York Teaching Hospital
NHS Foundation Trust

Board of Directors (Public Meeting)

Wednesday 29 November 2017

York Teaching Hospital
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

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

On: Wednesday 29 November 2017

In: The Boardroom, Foundation Trust Headquarters, 2nd Floor Administration Block, York Hospital, Wigginton Road, York, YO31 8HE

TIME	MEETING	LOCATION	ATTENDEES
8.00am – 9.30am	NED Monthly Meeting	Boardroom, York Hospital	NEDs
9.30am – 10.30am	Financial Recovery Board Meeting	Boardroom, York Hospital	Board of Directors
10.30am – 11.30am	Board of Directors meeting held in private	Boardroom, York Hospital	Board of Directors
11.45am – 1.15pm	**Board of Directors meeting held in public**	**Boardroom, York Hospital**	**Board of Directors Members of the Public**
2.00pm – 4.00pm	Lord Carter Session	Boardroom, York Hospital	Board of Directors

York Teaching Hospital
NHS Foundation Trust

Board of Directors (Public) Agenda

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	**Apologies for absence and quorum** To receive any apologies for absence • Mr J Taylor	Chair	Verbal	-	11.45 – 11.55
2.	**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	09	
3.	**Minutes of the meeting held on 27 September 2017** To receive and approve the minutes from the meeting held on 27 September 2017	Chair	B	15	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes	Chair	Verbal	-	
5.	**Patient Story** To receive the details of a patient letter	Chief Executive	Verbal	-	11.55 – 12.05
6.	**Chief Executives Update** To receive an update from the Chief Executive	Chief Executive	C	29	12.05 – 12.15

	SUBJECT	LEAD	PAPER	PAGE	TIME
Our Finance and Performance Ambition: Our sustainable future depends on providing the highest standards of care within our resources					
7.	**Finance and Performance Committee** The Chair will ask the Executive Board members to provide an appropriate overview to the Board of the key issues this month. The Chair will ask the Non-Executive Directors to comment on any matters of assurance. Papers for information: • Finance Report • Efficiency Report • Performance Report • Business Continuity Progress	Executive Board Leads	D D1 D2 D3 D4	37 49 69 75 95	12.15 – 12.25
8.	**Winter Pressures** To receive the finalised Winter Plan.	Chief Operating Office, Chief Nurse & Deputy Medical Director	Presentation	-	12.25 – 12.45

Our Quality and Safety Ambition: Our patients must trust us to deliver safe and effective healthcare

9.	**Quality and Safety Committee** The Chair will ask the Executive Board members to provide an appropriate overview to the Board of the key issues this month. The Chair will ask the Non-Executive Directors to comment on any matters of assurance. Papers for information: • Patient Safety & Quality Report • Medical Directors Report • Chief Nurse Report	Executive Board Leads	E E1 E2 E3	101 111 145 151	12.45 – 12.55

Our Facilities and Environment Ambitions: We must continually strive to ensure that our environment is fit for our future

10.	**Environment and Estates Committee** The Chair will ask the Executive Board members to provide an appropriate overview to the Board of the key issues this month. The Chair will ask the Non-Executive Directors to comment on any matters of assurance. Papers for information: • PLACE	Executive Board Leads	F F1	173 187	12.55 – 13.05

Our People and Capability Ambition: The quality of our services is wholly dependent on our teams of staff

11.	**Workforce and Organisational Development Committee** The Chair will ask the Executive Board members to provide an appropriate overview to the Board of the key issues this month. The Chair will ask the Non-Executive Directors to comment on any matters of assurance. Papers for information: • Workforce Metrics • Developing People – Improving Care	Committee Chair	G G1 Verbal	- 217 -	13.05 – 13.15
12.	**Any other business** • Reflections on the meeting • BAF Alignment	Verbal		-	13.15
13.	**Time and Date of next meeting** The next Public meeting will be held on Wednesday 31 January 2017 in the Boardroom, Foundation Trust Headquarters, York Hospital.				

Items for decision in the private meeting:

Corporate Risk Register and Board Assurance Framework

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
Nov 2017

York Teaching Hospital
NHS Foundation Trust

Additions: No changes

Changes: D Willcocks—Director Clifton Estates Ltd (linked to JRF)

Deletions: No deletion

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Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders
Ms Susan Symington (Chair)	**Non-executive Director—**Beverley Building Society **Director** - Lodge Cottages Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member—**the Court of University of York	Nil
Jennifer Adams (Non-Executive Director)	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse is a Consultant Anaesthetist at the Trust	Nil
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 **Trustee**—York Music Hub	Nil
Mr Michael Sweet (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

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Professor Dianne Willcocks (Non-Executive Director)	**Member—**Great Exhibition of the North (2018) Board	Nil	Nil	**Chair—Charitable Trustee** **Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust **Director**—Clifton Estates Ltd (linked to JRF) **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 **Board Member**—York Museums Trust **Chair of Steering Group** - York Mediale Festival	Nil

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Michael Keaney (Non-Executive Di-rector)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jenny McAleese (Non-Executive Di-rector)	**Non-Executive Direc-tor**—York Science Park Limited **Director**—Jenny & Kevin McAleese Limited	**50% shareholder and Director**—Jenny & Kevin McAleese Lim-ited	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee**—Graham Burrough Charitable Trust **Member**—Audit Com-mittee, Joseph Rown-tree Foundation	**Member of Council**—University of York	Nil
Mr Patrick Crowley (Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
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

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	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultan-cies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or com-missioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr 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
Mrs Wendy Scott (Director of Out of Hospital Care)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Brian Golding (Director of Estates and Facilities)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse is Director of Strategy and Planning at HEY NHS FT	Spouse is a Director at HEY NHS FT and Trus-tee of St Leonards Hos-pice

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Public Board Minutes – 27 September 2017

Present: **Non-executive Directors**

Ms S Symington	Chair
Mrs J Adams	Non-executive Director
Mr M Keaney	Non-executive Director
Mrs J McAleese	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
Mrs W Scott	Chief Operating Officer

Corporate Directors

Mr B Golding	Director of Estates & Facilities

In Attendance:

Mrs L Provins	Foundation Trust Secretary
Dr E Smith	Deputy Medical Director attending on behalf of Mr Taylor

Observers:

Freya Oliver – Assistant Director of Nursing
Sheila Miller – Public Governor – Ryedale and East Yorkshire
Margaret Jackson – Public Governor - York
Michael Reakes – Public Governor – York
John Cooke – Public Governor – York
Peter Blackeby - YCD

Ms Symington welcomed everyone to the meeting and introduced Dr Smith who was attending the meeting on behalf of Mr Taylor.

17/077 Apologies for absence

Apologies were received from Mr Taylor, Medical Director.

17/078 Declarations of interest

No further declarations of interest were raised.

17/079 Minutes of the meeting held on the 26 July 2017

The minutes of the meeting held on the 26 July 2017 were approved as a correct record subject to the following amendments:

Minute No. 17/069, page 15, last paragraph – John Hopkins Hospital in the USA should read Johns Hopkins.

Minute No. 17/070, page 17, fifth paragraph, to read Mr Keaney noted that the failure to persuade sufficient staff to have a flu vaccination last year had cost the Trust £350k. Having the vaccine would be prioritised this year.

Minute No. 17/071, page 20 third paragraph should read turnover remains at about 10% to 12% per *annum.* Delete "leaving every month".

17/080 Matters arising from the minutes

Minute No. 17/054 & 17/067 Cyber-Attack - Mr Crowley noted that due to an administration error the previously received cyber-attack report did not have the associated Systems and Networks actions in. This has been addressed and the report has been sent to NHSE and will be circulated to the Board.

17/081 Patient Story

Mr Crowley read out a couple of patient letters which illustrated, in both cases, the level of service being provided and interdependence of services with system partners. He highlighted that this is work that continues to be delivered at a high standard, despite the challenges with performance targets.

17/082 Chief Executive Report

Mr Crowley reflected on the difficulties facing the NHS as a whole and individually for the Trust. He stated that the Trust is now 5 years post-merger and that the Trust must now think about and plan how it will provide services over the next 5 years, with an emphasis

on transformation and continual improvement. He highlighted the example of the Urology one-stop service at Malton which had reconfigured services as an example of such transformational change..

Mr Crowley stated that his report had been drafted before the CQC had made an announced visit last week. He noted that high level feedback had been received from the CQC and had found some items wanting, but also highlighted many examples of good practice, which was pleasing. The CQC Team had stressed at the time and since in writing that they were welcomed by staff that were seen as caring, compassionate and enthusiastic about providing services whatever the difficulties faced. Mr Crowley noted the continued difficulties with recruitment and that some basic care elements had been brought to the Executive Team's attention and that these were being addressed. Mr Crowley stated that the Well Led review will take place in October and it will include a number of focus groups. The final report should be available in the New Year.

Mr Crowley advised that finance was now the singular priority across the wider public sector and the Trust was focusing on delivering the best level of service with the resources available. He stressed that there was no room for complacency. To put this into context he noted the recent reduction in bed capacity at York and Bridlington to ensure that other areas of the hospitals were safely staffed.

17/083 Finance and Performance Committee

Mr Keaney stated that the Committee had welcomed Mrs Scott to the meeting in her new role as Chief Operating Officer. He asked Mrs Scott to provide an overview of performance stating that the Committee remained assured that patient safety remains a priority for the Trust and was also reassured by the full review of the Return to Operating Standards which is taking place. Mr Keaney stated that the financial position had deteriorated and there was a £15.1m adverse variance from plan with a deficit of £17.6m which was in part due to the loss of the STF and the CCGs paying the Trust in 12th and not 10th as previously planned due to a decision taken nationally by NHSE.

Mrs Scott stated that staff were working incredibly hard to try to maintain performance; however, the Trust was underperforming in a number of key areas. Mrs Scott stated that the Trust had achieved the quarter one ECS target of 90.5%, but confirmed that the target could not be achieved at the end of quarter two. Mrs Scott stated that the Return to Operating Standards were being reviewed to assess which actions were having an impact and to identify priority areas including flow management and timely discharges.

Mrs Scott stated that there were challenges in relation to achieving the 14 day fast track cancer target, which was at 80.7% in July. The 62 day wait from GP cancer referral to 1st treatment GP was at 82.4% and the 62 day 1st treatment screening was at 86.8%. The referral to treatment standard was at 87.5% in August and it was unlikely that the planned return to the national standard of 92% will be achieved for October. Mrs Scott stated that

the specialities under pressure have been asked to provide action plans to address the issues.

Mrs Adams expressed concern with the delayed transfers of care (DTOC). Mrs Scott stated that the CCGs and Local Authority (LA) had been asked to sign up to a trajectory of 3.5%. She noted that DTOC varies greatly across the country, but the LA did feel that this trajectory was unrealistic. She noted the DTOC issue remains unresolved nationally and locally.

Ms Raper asked if there was a timetable for the work on the senior nurse leadership to come through the Workforce and Organisational Development Committee. Mrs Geary stated that there was a paper going to Corporate Directors next week and then it would go to the most appropriate Board Committee.

The Board discussed DNA rates and the use of electronic communications and Mrs Scott stated that as well as text reminders about appointments, staff were also trying to get patients to book follow up appointments before they leave the department so that a suitable date is secured.

Mr Keaney was concerned that winter pressures coupled with the financial pressures, would require massive efforts from everyone.

In his financial report, Mr Bertram outlined the reasons for the adverse variance to budget, which included non-achievement of the STP funding of £3.4m, the CIP being behind plan as well as the Trust being £3.3m ahead of plan on pay costs as a result of agency spend. Mr Bertram noted that the annual spend for agency is likely to be in the region of £21m to £22m against a target of £17.2m. Mr Bertram stated his intention to amend the finance report format as some items of income, such as high cost drugs, may be masking under recovery in other areas. Mr Bertram stated that the Trust continues to improve the speed of diagnosis and management of patients through the organisation, resulting in shorter lengths of stay and therefore a reduction in income.

Mr Bertram stated that the Board is fully aware of the draft Financial Recovery Plan which will be submitted to NHSI tomorrow. The plan has been discussed with the clinical directorates, Executive Board and Corporate Directors.

Mr Bertram highlighted the gap opening up around income and expenditure and stated that the plan was about trying to close that gap. Mr Bertram drew the Board's attention to page 48 which summarised the various forecasts and stated that if all the actions in the plan are successful, this will still result in deficit of £25m. Mr Bertram noted that the Trust is due to meet with NHSI shortly to discuss the plan.

Mr Bertram also highlighted the performance of the wider health economy in quarter one which showed 117 acute trusts in deficit out of a total of 135. The national deficit for quarter one was £839m.

Mr Bertram stated that the Trust will run out of cash in November and has formally requested entry into the distressed cash regime. Mr Bertram will provide more detail at the next meeting. He noted that a number of Trusts are already in the distressed cash regime.

Mr Keaney asked if anything was being done nationally about recruitment which is one of the main pressures on the Trust and he also asked which capital schemes the Trust would be looking to defer.

Mrs Geary stated that there are approximately 44,000 registered nurse vacancies across the country with 4,000 of those in the Yorkshire and Humber area. Mrs Geary stated that a number of new roles are being developed some of which will be regulated like the nursing associate role. However, she stressed that the position may deteriorate further going forward.

Dr Smith stated that it was a complex picture and that the Trust had in place a number of workforce plans, but he noted that a lot of areas were struggling to recruit both specialist and general clinicians. Dr Smith stated that nationally the conversations are about how the same service can be provided in a different way, like the use of the ACP role.

Mr Proctor stated that there has been a bid nationally to increase medical student places, but this will take about 10 years before it helps the position. He noted that stopping the bursary for nurses had just stopped some people applying, but he felt that there would still be adequate numbers applying for nursing places. He stressed the importance of the Trust establishing programmes with locally sited universities. He also noted that although there would be problems with staff numbers going forward, it compelled organisations to be more creative. However, he did stress that it will be a number of years before Trusts feel the impact of these initiatives. Mrs Geary stated that the opportunities going forward would be in relation to skill mix and the use of the non-registered workforce.

Ms Raper asked if there was any danger that the Trust's request to join the distressed cash regime would be refused. Mr Bertram stated that no other organisation had been refused previously.

Mrs Adams asked about communication with the regulators and Mr Bertram responded that there was a really disciplined reporting cycle together with routine quarterly review meetings, although these will increase in number. Mr Bertram also noted that the regulators are now receiving the draft Finance and Performance Committee minutes.

Mr Bertram stated that there was a very structured process for revising the forecast plan that was detailed on page 43 of the pack, which was pivotal on confirmation that the Trust

had exhausted all the options to recover the financial position, and currently Mr Bertram did not feel that the Trust was at that point. The Board agreed.

Mr Golding stated that there were various elements to the capital plan including depreciation, loan funding and the charity. With respect to the depreciation element this was pressured due to service improvements and the backlog maintenance which needed to be managed to ensure safety. In relation to the charitable funds, the monies raised can be spent and if more is raised it can be used for service improvement projects. It was noted that regional capital funding arrangements are being linked through STPs.

Action: Capital Plan to be further discussed at the November Finance & Performance Meeting

17/084 Winter Plan Update

Mrs Scott stated that the Winter Plan has been refreshed and the draft submitted last Friday as part of a whole system approach. She noted that there were nine key standards, four of which were for acute Trusts. One of the standards was around having a bed occupancy of 92% which would be a significant challenge. Mrs Scott stated that this was about collective management across the patch especially when all the partners are financially constrained. She highlighted that workforce was also a challenge for the Local Authority which meant there was less ability to be flexible with the bed base. Mrs Scott also highlighted the risks around flu this year.

Action: Mrs Scott stated a paper would come to the Board in October with the final version of the winter plan.

Mr Sweet asked if GPs were in a position to provide a service over the Christmas and New Year break. Mrs Scott stated that she was not sure that would be possible, but that primary care were being given targets around extending opening hours and this was being looked at collectively in some areas.

Ms Raper asked whether the Winter Plan would be ready to circulate to the Board Committees who would be meeting on the 17 October. Mrs Scott stated that it may be that a draft was submitted as lots of elements were still in discussion.

Mrs Adams was concerned about the lack of escalation areas and the availability of GP beds. Mrs Scott stated that work was required to reduce the number of delayed transfers of care and stranded patients especially as the Trust could not rely on additional bed base. There would also be focus on the front door and assessment areas as well as managing patients in a different care setting.

Prof. Willcocks commended the shift to community care which overlapped with the focus of the Out of Hospital Care Report and that it would be good to see the recommendations from the stranded patient survey systematically worked through.

17/085 Emergency Planning Report and Annual Self-Assessment Against the Core Standards

Ms Symington welcomed Mr Hindmarsh to the Board.

Mr Hindmarsh provided an overview of the self-assessment that was required for NHSE. His report detailed the submission and the work which had been progressed over the previous year. He noted the partial level of compliance and the request for a NED to be appointed to provide a link with emergency planning.

Action: Identify an NED to act as emergency planning link.

Mr Hindmarsh highlighted the recent terror incidents in the UK and advised the Board that a full live exercise was being planned for July next year: he stressed that this was a significant undertaking. He noted that Trust has been rated in relation to Chemical, Biological, Radiological, Nuclear (CBRN) as 'prepared' by the Yorkshire Ambulance Service and were commended for the work carried out, which is a major step forward from the last inspection. Mr Hindmarsh stated that there has also been a focus on business continuity with all of the plans being refreshed and spot checks/audits being carried out.

Mr Crowley highlighted that the Trust were commended by the CQC following their unannounced visit for maintaining a service despite a significant hardware failure occurring.

Mr Keaney asked Mr Hindmarsh if he thought the Trust would be ready to respond to an incident such as the Manchester atrocity. Mr Hindmarsh stated that work had been carried out with all of the clinical teams and he noted that there would also be a regional response to such an event as casualties would be moved around within the trauma network. He noted that the Trust was also lucky to have the Lead Clinician for the Trauma Network, Phil Dickinson, working at the Trust in our Scarborough Hospital.

Mrs McAleese asked Mr Hindmarsh what would be at the top of his worry list and he noted that it would be resilience of the on-call system, but that the live exercise learning would help with this.

Mrs Adams asked about the ED protocols. Mr Smith stated that he had recently been to the national debrief following the attacks in London. He noted that most Trusts would not be used to dealing with blast injuries, however, most hospitals are told what casualties they are going to receive which is co-ordinated outside of the Trust. He also stressed that if something liked this happened in Scarborough, the casualties would all need to go to

Scarborough in the first instance due to distances to other hospitals. It was noted that the action cards are site specific.

Dr Smith stated that the live exercise planning is complex and this is why it has been planned for next year.

Action: The Board were assured by the planning in progress and approved the submission.

17/086 Out of Hospital Care Quarterly Report

Mrs Scott provided an overview of the three key areas from the report. The first being the Stranded Patient Review in York which shone a light on this issue and a Stranded Patient Review would now be carried out in Scarborough. The second area was the current focus on patient flow in the organisation, together with a review of all the initiatives currently in place, in order to understand the issues leading to overload. She noted that some areas had embraced the various initiatives and others were struggling, but the priority is having a collective look to provide a consistency of message and approach. The third was about the CQC review of the system at the end of October. Mrs Scott stated that partners had begun to have positive discussions which had validated the complex discharge group work that was being done.

Mr Crowley stated that the work on initiatives would be about refreshing priorities and how the Trust organised itself as some confusion had developed over time.

Prof. Willcocks stated that this was a very helpful report especially regarding the review of out of hospital services and the new roles which were demanded by the different way of working. Mrs Scott stated that it was a struggle to recruit community nurses so that the current model was unsustainable. The review had begun to describe the tasks/interventions and holistic approach to care, together with the skill mix which might be required. This had been shared with GP colleagues and would start to be implemented, but the challenge would be the pace of change required.

17/087 Quality and Safety Performance Committee

Mrs Adams stated that the Committee had received the regular reports and also been asked by the Audit Committee to seek assurance on the impact to patient safety from the Financial Recovery Plan. Mrs Adams stated that after discussing the plan with those present, the committee had no immediate concerns and Mrs Geary agreed with this.

Mrs Adams stated a general concern that there is a risk of staff becoming overwhelmed by the number of initiatives and campaigns being introduced.

Mrs Geary provided the key headlines around nurse staffing, stating that Scarborough was in a worse position than York due to the size of the site and the number of vacancies. Beds have been temporarily closed to ensure patient safety and this includes Waters Ward at Bridlington. Mrs Geary reassured the board that there are a number of roles and initiatives being developed, including the associate practitioner role, which will in time, improve the position. She highlighted that the vast majority of areas had a 100% fill rate in relation to care hours per patient per day, but this can be due to agency usage. Mrs Geary stated that the Trust has had to go off framework in relation to agency, and this demonstrates the trusts commitment to patient safety.

Mrs Adams noted that the falls and pressure ulcer reports had provided a high level of assurance and that the Committee had noted no lapses of care in four of the maternity incidents with a further four reports outstanding.

Mr Smith stated that the mortality review process was going well and becoming a regular part of Trust business. He noted that learning is being teased out and it is very interesting when groups of clinicians get together and feed into the discussions as there can be many different perspectives. Mr Smith stated that the discussions were also feeding into SI investigations more consistently. Mr Smith stated that there was still more training required and he noted that some directorates were still failing to report on mortality which had been brought up at the Patient Safety Group.

Mr Smith stated that the SI process had seen a general significant improvement following the additional training provided by Adrian Evans and there was greater patient/carer input. He noted that sometimes it appears that some SIs are repeated, but he stressed that there are often very complex reasons behind SIs and that each took the Trust on a learning journey.

Mrs Adams stated that record keeping was often a repeated theme and Mr Smith stated that the Trust was in a difficult position as it was still using both paper and electronic records. He noted that a single assessment document was being drafted for electronic use and this would fit with the electronic prescribing and medicines administration system (EPMA).

Mr Smith stated that although the Trust was not quite hitting the sepsis CQUIN, there had been some significant reduction in the use of some of the high risk antibiotics.

17/088 Environment and Estate Committee

Mr Sweet stated that in line with the other Board Committees, the Environment and Estates Committee discusses the BAF as a standing item, but in order to provide a more evidence based approach it has explored the scoring on the privacy and dignity element. The Committee agreed to use the PLACE scoring in the first instance, but will also look at

the national inpatient survey data which could be used a further source. The Committee will also be looking at gaps in assurance following the request from the Audit Committee.

Mr Sweet stated that the PLACE results for this year have been published and these appear to be disappointing in some respects. The Committee will go through these next week before bringing them to the Board in October.

Action: PLACE Report to come to Board in October.

Mr Sweet highlighted that the Committee has produced an annual report which it will continue to build on in the coming years.

Mr Sweet stated that the Committee had received the Health and Safety Annual Report which included fire and non-clinical risk. He noted that the report should state that there was the same number of RIDDOR reports as last year, but that there were more cases of violence and aggression.

Mr Sweet advised that NHS Protect had been decommissioned in April of this year with nothing to replace it. NHS Protect was there to protect NHS staff and resources from crime. Therefore, the Local Security Management Specialists in the Trust have committed to developing an NHS security managers meeting for the Yorkshire and Humber region.

The Trust has been deemed a low fire risk in relation to cladding following the extensive work carried out across the country after the tower block fire in London. Mr Sweet stated that the Committee will have a separate fire agenda as a standing item due to the current level of national interest.

Mr Sweet stated that the Committee has reviewed the Out of Hospital Care Report and highlighted the useful update around the York Care Collaborative together with possible site developments around a Wellbeing and Health Campus which could be developed at York and the collaborative work in Easingwold. Mr Crowley noted that the Easingwold development would be in conjunction with the Council. He stressed the importance of continuing to plan with ambition even in the current economic climate.

Mr Golding noted that the Trust has continued to provide a fire safety certificate as best practice However, in light of the increased fire risk profile following the London incident, this looks like it will once again be a requirement. Fire training continues to have a strong focus in the Trust as evidenced by the training numbers.

Mr Golding stated that the two contracts to replace the fire alarm systems at York and Scarborough have been awarded.

17/089 Workforce and Organisational Development Committee

Ms Raper stated that two meetings had been held in September, one being an informal time out 'summer special' which had solely looked at the workforce section of the Trust's monthly information pack in order to ensure the appropriate level of granularity was available. Ms Raper stated that a special meeting would also be held in December to look at people development. Ms Raper stated that the Committee had staff recruitment and retention concerns and detailed conversations were held to seek assurance. The Committee was advised of a number of areas being progressed including on-boarding, agency spend, apprenticeships and sickness and Ms Raper shared some of the factors involved in each area.

Mr Golding stated that the Trust will need about 200 apprenticeships in place which equates to 2.3% of the Trust's workforce. Currently there are 27 starting next month. He stressed the need to develop the positions in order to access the available funding. Mr Golding also highlighted the need to work with organisations such as Coventry University.

The HYMS End of Placement Survey Report was highlighted to the Board which evidenced student satisfaction rates. Mr Proctor stated that as mentioned previously at the Board, if HYMS were to benefit from more students, then having students from around the Trust geographical area could mean doctors were more likely to want to stay with the Trust once qualified.

Ms Symington noted that efforts put into managing absence were important. Mr Crowley stated that work on sickness rates had previously brought them down by two percentage points and that it was about understanding the underlying reasons behind the rates. The Board discussed a number of things which may incentivise staff. It was noted that any savings from initiatives in the current climate would have to go towards helping to reduce pressure on the deficit. Mr Crowley was wary of incentives to try to stop staff taking sick days as this can mean staff attend work feeling unwell.

17/090 Freedom to Speak Up/Safer Working Guarding Report

Ms Symington welcomed Ms Smith to the meeting.

Ms Smith highlighted the key elements of the Guardian of Safe Working Report stating that nearly all the junior doctors have or are about to transition to the new contract. Ms Smith continues to work to engage the junior doctors although this is a challenge and remains an issue nationally. Ms Smith advised that only 28 of the Educational Supervisors in the Trust have undertaken the HEE training which is poor and the junior doctors are pushing for this training to become mandatory.

Ms Smith stated that she had received 119 reports, the majority of which are about hours and rest. The report highlights one fine to date emanating from Elderly Medicine in York,

but she notified the Board that since writing the report another fine has occurred from Surgery in Scarborough. She highlighted the positive feedback from Chestnut ward and the positive feedback from the survey.

Ms Smith provided an overview of the Freedom to Speak Up Report which included the first national benchmarking data. This showed that only two Trusts had higher reporting levels than the Trust, there were no anonymous reports received at this Trust, but that the Trust did have a higher instance of bullying and harassment reports.

Ms Smith noted that she is currently working with both HR and OD on an Engagement and Leadership Strategy which links to culture in the organisation and promotes the Developing People – Improving Care national work. Mr Crowley stated that this work also links to the refresh of the Personal Responsibility Framework and will provide clarity of what is expected both individually and from line managers. He noted that it was about bringing all the threads together to provide a common theme that will also include the role of the Fairness Champions which will be a positive asset.

Ms Smith stated that an audit of raising concerns and whistleblowing had taken place which provided significant assurance.

Ms Raper stated that this work would join together a number of elements and asked if it could come through the Workforce and Organisation Development Committee. Mr Crowley stated that most of the elements were already in place and that it was about bringing the metrics together. He noted that a draft should be ready around Christmas time.

Mrs McAleese stated that this was a good news story, but she remained concerned about the statistics which suggest there are a considerable number of staff who do not feel that their concern has been addressed. Ms Smith stated that this was about staff perception and it was often that they did not get the outcome they wanted. She stressed that she does not close contacts without an outcome.

Prof. Willcocks stated that the Fairness Forum were also interested in this work. She also thought it would be useful to have a report which looked at the data from the first year to try to pull all the issues/trends together.

Mrs Adams stated that she was pleased to hear that feedback would be link to work to change the culture. Ms Smith stated that work was progressing to look at the policies and procedures from a staff perspective as it was felt that they were very much pro-management in their current format and it was about giving managers the skills to be flexible. Mr Crowley stated that managers were often dealing with complex issues and took guidance as absolute. The move would provide them with more information about how to apply guidance and also provide that flexibility.

Mr Crowley stated that what was pleasing was that he was aware of all the issues which Ms Smith raised with him, and that it had taken some of the work off his desk especially the work around policies and procedures.

17/091 Any other Business

Charitable Funds – Ms Raper stated that she had recently met with a couple who had made a large donation to the charity. She expressed her gratitude to the couple and all those who donate funds as it had made some significant equipment purchases possible.

BAF Alignment – Ms Symington asked for comments especially from the financial context and Mr Bertram noted that the BAF scoring continues to reflect the discussions at Board in light of the wording used.

Reflection on the meeting – Ms Symington noted it was a long meeting and should include a break and she may look at changing the room layout. Ms Raper noted the new format of the board papers and suggested that this may have lost some of the linkage to the BAF and risk register which had been useful.

17/092 Date and Time of next meeting

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

Outstanding actions from previous minutes

Minute No. and month	Action	Responsible Officer	Due date
17/012	Parity of other staff groups with junior doctors in relation to exception reporting criteria (20 mins) to be added to the work programme.	Mrs Provins	Review Jan 2018
17/025	Provision of a paper on isolation facilities	Mr Golding	May 2017 Sept 2017 Nov 2017
17/083	Further discussion of Capital Plan to be held at the November Finance and Performance Committee	Mr Golding	Nov 2017
17/054	Mrs Rushbrook to provide an Action Plan to cover 12 to 18 months of the IT Strategy.	Mrs Rushbrook	Aug 2017 Oct 2017

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Chief Executive's Overview

Recommendation

For information ☒
For discussion ☒
For assurance ☐
For approval ☐
A regulatory requirement ☐

Current approval route of report

This report was drafted for the Board of Directors.

Purpose of report

This report provides an overview from the Chief Executive.

Key points for discussion

There are no specific points to raise.

Trust Ambitions and Board Assurance Framework (https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

☒ **Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
☒ **Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
☒ **People and Capability** - The quality of our services is wholly dependent on our teams of staff.
☒ **Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

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

Version number: 1

Author: Patrick Crowley, Chief Executive

Executive sponsor: Patrick Crowley, Chief Executive

Date: November 2017

1. Chief Executive's Overview

As we have discussed at recent Board meetings, the NHS continues to struggle financially at a local and national level, and as a Trust we reported a significant financial deficit at the half-way point of the financial year.

The scale of the problem is the worst this Trust has ever faced, however we have a history of strong financial performance, in particular in our delivery of our efficiency requirements, and we should take comfort in our ability to engage staff in making an individual and collective contribution to this.

Staff from across the organisation have collaborated to develop our financial recovery plan, which is being implemented, and along with the Director of Finance and other Board colleagues I have been actively briefing staff through all of our operational meetings and our established internal communications routes to ensure that the messages around finance and performance are shared and understood.

The key message is that it is essential that we arrest the deterioration of our finances, and in order to do this it has to feel different for everyone in the organisation. If we continue to do the same as we have always done, the situation will not change. We need everyone to work with us, no one can assume it is someone else's responsibility. The only way we can protect our ability to make choices, particularly around investments and future developments, is to be in control of our resources.

We are starting to see early signs of improvement in our projected deficit position, as we shall hear further as part of our Board agenda, but the situation remains precarious and we cannot take any improvement for granted.

We continue to work closely with our regulator NHS Improvement and last week I, along with our Director of Finance, Chair, and the Chair of the Finance and Performance Committee met with members of NHSI's finance team. We will update Board members as to the outcome of this meeting in due course.

I have re-stated to all staff through my briefing that how you choose to spend your time at work is the biggest contribution you can make. Our basic principle must be to make sure every minute of time and every penny spent on behalf of the organisation counts towards doing the best for our patients. This really is everyone's job.

