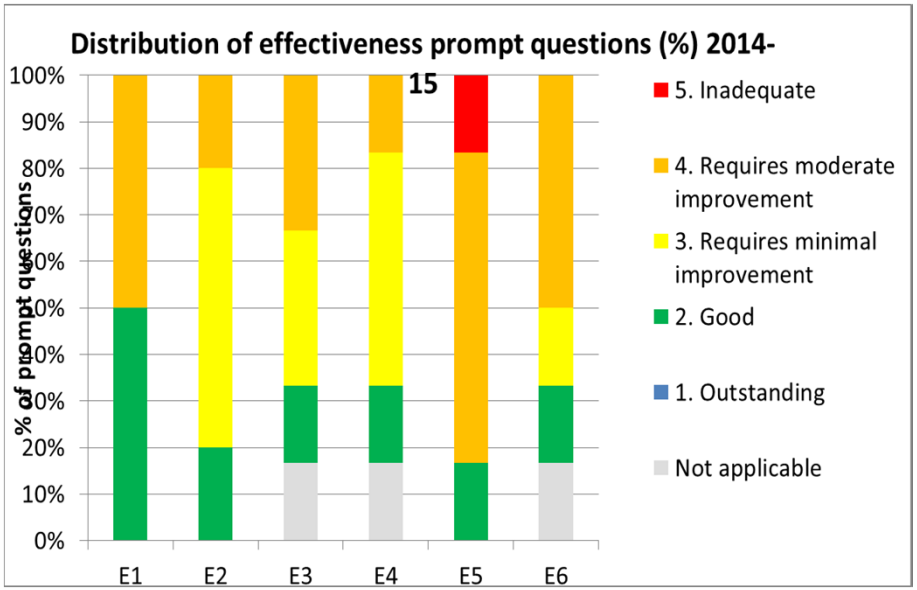




SAQ code	Self Assessment Question - Is the Organisation/site safe and compliant with well managed systems in relation to:
S1	Asset Management and Maintenance
S2	The Design and Layout of Premises
S3	Health & Safety at Work
S4	Catering Services
S5	Asbestos
S6	Medical Gas Systems
S7	Natural Gas and Other Non Medical Piped Gas Systems
S8	Water Systems
S9	Electrical Systems
S10	Mechanical Systems (e.g. Lifting Equipment)
S11	Ventilation Systems
S12	Lifts
S13	Pressure Systems
S14	Decontamination Processes
S15	Fire Safety
S16	Waste Management
S17	Cleanliness and Infection Control applying to Premises and Facilities
S18	Laundry and Linen Services
S19	Medical Devices and Equipment
S20	Security Management
S21	Resilience, Emergency and Contingency Planning
S22	Transport Services
S23	Pest Control
S24	Premises and Equipment issues identified in all relevant Safety-Related Reporting Systems (e.g. 'never events', MHRA, DH and NHS England safety reporting systems)
S25	Contractor Management
S26	Undertaking New Build and Refurbishment Works
S27	Safety and Suitability of Premises and Services, when the organisation is not responsible for the premises in which the care, treatment and support is delivered