This is all the more important as we approach winter, and there has inevitably been some national media coverage about the ability of health and social care services to cope. We have now finalised our winter plans in partnership with local authorities and CCGs, with significant emphasis on increased investment in out of hospital care to alleviate some of the pressure on our acute sites.

Providing care for the most urgently sick people is our core purpose and everyone contributes to this either directly or indirectly in their role. Each and every one of us works in this organisation for one reason only, and it is together to provide the very best healthcare we can.

This has been illustrated perfectly in recent weeks, when, faced with a drop in our performance against the four hour target, we have reasserted ourselves and are now seeing performance that is vastly improved. This is despite the evident recruitment issues we face, and which continue to be our biggest risk.

This is as a result of everyone's attention to detail, particularly around early assessment, appropriate diagnosis and where necessary admission. It is dependent on ensuring we have the appropriate flow of patients through the system, and we must all focus on only keeping people in hospital when absolutely necessary.

We have been subject to a number of CQC assessments in recent months, and whilst we do not expect to have the formal reports until the new year, we have received some early feedback where they clearly saw and heard from all staff that patient safety is first and foremost in their thoughts and actions, and they see this as a credit to the organisation.

Our improving performance against the emergency care standard demonstrates this, and shows that by focusing on every detail, not just around their specific treatment but also on how patients are managed throughout their time with us, we can keep patients safer. This should be at the core of our professional purpose, and this really is living up to our values.

Whilst the recovery plan and its delivery are rightly at the forefront of everyone's minds, it is still important that we do not lose sight of our overall strategy or longer term ambitions.

Earlier this month we held a strategy time out as part of our planning cycle, bringing together the clinical leadership and senior management of our organisation to contribute to the strategic planning round for this year.

At this event we heard from our local STP leaders and the NHS Improvement Productivity Team leadership to support formulation of plans, not only connected to our STP where appropriate, but also focused with our regulators on our internal productivity. This is closely linked to the recent visit to the Trust by Lord Carter, and there is more on this below.

We are at a pivotal stage in our strategic development, as we are now five years post-merger. The context we are working in today is very different to that which we faced in the lead-up to the merger, and far more challenging than the worst-case scenario we were able to envisage at that time. There is no indication that there will be any improvement to the financial constraints we are working with, and whilst I welcome the increased NHS funding announced in the budget, it is likely to come with conditions attached, and we must assume it will not be relief package. All of this means that we need to continue to consolidate, develop and change. The event therefore presented the opportunity to further develop our clinical strategy, and to frame the principles and values that shape and constrain our service developments.

2. Lord Carter Visit

We were privileged to host a visit from Lord Carter of Coles last month. Lord Carter's 2015 report into how large-scale savings could be made in the NHS has been the driving force behind much of the NHS's efficiency programme, and the visit gave us the opportunity to share first hand some of the work we have been doing.

As part of our discussions with NHS Improvement regarding our recovery plan, we have been offered help and support from NHSI's Operational Productivity Team, and have begun working with them. The expectation is that this will be a two-way process, as this is the first time the team has worked with a Trust in developing and shaping their support package, giving us the chance to work with NHSI as a critical friend during our financial recovery process and helping to shape their national support package.

The five areas identified for the first phase of this work are trauma and orthopaedics, cardiology, radiology, procurement and estates rationalisation, and the exploratory work on this has already begun. Linked to this work, Lord Carter is interested in helping us to develop a service and estate strategy for the East Coast.

The developing debate with Lord Carter and NHSI's Productivity Team will continue in the session we have planned as part of today's Board meeting, both of whom will be attending.

It is positive for us that the work we are doing here is being given such a high profile, and a consequence of this is that we have been put in contact with Tim Briggs, the national lead for the Getting it Right First Time programme. Tim will also be joining our Board session as we consider how we embrace this work and its importance to us.

3. Scarborough and Ryedale Community Services

It has been announced that Scarborough and Ryedale Clinical Commissioning Group has awarded preferred provider status to Humber NHS Foundation Trust for the new community services contract in Scarborough and Ryedale from April 2018.

We will be working with Humber, who currently provide community services in Whitby and Pocklington, over the next four months to ensure that we transfer services safely and effectively. All staff involved have been informed of the outcome of the tender process and they will have an opportunity to meet with the Humber team in the near future.

4. Outpatient Clinic Activity – Whitby Hospital

Following a review of our clinical activities at Whitby Hospital, we have taken the decision to withdraw from providing outpatient sessions at the site.

To continue providing outpatient sessions is not be financially viable for the Trust and leaves us no choice but to withdraw.

We have formally given notice to Hambleton, Richmondshire and Whitby CCG, with services due to end on 20 May 2018.

This decision has not been taken lightly and we will work closely and cooperatively with any successor provider organisation to ensure a smooth transition. The CCG will now consider their options in terms of potential future provision, and we will keep the Board updated during the next six months.

5. Recruitment Campaign

As you may have seen in updates that have gone out to staff, we are at the start of developing a more coherent recruitment marketing strategy for the organisation. We are working with an agency who are experts in recruitment marketing and employer branding, and they are starting the process with a series of focus groups with a wide range of staff to better understand our organisation and the benefits of choosing us as a place to work.

6. Celebration of Achievement

Finally, it was a great pleasure to be joined by almost 300 staff at our annual Celebration of Achievement Awards in Bridlington last month. I have been asked whether such an event can be justified in the current financial climate, when we are asking staff to scrutinise any and all discretionary expenditure, no matter how small. This is a fair question, and the decision is not one that is taken without thought. We were fortunate that a significant proportion of this year's event was funded through generous sponsorship from a number of our suppliers and our staff benefits fund, minimizing the costs to the Trust, however our aim is for this event to be entirely funded through sponsorship in future years, and the costs are closely monitored. However, for me, it is precisely because of the pressures our staff are under that it is all the more important that we do not lose sight of reward and recognition, and that we take the time to celebrate all of the things we do well, which is why I introduced these awards when I became Chief Executive. The value to those individuals who receive a nomination in terms of pride and morale cannot be overstated, and continuing to celebrate this no matter how difficult the circumstances is, to me, at the heart of our values.

York Teaching Hospital
NHS Foundation Trust

Board Assurance Framework – At a glance.

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

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

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Finance & Performance Committee Minutes – 21 November 2017

Attendance: Mike Keaney Chairman, Mike Sweet, Andrew Bertram, Wendy Scott, Steve Kitching, Lynette Smith, Gordon Cooney, Graham Lamb, Sarah Barrow, Neil Wilson, Joanne Best

Apologies for Absence
Lynda Provins

Minutes of the meeting held on the 17 October 2017

The minutes of the meeting held on 17 October 2017 were agreed as an accurate record subject to the following amendments:-

Page 7, last sentence and paragraph in Cancer Section should read "Discussions are ongoing through directorates about the classification and management of patients suspected of having cancer and are being actively monitored"

Page 7, the last sentence in the second paragraph in the Planned Care section should read "She noted that a Planned Care Board is being established…"

Matters arising from the minutes

AB told stated that the application for distressed cash supported by NHSI had been agreed by the Secretary of State and that an interest rate of 1½% had been agreed. The loan is to support the recovery plan and the low rate was achieved due to the Trust's compliance with agreement to the control total and development of a recovery plan.

MS asked if the Directorate monitoring process for the classification and management of patients suspected of having Cancer had commenced. LS replied that it had.

In relation to a question from MK concerning the winter plan and likely impact on finances and potential risks to safety WS replied that both Vale of York and Scarborough CCG's had signed up to it. AB indicated that the plan to cut back on Orthopaedic inpatient activity was being mitigated by an increased focus on day case activity. Ward 29 would be used as a potential escalation facility.

In relation to bed capacity issues WS indicated that ward 15 would house an enlarged 'Going Home Ward' into which the activities of the Discharge Lounge would be integrated to ensure there was the biggest possible impact on discharge.

It will have trolleys to accommodate patients requirements and will be closed every night allowing patients ready for discharge to be moved in early each day, therefore freeing up beds for new admissions.

The vacated discharge lounge area would become an integrated Discharge Hub staffed by Trust and Social Services personnel.

Emergency Care Standard Delivery

LS stated that there had been significant movement against the planned Trajectory for October with an achievement 86.59% against the planned STF trajectory of 91%, this being an overall improvement on the corresponding figure last year. There was a significant in-month turnaround from 79.25% for the first full week rising to 91.08% for the final full week.

LS added that there was a chance that the STF trajectory for November could be achieved. If achieved this would be a credit to everyone involved with the delivery.

LS stated that adherence to the four hour protocol remains a core focus and suggested that there had been a significant improvement following internal changes around leadership roles and the introduction of the concept of a manager of the day to improve overall flow.

There were still challenges to be addressed in relation to ED staffing overnight which were currently been taken forward.

WS stated that the weekly meeting analysing breaches in each specialty were now able to do more in depth review which allowed the causes of individual cases to be explored in detail. This had focused attention on actions to be taken and underlying themes which could be addressed which had been beneficial.

It was noted that the recent performance at Scarborough Hospital had been good..

MK expressed concerned about the level of lost bed days because of an increased rate of acute delayed transfers of care.

WS stated that in response to this trend both local authorities had committed to achieve the local detox target and City of York council were now providing a seven day Social Work Cover Service which involved accepting reablement referrals at weekends.

It was confirmed that this is being supported by the new Integrated Discharge Hub which will enable the length of stay of more complex patients to be targeted. Staffing support from both councils had been increased and the overall complement now included two Continuing Health Care Practitioners.

WS also indicated that the enlarged discharge facility on ward 15 is a way of moving patients out of beds when discharge is planned as early as possible each day. The Going Home Ward will close at the end of each day leaving 15 beds empty each morning for discharge.

LS stated that there had been an increase in numbers of Ambulance Handovers over 15 minutes in October although it was noted that the way in which this is reported has changed. It was also stated that there had been an increase of 12% in the number of

Ambulances arriving at ED during October. WS reported that the A and E Delivery Board had discussed this trend and had encouraged YAS to develop a diversionary process.

In response to a question from MS on GP arrivals, LS replied that analysis had been carried out and although there were peaks in the afternoon and early evening it was not as pronounced as expected and may be due more to the timeframe for routine patient transport than timing of GP referrals..

LS highlighted the review and relaunch of the SAFER process with a clear focus on discharge planning and earlier discharges. WS stated that this was having a noticeable impact with an increased number patients being discharged by midday and using the Discharge Lounge since the start of the initiative.

WS emphasised that it was important to get people home from hospital as soon as possible, and that to support this Jamie Todd, Directorate Manager for Elderly Medicine had had his portfolio extended and was now responsible for the Bed Managers and Flow Practitioners on the York site with Tracey Wright responsible for the same staff on the Scarborough site. She stated that she is open to trying different ways to improve the service.

LS reported that there had been two 12 hour trolley waits, the circumstances of which were being explored further.

Cancer

LS reported that the Trust had met 5 out of 7 of its targets for September and 5 out of 7 of the targets for Quarter 2 (reported a month in arrears).

Performance was under expected levels 14 day fast track referrals and the 62 day wait at 83% against an expected 93%.

LS stated that fast Dermatology continues to account for the high numbers of breaches of fast track breaches. Recovery work continues with a new model of service in Malton commencing from November 2017. Performance had slightly improved with a greater number of patients being treated on a monthly basis (although the number of referrals had risen correspondingly).

Included in the Dermatology breaches were 2 children, who should be seen within 1 week of referral. Action has now been taken to ensure that all children who are referred to dermatology are flagged on the weekly PTL, a review of all children's performance is underway.

It was noted that of the non skin breaches, 61.5% were due to patient choice or patient cancellations and that the Trust is working with CCG's to address this issue through an education campaign including use of text messages.

LS reported that there had been deterioration in the level of 62 day performance across a range of specialties due to complex diagnostics and capacity constraints. It was the case that one third of patients who breached in September had been waiting over 104 days prior to treatment and that a detailed clinical harm review would be reported on each.

It was noted that five of these were Head and Neck patients where the delay was attributed to a lack of elective capacity. Site specific improvement plans were being developed and reported to the Cancer Board.

LS reported that there had been a change to the Oncology service provision on the East Coast with patients requiring Urological or Upper GI cancers receiving first treatment at Hull.

Discussions were being held with Hull to discuss ongoing diagnostic capacity challenges and 62 day patient pathway management.

Planned Care

LS stated that the RTT performance for October is 87.4% which is 4.6% off trajectory and therefor the expected return to planned performance by the end of October was not achieved. However, it was noted that performance did improve by 0.5% compared to September 2017.

LS reported that a new Planned Care Transformation Board was in the process of being set up looking at more effective demand management and theatre and outpatient productivity.

In response to a question from MK on theatre list utilisation, LS stated that the total number of theatre lists had been 19% lower than the lists identified in the service level agreements to meet planned demand in the current year. This may have been due to Consultant unavailability, bank holiday impact and a lack of access to beds which had resulted in a loss of income and an admitted patient backlog.

GC indicated that he was working closely with the Theatre utilisation Group who were measuring slot utilisation and list cancellations. It was the case that performance was improving on list time starts and proactive management of job plans in relation to annual leave and backfill arrangements.

GC reported that there had been a focus on increasing the amount of overall day case work being undertaken and activity that attracted best practice activity in a drive to guarantee elective capacity and maximise income.

In response to a question from MS, GC and AB confirmed that staff had been broadly supportive and receptive to the above work.

LS stated that the Theatre work now needs to be replicated in outpatients to increase productivity. It was noted that Jenny Hey and Sue Rushbrook were meeting with Directorates to utilisation of clinics and managing follow ups, including, reviewing how best to manage follow up cases differently.

AB indicated that in a related development (shared at the recent Strategy Timeout session on Wednesday 15th November) the Trust will be working with the NHSI Productivity Team who are seeking to develop an NHS in-house productivity tool using model hospital data.

Over the next four months, work would commence with Corporate and Directorate teams looking at activities and performance in the specialties of Cardiology, Trauma and Orthopedics and Radiology as part of the Financial Recovery Plan.

Associated project work would also be undertaken in the areas of Estates Rationalisation and Procurement.

Assurance: MK stated that the theatre and outpatient utilisation work and planned NHSI project activity gave the Committee a significant level of assurance that positive steps were being taken to improve performance.

Attention to the Board: MK would be requesting WS and AB to ensure that the work was joined up and that the Board oversee the range of activities being undertaken.

LS reported that one 52 week breach had been declared in October for the sleep service and this area remains an ongoing risk for 52 week breaches along with Max-fax and Dermatology.

It was noted that access to theatres was a particular issue for Max-fax patients and that as a temporary measure a number of long wait patients were being sent to Leeds for treatment. The issue underlined the importance of theatre productivity work being undertaken and the prevention of loss of income.

LS reported that DNA rates had improved again in October following the introduction of text reminder services and concerted work across Directorates.

Diagnostic

LS stated that the diagnostic target for October 17 was not achieved with a performance of 98.2%. Primary issues were in the Echocardiography Department due to a Consultant's unplanned leave during September and issues connected to the Radiology reporting process.

CQUIN

LS stated that uptake of the flu vaccination was currently at 49% which was similar to the corresponding period time last year. It was noted that the Trust is waiting for records from GP's to be uploaded for frontline staff. This is comparable to the position this time last year. Publicity work is continuing.

It was noted that Quarter 1 was reconciled with the quarter 2reconciliation next week.

In relation to Indicator 6 (Advice and Guidance), the Trust was now required to achieve a two day turnaround for 80% of requests for General Surgery, Dermatology, ENT and Gynecology and that work was ongoing with the Directorates to achieve this.

In relation to Indicator 9 (preventing ill health by risky behaviours) a successful challenge had been made to the previous award of partial payment and full payment had now been received.

LS stated that compliance with Indicator 8a and 8b (Supporting proactive and safe discharge) has been identified as challenging and has been changed to Amber (although it is anticipated that specific initiatives should ensure achievement).

In response to a question from MS on the numbers of amber ratings and potential loss of income, LS stated that this reflected the large number of new initiatives in place to ensure achievement, the value of scheme and level of control over the actions to deliver..

Finance Report

It was noted that the last sentence on page 25 of the Report should read " In month 7, for the first time this financial year, income has been reported as above the operational expenditure line(above EBITDA).

GL stated that the rate of deterioration of the financial position had slowed further in October. It was noted that the actual reported income and expenditure deficit now stood at £20.9 m. The rate of deterioration in October was £900,000 while in September it had been £2.4m. The intention was to ensure that this downward trajectory is eventually bottomed out. It was noted that the profile of the plan assumed a year to date deficit of £1.1 m and that a current deficit of £20.9 m was being reported, indicating an adverse variance to plan of £19.8m.

Once the STF is discounted from the control total, NHSI assess the Trust as £14.5m behind the pre- STF deficit control total of £6.7m.

GL referred to the Long Term Income and Operating Expenditure Chart on page 26 of the summary report which indicated that income was now above expenditure for the first time in the current financial year.

GL stated that overall income was showing as £5.5m behind plan in October whereas in September this was £4.5m behind plan. Of the year to date, £5.3m related to lost sustainability funding. The balance of £0.2m related to shortfalls in expected income levels in non-elective care, outpatients and some areas classified as 'other'.

MS asked if there was pressure from CCG's to defer seeing and treating patients. In response, AB indicated that there was but that the Trust could do this by concentrating on activity undertaken at premium rates or outsourced in the first instance.

In relation to expenditure, GL indicated the total figure in October was £40.8m (as opposed to a figure of £40.7m in September and a peak figure of £42.4m in June) providing evidence that expenditure controls put in place were beginning to have an impact.

It was noted that pay costs were still ahead of plan due to agency costs with a total overspend position in this area at 21.8% (a small reduction from the September figure of 23%).
GL also stated that the drug spend was higher than plan, although this was almost exclusively due to pass through high cost drugs outside of normal tariff arrangements with the full additional costs being charged directly to commissioners.

Cash

GL stated that the Trust had £8.7m in cash which is £22.8m behind plan.

It was noted that NHSI had supported the Trust's application for entry into the distressed cash regime which was being drawn on from the current month.

The first fund from the 'loan' was drawn down in November with a further £5.7m to be drawn down in December. With £17.7m loan available.

AB advised the Committee that he will be presenting a further cash profile to the Board the following week to support the management of debtors / creditors as part of the Financial Recovery Plan.

MK asked if plans were in progress to break the year on year cycle in relation agency staffing. AB replied that provision would have to be made in the next financial year (through the control and savings totals) to mitigate the impact of a capped expenditure position in relation to agency staffing.

WS and AB advised that all requests for medical locums were intensely scrutinised by Corporate Directors with a programme led by the Medical Director. WS stated that there had to be some doubt about the future sustainability of services that had to rely on locum staff and that this was a particular issue for those services provided to the East Coast population area.

WS referred to the new System Transformation Board which was being established for the York and Scarborough localities. In his new role heading up System Transformation in the patch, Simon Cox would be leading work looking at opportunities to make the system sustainable in the future which would include staffing configuration arrangements for services with recruitment issues.

AB stated that there was an opportunity to look at a move away from payment by results to aligned incentive or block contracts as part of system transformation work which could encourage clinical teams to redesign care pathways for future service sustainability and move towards a more cost-based payment system.

He advised that the topic had been discussed at the recent Strategy Timeout where there had been broad support for further exploration.

Financial Recovery Plan

AB referred to Appendix 3 of the Efficiency Report which detailed progress made to date. It was acknowledged that the vast majority of the targets in the schemes presented were not currently being met. It was the case however that the overall position on income and expenditure showed progress was being made.

AB indicated that there were some savings that were being made that were challenging to measure and that some of the targets and numbers connected with the schemes would be realigned in a forthcoming meeting with NHSI which would form part of a revised report for the Board of Directors the following week.

Examples of savings that had not as yet been fully quantified included the requisition review process, the focus on day case activity and the impact of theatre and outpatient productivity schemes. AB and WS stated that these schemes could and would be tracked in terms of savings with the Planned Care Board developing the productivity and income programme with clinical Directorates.

In response to a question from MK, AB indicated that revised car parking charges for visitors had now been introduced.

Income and Expenditure Forecasting

AB referred to the Income and Expenditure Forecast on page 77 of the Patient Safety, Quality, Workforce, Finance, Research and Development and Performance Report.

AB stated the current position showed progress being made from the position in the early part of the financial year and demonstrated the impact of the Financial Recovery Plan.

AB anticipated that it would be the case that NHSI accept the progress being made but would like the position to be made even better.

The Committee reviewed the schemes not being taken forward in the Financial Recovery Plan which included a rerun of the MARS scheme(funds not available), review of IT, telephony and utility contracts(now completed) and identifying prompt payment discounts(not considered viable).

Efficiency Programme Update

SK referred to his previously circulated report which indicated a delivery position of £11.2m, which is (49%) of the £22.8m target, £3.8 m behind the NHSI plan.

It was noted that the planning gap had moved by £1.2m and that the four year planning gap was now only £4.7m.

SK indicated that the nature of the schemes in the in-year plan were changing with income schemes being gradually replaced by expenditure saving ones.

SK referred to the NHSI Productivity Team work planned with the Trust which is expected to further enhance the Trust's Efficiency Programme by putting pace behind schemes and identifying missed opportunities.

It was estimated that the impact of the Financial Recovery Plan had delivered quantifiable savings of £2.4m to date.

In response to a question from MS, SK indicated that while the planning gap was a concern he was confident that it could be bridged in year with a focus on collective working.

It was acknowledged that the presence of and joint working with the NHSI Productivity Team would act as useful spur to the impact of the Efficiency Programme.

Capital Planning

AB referred to the previously circulated paper which provided an overview of the Capital Programme.

It was the case that due natural slippage and a deferral of schemes that there was an under- commitment of capital – based finance of £200k.

Discussions were commencing with the Estates and SNS Directorates about the partial deferral of schemes to help improve the overall cash position.

There would also be a review of the start dates for approved capital schemes commencing in 2018-19.

In response to a question from MS about non depreciation based financing, AB replied that options in relation to charitable funds and residual amounts from existing scheme loans were being explored.

In response to a question from MK about revenue saving schemes, AB stated that consideration was being given to potential buy out of a longstanding pensions liability sum with both an in-year and longer term benefit.

Tender Opportunities

SB stated that at the present time there is very little to report. The Community Dental tender had been published on 23rd October but the Trust has not yet confirmed its intention to bid.

Discussions were continuing with the Head and Neck Directorate around the potential for working with current providers of this and other community dental services around the utilisation of dental chairs as an alternative option.

It was noted that the forthcoming HPV primary screening procurement process is also being investigated. The Trust was exploring options with Sheffield Teaching Hospital NHS foundation Trust and Leeds Teaching Hospital Trusts on potential collaboration should the number of Laboratories be consolidated but it was noted that this is still at a very early stage.

Mk enquired if the HPV procurement process could fit with the Cervical Screening, programme. SB replied that this was possible and that the existing contract could be extended to fit with the timescale.

WS referred to the community services contract which had been let by Scarborough by and Ryedale CCG, there had been a recent announcement that the preferred provider would be Humber NHS Foundation Trust. It was the case that further assurance would have to be provided to NHSI/E around the capability of the preferred provider in delivering the service as part of the ISAP process.

This process would be undertaken in January and it was noted that it may not be completed by April which was the intended contractual start date. This would be reviewed in consultation with the CCG along with the future provision of the inpatient bed facility at Malton Hospital.

WS informed the Committee that following internal review a decision had been taken to withdraw all outpatient services from Whitby Hospital because of financial sustainability issues. Hambleton and Richmondshire CCG and Humber Mental Health Foundation Trust had been given notice and discussions were continuing about reprovision of the services on the Scarborough site.

Business Continuity Progress

WS referred to the previously circulated report on the review of Business Continuity planning following the recent IT Cyber-attack, she reported that Andrew Hurren had lead a successful planning process coordinating the revision and development of directorate plans and was to be congratulated in progressing this significant process.

Risk register

LS added that emergency planning had been added to the risk register. The BAF was reviewed and MK proposed a review of wording on 'exceeding all national standards' and it was agreed that the wording should be changed to indicate that some as opposed to all national standards have been met. LS agreed to pick this up with LP.

Out of Hospital Care Quarterly Board Sub Committee Report

WS referred to the previously circulated report which covered a number of developments including

- Early findings from the recent CQC review of health and social care
- Proposals to develop an integrated discharge hub
- Updates on the re-provision of the Archways service, mobile working in the community and implementing SAFER in community settings

It was agreed that though there were no items requiring further explanation / presentation the Committee found the paper to be very informative and helpful and considers it to be a valuable addition to the information that they receive in support of their role.

Any other business

a. Reference cost score draft
AB explained that the Trust was reporting a draft score of 94 which was 6% below the national average and compared favorably with a number of similar size Trusts in the country.

Items for Board

Financial Recovery plan (MK)
Update on performance improvement (WS)

Time and Date of the next meeting

The next meeting is arranged for the 12th December 17 at 08.30 in the Boardroom, York Hospital

This will be a paperless meeting with brief updates given verbally.

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NHS

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Finance Report

Recommendation

For information	☒
For discussion	☒
For assurance	☐
For approval	☐
A regulatory requirement	☐

Current approval route of report

Draft prepared for the Finance & Performance Committee.

Purpose of report

To report on the financial position of the Trust.

Key points for discussion

This report details the financial position for York Teaching Hospital NHS Foundation Trust for the period ended 31 October 2017.

At the end of October the Trust is reporting an Income and Expenditure (I&E) deficit of £20.9m against a planned deficit of £1.1m for the period. The Income & Expenditure position places the Trust behind its Operational plan.

Trust Ambitions and Board Assurance Framework (https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

☒ **Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
☒ **Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
☒ **People and Capability** - The quality of our services is wholly dependent on our teams of staff.
☒ **Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

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

Version number: Version 1

Author: Graham Lamb, Deputy Finance Director & Andrew Bertram, Finance Director

Executive sponsor: Andrew Bertram, Finance Director

Date: November 2017

Briefing note from Andrew Bertram for the Finance & Performance Committee & Board of Directors Meeting - November 2017

1. Summary Reported Position for October 2017

The rate of deterioration of our financial position has slowed even further in October. Many of our recovery actions are now starting to impact although there is a long way to go and much work still to be done. It is important that we work to continue our recovery and ensure that the early indications in both September and October do in fact become established trends in subsequent months.

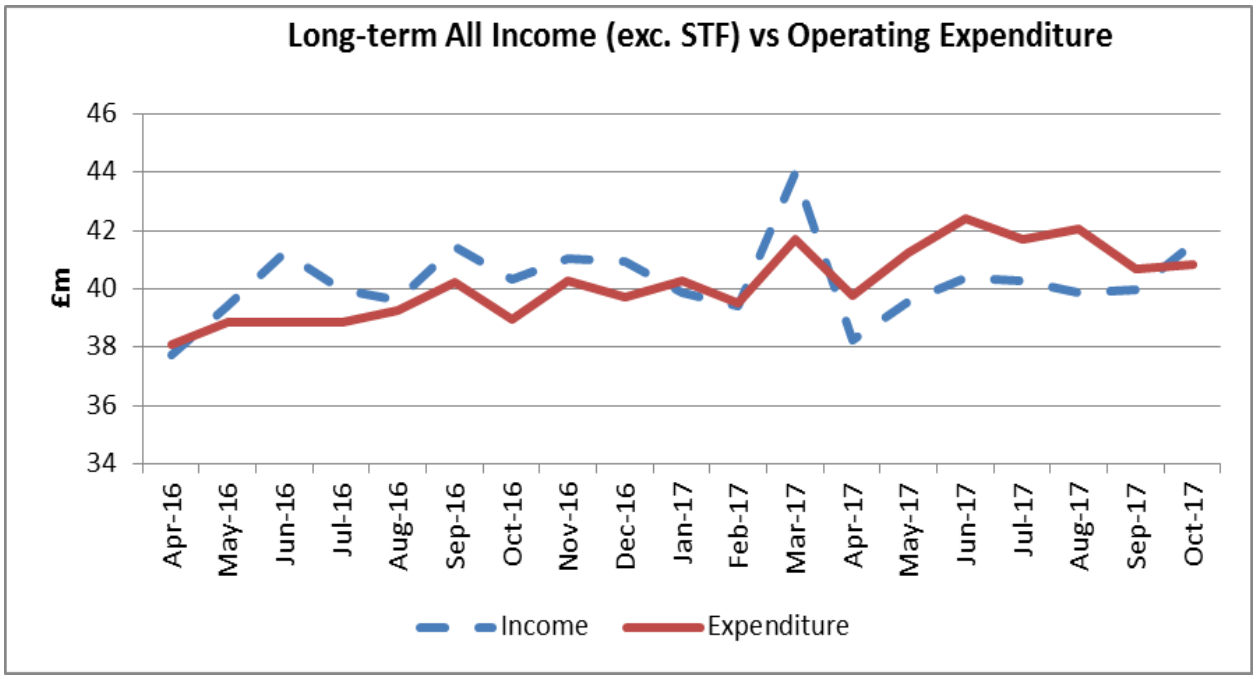
In terms of the actual reported income and expenditure deficit the position now stands at £20.9m. In September the position was £20.0m and in August it was £17.6m. During the early months a significant deficit was established but the rate of deterioration has clearly reduced.

The profile of our current plan assumed a year-to-date deficit of £1.1m and we are currently reporting a £20.9m deficit, therefore an adverse variance to plan of £19.8m. As a result we continue to lose out on our available sustainability funding and our reported position continues to exclude this.

NHSI make an assessment of our position excluding STF from our control total. NHSI assess the Trust as £14.5m adrift of a pre-STF deficit control total of £6.7m.

Whilst the gap between income and expenditure has reduced, our financial performance continues to be very worrying. Corporate Directors have prepared a financial recovery plan that is now the focus of attention. If the position can be corrected then it is possible to recover the lost sustainability funding in subsequent months should our financial control total performance be brought back on track.

The chart below looks at our long term income and operational expenditure (above the EBITDA line) trend. The chart shows income above operational expenditure for Q1, Q2 and Q3 of 2016/17 and shows the difficulty we encountered in Q4 last year with poor performance in months 10 and 11 and some degree of recovery in month 12. During 2017/18 operational expenditure is shown as routinely exceeding income. This position was expected in the early months of the year with a deficit plan but the early year indications were that the trend lines were diverging at an unplanned rate. This chart has been adjusted to exclude all sustainability funding. The chart clearly shows the continuing adverse trend but, notably, operational expenditure in September has been reduced and the gap between income and expenditure has reduced. This reduced spend level has continued into month 7 and we have seen an increase in reported income levels. In month 7, for the first time this financial year, income has been reported as above the operational expenditure line (above EBITDA).



The month 7 CIP position shows £11.2m removed from budget in full year terms against the £22.8m target. The planning gap for the year has continued to come down and stands at £3.0m. This will continue to need to be carefully monitored as we progress through the financial year. The relentless nature of the efficiency programme delivery requirements does mean that even though progress is comparable to last year the month 7 income and expenditure account is impacted by a profile shortfall of £3.8m. Clearly, if ultimately the Trust's CIP is delivered by the end of the financial year then the in-year adverse variance impact is eventually removed.

2. Income Analysis

Overall, income is showing as £5.5m behind plan in October. In September this was £4.5m, the main movement between months being in-month lost STF.

Of this year-to-date shortfall £5.3m relates to lost sustainability funding. The balance of £0.2m relates to shortfalls in expected income levels in non-elective care, outpatients and some areas classified as "other".

Excluded from tariff drug income is running ahead of plan and is compensating for most of the drug expenditure pressure of £2.9m. This income is reported under other clinical income and at this significant value is masking shortfalls in other income areas.