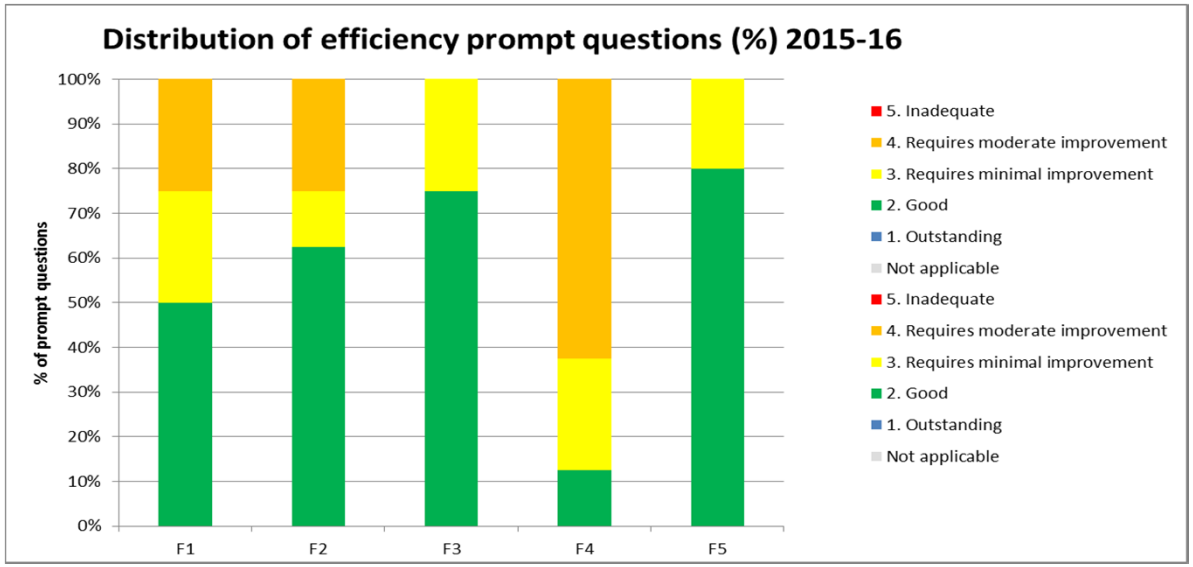
Effectiveness Domain

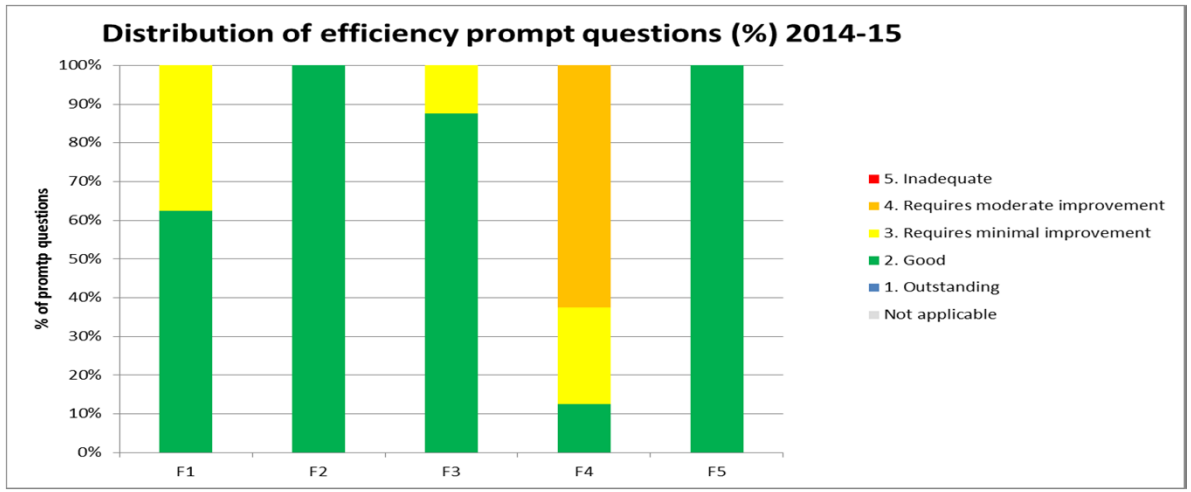




SAQ code	Self Assessment Question - Does your Organisation/site:
E1	Participate in the development of regional and local planning policy, and planning applications, where these affect the demand for healthcare services?
E2	Have an estate strategy that is reviewed annually and integrated with relevant local, national and organisational clinical/service development plans?
E3	Have a well-managed robust approach to the acquisition and disposals of freehold and leasehold land and premises and ensures surplus land and premises are proactively disposed of?
E4	Have a well-managed robust approach to the management of land and property?
E5	Have effective transport and access arrangements?
E6	Have a well-managed annually updated board approved sustainable development management plan?