3. Expenditure Analysis

Operational expenditure in October totalled £40.8m (£40.7m in September). This has remained lower than average levels this year (average being £41.3m) and considerably lower than peak levels reported in June and August of £42.4m and £42.1m respectively.

Pay costs continue to cause a significant spend pressure on the Trust's financial position. At the end of month 7 the reported adverse variance stands at £4.9m. The current deteriorating trend is continuing in this area.

October has seen a continued overall reduction in our agency expenditure although Consultant expenditure has increased, compensated by a reduction in Nursing expenditure. Overall we have spent £12.3m against a plan of £10.1m, with Consultant spend exceeding plan by £1.6m and Nursing by £0.5m. The total overspend is 21.8%, showing a very small reduction in September's rate of 23%.

Drug spend has remained higher than plan but this pressure relates almost exclusively to pass through high costs drugs outside of normal tariff arrangements. In this instance the Trust recharges the full additional cost direct to commissioners and therefore this pressure is directly compensated by an over recovery of income.

4. I&E Forecasting

As the Board are aware NHSI recently met with representatives from the Executive and Non-executive team to discuss our financial position and our recovery plan. At this meeting we re-iterated the Board's commitment to take any and all action that will safely and appropriately improve our financial position. We also re-iterated the Board's continued commitment to seek to deliver our control total, notwithstanding the significant and overt risk associated with this commitment.

In discussion with NHSI, we confirmed that at Q2 we would not be seeking to revise our formal forecast. However, having shared details of our recovery plan and having agreed a support programme with NHSI we have committed to review progress towards our control total at the end of Q3 and consider our forecast outturn at that point.

As a reminder; NHSI have a very structured approach to forecasting. Should the Board wish to vary its forecast from plan then a formal submission is required. This should be discussed in advance with the regional NHSI team. The submission should include; the key drivers for the deterioration in forecast, an analysis of causes, confirmation that commissioners have been informed and opportunities for support explored, confirmation that the Trust's key clinical decision making body is aware and are signed up to recovery actions (including working capital actions and capital programme spend reductions) and a formal signed declaration is required to confirm that the Board have agreed the revision to forecast and have agreed corrective action. The request to the Board, from NHSI, in considering a revision to our forecast outturn is that before making such an adjustment the Board satisfies itself that any and all recovery actions have been exhausted. This work is clearly still active as we pursue our recovery plan actions.

In line with the position agreed by the Board last month, and NHSI's forecast change process, any formal review of our forecast outturn position will be undertaken as part of the formal review of our recovery plan delivery at the end of Q3.

5. Cash Forecasting

Our application for distressed cash was supported by NHSI and approved by the Secretary of State. During November we have drawn down the first tranche.

Finance Performance Report

November 2017

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

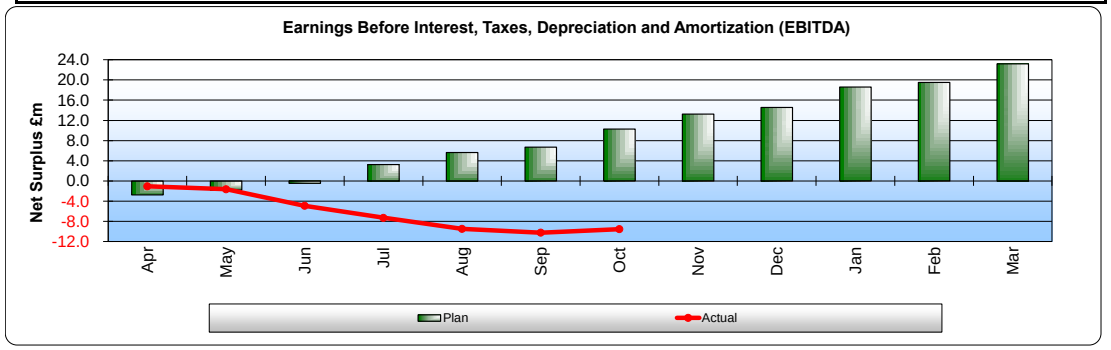
Finance Report
Chapter Index

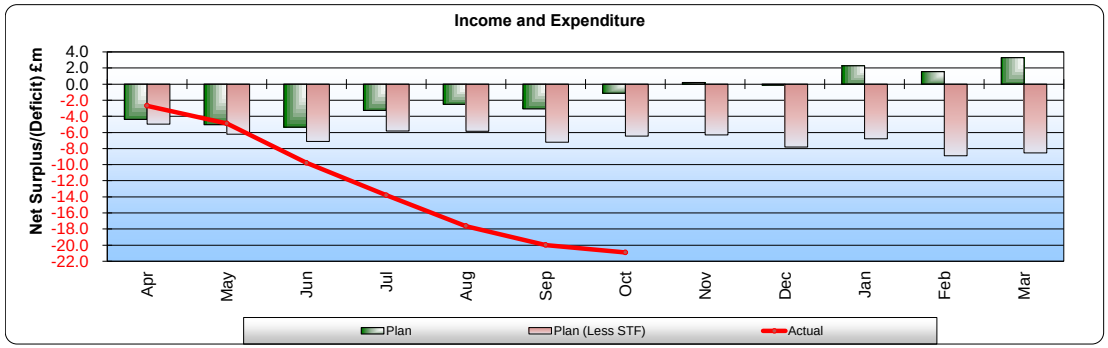
Summary Income and Expenditure Position
Month 7 - The Period 1st April 2017 to 31st October 2017

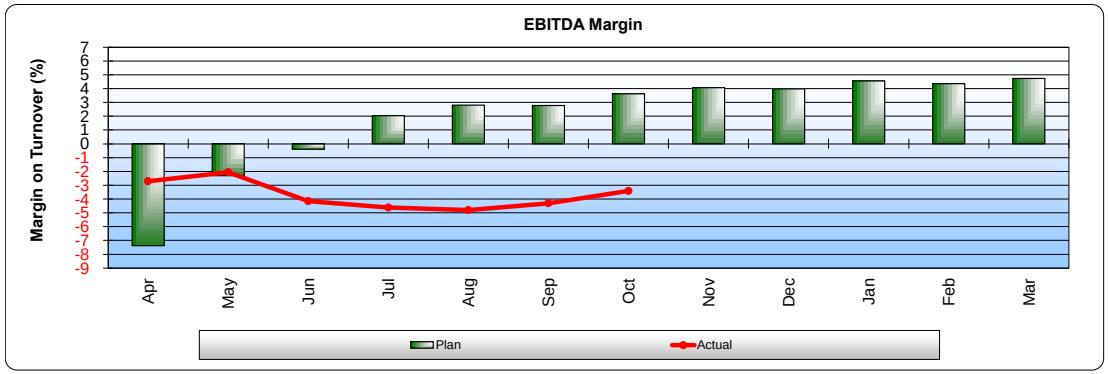
York Teaching Hospital NHS Foundation Trust

Summary Position:

* The Trust is reporting an I&E deficit of £20.9m, placing it £19.8m behind the operational plan.
* Income is £5.5m behind plan, with clinical income being £0.1m ahead of plan and non-clinical income being £5.6m behind plan.
* Operational expenditure is ahead of plan by £14.2m, with further explanation given on the 'Expenditure' sheet.
* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is -£9.5m (-3.41%) compared to plan of £10.2m (3.59%), and is reflective of the reported net I&E performance.





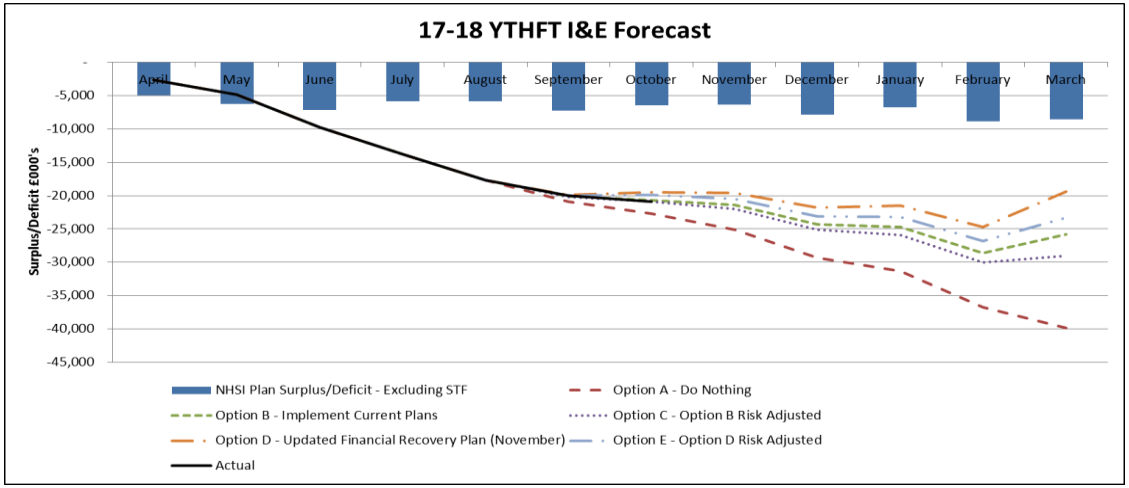


	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	23,353	13,853	14,618	765	23,353	0
Planned same day (Day cases)	37,810	22,206	23,190	984	37,810	0
Non-Elective Income	111,619	65,015	64,572	-443	111,619	0
Outpatients	59,333	34,692	33,419	-1,273	59,333	0
A&E	14,982	8,694	9,565	871	14,982	0
Community	29,976	17,489	17,817	328	29,976	0
Other	157,478	89,831	88,711	-1,120	157,478	0
	434,551	**251,780**	**251,892**	**112**	**434,551**	**0**
Non-NHS Clinical Income						
Private Patient Income	956	558	490	-67	956	0
Other Non-protected Clinical Income	1,510	881	1,296	415	1,510	0
	2,466	**1,438**	**1,786**	**348**	**2,466**	**0**
Other Income						
Education & Training	12,946	7,552	7,925	373	12,946	0
Research & Development	3,296	1,923	1,886	-36	3,296	0
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	623	363	363	0	623	0
Other Income	23,026	14,831	13,844	-986	23,026	0
Sparsity Funding	2,600	1,517	1,517	0	2,600	0
STF	11,832	5,324	0	-5,324	11,832	0
	54,324	**31,510**	**25,536**	**-5,975**	**54,324**	**0**
Total Income	**491,341**	**284,729**	**279,214**	**-5,515**	**491,341**	**0**
Expenditure						
Pay costs	-330,204	-191,112	-196,057	-4,944	-330,204	0
Drug costs	-52,448	-30,737	-33,648	-2,911	-52,448	0
Clinical Supplies & Services	-47,443	-27,371	-27,749	-378	-47,443	0
Other costs (excluding Depreciation)	-49,798	-29,070	-30,920	-1,850	-49,798	0
Restructuring Costs	0	0	-372	-372	0	0
CIP	11,643	3,788	0	-3,788	11,643	0
Total Expenditure	**-468,250**	**-274,502**	**-288,746**	**-14,244**	**-468,250**	**0**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**23,090**	**10,227**	**-9,532**	**-19,759**	**23,090**	**0**
Profit/ Loss on Asset Disposals	0	0	1	1	0	0
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation - purchased/constructed assets	-11,604	-6,769	-6,769	0	-11,604	0
Depreciation - donated/granted assets	-396	-231	-231	0	-396	0
Interest Receivable/ Payable	130	76	44	-32	130	0
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-420	-230	-230	0	-420	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	0	0	0	0
PDC Dividend	-7,216	-4,209	-4,209	0	-7,216	0
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**3,284**	**-1,137**	**-20,926**	**-19,790**	**3,284**	**0**

Summary Trust Forecast
Month 7 - The Period 1st April 2017 to 31st October 2017

York Teaching Hospital NHS Foundation Trust

Option A: Assumes no change to current trends and therefore assumes current rate of CIP delivery is maintained. Adjustments have been made to reflect the impact of non-recurrent expenditure already incurred.
Option B: Assumes delivery of the CIP plan, the Capped Expenditure Plans and the Financial Recovery plans.
Option C: Includes the same plans as Option B; however, the Financial Recovery Plans have been risk adjusted according to their risk rating.
Option D: Includes the same plans as Option B as well as the further Financial Recovery Plans identified since Option B was formulated.
Option E: Includes the same plans as Option D; however, the Financial Recovery Plans have been risk adjusted according to their risk rating.



	Year End Position (£000's)				
	Option A	**Option B**	**Option C**	**Option D**	**Option E**
Clinical Income	432,139	433,683	433,070	438,683	437,265
Other Income	46,553	46,714	46,714	47,064	47,064
Total Income	**478,692**	**480,397**	**479,785**	**485,747**	**484,330**
Pay Expenditure	-338,988	-335,056	-335,899	-333,906	-334,749
Drug Expenditure	-59,456	-56,350	-56,350	-56,350	-56,350
CSS Expenditure	-47,538	-45,055	-45,055	-45,055	-45,055
Other Expenditure	-52,713	-49,959	-51,687	-49,959	-51,687
Total Operating Expenditure	**-498,695**	**-486,420**	**-488,991**	**-485,270**	**-487,841**
Other Expenditure	-19,831	-19,831	-19,831	-19,831	-19,831
Surplus/Deficit	-39,834	-25,854	-29,038	-19,354	-23,343

Contract Performance
Month 7 - The Period 1st April 2017 to 31st October 2017

York Teaching Hospital NHS
NHS Foundation Trust

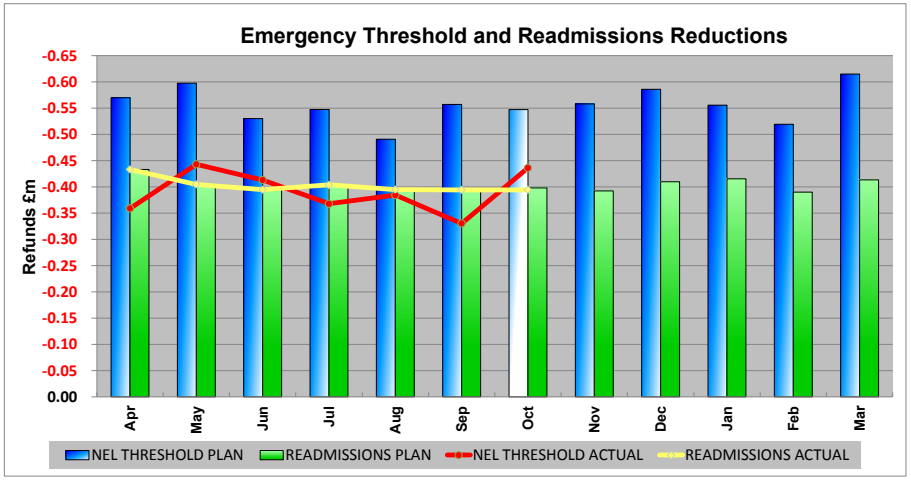
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	217,010	125,481	126,383	902
Scarborough & Ryedale CCG	81,515	47,768	48,767	999
East Riding CCG	41,841	24,325	24,040	-285
Other Contracted CCGs	16,823	9,857	10,086	229
NHSE - Specialised Commissioning	42,428	24,849	24,607	-242
NHSE - Public Health	15,319	8,974	8,040	-934
Local Authorities	4,581	2,676	2,638	-38
Total NHS Contract Clinical Income	**419,517**	**243,930**	**244,561**	**631**

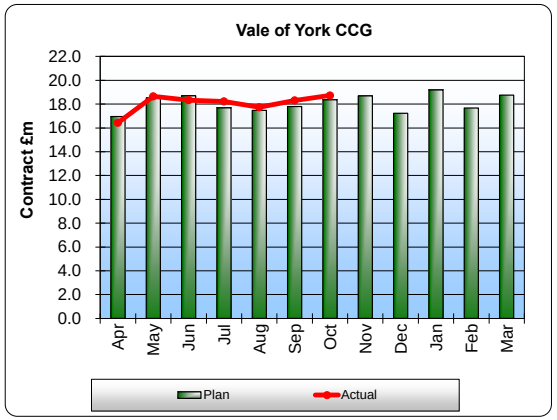
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	12,473	7,312	8,848	1,536
Risk Income	2,561	538	0	-538
Total Other NHS Clinical Income	**15,034**	**7,850**	**8,848**	**998**

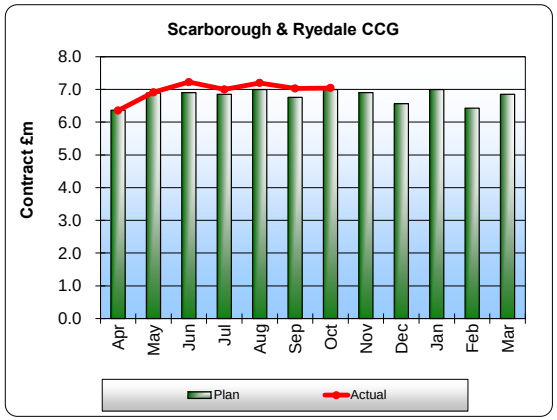
Sparsity funding income moved to other income non clinical	-1517
Winter resilience monies in addition to contract	0

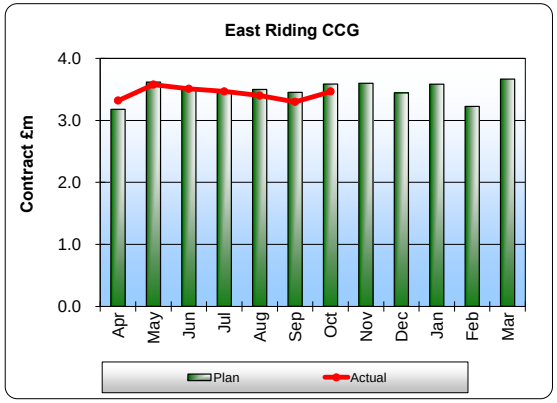
Total NHS Clinical Income	**434,551**	**251,780**	**251,892**	**112**

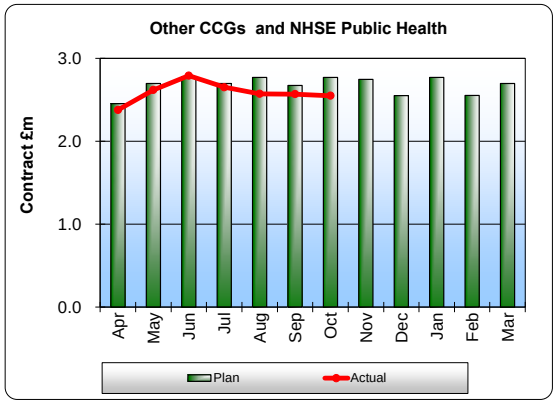
Activity data for October is partially coded (59.9%) and September data is 90% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

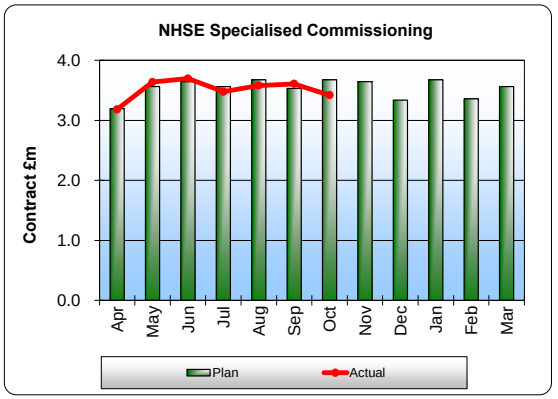


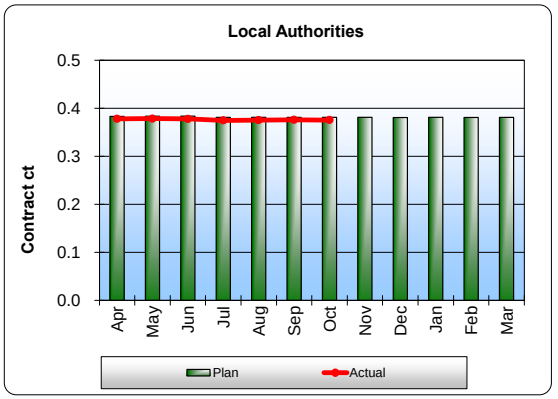












Agency Expenditure Analysis

Month 7 - The Period 1st April 2017 to 31st October 2017

York Teaching Hospital NHS
NHS Foundation Trust

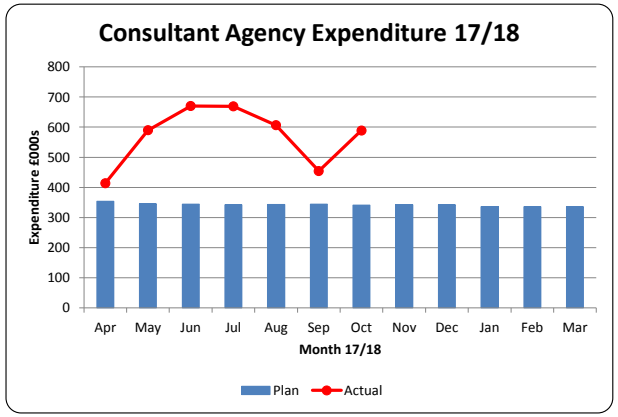
Key Messages:

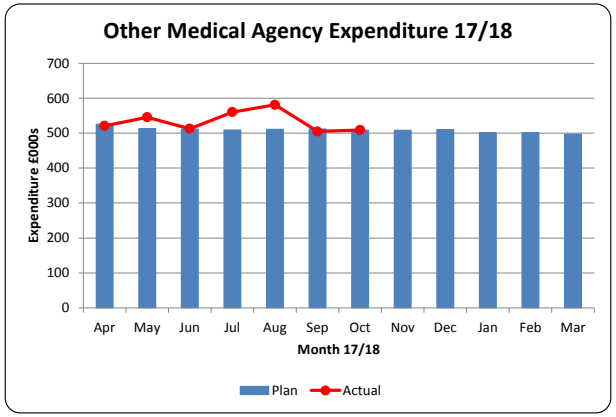
* Total agency spend year to date of £12.3m compared to an NHSI plan of £10.1m.

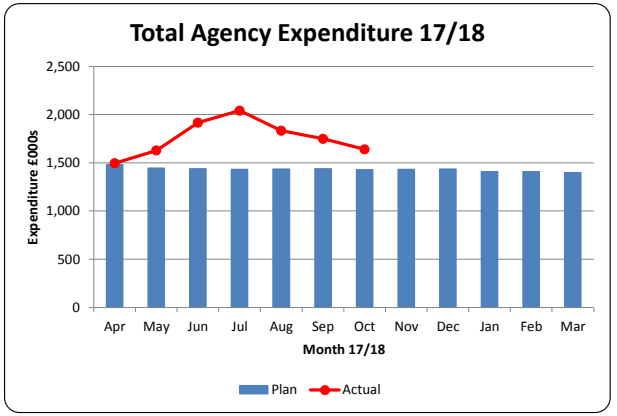
* Consultant Agency spend is ahead of plan by £1.6m.

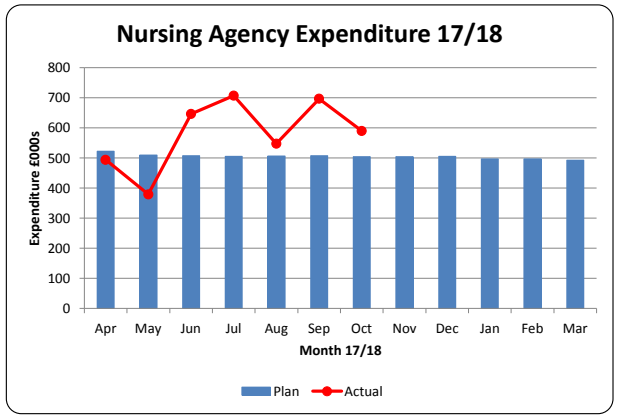
* Nursing Agency is ahead of plan by £0.5m.

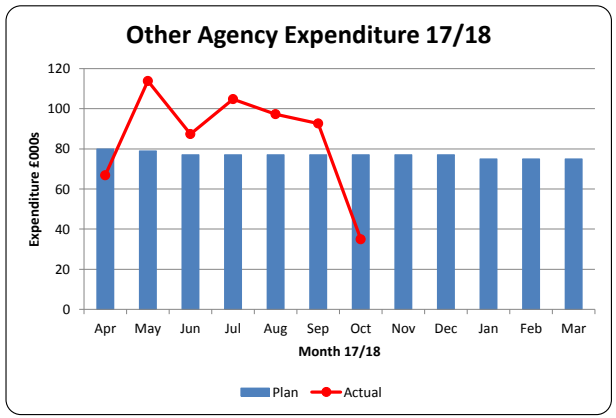
* The Trust is ahead of the Medical Locum Reduction target by £1.5m.

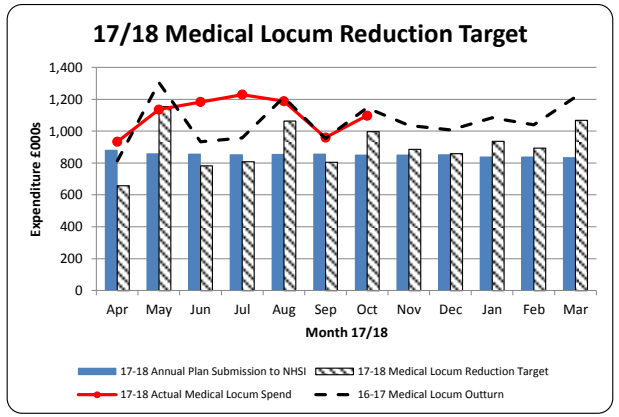












Expenditure Analysis
Month 7 - The Period 1st April 2017 to 31st October 2017

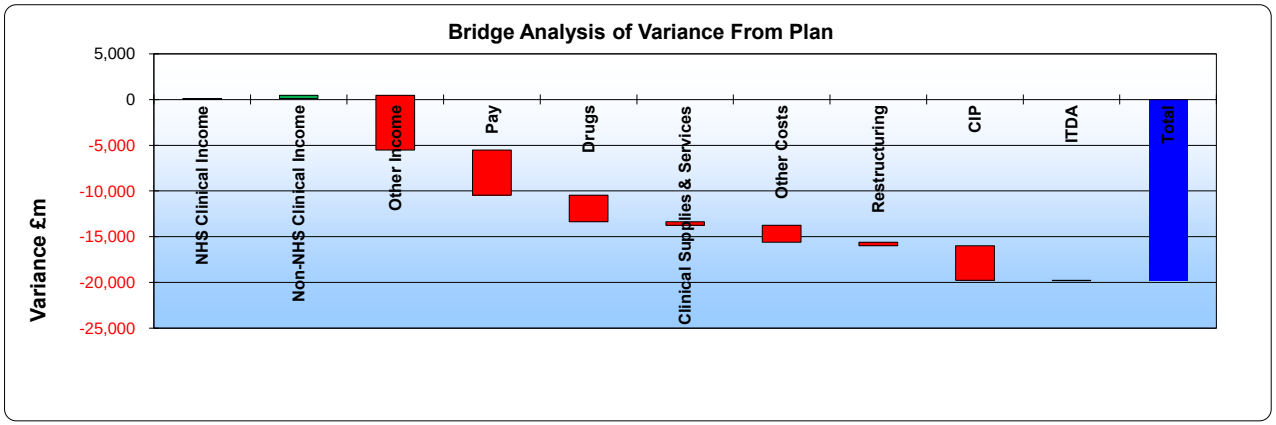
York Teaching Hospital NHS
NHS Foundation Trust

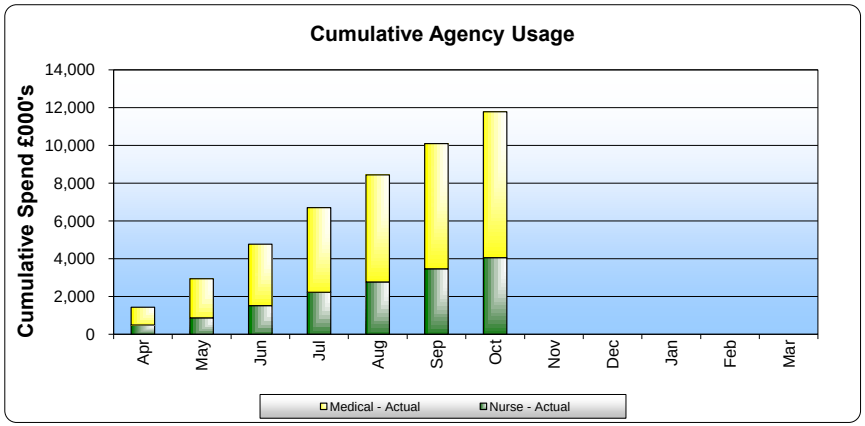
Key Messages:

There is an adverse expenditure variance of £14.2m at the end of October 2017. This comprises:

* Pay budgets are £5.3m ahead of plan.
* Drugs budgets are £2.9m ahead of plan, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £3.8m behind plan.
* Other budgets are £2.2m ahead of plan.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	60,649	35,334	30,283	0	812	0	3,993	35,087	247	150	
Medical and Dental	29,539	17,247	17,142	0	194	0	3,733	21,069	-3,822	-1,864	
Nursing	96,096	56,027	46,479	281	240	5,170	4,060	56,229	-202	224	
Healthcare Scientists	11,324	6,212	5,774	132	80	33	76	6,096	116	312	
Scientific, Therapeutic and technical	16,259	9,430	8,669	70	0	25	126	8,889	541	450	
Allied Health Professionals	25,961	15,057	14,024	34	156	25	56	14,295	762	535	
HCAs and Support Staff	45,274	26,381	23,916	427	74	46	156	24,618	1,763	1,058	
Chairman and Non Executives	186	109	104	0	0	0	0	104	5	1	
Exec Board and Senior managers	14,073	8,333	8,355	8	0	0	0	8,363	-30	71	
Admin & Clerical	37,290	21,703	20,542	151	65	77	102	20,937	765	580	
Agency Premium Provision	5,164	3,012	0	0	0	0	0	0	3,012	1,721	
Vacancy Factor	-12,803	-8,427	4	0	0	0	0	4	-8,431	-5,245	
Apprenticeship Levy	1,192	695	737	0	0	0	0	737	-42	-34	
TOTAL	**330,204**	**191,112**	**176,028**	**1,102**	**1,620**	**5,376**	**12,302**	**196,429**	**-5,316**	**-2,040**	





Cash Flow Management

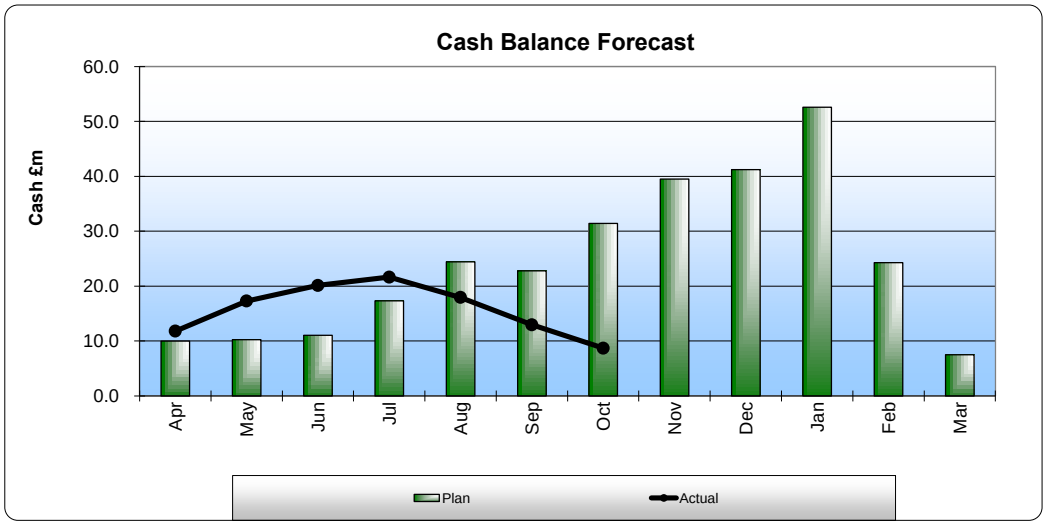
Month 7 - The Period 1st April 2017 to 31st October 2017

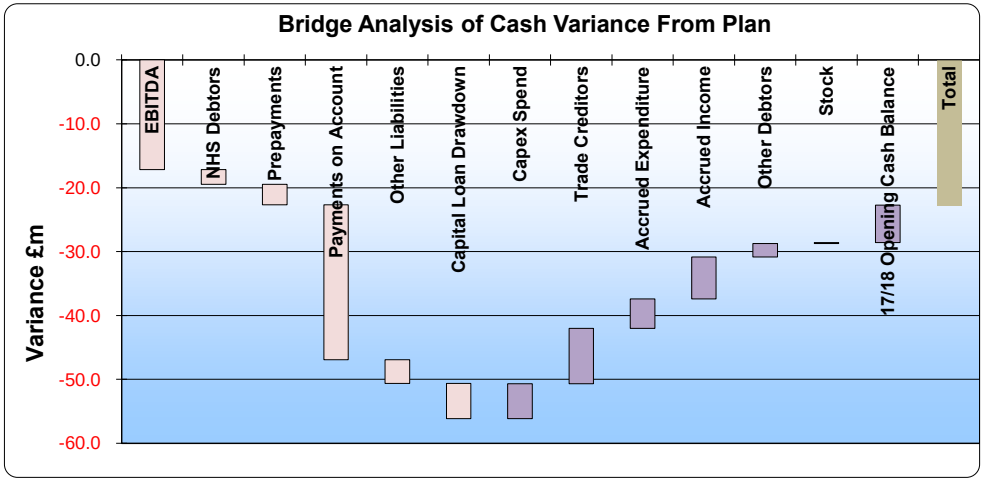
York Teaching Hospital NHS
NHS Foundation Trust

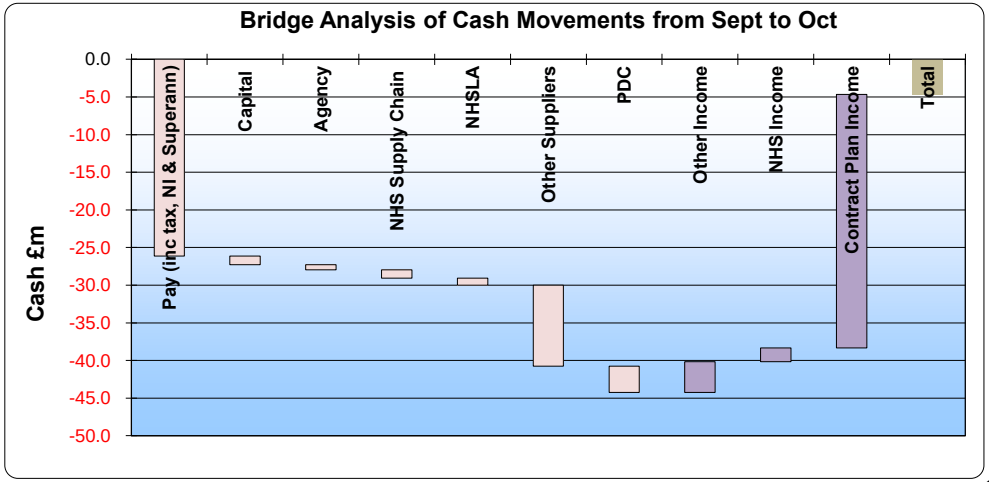
Key Messages:

* The cash position at the end of October was £8.7m, which is £22m below plan.
* The 17/18 opening cash balance was £5.8m favourable to the planned forecast outturn balance.
* The key factors influencing cash are:

- Negative impact due to the I&E position.
- Negative impact due to changes in payment profiles with our main commissioners.
- Positive impact from combined accured income & debtors balances lower than planned.
- Positive impact from management of creditor payments.