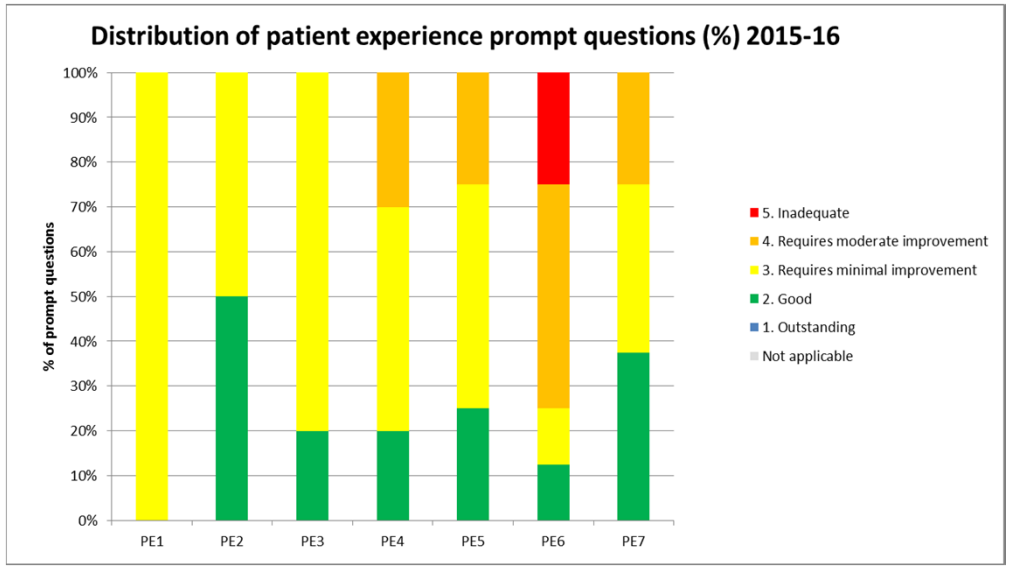
Efficiency Domain

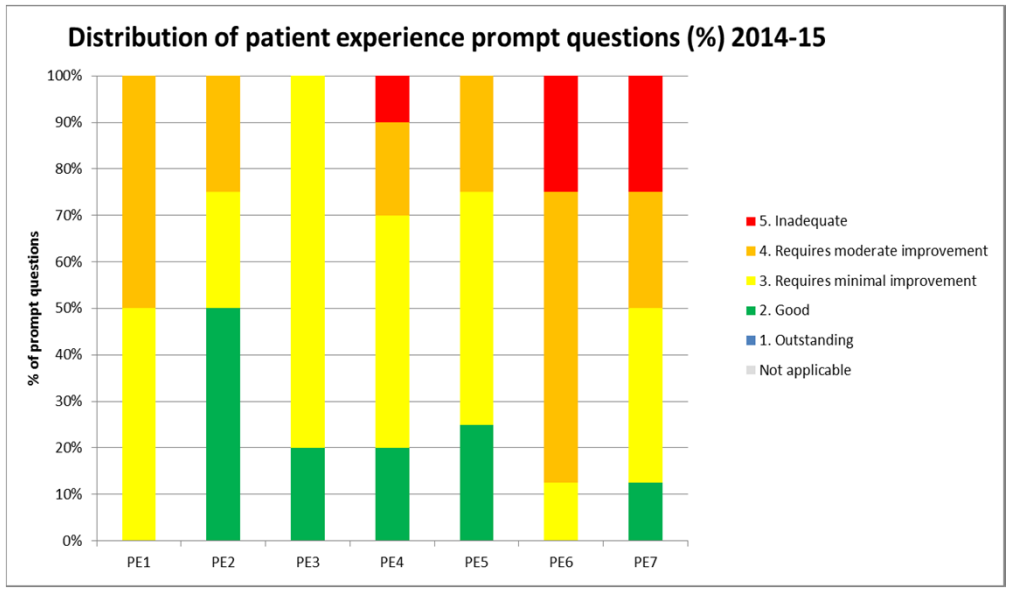




SAQ code	Self Assessment Question - Does your Organisation/site have a well-managed approach to achieving value for money and cost improvements in relation to:
F1	The procurement of estates and facilities goods and services?
F2	Estates and facilities services operating costs?
F3	The efficient utilisation of its estate (space utilisation) and facilities?
F4	The procurement and management of its capital investment and disinvestment plans and processes?
F5	Does your Organisation/site have well-managed and robust financial controls, procedures and reporting relating to estates and facilities services?