Cash Flow Management
Month 7 - The Period 1st April 2017 to 31st October 2017

York Teaching Hospital NHS
NHS Foundation Trust

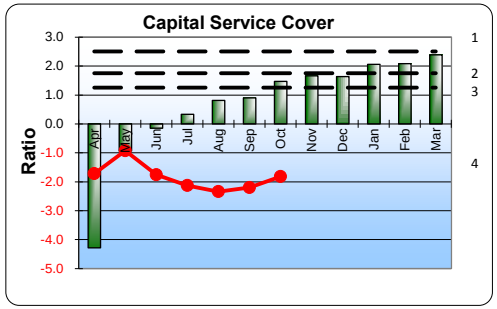
Key Messages:

* The receivables balance at the end of October was £9.5m, which is significantly below plan.
* The payables balance at the end of October was £15m, which is higher than plan.
* The Use of Resources Rating is assessed as a score of 4 in October, and is reflective of the I&E position.

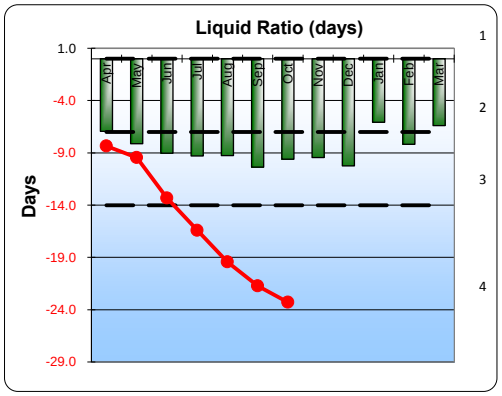
Significant Aged Debtors (+6mths)

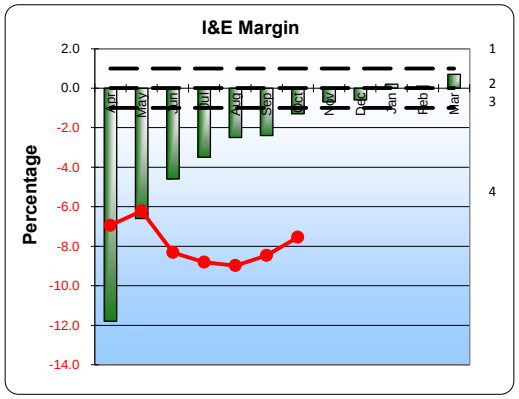
NHS Vale of York CCG	**£649K**
NHS Property Services	**£366K**
Harrogate & District NHS Foundation Trust	**£286K**

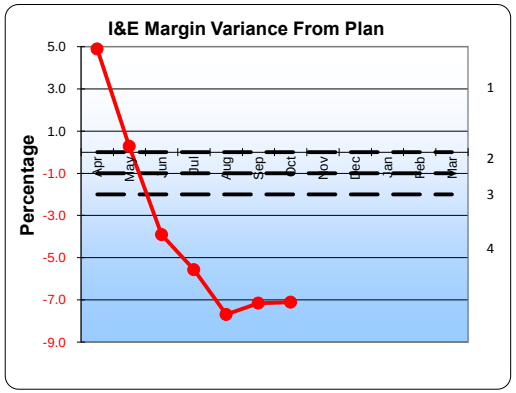
	Under 3 mths	3-6 mths	6-12 mths	12 mths +	Total
	£m	£m	£m	£m	£m
Payables	12.73	1.00	0.78	0.66	15.16
Receivables	6.46	0.90	1.33	0.84	9.54

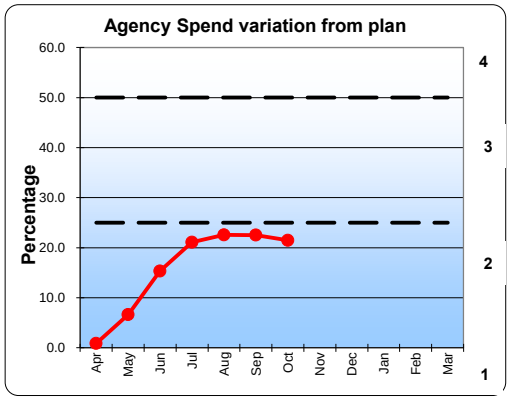


	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquidity (20%)	2	3	4	2
Capital Service Cover (20%)	2	2	4	2
I&E Margin (20%)	2	3	4	2
I&E Margin Variance From Plan (20%)	1	1	4	1
Agency variation from Plan (20%)	1	1	2	1
Overall Use of Resources Rating	**2**	**2**	**4**	**2**









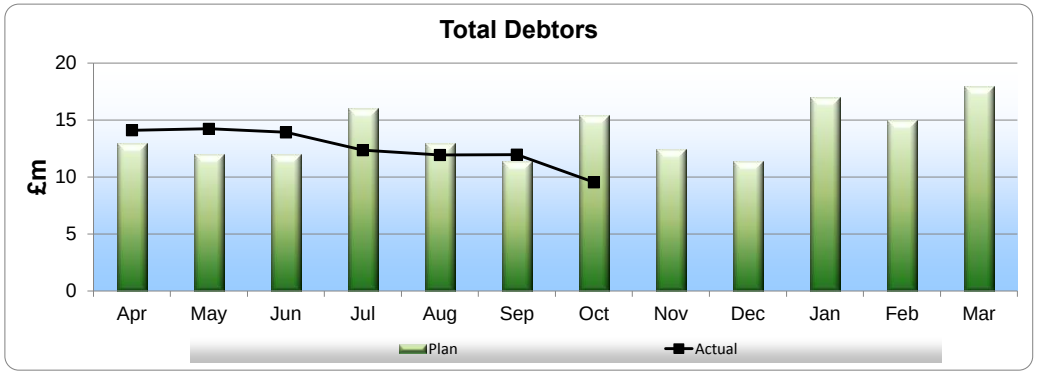
Debtor Analysis

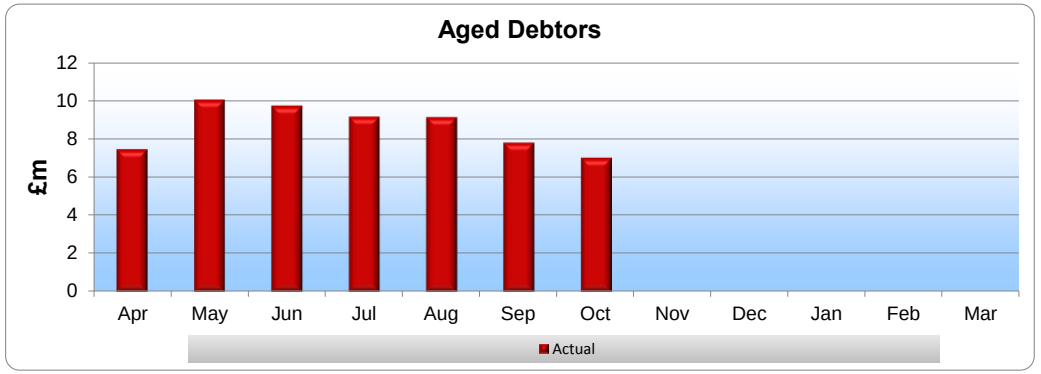
Month 7 - The Period 1st April 2017 to 31st October 2017

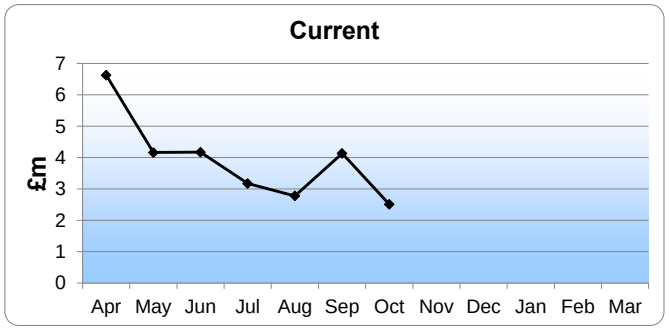
York Teaching Hospital NHS
NHS Foundation Trust

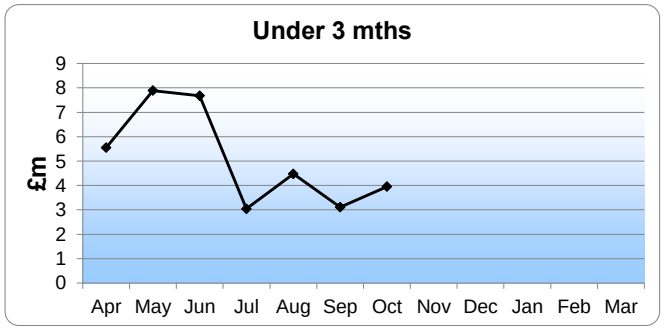
Key Messages:

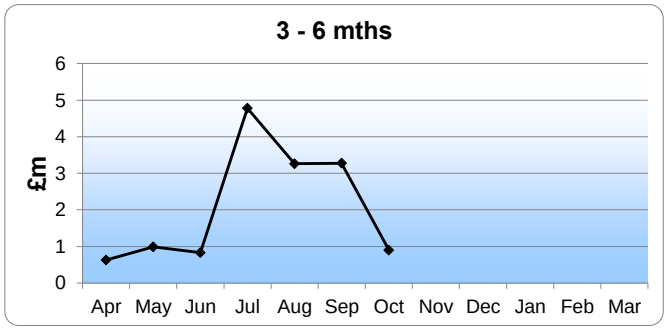
* At the end of October, the total debtor balance was £9.5m, with £2.5m relating to 'current' invoices not due.
* Aged debt totalled £7m, which represents a reduction of £800k from the September position.
* Outstanding 16/17 Commissioner agreement invoices are almost resolved with the final VOY invoice expected to be resolved in November.
* Debt collection activity remains a focus for the Trust.

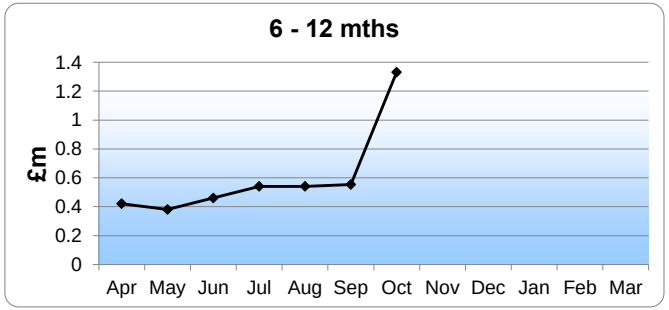


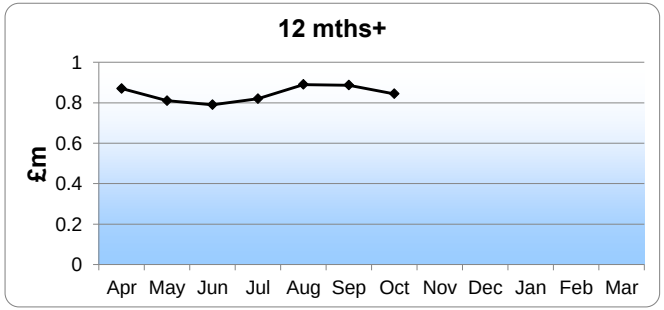


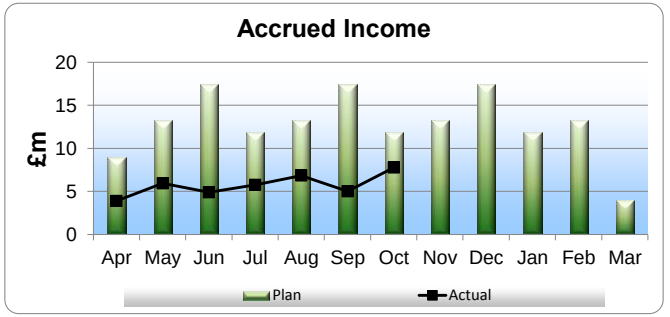










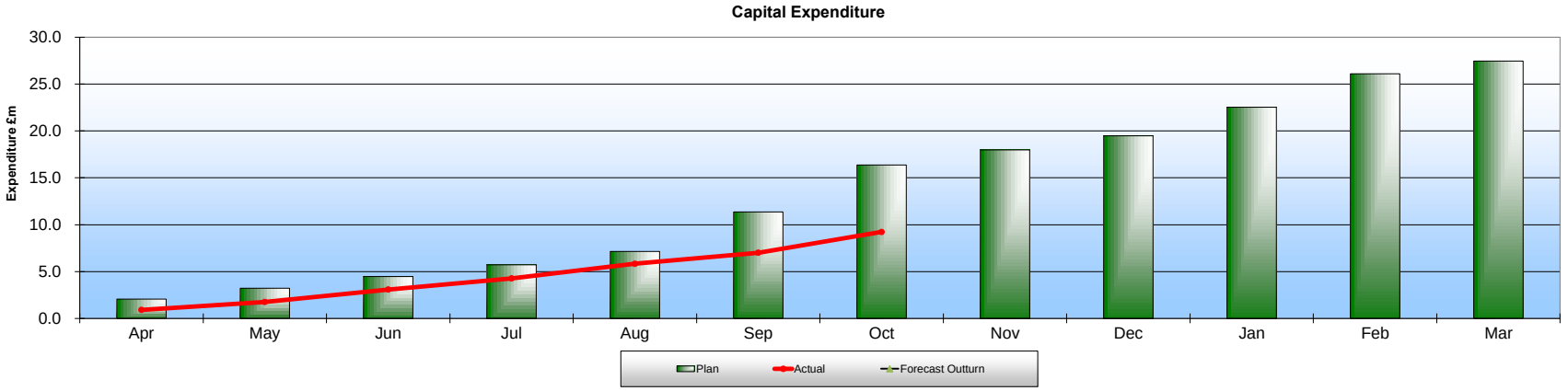


Capital Programme
Month 7 - The Period 1st April 2017 to 31st October 2017

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The Capital plan for 2017-18 totals £27.466m, with a forecast outturn position of £27.953
* Work on the Scarborough site Facilities modular building is nearly complete.
* Work has commenced on the Radiology lift replacement, the Xray rooms plus the MRI replacement at Scarborough.
* Work on the Endoscopy extension will commence on site in November with an expected in year spend of £3.6m and detailed designs for the VIU/ Cardiac extension will be developed at an expected cost of approx £1m.
* The 5th floor admin block is complete and work has now commenced on the 4th floor.



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
York Micro/ Histology integration	2,411	28	50	2,361	
SGH Pathology /Blood Sciences	1,251	82	260	991	
Theatre 10 to cardiac/vascular	1,265	972	1,265	0	
Radiology Replacement	5,526	0	5,945	-419	
Radiology Lift Replacement SGH	799	84	1,284	-485	
Fire Alarm System SGH	940	0	595	345	
Other Capital Schemes	985	2,064	5,361	-4,376	
SGH Estates Backlog Maintenance	1,300	573	1,272	28	
York Estates Backlog Maintenance - York	1,200	903	1,200	0	
Cardiac/VIU Extention	1,000	442	1,000	0	
Medical Equipment	500	160	350	150	
IT Capital Programme	1,500	687	1,900	-400	
Capital Programme Management	1,450	853	1,450	0	
SGH replacement of estates portakabins	1,339	1,465	1,339	0	
Endoscopy Development	5,500	0	3,682	1,818	
Contingency	500	0	0	500	
Estimated In year work in progress	0	904	0	0	
TOTAL CAPITAL PROGRAMME	**27,466**	**9,217**	**26,953**	**513**	

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£000	£000	£000	£000	
Depreciation	10,554	6,899	10,045	509	
Loan Funding b/fwd	4,450	518	4,450	0	
Loan Funding	6,500	0	4,682	1,818	
Charitable Funding	623	64	773	-150	
Strategic Capital Funding	5,339	1,734	6,173	-834	
PDC Funded Schemes	0	2	830	-830	
TOTAL FUNDING	**27,466**	**9,215**	**26,953**	**513**	

Efficiency Programme

Month 7 - The Period 1st April 2017 to 31st October 2017

York Teaching Hospital NHS
NHS Foundation Trust

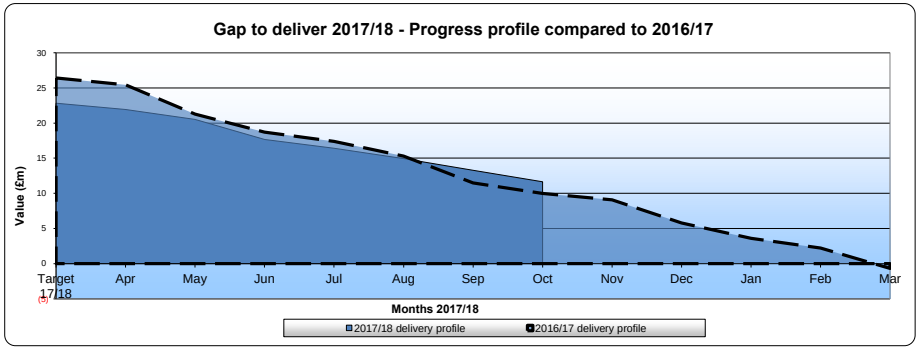
Key Messages:

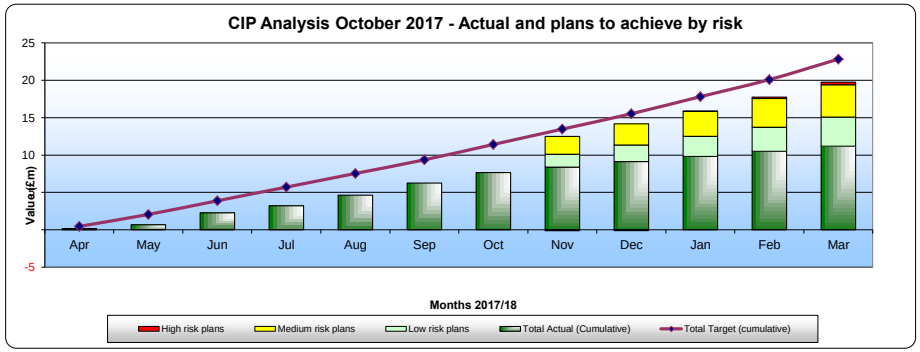
* Delivery - £11.2m has been delivered against the Trust annual target of £22.8m, giving a shortfall of (£11.6m).
* Part year NHSI variance - The part year NHSI variance is (£3.8m).
* In year planning - The 2017/18 planning gap is currently (3.0m).
* Four year planning - The four year planning gap is (£4.7m).
* Recurrent delivery - Recurrent delivery is £5.8m in-year, which is 25% of the 2017/18 CIP target.

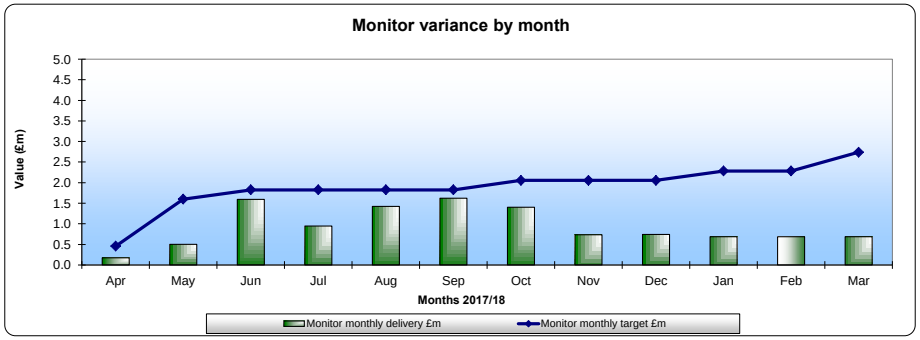
Executive Summary - October 2017	
	Total £m
TARGET	
In year target	22.8
DELIVERY	
In year delivery	11.2
In year delivery (shortfall)/Surplus	-11.6
Part year delivery (shortfall)/surplus - NHSI variance	-3.8
PLANNING	
In year planning surplus/(gap)	-3.0
FINANCIAL RISK SCORE	
Overall trust financial risk score	HIGH

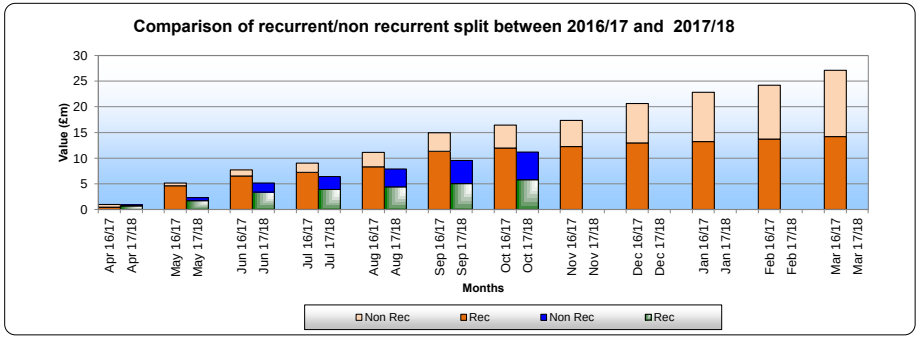
4 Year Efficiency Plan - October 2017					
Year	2017/18	2018/19	2019/20	2020/21	**Total**
	£m	£m	£m	£m	**£m**
Base Target	22.8	12.7	12.7	12.7	**61.0**
Plans	19.8	17.2	10.8	8.4	**56.3**
Variance	-3.0	4.5	-1.9	-4.3	**-4.7**
%	**87%**	**136%**	**85%**	**66%**	**92%**

Risk Ratings			
Financial			
Risk	September	October	Trend
High	14	17	↑
Medium	5	5	↔
Low	8	5	↓
Governance			
Risk	September	October	Trend
High	1	1	↔
Medium	3	5	↑
Low	23	21	↓







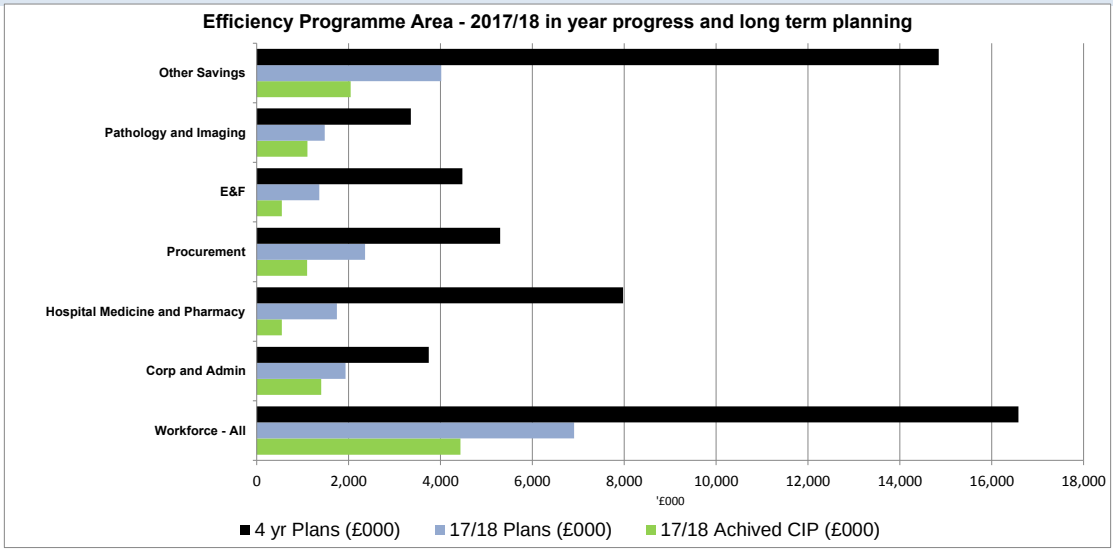


Key Messages:

Model Hospital - Working through opportunities identified with Directorates.
Get It Right First Time (GIRFT) - Head and Neck, Max Fax, General Surgery visits held identifying a couple of areas to be reviewed around pathways and cost of procedures. T&O visit scheduled.
* Procurement - PPIB £400K opportunity to be maximised - work progressing.
* A Team from NHSI Productivity to work with the Trust; a programme to be developed November 2017

EFFICIENCY PROGRAM - CARTER WORKSTREAM PERFORMANCE OCTOBER 2017

Efficiency Programme Area	4 yr Plans (£000)	17/18 Plans (£000)	17/18 Achived CIP (£000)
Workforce - All	16,584	6,912	4,437
Corp and Admin	3,749	1,932	1,403
Hospital Medicine and Pharmacy	7,975	1,747	545
Procurement	5,297	2,358	1,094
E&F	4,477	1,359	548
Pathology and Imaging	3,353	1,478	1,106
Other Savings	14,848	4,020	2,048
TOTAL	56,282	19,806	11,182



WORKFORCE

1. Successful recruitment to Trust Grade Doctors should realise savings of £386K between December 17 and August 18 through reduction in Agency spend.

2. Expansion of eRostering to wider Trust is in the planning stages with forecast efficiencies of £1.4m over 5 year period after implementation.

HOSPITAL PHARMACY AND MEDICINE

1. Electronic Prescribing is being rolled out across the Trust and upon full implementation an efficiency will be realised.

2. The Pharmacy Department continue to work with the switch to Biosimilars with some efficiency being recognised by the Trust within the CIP Programme, however approximately £800K of savings is attached to CQUINs and does not contribute to the delivery of the Programme but it is recognised within the Model Hospital Pharmacy Dashboard.

3. Warehousing project in planning stages.

PROCUREMENT

1. Procurement Purchasing Price Index (PPIB) Benchmarking Tool (comparison of pricing) - opportunity of approximately £400K.

2. Procurement have masked 136,311 items (30.9% of total available) - the impact of this will be seen from October onwards.

ESTATES AND FACILITIES

1. Work ongoing to improve data collection for ERIC returns.

2. Model Hospital identifies opportunities - working with E&F and Finance Manager.

CORPORATE AND ADMIN

1. Corporate and Admin review outcome received; leads in areas to comply or explain variation and plans to be developed where appropriate. CET finalising report identifying spend as a % of income.

PATHOLOGY AND IMAGING

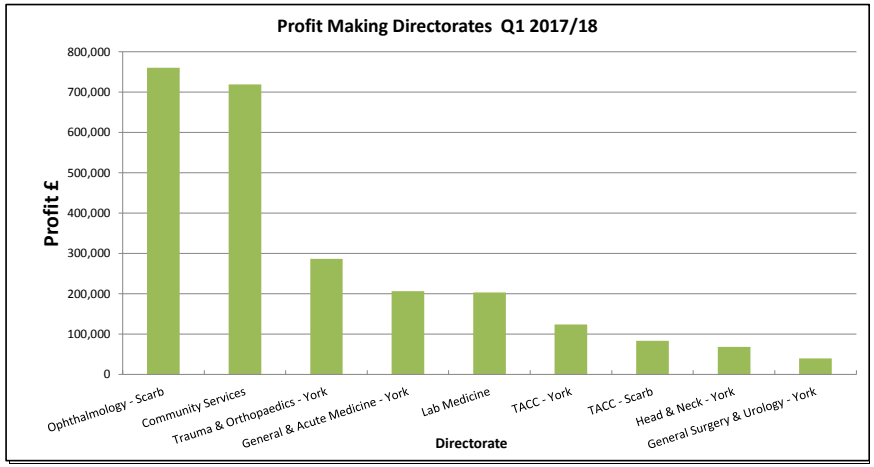
1. Pathology data collection submitted and loaded on to Model Hospital. Directorate assessing and identifying areas of opportunity. The overall position is positive when compared to peers.