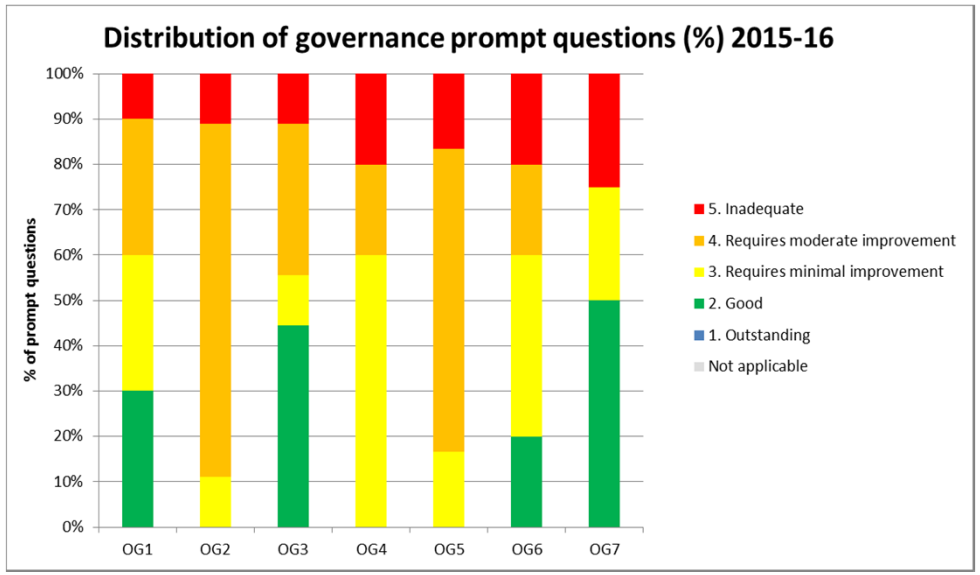
Patient Experience Domain

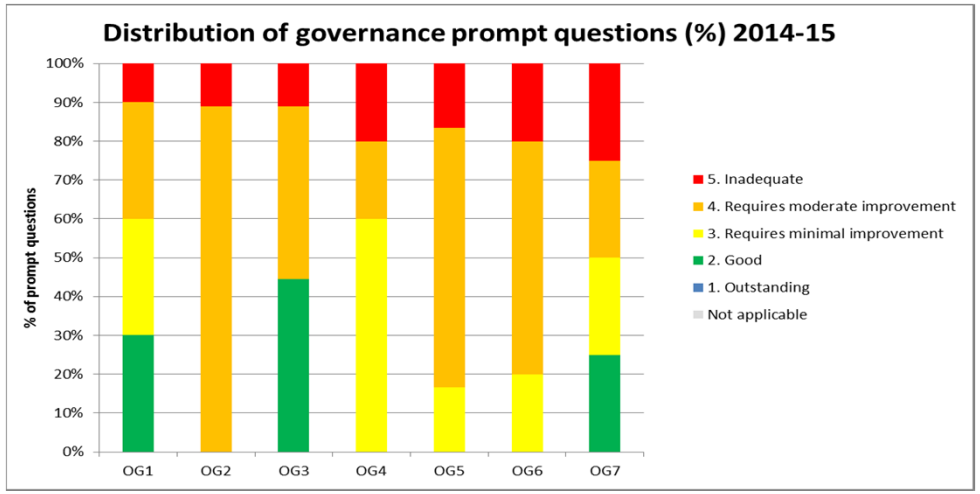




SAQ code	Self Assessment Question - Does your organisation:
PE1	Involve patients, the public and Commissioners in shaping estates and facilities services, as well as gathering and using their experiences of estates and facilities services?
PE2	Ensure that patients, staff and visitors perceive that the condition, appearance, maintenance and privacy and dignity of the estate is satisfactory?
PE3	Ensure that patients, staff and visitors perceive cleanliness to be satisfactory?
PE4	Ensure that NHS Catering Services provide adequate nutrition and hydration through the choice of food and drink for people to meet their diverse needs?
PE5	Ensure that access and car parking arrangements meet the reasonable needs of patients, staff and visitors and are effectively managed at all times?
PE6	Ensures that safe, effective Portering Services are provided that meet the needs of patients and the organisation, consistent with all relevant guidance and legislation?
PE7	Ensure that the Telephony & Switchboard service is provided efficiently, professionally and courteously within agreed target response times?