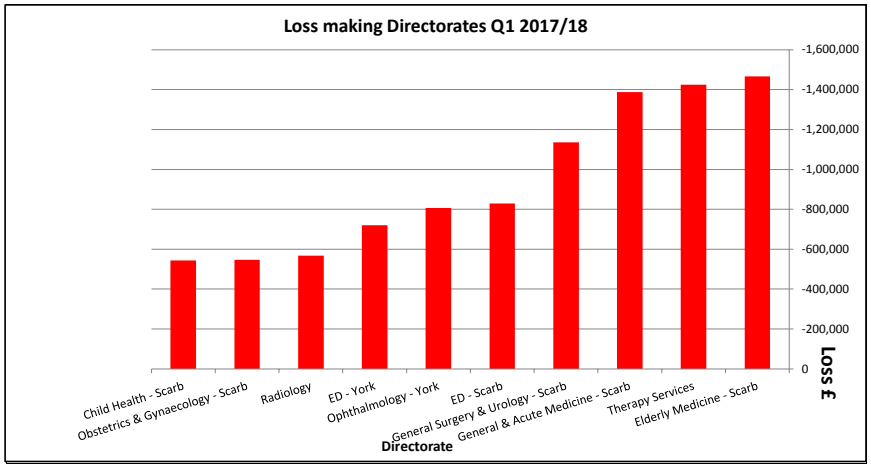
Service Line Reporting
Month 7 - The Period 1st April 2017 to 31st October 2017

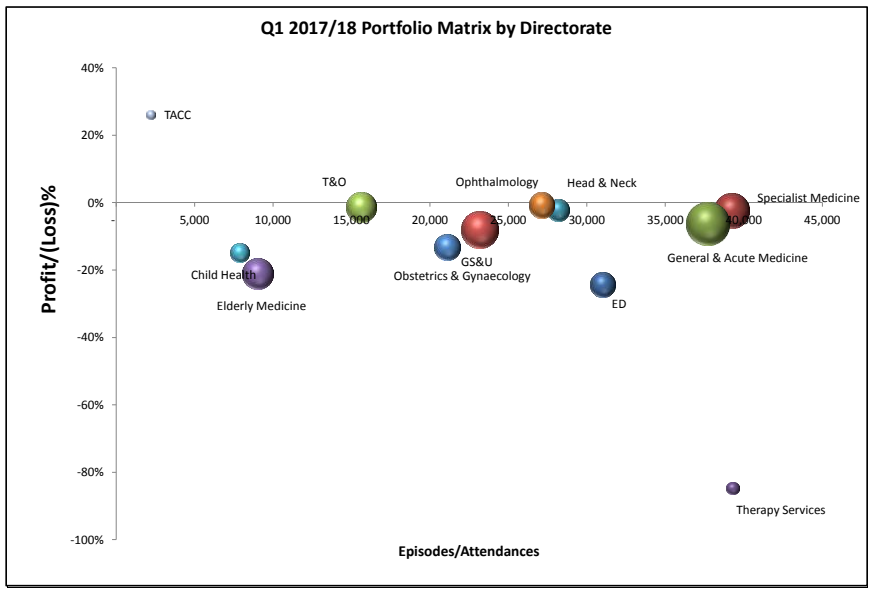
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Current data is based on Q1 2017/18
* It is expected that Q2 2017/18 data will be completed towards the end of December 2017
* The SLR Leadership Programme was launched on 25th September 2017







DATA PERIOD	Q1 2017/18
CURRENT WORK	* Q2 2017/18 reports are now the key focus for the team * The SLR Leadership Programme was launched on 25th September 2017. The is a programme of work to enable the Finance Managers to become confident users of the SLR system and data, and also to provide a structured process for investigating loss making activity and areas for improvement *Qlikview user guides have been published to help users log in and navigate round the system. More user guides covering different areas of Qlikview will be released over the coming months
FUTURE WORK	* The SLR Leadership Programme will continue until February 2018 * Q3 2017/18 SLR reports will become the focus once the Q2 reports have been published * Planning for the NHSI Costing Transformation Programme will soon begin to ensure that we are prepared for future mandatory reporting requirements

FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	**£3.39m**

D2 NHS
York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Efficiency Programme Update

Recommendation

For information	☒
For discussion	☒
For assurance	☐
For approval	☐
A regulatory requirement	☐

Current approval route of report

This report is presented to the Board of Directors and Finance & Performance Committee.

Purpose of report

The Board is asked to note the October 2017 position.

Key points for discussion

This report provides a detailed overview of progress to date regarding delivery of the Trust's Efficiency Programme. The 2017/18 target is £22.8m and delivery, as at October 2017 is £11.2m.

Trust Ambitions and Board Assurance Framework (https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

☒ **Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
☒ **Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
☒ **People and Capability** - The quality of our services is wholly dependent on our teams of staff.
☒ **Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

Reference to CQC Regulations

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

Version number:	1
Author:	Steve Kitching, Head of Corporate Finance & Resource Management
Executive sponsor:	Andrew Bertram, Finance Director
Date:	November 2017

Briefing note for the Finance & Performance Committee meeting 21 November 2017 and Board of Directors meeting 29 November 2017

1. Summary reported position for October 2017

1.1 Current position – highlights

Delivery - Delivery is £11.2m in October 2017 which is (49%) of the £22.8m annual target. This position compares to a delivery position of £16.4m in October 2016.

Part year delivery is £3.8m behind the profiled plan submitted to NHSI.

The relative Directorate positions are shown in ***Appendix 1*** attached.

In year planning – At October 2017 CIP planning is £19.8m (86%) with a gap of (£3.0m), the comparative position in October 2016 was a gap of (£1.6m).

Four year planning – The four year planning gap is (£4.7m). The position in October 2016 was a gap of (£12.9m).

Recurrent vs. Non recurrent – Of the £11.2m delivery, £5.8m (51%) in-year has been delivered recurrently. Recurrent delivery is £6.2m behind the same position in October 2016.

Quality Impact Assessments (QIA) –

Directorates are currently assessing their CIP schemes. A review by the Clinical Lead for Efficiency is to be scheduled.

1.2 Overview

The October 2017 delivery position of £11.2m is £3.8m behind the NHSI plan.

The in-year planning position has remained static at £19.8m.

There has been a small improvement in 4 year plans, moving from £55.2m to £56.3m leaving a gap of £4.7m.

There are 17 High Risk Directorates in terms of planning and delivery, 12 of which are Clinical Directorates; a decline from September's position of 14 High Risk Directorates.

Of the 12 High Risk Clinical Directorates, 7 saw an improvement in planning and delivery.

Monthly delivery in October saw a slight decline on the previous month's delivery, down from £1.7m to £1.6m. The relative Directorate positions are shown in ***Appendix 2*** attached.

Efficiency Panels with 5 Directorates have been held with the focus on providing support to Directorates in terms of planning and delivery.

A Team from NHSI Productivity will be working with the Trust to develop a programme of work with the focus on productivity and efficiency using the Model Hospital, data from Get It Right First Time (GIRFT) and our own Service Line Reporting (SLR) system.

The programme of work will focus on 4 areas and will be rolled out across the organisation. It is expected that this programme will further enhance the Trust's Efficiency Programme by putting pace behind schemes and identifying missed opportunities.

RISK SCORES - OCTOBER 2017 - APPENDIX 1

DIRECTORATE	Yr1 Target	4Yr Target	Yr 1 Plan v Target		Yr 1 Delivery v Target		Y1 Recurrent Delivery v target		4 Yr Plan v Target			Overall Financial Risk	Governance Risk
	(£000)	(£000)	%	Risk	%	Risk	%	Risk	%	Risk	Total Score		
SPECIALIST MEDICINE	3	7	52%	HIGH	31%	HIGH	19%	HIGH	45%	HIGH	12	HIGH	LOW
GEN MED YORK	2	6	71%	HIGH	56%	HIGH	21%	HIGH	86%	HIGH	12	HIGH	LOW
RADIOLOGY	2	3	45%	HIGH	30%	HIGH	24%	HIGH	53%	HIGH	12	HIGH	LOW
GS&U	2	5	62%	HIGH	35%	HIGH	18%	HIGH	90%	HIGH	12	HIGH	MEDIUM
WOMENS HEALTH	2	3	45%	HIGH	23%	HIGH	22%	HIGH	43%	HIGH	12	HIGH	LOW
EMERGENCY MEDICINE	1	3	88%	HIGH	37%	HIGH	37%	HIGH	63%	HIGH	12	HIGH	LOW
AHP & PSYCHOLOGICAL MEDICINE	1	3	65%	HIGH	45%	HIGH	31%	HIGH	50%	HIGH	12	HIGH	LOW
MEDICINE FOR THE ELDERLY	1	3	92%	HIGH	41%	HIGH	8%	HIGH	56%	HIGH	12	HIGH	LOW
CHILD HEALTH	1	2	75%	HIGH	42%	HIGH	28%	HIGH	57%	HIGH	12	HIGH	LOW
TACC	3	7	104%	MEDIUM	43%	HIGH	36%	HIGH	64%	HIGH	11	HIGH	LOW
GEN MED SCARBOROUGH	1	2	74%	HIGH	53%	HIGH	33%	HIGH	86%	HIGH	12	HIGH	LOW
COMMUNITY	0	1	54%	HIGH	23%	HIGH	21%	HIGH	209%	LOW	10	HIGH	MEDIUM
OPHTHALMOLOGY	1	3	149%	LOW	51%	HIGH	9%	HIGH	111%	LOW	8	MEDIUM	MEDIUM
HEAD AND NECK	1	2	128%	LOW	36%	HIGH	4%	HIGH	110%	MEDIUM	9	MEDIUM	LOW
PHARMACY	0	1	139%	LOW	99%	LOW	41%	HIGH	125%	LOW	6	LOW	LOW
SEXUAL HEALTH	1	1	100%	MEDIUM	79%	LOW	43%	HIGH	102%	MEDIUM	8	MEDIUM	LOW
LAB MED	1	3	123%	LOW	112%	LOW	96%	LOW	72%	HIGH	6	LOW	LOW
ORTHOPAEDICS	1	3	154%	LOW	143%	LOW	105%	LOW	116%	LOW	4	LOW	MEDIUM
CORPORATE													
MEDICAL GOVERNANCE	0	0	31%	HIGH	31%	HIGH	0%	HIGH	17%	HIGH	12	HIGH	LOW
CHIEF NURSE TEAM DIRECTORATE	0	1	73%	HIGH	39%	HIGH	0%	HIGH	38%	HIGH	12	HIGH	LOW
HR	0	1	94%	HIGH	75%	LOW	17%	HIGH	104%	MEDIUM	9	MEDIUM	LOW
ESTATES AND FACILITIES	2	6	65%	HIGH	26%	HIGH	19%	HIGH	73%	HIGH	12	HIGH	LOW
SNS	0	1	121%	LOW	39%	HIGH	6%	HIGH	96%	HIGH	10	HIGH	HIGH
FINANCE	0	1	163%	LOW	163%	LOW	74%	LOW	60%	HIGH	6	LOW	LOW
OPS MANAGEMENT YORK	0	1	10%	HIGH	10%	HIGH	0%	HIGH	11%	HIGH	12	HIGH	LOW
CHAIRMAN & CHIEF EXECUTIVES OFFICE	0	0	148%	LOW	148%	LOW	38%	HIGH	60%	HIGH	8	MEDIUM	LOW
LOD&R	0	1	175%	LOW	156%	LOW	65%	LOW	117%	LOW	4	LOW	MEDIUM
TRUST SCORE	**23**	**61**	**87%**	HIGH	**49%**	HIGH	**25%**	HIGH	**92%**	HIGH	**12**	HIGH	LOW

APPENDIX 2

YTD Directorate CIP Progress - October 2017

DIRECTORATE	Annual Target	YTD Budget	April Achieved	May Achieved	June Achieved	July Achieved	August Achieved	September Achieved	October Achieved	YTD Achieved	YTD Variance	% YTD Target Achieved
	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	%
SPECIALIST MEDICINE	2,818	1,409	1	15	69	117	109	75	99	485	-924	34%
TACC	2,662	1,331	1	31	178	175	45	63	259	752	-579	56%
GS&U	1,952	976	33	19	51	103	83	77	83	448	-528	46%
RADIOLOGY	1,863	931	3	21	29	74	66	93	72	359	-573	39%
GEN MED YORK	1,801	900	1	11	48	84	245	47	133	569	-331	63%
WOMENS HEALTH	1,654	827	4	21	30	63	26	36	35	215	-612	26%
AHP & PSYCHOLOGICAL MEDICINE	1,257	629	1	25	28	77	39	209	34	413	-216	66%
MEDICINE FOR THE ELDERLY	1,225	613	11	30	30	33	49	28	83	264	-348	43%
EMERGENCY MEDICINE	865	432	0	6	36	44	44	28	27	185	-248	43%
CHILD HEALTH	849	425	4	0	49	61	103	23	20	260	-165	61%
OPHTHALMOLOGY	826	413	0	17	190	5	16	156	7	389	-24	94%
HEAD AND NECK	717	358	0	55	108	1	10	69	3	245	-113	68%
GEN MED SCARBOROUGH	696	348	2	5	25	60	34	23	37	186	-162	53%
ORTHOPAEDICS	682	341	21	37	308	155	68	41	184	814	472	238%
LAB MED	551	275	3	40	60	183	54	36	41	418	142	152%
SEXUAL HEALTH	540	270	9	19	84	87	45	46	41	331	61	122%
COMMUNITY	438	219	0	1	4	11	18	-3	30	60	-159	28%
PHARMACY	431	215	1	7	19	55	58	215	12	368	152	171%
CORPORATE												
ESTATES AND FACILITIES	2,101	1,050	18	28	28	100	53	109	37	374	-677	36%
FINANCE	465	232	0	28	52	93	162	80	81	496	264	213%
SNS	433	217	0	7	75	0	5	62	3	153	-64	71%
CHIEF NURSE TEAM DIRECTORATE	351	175	0	10	21	0	14	91	0	136	-40	77%
HR	256	128	18	10	8	13	75	14	51	189	61	147%
CHAIRMAN & CHIEF EXECUTIVES OFF	192	96	0	0	42	34	14	36	48	173	77	180%
OPS MANAGEMENT YORK	171	86	0	0	8	3	1	1	1	14	-72	16%
LOD&R	169	84	19	14	33	27	59	25	39	215	131	255%
MEDICAL GOVERNANCE	117	59	0	22	-13	12	1	5	4	31	-28	52%
TRUST SCORE	**26,082**	**13,041**	**151**	**479**	**1,599**	**1,669**	**1,496**	**1,683**	**1,462**	**8,540**	**-4,501**	**65%**

D3

NHS

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Performance Headlines

Recommendation

For information ☒
For discussion ☒
For assurance ☒
For approval ☐
A regulatory requirement ☐

Current approval route of report

This report was drafted for the Finance and Performance Committee.

Purpose of report

The purpose of the report is to provide the Finance and Performance Committee with an overview of performance and ongoing actions to improve the performance position.

Key points for discussion

- ECS performance was below the planned trajectory of 91%, achieving 86.59% in October. This was an improvement from September 17 (83.12%) and from October 16 (85.46%).
- Cancer 62 day wait GP to 1st Treatment performance dropped in September, significantly below trajectory at 76.4%.
- 18 Weeks Referral to Treatment is 87.4% improved from September but remains 4.6% off trajectory.

Trust Ambitions and Board Assurance Framework (https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

☒ **Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
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Reference to CQC Regulations
(Regulations can be found here: http://www.cqc.org.uk/content/regulations-service-providers-and-managers)

Aspects of the performance headlines come within varied CQC outcomes.

Version number: 1

Authors: Lynette Smith, Head of Operational Performance & Andrew Hurren, Deputy Head of Operational Performance

Executive sponsor: Wendy Scott, Chief Operating Officer

Date: November 2017

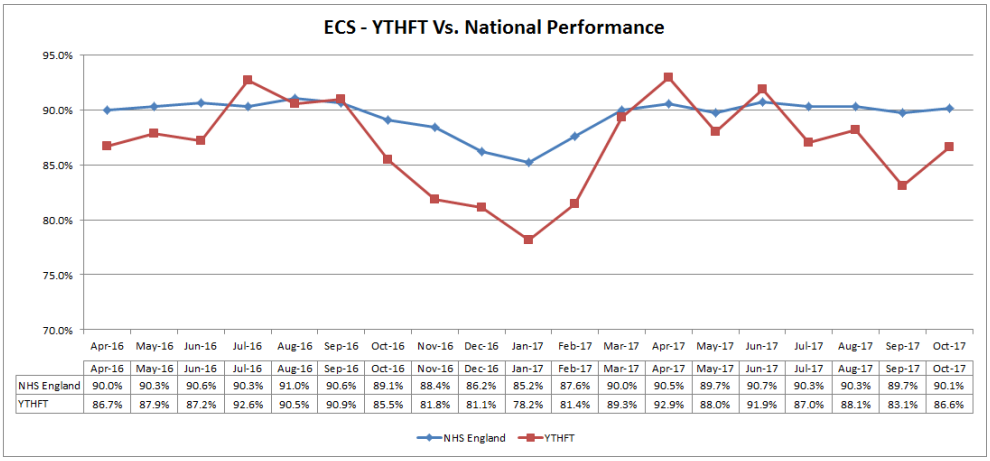
1. Introduction and Background

There has been some improvement on direction of travel for ECS, RTT and 14 day Fast Track, however The Trust remains off planned trajectory for these key performance metrics. The Trust has seen a drop in performance on 62 days from GP cancer referral to 1st Treatment (62 days Cancer) and diagnostics within 6 weeks.

The refreshed Return to Operational Standards has commenced with immediate impact on the ECS position. The performance management arrangements have been reviewed and will commence in the new format from November.

2. Performance Headlines and Assurance: Unplanned Care

York Teaching Hospital NHS FT	Comparison to October 2016	Comparison to September 2017
Emergency Care Standard	↑	↑



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
NHS England	90.0%	90.3%	90.6%	90.3%	91.0%	90.6%	89.1%	88.4%	86.2%	85.2%	87.6%	90.0%	90.5%	89.7%	90.7%	90.3%	90.3%	89.7%	90.1%
YTHFT	86.7%	87.9%	87.2%	92.6%	90.5%	90.9%	85.5%	81.8%	81.1%	78.2%	81.4%	89.3%	92.9%	88.0%	91.9%	87.0%	88.1%	83.1%	86.6%

October achieved 86.59%, against the planned STF trajectory of 91%. There has been a significant in-month turnaround from 79.25% for the first full week, rising to 91.08% for the final full week. This contributed to the improved performance position compared to October 16.

<u>Operational context and action</u>

Immediate recovery plans were implemented following the performance deterioration on the 9th October. These focused on enhancing site management and management of flow through the introduction of a manager of the day and increasing leadership from the on-call manager role. Senior nursing roles have been re-aligned to support ED and acute flow. The clinical site management has been refined to create additional clinical 'Operational Flow Practitioner' roles to be in place for winter.

The implementation of the four hour protocol remains a core focus. Despite overall improved performance, the performance for % of patients waiting 15mins to assessment and seen by a doctor within 1 hour remain low compared to the start of the recovery programme in April. For Scarborough site, the key metric for decision to admit by 2 hours has marginally improved in October (65.8%, compared to 64.2% in September 17), and is significantly higher than October 16 (33.5%). Long waits continue to be of concern in

October, with 2 declared 12 hour trolley waits. 371 patients were in ED over 8 hours, although this does represent a decrease of 22% compared to October 16. Patient trackers have been introduced to York ED, and Scarborough from November as part of the immediate recovery work to support patients' progress against the expected 4 hour pathway.

The recovery plan has a key priority of reducing non-admitted breaches, this has seen notable improvement in month, with a 66% reduction in non-admitted breaches from w/c 2nd October (308) and w/c 23rd October (102) across the Trust, despite similar attendance numbers for those weeks. Breaches have remained an issue overnight. This is being targeted through the review of medical staffing in ED for the York site.

The Trust continued to see an increase in Ambulance Handovers over 15mins in October, although it should be noted that the reporting figures changed in. There was a 12% increase in the number of ambulance arrivals in October 17 (compared to October 16) while overall attendances were up 0.9% and Type 1 attendance up by 1.6% compared by October 16.

The acute pathways are being refreshed to embed the Acute Medical Model (AMM) pathways both on the Scarborough site and to roll out to York site. For the York site, frailty at the front door has been implemented (from November) to test alternative pathways for the frail elderly. Adult non-elective admissions are up 0.6% from October 16, due to increases in non-elective admissions at Scarborough. Scarborough also saw an increase in the rate of emergency re-admissions (reported in arrears).

The Trust has seen an increase in acute Delayed Transfers of Care (DToCs), despite a reduction in DToC at York site. Length of stay over 7 days has reduced in October, with a corresponding increase in 0 LoS, which is in line with increased use of assessment models approaches. Bed Occupancy has ranged from 85.24%- 95.66% at York site, an improvement on September with 18 days of October below the 92 bed occupancy level. At Scarborough site, bed occupancy ranged from 85.04% - 99.62% with 15 days below 92%, compared to 19 days below 92% in September, reflecting the ongoing pressures on site.

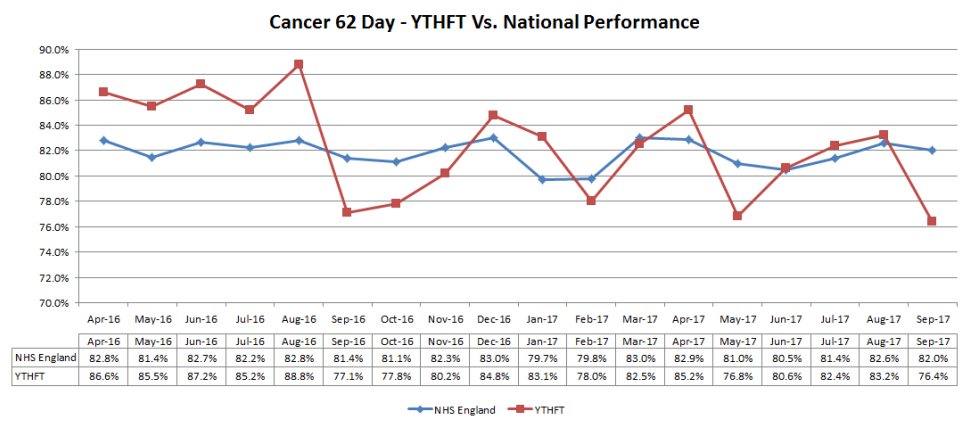
The roll out of SAFER has been reviewed and re-launched, with a clear focus on discharge planning and earlier discharges. October has seen some impact of this with average numbers of patients discharged by midday increased 11.5% (4 week comparison: 2nd Oct – 29th Oct average of 149.5 per week compared to 4th September – 1st October average of 166.75 per week). There has been some increase in the use of discharge lounge, with average numbers increased 7.7% (4 week comparison: 2nd Oct – 29th Oct average of 253 per week compared to 4th September – 1st October average of 272.5 per week).

3. Performance Headlines: Cancer

York Teaching Hospital NHS FT	Comparison to September 2016	Comparison to August 2017
62 Day Cancer	↓	↓

The Trust met 5 out of the 7 targets for September 17 and 5 out of the 7 targets for Quarter 2 (reported a month in arrears).

Performance was under expected levels for:
- 14 day Fast Track: Q2 performance: 83%. September 17: 84.8% - 175 breaches, of which 80.6% were diagnosed as no cancer
- 62 day wait 1st Treatment GP: Q2 performance 80.6%. September 17: 76.4% - 31 breaches (37 patients)



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NHS England	82.8%	81.4%	82.7%	82.2%	82.8%	81.4%	81.1%	82.3%	83.0%	79.7%	79.8%	83.0%	82.9%	81.0%	80.5%	81.4%	82.6%	82.0%
YTHFT	86.6%	85.5%	87.2%	85.2%	88.8%	77.1%	77.8%	80.2%	84.8%	83.1%	78.0%	82.5%	85.2%	76.8%	80.6%	82.4%	83.2%	76.4%

Operational Context and Actions

Dermatology continues to account for the high numbers of fast track breaches (77% of all fast track breaches). Of the delayed patients, 80.6% did not have cancer. The Dermatology recovery work continues, with the commencement of the new model of service in Malton in November. Performance is slightly improved on 14 day fast track, however there were 2 children breaches for fast track performance in September, both for Dermatology. Immediate action is being taken to ensure all children are flagged on the weekly PTL and a review of all children's performance is underway. Of the non-skin fast breaches, 61.5% were due to patient choice or patient cancellations. The Trust is working with the CCG to target these breaches.

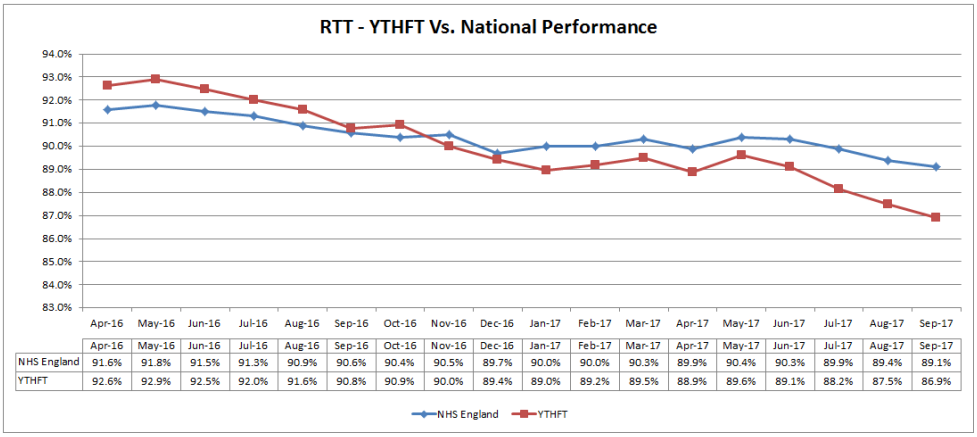
62 day performance dropped in September, with breaches across a range of specialties. Complex diagnostics (32%) and capacity constraints (27%) were the primary reasons for delay for this cohort of patients. Of the 37 patients affected, 11 of those were treated over 104 days, with a clinical harm review to be reported on each. The high number of long delays is of concern. 5 of those were primarily attributed to a lack of elective capacity, these all related to above the clavicle skin and head and neck cancers. The Cancer Board has been reconfigured with focused work groups to be established on timed pathways, diagnostics, quality surveillance and patient outcomes and living with and beyond cancer. Individual recovery plans are being completed for each tumor site not meeting 62 days standard.

There has been a service change in October for Oncology at the East Coast, with patients requiring Oncology for urological or Upper GI cancers receiving first treatment at Hull. The Trust is arranging meetings with Hull to discuss the ongoing capacity challenges and 62 day pathway management for the East Coast.

4. Performance Headlines: Planned Care

York Teaching Hospital NHS FT	Comparison to October 2016	Comparison to September 2017
Referral to Treatment	↓	↑

RTT performance for October is 87.4%, this is 4.6% off trajectory and therefore the planned return to 92% by the end of October was not achieved. Performance did improve by 0.5% compared to September 17, the first month on month improvement since May 17.



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NHS England	91.6%	91.8%	91.5%	91.3%	90.9%	90.6%	90.4%	90.5%	89.7%	90.0%	90.0%	90.3%	89.9%	90.4%	90.3%	89.9%	89.4%	89.1%
YTHFT	92.6%	92.9%	92.5%	92.0%	91.6%	90.8%	90.9%	90.0%	89.4%	89.0%	89.2%	89.5%	88.9%	89.6%	89.1%	88.2%	87.5%	86.9%

Operational Context and Action

The admitted backlog remained relatively stable through October; up by 8 patients. This has been supported by a 7.3% increase in elective admissions and a 5% increase in day case admissions compared to October 16. The non-admitted backlog decreased for the second consecutive month; down 10% from 1,884 at the end of September to 1,699, with significant progress made on RTT validation across specialities. Overall outpatient referrals were up 1.2% compared to October 16, including a 0.65% decrease in GP referrals. The Trust is working with the CCGs on advice and guidance models and new ways of working for outpatients.

At the end of September there were 25,174 patients on the incomplete pathway with 3,164 of those waiting over 18 weeks. Long waits continue to be a significant concern with 77 patients waiting over 40 weeks (at the time of the report). There was one declared 52 week breach in October for Thoracic medicine (sleep service). The risk remains high for 52 week breaches, in particular for Sleep services, MaxFax and Dermatology. Additional capacity has been agreed with Leeds to support long wait patients in MaxFax. Long wait patients are reviewed weekly and prioritised through theatre planning and bed meetings.

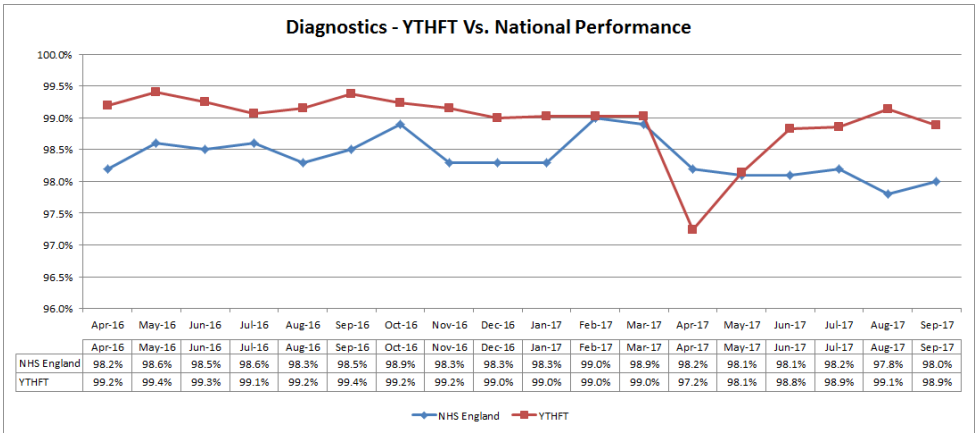
DNA rates have improved again in October down to 6.1% following text reminder services and concerted work across directorates, with the York locality DNA rate down to 5.1% and the Scarborough locality at its lowest level since February 2016 (7.8%).

95% of requested theatre lists have gone ahead year to date, however the total number requested remains 19% lower than the lists identified in the service level agreement with Directorates to meet planned demand this year. This may be due to a combination of leave, consultant vacancy and staffing. In addition to the ongoing theatre productivity work,

supported by the national Deloitte Four Eyes analysis, the Trust is engaged with the NHSI productivity team to support effective utilisation and productive working.

5. Performance Headlines: Diagnostics

York Teaching Hospital NHS FT	Comparison to October 2016	Comparison to September 2017
Diagnostics	↓	↓



	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
NHS England	98.2%	98.6%	98.5%	98.6%	98.3%	98.5%	98.9%	98.3%	98.3%	98.3%	99.0%	98.9%	98.2%	98.1%	98.1%	98.2%	97.8%	98.0%
YTHFT	99.2%	99.4%	99.3%	99.1%	99.2%	99.4%	99.2%	99.2%	99.0%	99.0%	99.0%	99.0%	97.2%	98.1%	98.8%	98.9%	99.1%	98.9%

The diagnostic target was not achieved in October 17 with performance of 98.32%. This equated to 92 breaches from a cohort of 5,469 patients. Primary issues were in Echocardiography due to Consultant unplanned leave in September and Radiology reporting processes resulting in below expected performance; remedial action and improved processes have been put in place to ensure future compliance.

6. Next Steps

The Recovery Plan has been mobilised with underpinning reporting in development and weekly review of actions for ECS. Monthly status summaries will be reported to board against the key recovery actions.

7. Recommendation

The Committee are asked to note the performance position and progress on recovery actions.

York Teaching Hospital NHS
NHS Foundation Trust

Public Performance Report

November 2017

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

Performance Report
Chapter Index

Activity Summary: Trust

Operational Performance: Unplanned Care	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Emergency Care Attendances		14904	15414	14524	13560	15695	16099	16834	16330	17438	17134	15979	16570
Emergency Care Breaches		2711	2908	3168	2519	1680	1144	2018	1328	2268	2033	2697	2222
Emergency Care Standard Performance	95%	81.8%	81.1%	78.2%	81.4%	89.3%	92.9%	88.0%	91.9%	87.0%	88.1%	83.1%	86.6%
ED Conversion Rate: Proportion of ED attendances subsequently admitted		36.7%	37.7%	39.2%	38.8%	38.9%	37.9%	37.0%	36.8%	35.9%	36.5%	37.7%	37.7%
ED Total number of patients waiting over 8 hours in the departments		666	720	1076	842	319	136	378	158	323	274	528	371
ED 12 hour trolley waits	0	3	11	45	6	9	0	3	0	2	1	1	2
ED: % of attendees assessed within 15 minutes of arrival		62.3%	60.7%	57.8%	61.3%	73.6%	79.7%	72.8%	72.9%	70.7%	68.8%	67.9%	66.7%
ED: % of attendees seen by doctor within 60 minutes of arrival		36.7%	36.0%	37.5%	41.9%	48.2%	51.8%	40.1%	43.3%	36.6%	43.6%	34.7%	35.5%
Ambulance Handovers waiting 15-29 minutes	0	413	475	473	448	430	211	272	335	360	446	469	745
Ambulance handovers waiting >30 minutes	0	302	287	330	289	183	68	164	150	215	258	331	368
Ambulance handovers waiting >60 minutes	0	250	275	379	303	67	35	92	75	96	106	207	257
Non Elective Admissions (excl Paediatrics & Maternity)		4084	4271	4216	3872	4574	4204	4378	4476	4420	4412	4267	4430
Non Elective Admissions - Paediatrics		819	767	745	659	791	675	664	607	616	495	673	792
Delayed Transfers of Care - Acute Hospitals		1019	882	967	949	1089	875	908	902	806	1238	965	932
Delayed Transfers of Care - Community Hospitals		326	396	244	401	488	442	313	298	352	234	445	312
Patients with LoS >= 7 Midnights (Elective & Non-Elective)		1016	1050	1175	981	1079	1047	1109	1013	1063	1015	1052	1065
Ward Transfers - Non clinical transfers after 10pm	100	105	97	138	98	111	79	90	60	110	70	84	67
Emergency readmissions within 30 days		726	743	721	693	798	707	800	814	770	724	2 months behind	2 months behind

Operational Performance: Planned Care	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Outpatients: All Referral Types		17930	16011	17455	16415	18972	15678	17594	18559	17681	16954	16575	17812
Outpatients: GP Referrals		9879	8728	9259	9029	10707	8427	9204	10095	9385	9132	9023	9582
Outpatients: Consultant to Consultant Referrals		2259	2024	2318	2134	2302	1986	2205	2278	2284	2221	1994	2264
Outpatients: Other Referrals		5792	5259	5878	5252	5963	5265	6185	6186	6012	5601	5558	5966
Outpatients: 1st Attendances		13486	11025	12856	11296	13892	10352	12318	12517	11979	11741	12033	12855
Outpatients: Follow Up Attendances		28526	24376	27681	24908	29563	23150	27794	27820	26708	26558	26985	28326
Outpatients: 1st to FU Ratio		2.12	2.21	2.15	2.21	2.13	2.24	2.26	2.22	2.23	2.26	2.24	2.20
Outpatients: DNA rates		6.7%	6.8%	7.1%	6.8%	6.6%	6.8%	7.1%	7.2%	7.0%	6.7%	6.6%	6.1%
Outpatients: Cancelled Clinics with less than 14 days notice	180	240	145	185	175	222	151	163	147	147	140	203	197
Outpatients:Hospital Cancelled Outpatient Appointments for non-clinical reasons		818	682	883	877	912	906	891	942	834	823	817	862
Diagnostics: Patients waiting <6 weeks from referral to test	99%	99.2%	99.0%	99.0%	99.0%	99.0%	97.2%	98.1%	98.8%	98.9%	99.1%	98.9%	98.3%
Elective Admissions		839	619	699	631	787	610	749	758	715	720	685	794
Day Case Admissions		6189	5507	6154	5822	6800	5447	6216	6364	5896	6048	5848	6269
Cancelled Operations within 48 hours - Bed shortages		101	71	191	117	53	4	57	10	23	12	38	27
Cancelled Operations within 48 hours - Non clinical reasons		180	121	246	169	122	46	154	57	64	57	84	91
Theatres: Utilisation of planned sessions		89.4%	86.5%	85.9%	85.7%	90.4%	90.5%	86.9%	89.3%	88.4%	89.6%	89.2%	88.4%
Theatres: number of sessions held		659	545	669	617	706	531	621	633	629	590	619	704
Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)		80	65	30	55	65	70	84	71	72	56	77	57

Activity Summary: Trust

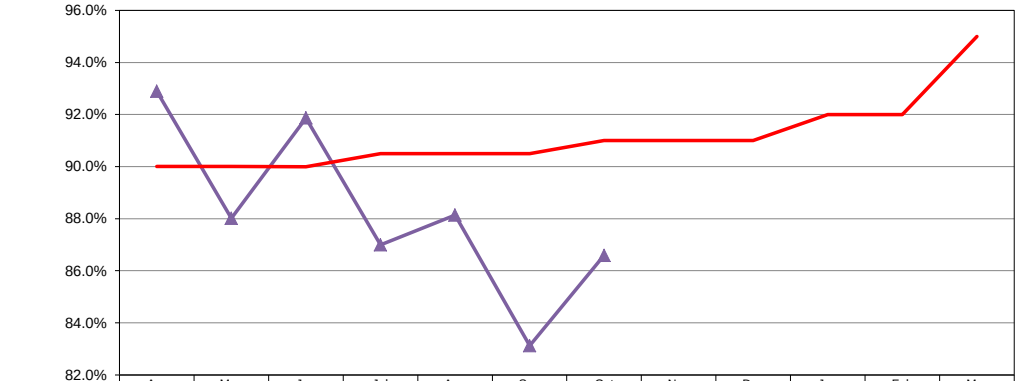
18 Weeks Referral To Treatment	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Incomplete Pathways	92%	90.0%	89.4%	89.0%	89.2%	89.5%	88.9%	89.6%	89.1%	88.2%	87.5%	86.9%	87.4%
Waits over 52 weeks for incomplete pathways	0	0	0	0	0	1	0	1	0	1	1	0	1
Waits over 36 weeks for incomplete pathways	0	94	126	152	172	168	159	165	156	152	197	197	199
Number of patients on Admitted Backlog (18+ weeks)	-	1205	1312	1344	1296	1220	1426	1357	1331	1418	1353	1457	1465
Number of patients on Non Admitted Backlog (18+ weeks)	-	1340	1372	1441	1410	1427	1380	1302	1520	1720	1976	1884	1699

Cancer (one month behind due to national reporting timetable)	Quarterly target	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Cancer 2 week (all cancers)	93%	89.8%	94.0%	88.7%	93.9%	90.9%	86.4%	86.2%	87.0%	80.7%	83.4%	84.8%	1 month behind
Cancer 2 week (breast symptoms)	93%	97.8%	96.0%	94.3%	94.7%	94.9%	88.0%	95.0%	95.1%	97.1%	98.2%	98.6%	1 month behind
Cancer 31 day wait from diagnosis to first treatment	96%	97.1%	98.8%	96.7%	97.8%	96.1%	96.6%	96.6%	98.4%	98.3%	97.7%	97.9%	1 month behind
Cancer 31 day wait for second or subsequent treatment - surgery	94%	83.3%	97.1%	95.0%	94.6%	97.5%	92.5%	94.1%	97.2%	95.2%	97.1%	95.7%	1 month behind
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	1 month behind
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	80.2%	84.8%	83.1%	78.0%	82.5%	85.2%	76.8%	80.6%	82.4%	83.2%	76.4%	1 month behind
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	93.4%	89.8%	92.2%	83.3%	86.0%	91.7%	93.5%	96.4%	86.8%	98.5%	93.1%	1 month behind

Sustainability and Transformation Fund Trajectory (STF) and Performance Recovery Trajectories

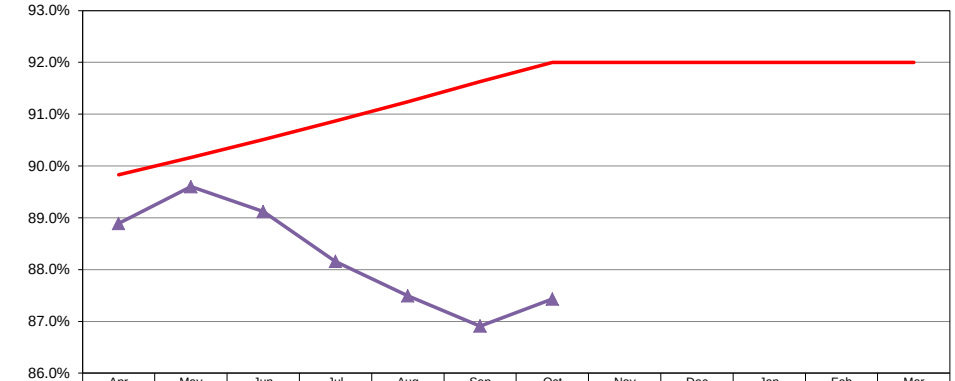
November 2017

Emergency Care Standard Improvement Trajectory



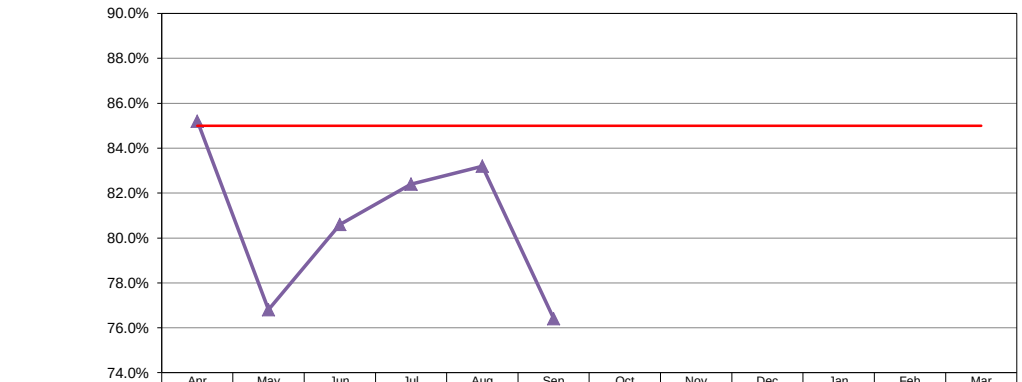
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Performance	92.9%	88.0%	91.9%	87.0%	88.1%	83.1%	86.6%					
STF Trajectory	90.0%	90.0%	90.0%	90.5%	90.5%	90.5%	91.0%	91.0%	91.0%	92.0%	92.0%	95.0%

Referral To Treatment Incomplete Pathways



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Incomplete Pathways	88.9%	89.6%	89.1%	88.2%	87.5%	86.9%	87.4%					
Trajectory	89.8%	90.2%	90.5%	90.9%	91.2%	91.6%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

Cancer 62 Day Waits For First Treatment (From Urgent GP Referral)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Cancer 62 Day Waits	85.2%	76.8%	80.6%	82.4%	83.2%	76.4%						
Trajectory	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%

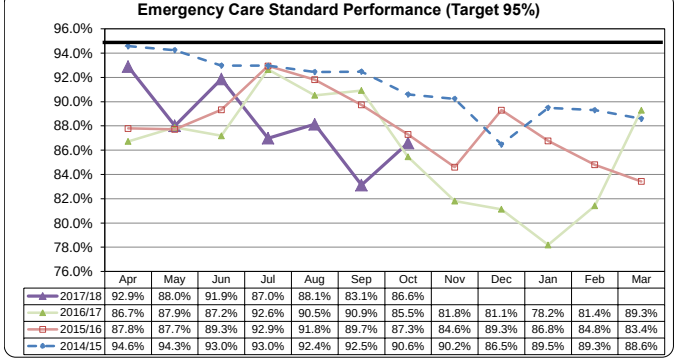
Diagnostics: Patients Waiting < 6 Weeks From Referral to Test

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Performance	97.2%	98.1%	98.8%	98.9%	99.1%	98.9%	98.3%					
Trajectory	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%

Trust Unplanned Care
Emergency Care Standard

November 2017

Emergency Care Standard Performance (Target 95%)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	92.9%	88.0%	91.9%	87.0%	88.1%	83.1%	86.6%					
2016/17	86.7%	87.9%	87.2%	92.6%	90.5%	90.9%	85.5%	81.8%	81.1%	78.2%	81.4%	89.3%
2015/16	87.8%	87.7%	89.3%	92.9%	91.8%	89.7%	87.3%	84.6%	89.3%	86.8%	84.8%	83.4%
2014/15	94.6%	94.3%	93.0%	93.0%	92.4%	92.5%	90.6%	90.2%	86.5%	89.5%	89.3%	88.6%

Total Emergency Care Attendances (ED, UCC & MIU)

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	16099	16834	16330	17438	17134	15979	16570					
2016/17	15129	16979	16091	17709	17385	16371	16491	14904	15414	14524	13560	15695
2015/16	16497	16773	16477	17420	17728	16307	16892	15654	15567	15662	15527	16781
2014/15	15234	16472	16453	17438	16800	15607	15735	14674	14923	13647	13002	15273

Type 1 Emergency Care Attendances

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	8903	9531	9358	9804	9367	9112	9519					
2016/17	9101	10133	9700	9561	9180	9121	9370	8771	9147	8546	7930	9036
2015/16	10808	11107	10765	11214	11539	10442	10073	9502	9424	9471	9506	10116
2014/15	10785	11609	11657	12020	11606	11208	11595	10996	11028	10081	9527	10993

Ambulance Handovers

ED: % of attendees assessed within 15 minutes of arrival

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	79.7%	72.8%	72.9%	70.7%	68.8%	67.9%	66.7%					
2016/17	40.1%	40.4%	43.5%	45.3%	66.3%	67.5%	65.7%	62.3%	60.7%	57.8%	61.3%	73.6%
2015/16	59.3%	55.6%	55.6%	58.0%	56.5%	57.0%	51.1%	49.5%	49.4%	42.1%	36.5%	36.4%
2014/15	39.6%	38.5%	36.8%	36.3%	37.9%	35.8%	40.4%	42.2%	38.1%	47.2%	42.8%	38.7%

ED: % of attendees seen by doctor within 60 minutes of arrival

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	51.8%	40.1%	43.3%	36.6%	43.6%	34.7%	35.5%					
2016/17	39.5%	34.5%	36.4%	45.0%	48.1%	41.2%	36.0%	36.7%	36.0%	37.5%	41.9%	48.2%
2015/16	37.1%	38.4%	36.7%	44.8%	42.6%	42.5%	37.5%	33.3%	46.3%	40.5%	34.3%	33.5%
2014/15	46.6%	42.8%	38.5%	39.9%	42.3%	41.2%	43.6%	43.6%	40.8%	53.9%	46.9%	43.3%

ED Time in Department

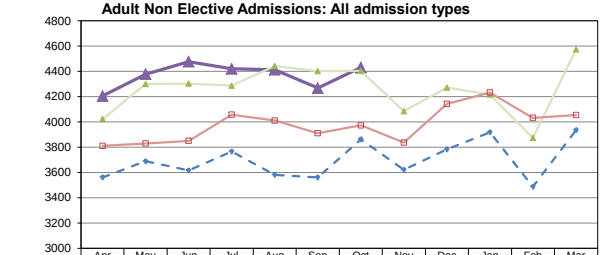
ED Admissions

ED Conversion Rate; Proportion of ED attendances subsequently admitted

Trust Unplanned Care
Adult Admissions

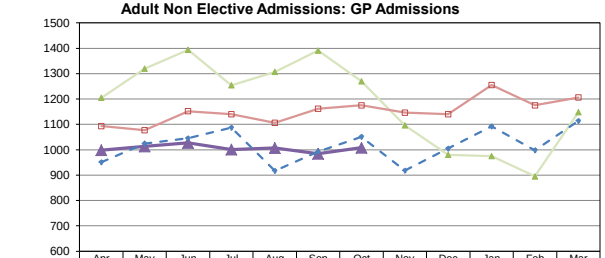
November 2017

Adult Non Elective Admissions: All admission types



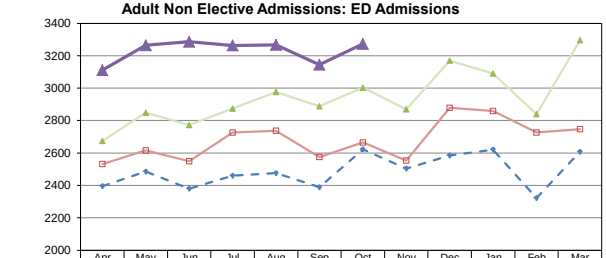
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	4204	4378	4476	4420	4412	4267	4430					
2016/17	4022	4299	4303	4286	4442	4401	4403	4084	4271	4216	3872	4574
2015/16	3810	3829	3850	4057	4010	3910	3972	3836	4142	4232	4032	4054
2014/15	3561	3688	3616	3765	3581	3560	3862	3621	3782	3918	3487	3935

Adult Non Elective Admissions: GP Admissions



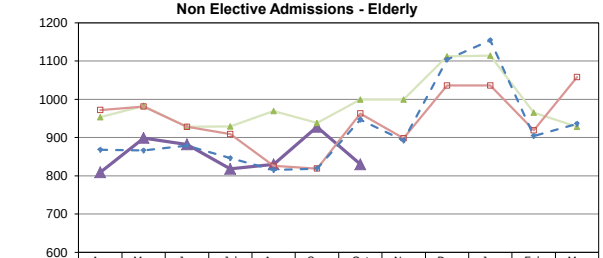
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	998	1013	1027	1001	1007	984	1008					
2016/17	1205	1320	1394	1254	1307	1391	1270	1096	980	975	895	1148
2015/16	1093	1077	1152	1140	1106	1162	1175	1146	1140	1255	1175	1206
2014/15	951	1024	1045	1087	917	992	1051	918	1005	1092	998	1114

Adult Non Elective Admissions: ED Admissions



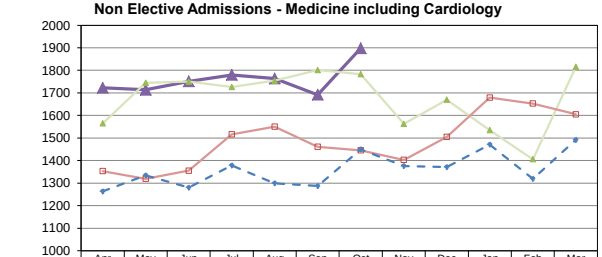
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	3111	3264	3286	3263	3267	3145	3273					
2016/17	2674	2849	2772	2874	2976	2888	3003	2869	3170	3090	2839	3296
2015/16	2532	2616	2549	2726	2737	2575	2665	2553	2879	2859	2726	2747
2014/15	2396	2485	2380	2460	2476	2389	2623	2504	2585	2621	2323	2608

Non Elective Admissions - Elderly



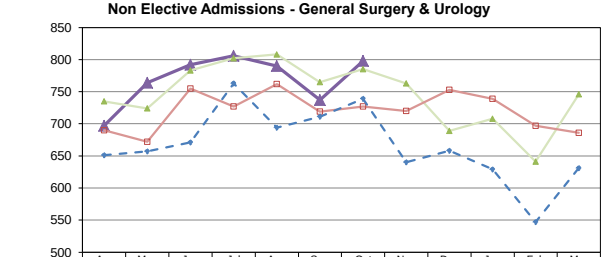
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	809	899	882	818	830	928	830					
2016/17	953	983	928	929	969	938	999	999	1112	1114	965	928
2015/16	972	981	928	909	826	819	963	898	1036	1036	919	1058
2014/15	868	866	879	846	815	819	947	892	1104	1154	904	936

Non Elective Admissions - Medicine including Cardiology



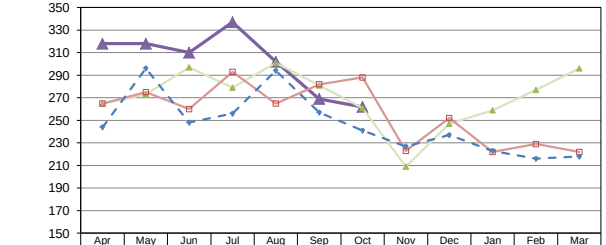
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1723	1714	1751	1780	1764	1692	1898					
2016/17	1565	1745	1750	1726	1754	1801	1783	1563	1670	1535	1406	1816
2015/16	1353	1319	1355	1516	1550	1461	1445	1403	1505	1679	1653	1605
2014/15	1263	1334	1280	1378	1299	1287	1450	1376	1371	1471	1319	1492

Non Elective Admissions - General Surgery & Urology



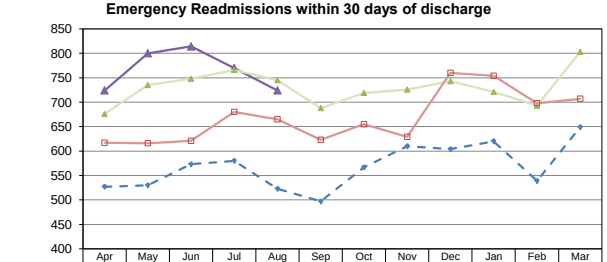
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	697	764	792	806	790	737	798					
2016/17	735	724	783	802	808	765	785	763	689	708	641	746
2015/16	690	672	755	727	762	719	727	720	753	739	697	686
2014/15	651	657	671	763	694	711	739	640	658	629	547	631

Non Elective Admissions - Trauma & Orthopaedics



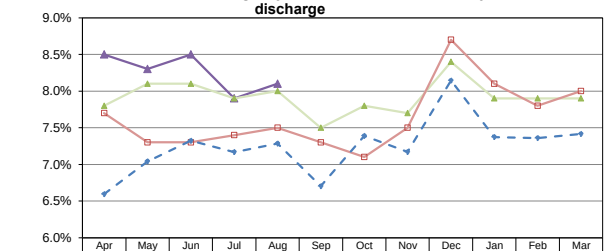
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	318	318	310	337	302	269	262					
2016/17	265	273	297	279	301	281	261	209	247	259	277	296
2015/16	265	275	260	293	265	282	288	223	252	222	229	222
2014/15	244	296	248	256	294	257	241	227	237	223	216	218

Emergency Readmissions within 30 days of discharge



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	724	800	814	770	724							
2016/17	676	735	748	766	745	688	719	726	743	721	693	803
2015/16	617	616	621	680	665	623	655	629	760	754	698	707
2014/15	527	530	573	580	523	497	567	610	604	620	539	649

Readmission Rate: Emergency Readmissions within 30 days of discharge

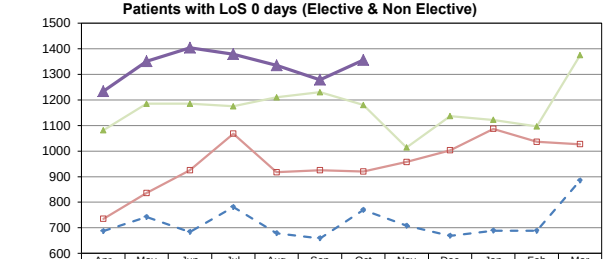


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	8.5%	8.3%	8.5%	7.9%	8.1%							
2016/17	7.8%	8.1%	8.1%	7.9%	8.0%	7.5%	7.8%	7.7%	8.4%	7.9%	7.9%	7.9%
2015/16	7.7%	7.3%	7.3%	7.4%	7.5%	7.3%	7.1%	7.5%	8.7%	8.1%	7.8%	8.0%
2014/15	6.6%	7.0%	7.3%	7.2%	7.3%	6.7%	7.4%	7.2%	8.1%	7.4%	7.4%	7.4%

Trust Length of Stay & Delayed Transfers of Care (DTOC)

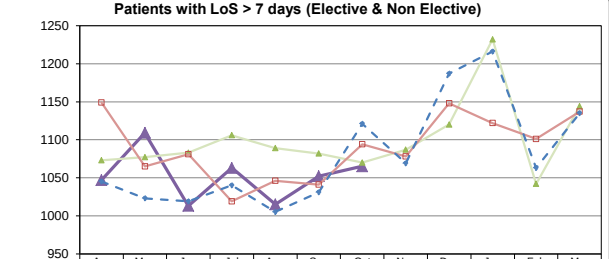
November 2017

Patients with LoS 0 days (Elective & Non Elective)



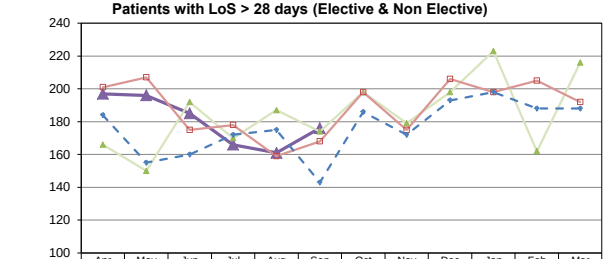
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1234	1351	1404	1379	1335	1279	1356					
2016/17	1081	1185	1185	1175	1210	1230	1180	1014	1137	1122	1096	1375
2015/16	735	836	925	1068	917	925	920	957	1003	1087	1036	1027
2014/15	687	742	684	781	679	659	770	708	669	689	688	885

Patients with LoS > 7 days (Elective & Non Elective)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1047	1109	1013	1063	1015	1052	1065					
2016/17	1073	1077	1083	1106	1089	1082	1070	1087	1120	1232	1042	1144
2015/16	1149	1065	1081	1019	1046	1041	1094	1078	1148	1122	1101	1137
2014/15	1045	1023	1019	1040	1005	1031	1121	1069	1187	1216	1063	1135

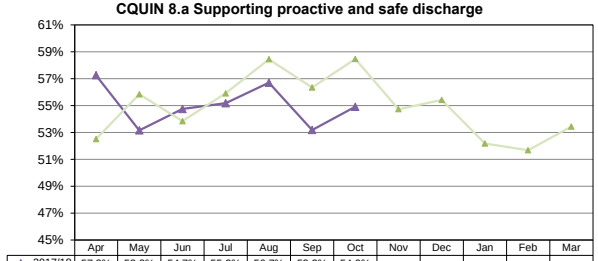
Patients with LoS > 28 days (Elective & Non Elective)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	197	196	185	166	161	176						
2016/17	166	150	192	170	187	174	198	179	198	223	162	216
2015/16	201	207	175	178	159	168	198	175	206	198	205	192
2014/15	184	155	160	172	175	143	186	172	193	198	188	188

Updated one month in arrears

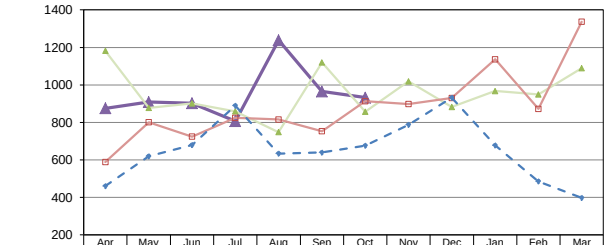
CQUIN 8.a Supporting proactive and safe discharge



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	57.3%	53.2%	54.7%	55.2%	56.7%	53.2%	54.9%					
2016/17	52.5%	55.8%	53.8%	55.9%	58.4%	56.3%	58.5%	54.7%	55.4%	52.2%	51.7%	53.4%

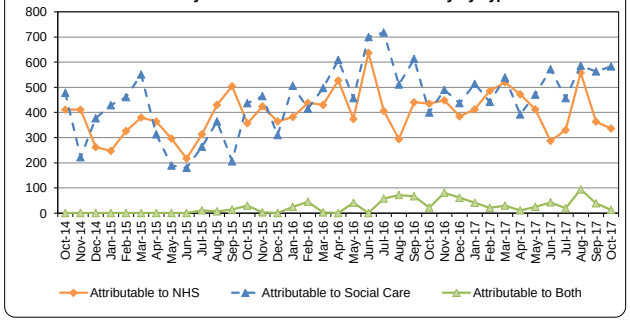
Proportion of patients aged 65+ admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission (excluding those with a LoS < 3 days) over

Acute Delayed Transfers of Care - Lost Bed Days

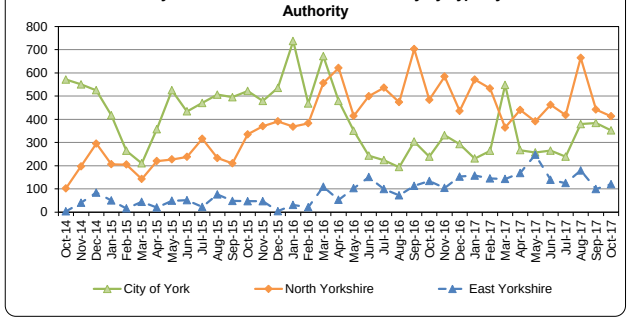


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	875	908	902	806	1238	965	932					
2016/17	1182	877	901	859	748	1120	857	1019	882	967	949	1089
2015/16	588	801	724	824	815	753	913	898	930	1136	872	1337
2014/15	460	619	679	889	633	639	676	787	931	677	485	397

Acute Delayed Transfers of Care - Lost Bed Day by Type



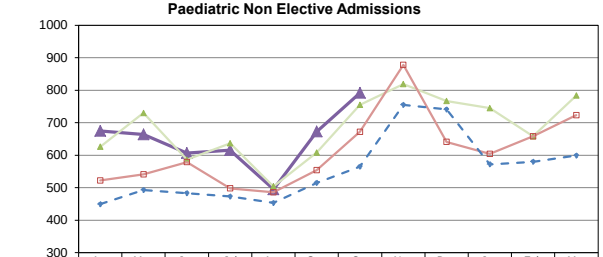
Acute Delayed Transfers of Care - Lost Bed Day by Type by Local Authority



Paediatric Admissions

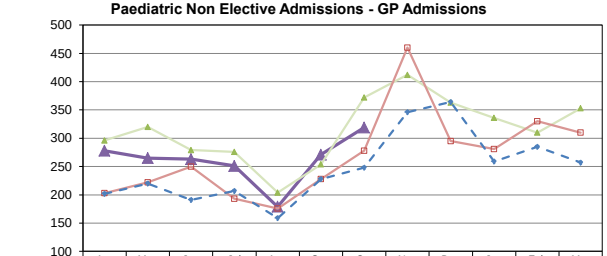
November 2017

Paediatric Non Elective Admissions



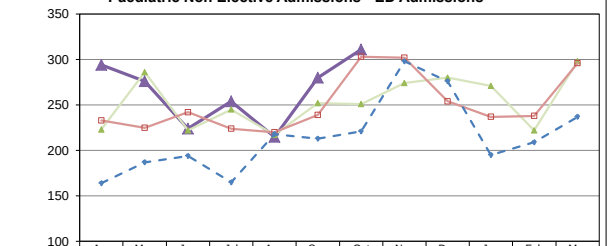
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	675	664	607	616	495	673	792					
2016/17	626	730	586	637	504	608	755	819	767	745	658	784
2015/16	522	541	579	498	486	554	672	878	641	604	658	723
2014/15	449	493	483	473	453	515	565	755	741	572	580	599