Governance Domain





SAQ code	Self Assessment Question - Does your organisation:
OG1	Ensure its Estates and Facilities staff and functions are embedded in its vision and culture and that they are focused on patient care and engagement with patients, their carers and staff?
OG2	Have in place a governance framework for all aspects of Estates and Facilities functions that is transparent, coherent, complete, clear, well understood and fully functioning?
OG3	Is there a clear and well-functioning system of Estates and Facilities accountability where individuals understand their responsibilities and are able to effectively account for their decisions, actions, behaviours and performance against objectives?
OG4	Have an effective estates and facilities risk management strategy that integrates within the overall clinical, financial and organisational risk management strategy and gives assurance that Estates and Facilities risks are being identified, proactively controlled and mitigated?
OG5	Have a clearly defined Board approved Estates and Facilities strategy that is aligned to clinical and service strategy which is focussed on patient care?
OG6	Ensure that the Estates and Facilities leadership within the organisation is effective, visible and is maintained and developed?
OG7	Ensure that the Board has access to professional advice on all matters relating to Estates and Facilities assurance and linked to Regulators and Inspectors requirements?

Executive Summary

Areas for Development 2016/2017

1. Develop of Trust approach through Estates & Facilities Policy and Procedure development across the directorate and in particular, property and asset management, new build and refurbishment works and porter services.

2. Development of robust business continuity and contingency plans around internal transport infrastructure and testing of plans on completion

3. Integration of the recommendations of the Carter Report (2016) in driving efficiencies across Estates & Facilities services

4. Improvement of patient and staff involvement in the way we shape estates and facilities services going forward

5. Development of robust governance arrangements in the directorate

6. Improved surveillance and review of cost evaluated action plans relating to our Estate and facilities services

7. NHS PAM reporting systems by site with cost evaluated action plans by site

York NHS Teaching Hospital Foundation Trust
Wigginton Road
York
Y031 8HE

Estates & Facilities Directorate

NHS Premises Assurance Model Return Report 2015/2016

Report Commissioned by	**Brian Golding** **Director of Estates & Facilities** **York NHS Teaching Hospital Foundation Trust**
Report Author	David Biggins Head of medical Engineering and Compliance York NHS Teaching Hospital Foundation Trust
Date	20th March 2016
Version	1.0

Board of Directors Meeting – 30 March 2016

Trust Health & Safety Policy Annual Review

Action requested/recommendation

As part of the Trust governance and approval arrangements the Trust health and safety policy was presented to the Environment and Estates Committee (meeting of Thursday 17 March 2016) for annual review and policy approval (v1.3 – February 16).

The Committee discussed the policy in detail, made comments on the policy and asked for amendments to be made. The main issue to note was at 5.7 of the Policy – Designated Directorate Safety Manager – and ensuring further development of staff training for the Directorate safety managers is undertaken in particular around IOSH *(Institute of Occupational Safety & Health)* and CoSHH *(Control of substances hazardous to health)* training. *Please see item 6. in the Environment & Estates Committee minutes.*

Following the appropriate amendments being made the committee approved the policy (v1.5 – February 16).

The Environment and Estates Committee would ask the Trust Board to grant final executive approval for this policy.

If approved a copy of this policy will be placed on the Trust intranet.

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). The information and any resulting recommendations are to ensure the safety of staff and those who use or are affected by the Trust operations, it is anticipated this is not likely to have any

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

Reference to CQC outcomes

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended): Regulation 12 - Safe Care & treatment, Regulation 13 - Safeguarding service users from abuse and improper treatment, Regulation 15 – Premises & equipment, Regulation 17 – Good governance.

Progress of report	Environment and Estates Committee
Risk	No specific risk identified
Resource implications	N/A
Owner	Michael Sweet, Chair of Environment & Estates Committee
Author	Brian Golding, Director Estates & Facilities
Date of paper	March 2016
Version number	Version 1