Paediatric Non Elective Admissions - GP Admissions



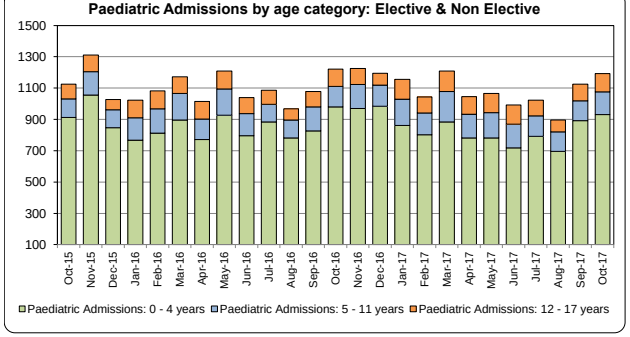
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	278	265	263	251	179	271	319					
2016/17	296	320	279	276	204	254	372	412	363	336	310	353
2015/16	203	222	250	193	176	228	278	460	295	281	330	310
2014/15	202	220	191	207	159	228	248	346	364	259	285	257

Paediatric Non Elective Admissions - ED Admissions

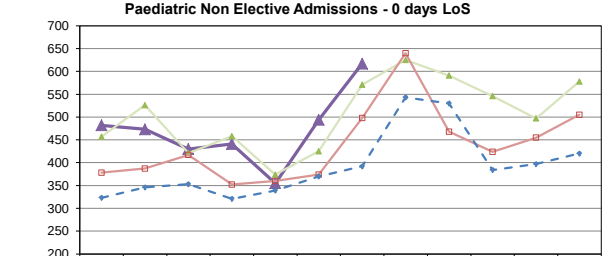


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	294	276	224	254	215	280	311					
2016/17	223	286	222	245	217	252	251	274	280	271	222	298
2015/16	233	225	242	224	220	239	303	302	254	237	238	296
2014/15	164	187	194	165	218	213	221	298	276	195	209	237

Paediatric Admissions by age category: Elective & Non Elective

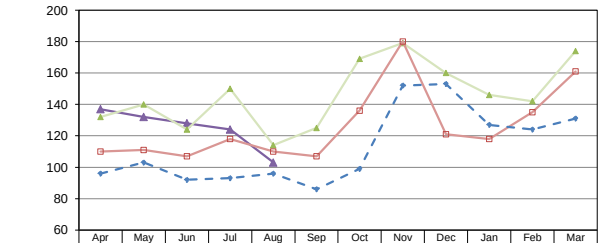


Paediatric Non Elective Admissions - 0 days LoS



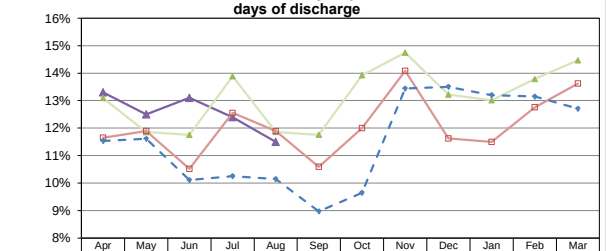
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	482	473	430	441	355	494	617					
2016/17	457	526	421	458	374	425	571	625	591	546	497	578
2015/16	378	387	417	352	360	374	498	640	468	424	455	505
2014/15	323	346	353	321	339	370	392	543	530	384	397	420

Paediatric Emergency Readmissions within 30 days of discharge



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	137	132	128	124	103							
2016/17	132	140	124	150	114	125	169	179	160	146	142	174
2015/16	110	111	107	118	110	107	136	180	121	118	135	161
2014/15	96	103	92	93	96	86	99	152	153	127	124	131

Paediatric Readmission Rate: Emergency Readmissions within 30 days of discharge

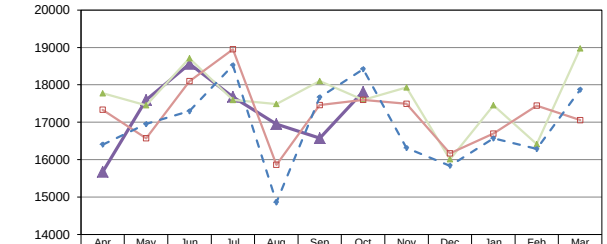


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	13.3%	12.5%	13.1%	12.4%	11.5%							
2016/17	13.1%	11.9%	11.8%	13.9%	11.9%	11.8%	13.9%	14.7%	13.2%	13.0%	13.8%	14.5%
2015/16	11.7%	11.9%	10.5%	12.6%	11.9%	10.6%	12.0%	14.1%	11.6%	11.5%	12.8%	13.6%
2014/15	11.5%	11.6%	10.1%	10.3%	10.1%	9.0%	9.6%	13.4%	13.5%	13.2%	13.1%	12.7%

Trust Planned Care
Outpatients

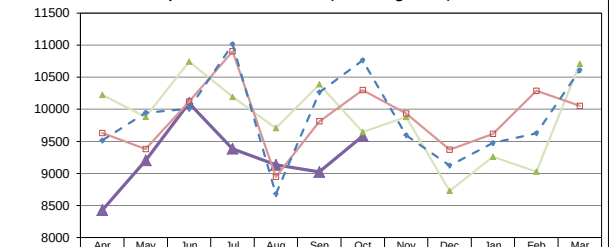
November 2017

Outpatients: All Referral Types (excluding AHPs)



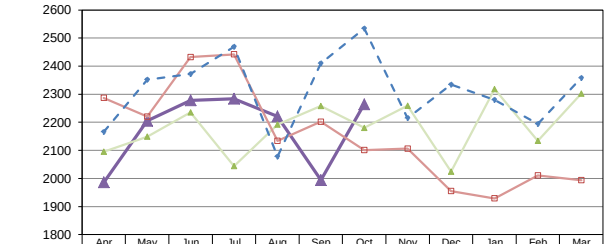
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	15678	17594	18559	17681	16954	16575	17812					
2016/17	17774	17455	18711	17594	17489	18102	17600	17930	16011	17455	16415	18972
2015/16	17337	16572	18098	18950	15864	17459	17599	17492	16169	16696	17445	17056
2014/15	16404	16953	17295	18522	14861	17666	18420	16314	15840	16571	16286	17871

Outpatients: GP Referrals (excluding AHPs)



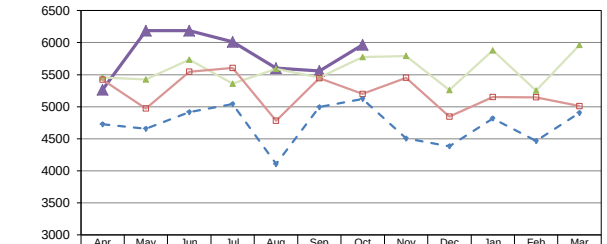
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	8427	9204	10095	9385	9132	9023	9582					
2016/17	10223	9881	10742	10192	9706	10388	9645	9879	8728	9259	9029	10707
2015/16	9628	9379	10119	10903	8949	9812	10299	9934	9369	9616	10287	10052
2014/15	9513	9946	10008	11012	8678	10262	10763	9595	9122	9473	9626	10609

Outpatients: Cons to Cons Referrals (excluding AHPs)



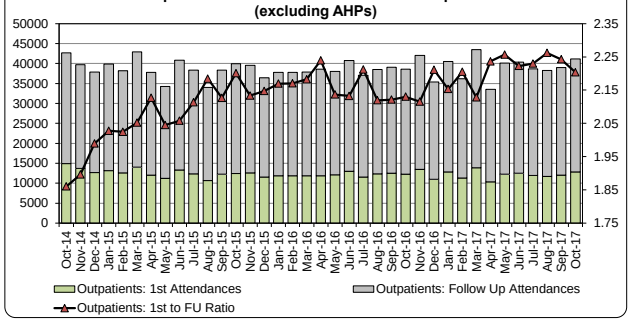
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1986	2205	2278	2284	2221	1994	2264					
2016/17	2095	2149	2235	2044	2192	2258	2180	2259	2024	2318	2134	2302
2015/16	2287	2220	2432	2442	2134	2202	2101	2106	1955	1929	2011	1994
2014/15	2166	2352	2372	2469	2078	2410	2534	2215	2334	2280	2194	2358

Outpatients: Other Referrals (excluding AHPs)

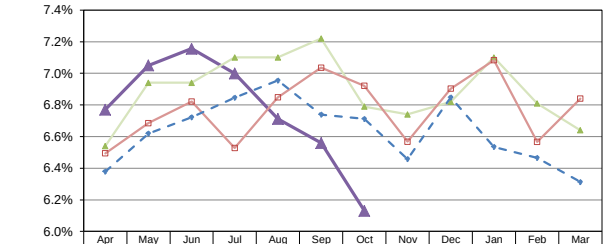


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	5265	6185	6186	6012	5601	5558	5966					
2016/17	5456	5425	5734	5358	5591	5456	5775	5792	5259	5878	5252	5963
2015/16	5422	4973	5547	5605	4781	5445	5199	5452	4845	5151	5147	5010
2014/15	4725	4655	4915	5041	4105	4994	5123	4504	4384	4818	4466	4904

Outpatients: Attendances & 1st to Follow Up Ratio (excluding AHPs)

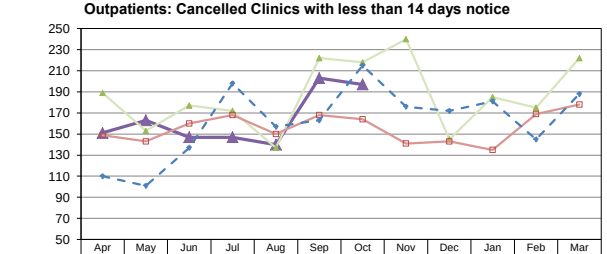


Outpatients: DNA rates



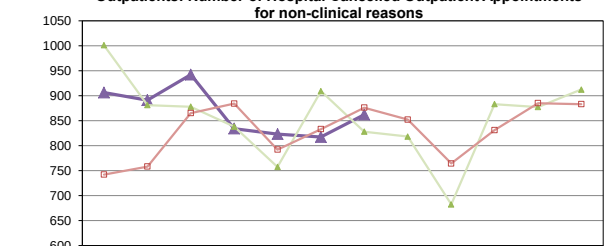
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	6.8%	7.1%	7.2%	7.0%	6.7%	6.6%	6.1%					
2016/17	6.5%	6.9%	6.9%	7.1%	7.1%	7.2%	6.8%	6.7%	6.8%	7.1%	6.8%	6.6%
2015/16	6.5%	6.7%	6.8%	6.5%	6.8%	7.0%	6.9%	6.6%	6.9%	7.1%	6.6%	6.8%
2014/15	6.4%	6.6%	6.7%	6.8%	7.0%	6.7%	6.7%	6.5%	6.8%	6.5%	6.5%	6.3%

Outpatients: Cancelled Clinics with less than 14 days notice



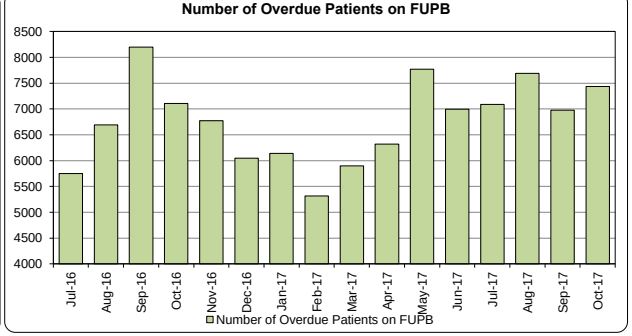
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	151	163	147	147	140	203	197					
2016/17	189	153	177	172	137	222	218	240	145	185	175	222
2015/16	149	143	160	168	150	168	164	141	143	135	169	178
2014/15	110	101	137	198	157	163	215	176	172	181	145	188

Outpatients: Number of Hospital Cancelled Outpatient Appointments for non-clinical reasons



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	906	891	942	834	823	817	862					
2016/17	1001	881	878	838	757	909	828	818	682	883	877	912
2015/16	742	758	865	884	792	833	876	852	764	831	885	883

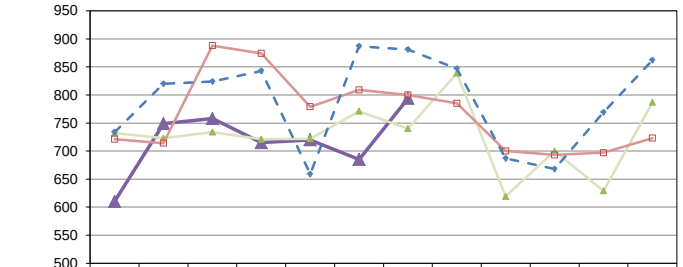
Number of Overdue Patients on FUPB



Trust Planned Care
Elective Activity & Theatre Utilisation

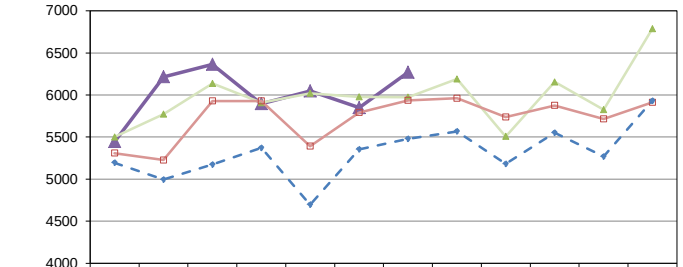
November 2017

Ordinary Elective Admissions



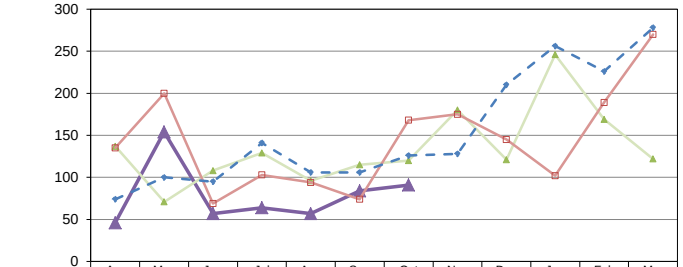
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	610	749	758	715	720	685	794					
2016/17	732	723	734	721	722	771	740	839	619	700	629	787
2015/16	721	714	888	874	779	809	800	785	700	693	697	723
2014/15	734	820	824	843	659	887	881	847	687	668	769	862

Ordinary Day Case Admissions



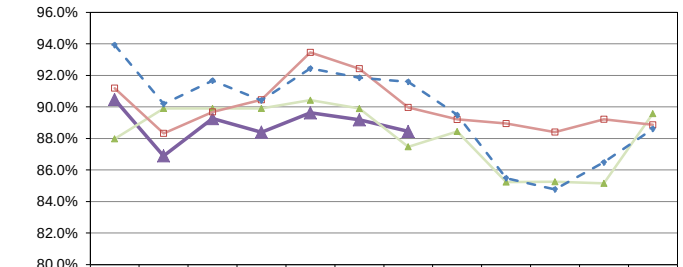
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	5447	6216	6364	5896	6048	5848	6269					
2016/17	5500	5771	6137	5907	6019	5977	5973	6189	5507	6154	5824	6786
2015/16	5309	5226	5929	5929	5392	5792	5936	5960	5737	5876	5715	5912
2014/15	5194	4994	5173	5371	4696	5353	5478	5567	5181	5551	5268	5931

Elective operations cancelled within 48 hours - Non clinical reasons



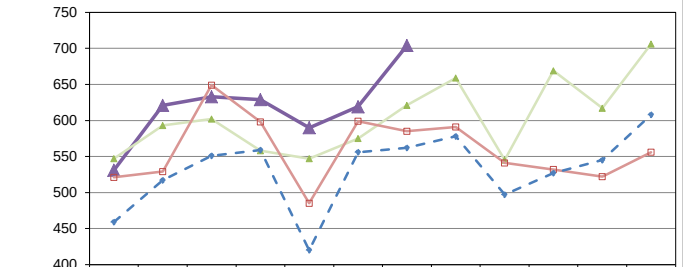
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	46	154	57	64	57	84	91					
2016/17	137	71	108	129	96	115	120	180	121	246	169	122
2015/16	135	200	69	103	94	74	168	175	145	102	189	270
2014/15	74	100	95	141	106	106	126	128	210	256	226	278

Theatres: Utilisation of planned sessions



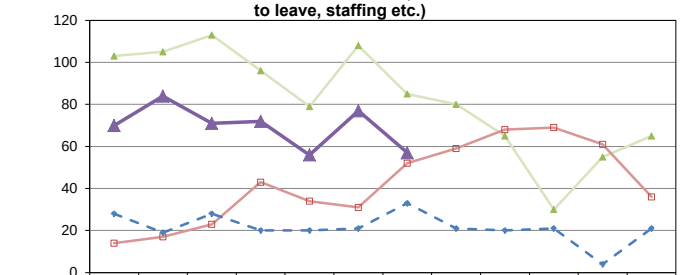
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	90.5%	86.9%	89.3%	88.4%	89.6%	89.2%	88.4%					
2016/17	88.0%	89.9%	89.9%	89.9%	90.4%	89.9%	87.5%	88.4%	85.2%	85.3%	85.2%	89.6%
2015/16	91.2%	88.3%	89.7%	90.5%	93.5%	92.4%	90.0%	89.2%	89.0%	88.4%	89.2%	88.9%
2014/15	93.9%	90.2%	91.7%	90.4%	92.4%	91.8%	91.6%	89.5%	85.5%	84.8%	86.5%	88.6%

Theatres: Number of sessions held



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	531	621	633	629	590	619	704					
2016/17	547	593	602	558	547	575	621	659	545	669	617	706
2015/16	521	529	649	598	485	599	585	591	541	532	522	556
2014/15	459	517	551	559	420	556	562	578	497	527	545	608

Theatres: Lost sessions < 6 weeks notice (list available but lost due to leave, staffing etc.)



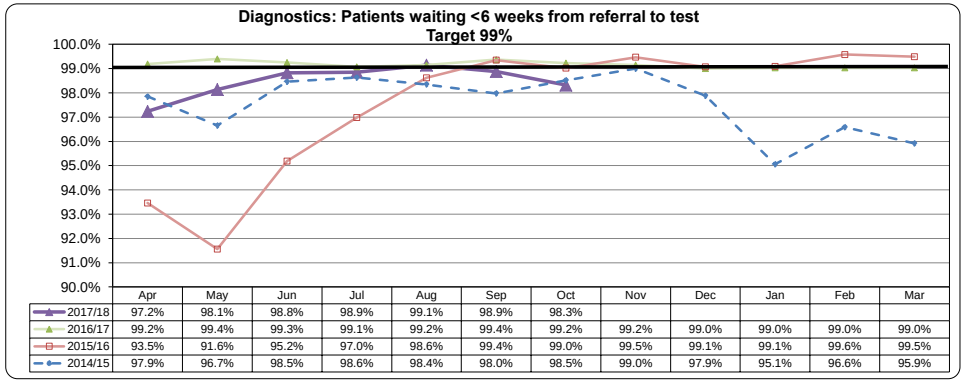
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	70	84	71	72	56	77	57					
2016/17	103	105	113	96	79	108	85	80	65	30	55	65
2015/16	14	17	23	43	34	31	52	59	68	69	61	36
2014/15	28	19	28	20	20	21	33	21	20	21	4	21

All cancellations are within 6 weeks of the planned procedure date. Cancellations exclude lists added in error and those that have been rescheduled.

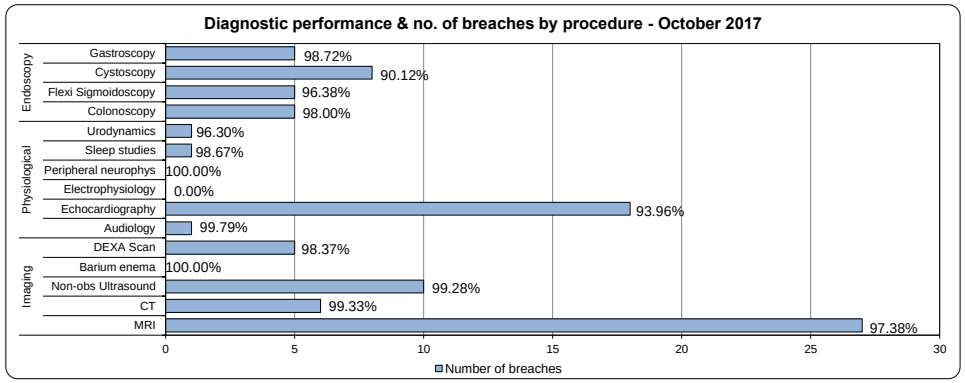
Diagnostics & Referral To Treatment

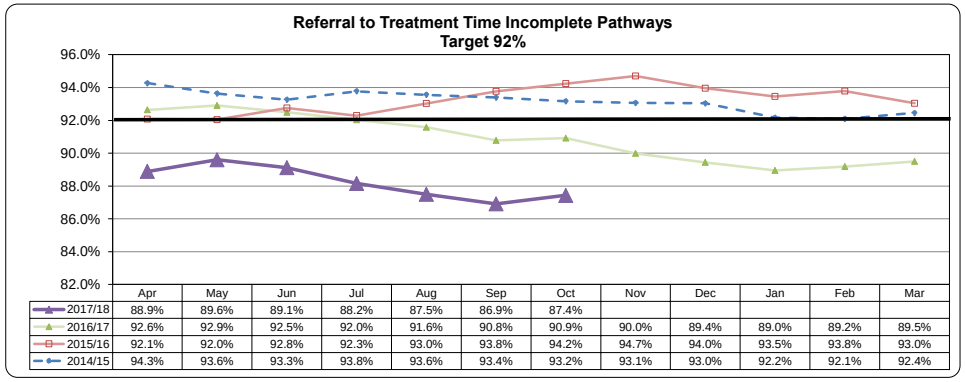
November 2017

The Trust is monitored at aggregate level against the Diagnostic & Referral to Treatment Incomplete Targets.

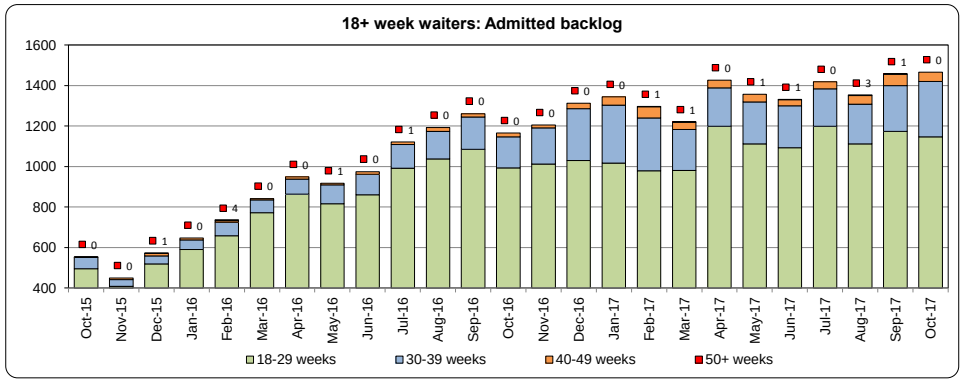


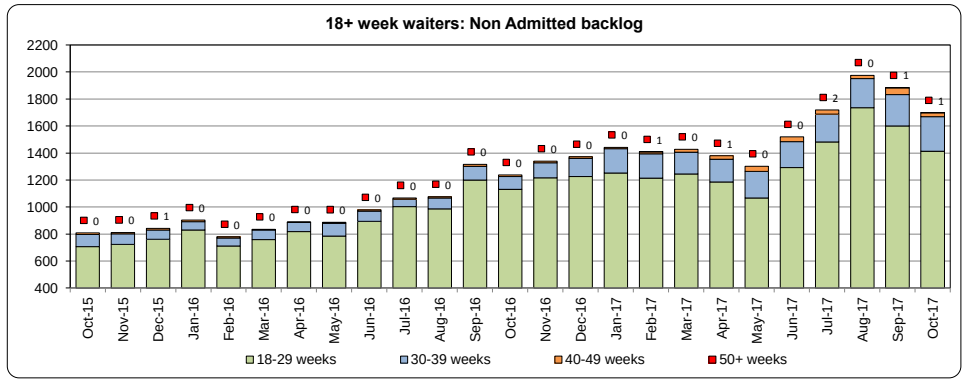
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	97.2%	98.1%	98.8%	98.9%	99.1%	98.9%	98.3%					
2016/17	99.2%	99.4%	99.3%	99.1%	99.2%	99.4%	99.2%	99.2%	99.0%	99.0%	99.0%	99.0%
2015/16	93.5%	91.6%	95.2%	97.0%	98.6%	99.4%	99.0%	99.5%	99.1%	99.1%	99.6%	99.5%
2014/15	97.9%	96.7%	98.5%	98.6%	98.4%	98.0%	98.5%	99.0%	97.9%	95.1%	96.6%	95.9%





	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	88.9%	89.6%	89.1%	88.2%	87.5%	86.9%	87.4%					
2016/17	92.6%	92.9%	92.5%	92.0%	91.6%	90.8%	90.9%	90.0%	89.4%	89.0%	89.2%	89.5%
2015/16	92.1%	92.0%	92.8%	92.3%	93.0%	93.8%	94.2%	94.7%	94.0%	93.5%	93.8%	93.0%
2014/15	94.3%	93.6%	93.3%	93.8%	93.6%	93.4%	93.2%	93.1%	93.0%	92.2%	92.1%	92.4%

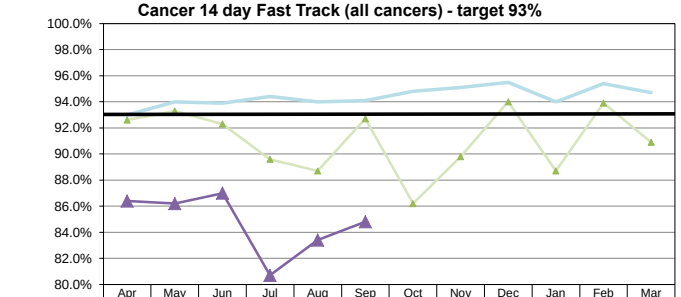




Trust Cancer

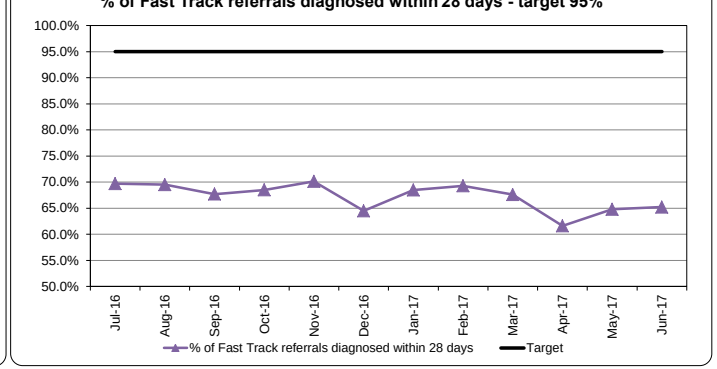
November 2017

Cancer 14 day Fast Track (all cancers) - target 93%

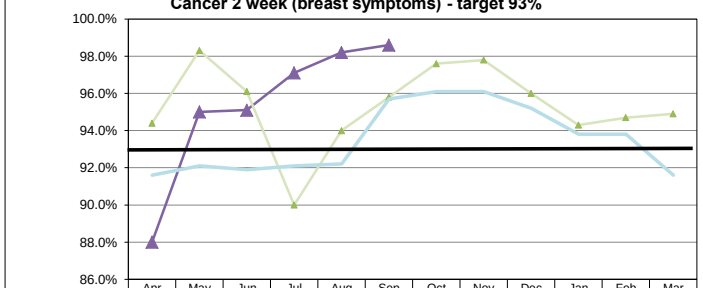


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	86.4%	86.2%	87.0%	80.7%	83.4%	84.8%						
2016/17	92.6%	93.3%	92.3%	89.6%	88.7%	92.7%	86.2%	89.8%	94.0%	88.7%	93.9%	90.9%
NHSE 16/17	93.0%	94.0%	93.9%	94.4%	94.0%	94.1%	94.8%	95.1%	95.5%	94.0%	95.4%	94.7%

% of Fast Track referrals diagnosed within 28 days - target 95%

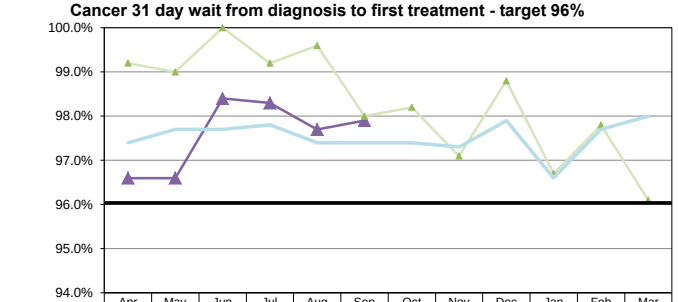


Cancer 2 week (breast symptoms) - target 93%



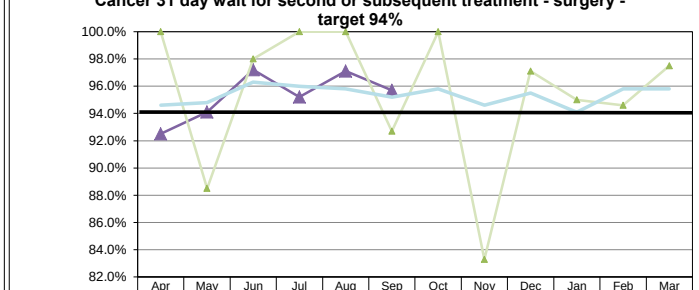
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	88.0%	95.0%	95.1%	97.1%	98.2%	98.6%						
2016/17	94.4%	98.3%	96.1%	90.0%	94.0%	95.8%	97.6%	97.8%	96.0%	94.3%	94.7%	94.9%
NHSE 16/17	91.6%	92.1%	91.9%	92.1%	92.2%	95.7%	96.1%	96.1%	95.2%	93.8%	93.8%	91.6%

Cancer 31 day wait from diagnosis to first treatment - target 96%



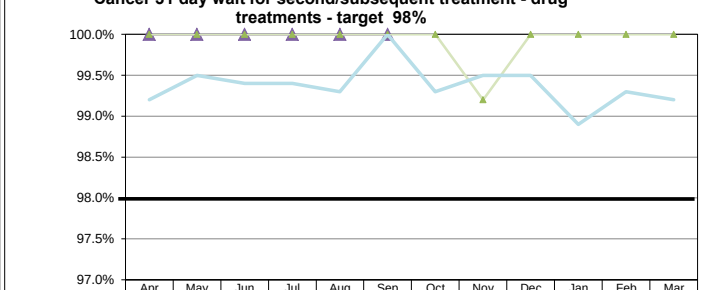
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	96.6%	96.6%	98.4%	98.3%	97.7%	97.9%						
2016/17	99.2%	99.0%	100.0%	99.2%	99.6%	98.0%	98.2%	97.1%	98.8%	96.7%	97.8%	96.1%
NHSE 16/17	97.4%	97.7%	97.7%	97.8%	97.4%	97.4%	97.4%	97.3%	97.9%	96.6%	97.7%	98.0%

Cancer 31 day wait for second or subsequent treatment - surgery - target 94%



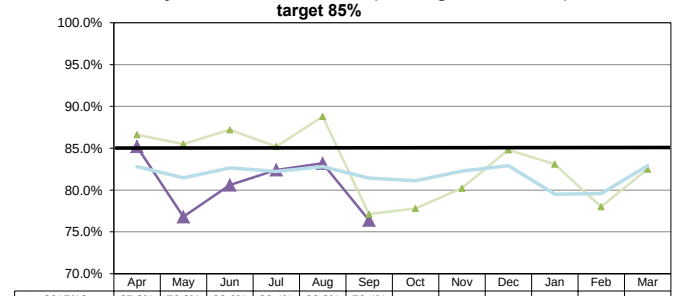
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	92.5%	94.1%	97.2%	95.2%	97.1%	95.7%						
2016/17	100.0%	88.5%	98.0%	100.0%	100.0%	92.7%	100.0%	83.3%	97.1%	95.0%	94.6%	97.5%
NHSE 16/17	94.6%	94.8%	96.3%	96.0%	95.8%	95.2%	95.8%	94.6%	95.5%	94.1%	95.8%	95.8%

Cancer 31 day wait for second/subsequent treatment - drug treatments - target 98%



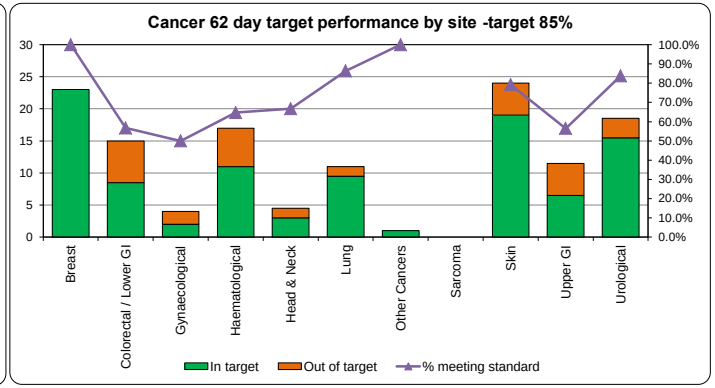
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%
NHSE 16/17	99.2%	99.5%	99.4%	99.4%	99.3%	100.0%	99.3%	99.5%	99.5%	98.9%	99.3%	99.2%

Cancer 62 Day Waits for first treatment (from urgent GP referral) - target 85%

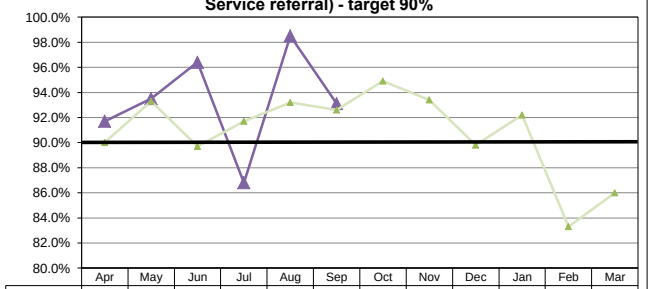


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	85.2%	76.8%	80.6%	82.4%	83.2%	76.4%						
2016/17	86.6%	85.5%	87.2%	85.2%	88.8%	77.1%	77.8%	80.2%	84.8%	83.1%	78.0%	82.5%
NHSE 16/17	82.8%	81.4%	82.7%	82.2%	82.8%	81.4%	81.1%	82.3%	82.9%	79.5%	79.6%	82.9%

Cancer 62 day target performance by site -target 85%



Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - target 90%



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	91.7%	93.5%	96.4%	86.8%	98.5%	93.1%						
2016/17	90.0%	93.3%	89.7%	91.7%	93.2%	92.6%	94.9%	93.4%	89.8%	92.2%	83.3%	86.0%

D4 NHS
York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Business Continuity Progress Report

Recommendation

For information	☒
For discussion	☐
For assurance	☒
For approval	☐
A regulatory requirement	☐

Current approval route of report

This report was created for the Corporate Directors meeting.

Purpose of report

The purpose of this report is to provide Finance and Performance Committee with an update on the implementation of Business Continuity.

Key points for discussion

Almost 300 Business Continuity Action Cards in place from a starting point of zero in May 2017. Intranet page allowing access to all action cards has been developed and is operational.

Trust Ambitions and Board Assurance Framework (https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

☒ **Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
☒ **Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
☒ **People and Capability** - The quality of our services is wholly dependent on our teams of staff.
☒ **Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

Reference to CQC Regulations

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

Version number: 1

Author: Andrew Hurren, Deputy Head of Operational Performance

Executive sponsor: Wendy Scott, Chief Operating Officer

Date: November 2017

1. Introduction and Background

The aim of the business continuity planning is to provide a clearly defined framework to ensure the resilience and continuation of the Trust's critical activities and dependencies. The Trust will meet much of its risk management strategic intention by the embedding of business continuity planning into the culture of the organisation. This will ensure the Trust meets the specific regulatory and contractual requirements of commissioners, contracts, information governance, Civil Contingency Act 2004, Health and Social care Act 2012, Care Quality Commission Core Standard 24 and NHS England Core Standards.

2. Progress

Great progress has been made with embedding Business Continuity (BC) within the organisation over the last 6 months. Sessions covering responses to loss of Power, IT, Staffing, Utilities and Buildings have been held with directorates and a deadline that all BC action cards for these five areas are complete by the end of October 2017 set.

As at the 1st of November 297 action cards are in place; at the time of the cyber-attack on the 9th May there were no centrally held BC plans. Directorates have several action cards that cover each area, for example Elderly Medicine has an action card for each of their wards. This is extremely positive progress although there are a number of Directorates who haven't progressed in line with the completion timetable. Current Directorate compliance can be seen in the table below, Directorates that aren't compliant by the beginning of November will be challenged in their Executive Performance Management Meetings:

Directorate	Locality	BIA	Power	IT	Staffing	Loss of Building	Utilities
Acute & General Medicine	Scarborough	Not complete	Complete	Not complete	Not complete	Not complete	Not complete
	York		Complete	Not complete	Not complete	Not complete	Not complete
Child Health	Scarborough	Complete	Complete	Complete	Complete	Complete	Complete
	York		Complete	Complete	Complete	Complete	Complete
Elderly Medicine	Scarborough	Complete	Complete	Complete	Complete	Complete	Complete
	York		Complete	Complete	Complete	Complete	Complete
Emergency Department	Scarborough	Not complete	Not complete	Not complete	Not complete	Not complete	Not complete
	York		Complete	Not complete	Not complete	Not complete	Not complete
Estates	Scarborough	Not complete	N/A	Not complete	Not complete	Not complete	N/A
	York			Not complete	Not complete	Not complete	
Finance	Scarborough	Not complete	Not complete	Not complete	Not complete	Not complete	Not complete
	York		Not complete	Not complete	Not complete	Not complete	Not complete
General Surgery & Urology	Scarborough	Complete	Complete	Complete	Complete	Complete	Complete
	York		Complete	Complete	Complete	Complete	Complete
Head & Neck	Scarborough	Not complete	Not complete	Not complete	Not complete	Not complete	Not complete
	York		Complete	Not complete	Not complete	Not complete	Not complete
Human Resources	Scarborough	Complete	Complete	Complete	Complete	Complete	Complete
	York		Complete	Complete	Complete	Complete	Complete
Laboratory Medicine	Scarborough	Complete	Complete	Complete	Complete	Complete	Complete
	York		Complete	Complete	Complete	Complete	Complete
Obstetrics & Gynecology	Scarborough	Complete	Complete	Complete	Complete	Not complete	Not complete
	York	Complete	Complete	Complete	Complete	Complete	Complete
Ophthalmology	Scarborough	Complete	Not complete	Not complete	Not complete	Not complete	Not complete
	York		Complete	Complete	Not complete	Not complete	Not complete
Out of Hospital	Misc	Complete	Complete	Complete	Complete	Complete	Complete
Pharmacy	Scarborough	Complete	Complete	Complete	Complete	Complete	Complete
	York		Complete	Complete	Complete	Complete	Complete
Radiology	Scarborough	Complete	Complete	Complete	Complete	Complete	Complete
	York		Complete	Complete	Complete	Complete	Complete
Specialist Medicine	Scarborough	Not complete	Complete	Complete	Not complete	Not complete	Not complete
	York		Complete	Complete	Not complete	Not complete	Not complete
SNS	Scarborough	Complete	Complete	N/A	Complete	Complete	Complete
	York		Complete		Complete	Complete	Complete
TACC	Scarborough	Not complete	Not complete	Not complete	Not complete	Not complete	Not complete
	York		Complete	Complete	Complete	Not complete	Not complete
T&O	Scarborough	Complete	Not complete	Not complete	Not complete	Not complete	Not complete
	York		Complete	Not complete	Not complete	Not complete	Not complete

3. Intranet Development

All completed action cards are available on the new BC Intranet page:

Business Continuity Plans

Please note this page is being redeveloped with an on-going work plan. Deadline for Trust and all Directorate plans to be complete and in place by end of March 2018.

Trust-wide Business Continuity Plans

Trust Continuity Plan is being redeveloped - existing plan below:

Business Continuity Plan

Corporate Operations - Escalation

Action card providing contact details for incidents that require operational escalation

Escalation Action Card

Directorate specific plans to be used in the event of loss of Power, loss of building, loss of IT (including phones), unexpected loss of Staffing & loss of Utilities (including gases) plus any areas specific to individual Directorates.

Acute & General Medicine	Child Health	Elderly Medicine	Emergency Department	Estates	General Surgery & Urology
Head & Neck	Human Resources	Laboratory Medicine	Obstetrics & Gynaecology	Ophthalmology	Out of Hospital
Pharmacy	Radiology	Specialist Medicine	Systems & Network Services	TACC	Trauma & Orthopaedics

The page is designed so that the user accessing the page is a maximum of four mouse 'clicks' from accessing an action card.

The Directorate sections follow the pattern below:

General Surgery & Urology	Buildings - All Sites IT - All Sites Power - Scarborough - Wards Power - York - Wards Staffing - All Sites - Wards Utilities - All Sites

Directorates have also been tasked with having physical copies of the action cards along with sufficient numbers of paper templates available in their respective areas.

4. CPD outage; 20th September 2017

September saw a CPD outage that resulted in BC plans being enacted. A detailed overview of the incident can be found in the Emergency Planning Steering Group (EPSG) papers for the 1st November meeting, feedback showed that 7 directorates had successfully enacted their IT BC plans with Elderly Medicine in York commenting that the plan had been enacted without management instruction. Anecdotal feedback from CQC who were on site at the time is that no disruption was noted and that staff had dealt with the issue in a calm manner.

This is a huge step forward for the organisation in terms of having BC plans in place and the enacting of the plans becoming part of the Trust's culture.

5. Next Steps

The overarching Trust BC plan with directorate action cards forming the appendices will be written during Q3 2017-18 with a BC sub group established in Q4 2017-18. The purpose of this group will be to review directorate action cards and ensure a regular schedule of testing is adhered to; progress updates and assurance will be provided quarterly to the EPSG and to the Trust's Finance and Performance Committee.

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Quality and Safety Committee Minutes – 21 November 2017

Recommendation

For information	☒
For discussion	☒
For assurance	☒
For approval	☐
A regulatory requirement	☒

Current approval route of report

The minutes are approved by the Quality and Safety Committee.

Purpose of report

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

Key points for discussion

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

1. JT to highlight Duty of Candour
2. JT to update on EPMA
3. BG to update on the Clinical Nurse Specialist Review
4. BG to highlight Falls and Pressure Ulcer Quarterly Reports
5. JT to highlight the National Cancer Patient Experience Survey 2017

Trust Ambitions and Board Assurance Framework (https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

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☐ **Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

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

Version number: Version 1

Author: Liz Jackson, Patient Safety Project Support Officer

Executive sponsor: Libby Raper, Non-Executive Director

Date: 21 November 2017

Quality & Safety Committee Minutes – 21 November 2017

Attendance: Jennie Adams, Libby Raper, James Taylor, Beverley Geary, Diane Palmer, Fiona Jamieson and Liz Jackson

Observing: Polly McMeekin

Apologies for Absence: Lynda Provins

Minutes of the meeting held on the 17 October 2017

The notes from the meeting held on the 17 October were approved as a true and accurate record.

Action Log Items

Item 8 and 36 – The seven day working audit was undertaken in October. This focused on both the Consultant reviews being undertaken in 14 hours and if a discussion with the patient or family had been recorded. This was a national audit and the data will be benchmarked. The data from the March audit is now available but is not comparable partly due to a very small sample size. The current audit contained a calculated sample of over 200 sets of notes and the results will be available in the New Year. Internal reports will be produced by directorate. The NHSI Improvement team has suggested that the Trust may be above the national average but had raised that, although not a huge concern, there is some delay between the ward round and input data on CPD. JA added that during a walk round of AMU at SGH it was raised that Consultant physician presence was not always visible between 7pm and 8pm and JT explained that the shifts until 8pm were all part of appropriate job planning work.

Item 42 – The Committee noted the inclusion of the Clinical Effectiveness minutes in the papers. FJ advised that there were no exceptions to be highlighted to the Committee at present. DP added that highlights for the Committee is now a standing agenda item for the Patient Safety Group.

Item 43 and 50 – The Committee queried how further assurance around Clinical Effectiveness could be gained. JT explained that four meetings have now taken place around the Getting it Right First Time (GIRFT) initiative. This started as an Orthopaedic initiative which has expanded to include many other areas, to which the medical leads are now being appointed. Tim Briggs, the national lead, will be visiting the Trust in December.

FJ advised that highlights from the published national audits could come to the Committee to highlight areas of good practice and areas for improvement. These audits are currently

reviewed by the Clinical Effectiveness Group. JT added that Glenn Miller is the chair for Surgery for GIRFT and the Clinical Effectiveness Group so these roles would complement each other. Some form of feedback to committee on this work could be incorporated into the MDs report. The committee felt that this had been a helpful discussion in terms of improving assurance around clinical effectiveness.
Action: FJ and JT to bring highlight reports on key National Audits and GIRFT to the Committee as appropriate.

Items 44, 48 and 56 – The Committee queried if the four outstanding Maternity SI's have been discussed at SI Group. BG confirmed that two were discussed at the last SI Group meeting and will be included in the Medical Directors Report next month. FJ added that the two others had been discussed at previous meetings. It has been agreed that a quarterly maternity report will come to the Committee and this will include any SI's. The Committee raised concerns around the numbers of Post-partum hemorrhage, babies with HIE included in the Maternity Dashboard for the York site in recent months and felt the quarterly reports would provide helpful additional assurance in this high risk area.

Item 45 – JA confirmed that she has raised the issue of Paediatrics facilities, in the Emergency Department with the Estates Committee. They are currently in discussions regarding possible short term improvement. JT suggested the use of charitable funds.

Item 53 – BG confirmed that national work around the new role classification is ongoing.

Item 60 – The Committee discussed the limited assurance Duty of Candour Audit and queried the re-audit. FJ advised that six months of the audit have been undertaken, up to the end of October. 113 incidents classed as moderate harm and above have been reviewed and the Trust has some way to go to improve Duty of Candour compliance. Some directorates, with a low number of instances are reporting 100% compliance; however, focused work is taking place in high volume areas that are struggling and improvements should be seen. There is a Duty of Candour Dashboard that Andy Bertram speaks to. This is broken down by directorate and currently followed up at six monthly reviews; this will go on to be discussed at focused PMMs. Subtle differences have been made to the Duty of Candour Policy and this is out for consultation. The assurance process for Duty of Candour will be integrated in to the SI process. The Committee queried if the Freedom to Speak up Guardian was used to triangulate the data, JT advised that this role encourages people to use the reporting system but is not directly involved in the Duty of Candour work.

Assurance: The Committee took assurance from the robust process.
For attention to Board: JT to raise at Board.

Item 61 – DP has circulated the Pressure Ulcer point prevalence narrative to the Committee members.

CRR Ref: CN15 Item 65 – The Committee requested an update on the influenza vaccination campaign. PM advised that 53% of front line staff have been vaccinated which is ahead of this time last year. The CQUIN is to achieve 70% by the end of January. A survey is being linked to the log on of staff that have not received the vaccine to aid the Trust in understanding why and this will also help in identifying staff that have received the vaccine elsewhere. Bank staff are being used to undertake peer vaccinations.

Item 66 – DP confirmed that the Patient Safety Strategy is not currently ready for circulation but will come to the December Committee meeting.

Item 68 – BG confirmed that the actions in the Safeguarding Adult's Strategy action plan have now been allocated to individuals. The Committee queried if they had the authority to approve the strategy following discussion at Board.

All additional action log items were included on the agenda.

Risk Register for the Medical Director and Chief Nurse

CN14 – The System One risk has been added to the CN risk register; however, following review the risk has been reduced from 15 to 10 and will be removed as a corporate risk at the Risk Committee next week.

MD10 – A new risk has been added to the Medical Directors Risk Register to reflect the risk of failure to deliver the seven day service. The Committee linked this to the ongoing work around single registrar on call issue. JT advised that this remains ongoing and the review by Mark Hindmarsh. Key people have been interviewed and the transcripts are out for approval. The work is taking longer than initially anticipated; however, consideration is being made to a renewed bleep filtering system, enhancing medical staffing, and the use of the support worker role.

CRR Ref: MD10, MD2a, MD2b, MD4 and MD7 The Critical Care Outreach Team are now working with patients in the Emergency Department who are waiting to be admitted to downstream wards, this links in with the deteriorating patient work and Jonathan Redman has agreed that the duty ITU registrar will support the Critical Care Outreach team in the evenings. Patients are being managed more proactively in Elderly Medicine following the focused work around DNACPR and Ceiling of care. The Escalation Policy has now been re-launched which will also raise awareness across the organisation. The Committee took assurance from this body of work.

Patient Safety

Clinical Nurse Specialist review

CRR Ref: CN2, CN11, CN12 CN13

For attention to Board: BG to raise at Board.

There has been a suggestion that the clinical nurse specialists may be able to work on the wards to support the winter pressures. The CNS numbers include a wide range of roles including the Tissue Viability Team, bed managers, diabetes nurses and the Infection Prevention Team a deep dive is being undertaken in to the remaining Clinical Nurse Specialists; BG advised that there is little evidence of up to date job planning for the clinical specialist nurses, and advised that no amendments have been made to the Respiratory job plans to reflect the risk CN12. Work will be undertaken with the directorates to review these job plans and consider working differently and a detailed paper will come to Corporate Directors.

Electronic Prescribing Medicines Administration (EPMA)

For attention to Board: JT to raise at Board

BG advised that the roll out of EPMA is taking place and the York site should be completed up to Christmas. It is going really well so far and although it is a change of practice, feedback received has been positive. All departments involved have worked well together including Nursing, Systems and Network Services and Pharmacy. Ordering has become quicker with fewer delays in the system and it is anticipated that errors will reduce.

Infection Prevention

CRR Ref: CN7 and CN8

The Trust had reported five cases of MRSA in which three episodes had occurred in the same patient. Following an appeal the third episode was deemed as a continuation of the second which has reduced the Trusts MRSA Incidence to four.

A new Infection Prevention Lead Nurse has been appointed, Katrina Blackmore has been appointed as the Deputy DIPC and there is also a new band 7 nurse in Scarborough. This is a positive step with a strong team and everyone will be in place by January. BG has also chased Brian Golding for an update on the isolation facilities.

Safeguarding

CRR Ref: CN9

The structure of the adults safeguarding team is changing, there will be a new appointment on both the York and Scarborough sites and there will be a designated administrator for the Deprivation of Liberty applications.

The structure of the Children's Safeguarding Team will also be reviewed with the current lead acting up for 6 months. The Committee raised concerns about the number of staff completing the level 3 training in the Emergency Department. BG advised that a shared job plan for an Emergency Department and Children's Safeguarding Nurse is being considered. Self-harm remains a theme and there are frequent attenders on both acute sites. The CAMHS Service is unable to cover their staffing vacancies, which have led to delays in out of hours assessments. BG advised that agency care spending will be used if one to one care is needed in this situation.

Falls and Pressure Ulcer Quarterly Reports

The Committee thanked DP for her narrative around pressure ulcer reporting. DP explained that the Pressure Ulcer and Falls Quarterly Report were originally part of a CQUIN requirement; however following completion of the CQUIN the reports were kept in place. Falls and Pressure Ulcers incidences remain high in all organisations and the work will remain ongoing. Both areas have received a huge amount of focus over the previous years and the Trust has seen a great improvement with lots of assurance. The Trust has a good reporting culture and recognizes areas for improvement. Falls focus was originally on reducing falls with harm and now includes all falls. The Trust is hosting a research programme on human factors and equipment in relation to falls, which will continue to raise the profile throughout the organisation.

The Falls and Pressure Ulcer work feed in to the Patient Safety Strategy and additional resource was put in place to manage the SI process for these incidents The Committee agreed that both reports had a strategic overview and displayed the Trust core value of continuous improvement. The Committee raised some concern over the number of pressure ulcer in Community, DP advised that this has been identified by the Pressure Ulcer Steering Group and is included in the action plan.

The Committee queried the COMFE Rounds and BG explained that the process has changed since the last quarterly reports and advised that the night time approach developed on Oak ward will be rolled out across the organisation.

Serious Incidents and Never Events

CRR Ref: MD8

The Committee raised concern about the number of SIs that are yet to go through exec board and highlighted that there may be some back log.

DP is having ongoing discussions with vascular about the Never Event, and has highlighted that the report does not capture the human factors that influenced this event. JT explained the context of the situation to the Committee and how this had led to the confusion. The Committee queried if the surgical ‘STOP’ was still audited, DP advised that this is no longer a CQUIN and although the use of the WHO checklist is monitored, it has not been audited.

JT drew the Committees attention to the SI in relation to swallowed dentures and the Committee queried if the recommendations addressed the issue. JT advised that there were additional errors that led to this incident; however the messages need to be sharp to engage with staff and the main messages are not lost. JT, BG and DP assured the Committee that robust discussions take place at the SI Committee and recommendations are challenged. There is continued reinforcement of expectations and focus on the continuous education of staff. The actions and recommendations are reviewed on a monthly basis and are also reviewed as part of the internal audit process. Commissioners regularly request assurance and further information on SI’s. JT highlighted the non-compliance of a patient that was an identified IV drug user, explaining that barriers to non-concordance require additional focus. DP advised that Sepsis is a continued theme for Sis and focused work is being undertaken around consultant allocation, this will promote a

systematic proposal. Another theme developing is inappropriate allocation of patients by ward or specialty – and Patient safety team are looking into ways to avoid this occurring.

The Committee discussed the Never Events report. JT advised that NHSI are proactive and produce national reports. These reports do not allow for benchmarking; however benchmarking in this area would not be helpful. The CQC have reported concern for areas that do not report never events and the Committee took assurance that this Trust do report. DP explained that in larger organisations it is difficult to share the learning of what constitutes a Never event. Focused work is being undertaken around NatSIPPs which links with the never events and surgical site marking work. Recommendations have been made around theatre processes and the theatre checklist and JT highlighted that the surgeon does not have sole responsibility for the operating theatre. JT also shared that patients can be an integral part if the surgery checklist. Richard Khafagy will be presenting the report at Executive Board and JT will refine the learning and actions prior to this. This work will continue to move forward and evolve, reinforcing learning and expectations and promoting a cultural change.

Clinical Effectiveness

Annual Audit Programme

FJ advised the Committee that over half of the audits in the annual programme have already been registered. These include national, NICE and second stage audits. The last Clinical Effectiveness meeting Group that took place was not quorate, the attendance by the governance leads can be hit and miss and there was no one in attendance from Pharmacy. This was the first time that the meeting had not been quorate.

Patient Experience

National Cancer Patient Experience Survey 2017

The Committee noted the positive contents of the National Cancer Patient Experience Survey report. BG highlighted that the Trust are in line with a large number of other organisations and had not scored below expected in any areas, with an overall score of 8.9 out of 10. The Committee noted the concern around the Scarborough Hospital Chemotherapy Unit and BG explained that the new mobile chemotherapy unit will improve the service on the east coast. JT added that a doctor from Hull that used to be part of the service in Scarborough and no longer attends; the York Oncologists have been approached to offer their support.

Additional Items

Board Assurance Framework

The Committee agreed to hold reviewing the Board Assurance Framework in the absence of LP and noted that the changes discussed at the last meeting had been made.

Quality and Safety Annual Report

As part of the governance process the Committee will produce an annual report, which will include the terms of reference, an overview of the reports that the Committee have received, the actions throughout the year and the plan going forward. The report will be presented to the Council of Governors.

The Committee queried the inclusion of the clinical negligence claims and agreed that the full reports should not be included. Claims are discussed at Directorate level through PMMs and an overview could be provided to the Committee. All settled claims are sent back to the directorates for learning.

Out of Hospital Care Quarterly Report

The Committee noted the contents of the Out of Hospital Care Quarterly report which was relatively performance related. The Committee picked out the early feedback around delayed discharges of care review and the action required within the Trust to support better performance on this important issue. Several patient safety risks on the OOH risk register were noted and the Chief Nurse is liaising with the Operations Director to ensure that these are allocated appropriately between executives.

Information Governance

CCR Ref: MD3

Action: JT will provide an information governance update at the December Committee.

Time and Date of the next meeting

Next meeting of the Quality and Safety Committee: 12 December 2017, Boardroom, York Hospital

Quality & Safety Committee – Action Plan – November 2017

No.	Month	Action	Responsible Officer	Due date	Completed
36	Mar 17	Foundation Trust Secretary to liaise with Deputy Director of Healthcare Governance for the Patient Consent Audit report	Foundation Trust Secretary	May 17, Jun 17, Jul 17, Aug 17, Sept 17, Jan 18	
44	Jul 17	BG to share outcome of remaining investigations into recent maternity SIs. LR to include detail in bi annual maternity report.	Chief Nurse and Foundation Trust Secretary	Oct 17	
45	Jul 17	JA to report ED concerns to E&E Committee.	Chair	Aug 17 Nov 17	

47	Aug 17	Never Events Report	Medical Director	Sept 17 Oct 17 Nov 17	Completed
48	Sept 17	Maternity SI investigation process proposal	Chief Nurse Team	Oct 17	
50	Sept 17	JT to feedback GIRFT findings to committee. JT to develop with GM a means of providing the committee with assurance around clinical effectiveness.	Medical Director	Nov 17	
53	Sept 17	HH to discuss trained and untrained categorization, with BG possible solutions to issue of new role classification.	Chief Nurse Team	Nov 17	
60	Sept 17	JT to speak to FJ regarding a Duty of Candour Review - FJ to bring a six month Duty of Candour to the November Meeting.	Medical Director	Oct 17 Nov 17	
61	Oct 17	DP to circulate Pressure Ulcer point prevalence narrative to Committee members.	Deputy Director of Patient Safety	Nov 17	Completed
63	Oct 17	The Committee asked to revisit the IPC incidence data in November.	Chief Nurse	Nov 17	Completed
64	Oct 17	DP to look in to the increase in dispensing errors	Deputy Director of Patient Safety	Nov 17	Completed
65	Oct 17	BG to update on the Flu Vaccination programme monthly	Chief Nurse	Monthly update	
66	Oct 17	Patient Safety Strategy to come to the next meeting	Deputy Director of Patient Safety	Nov 17 Dec 17	
68	Oct 17	BG to send details action plan to the Committee members following its population. Safeguarding adults strategy	Chief Nurse	Nov 17	Completed

Patient Safety and Quality Performance Report

November 2017

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

Patient Safety & Quality Performance Report

Chapter Index

Quality and Safety Summary: Trust

Patient Experience	Target/ Threshold 2017/18	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Litigation - Clinical Claims Settled	-	-	8	2	2	3	5	1	10	7	6	2	5	2
Complaints	-	-	37	33	43	32	38	34	46	36	51	43	50	38

Care of the Deteriorating Patient	Target/ Threshold 2017/18	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
14 hour Post Take - York	82%	Q1 82% Q2 82% Q3 85% Q4 90%	91%	93%	89%	91%	89%	90%	91%	91%	91%	89%	91%	92%
14 hour Post Take - Scarborough	60%	Q1 52% Q2 60% Q3 70% Q4 80%	72%	70%	80%	72%	75%	72%	63%	79%	80%	74%	74%	73%
Acute Admissions seen within 4 hours	80%	80%	81%	88%	87%	92%	87%	85%	83%	86%	93%	86%	92%	86%
NEWS within 1 hour of prescribed time	90%	90%	87.9%	87.1%	86.5%	87.1%	87.9%	89.4%	87.2%	89.2%	89.0%	88.8%	88.2%	90.2%
All Elective patients to have an Expected Discharge Date (EDD) recorded within 24 hours of admission	93%	93%	88%	85%	87%	89%	87%	87%	86%	86%	84%	88%	84%	87%

Measures of Harm	Target/ Threshold 2017/18	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Serious Incidents	-	-	18	14	28	18	10	9	20	19	14	12	8	16
Incidents Reported	-	-	1204	1226	1402	1263	1380	1236	1192	1244	1322	1202	1252	1181
Incidents Awaiting Sign Off	-	-	670	768	963	1059	1129	828	698	746	868	832	766	733
Patient Falls	-	-	212	260	271	216	222	225	228	231	218	216	267	213
Pressure Ulcers - Newly Developed	-	-	125	115	140	111	137	131	133	110	115	98	111	109
Pressure Ulcers - Transferred into our care	-	-	65	70	94	64	88	74	67	77	83	58	76	69
Degree of harm: serious or death	-	-	6	5	9	8	9	8	2	12	3	4	7	3
Degree of harm: medication related	-	-	149	153	162	173	174	151	127	158	159	126	127	140
VTE risk assessments	95%	95%	98.3%	98.3%	98.3%	98.4%	98.6%	98.5%	97.9%	98.3%	97.6%	97.9%	97.7%	98.1%
Never Events	0	0	0	0	0	0	0	0	1	0	1	1	0	1

Drug Administration	Target/ Threshold 2017/18	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Insulin Errors	-	-	9	8	8	4	6	12	11	10	12	9	11	10
Omitted Critical Medicines	-	-	15	17	18	18	16	13	9	6	16	19	15	11
Prescribing Errors	-	-	28	26	51	35	36	28	33	34	39	22	30	34
Preparation and Dispensing Errors	-	-	34	18	11	15	13	20	14	27	24	8	13	19
Administrating and Supply Errors	-	-	49	64	57	86	75	66	49	58	58	61	53	57

Safety Thermometer	Target/ Threshold 2017/18	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
% Harm Free Care - York	-	-	96.5%	96.8%	96.9%	94.6%	96.3%	97.0%	96.3%	95.5%	96.9%	97.4%	95.5%	95.5%
% Harm Free Care - Scarborough	-	-	93.2%	92.6%	94.2%	94.2%	92.6%	92.7%	91.9%	92.8%	94.9%	88.4%	91.0%	90.3%
% Harm Free Care - Community	-	-	91.0%	88.1%	87.9%	93.1%	91.7%	94.4%	87.5%	95.7%	96.4%	93.6%	85.1%	91.3%
% Harm Free Care - District Nurses	-	-	95.4%	96.1%	95.4%	96.2%	95.1%	95.7%	94.5%	94.9%	97.9%	95.3%	94.2%	93.6%

Mortality Information	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Jan 16 - Dec 16
Summary Hospital Level Mortality Indicator (SHMI)	100	100	99	99	99	100	99	98	97

Infection Prevention	Target/ Threshold 2017/18	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Clostridium Difficile - meeting the C.Diff objective			2	8	10	5	5	2	2	5	2	3	5	7
CDIFF Cumulative Threshold	48 (year)	48 (year)	27	35	40	45	48	4	8	12	16	20	24	28
Clostridium Difficile -meeting the C.Diff objective - cumulative			18	26	36	41	46	2	4	9	11	14	19	26
MRSA - meeting the MRSA objective	0	0	0	1	0	0	0	0	1	0	0	3	1	0
MSSA	30	2	4	5	5	5	5	3	3	7	5	6	3	3
MSSA - cumulative			32	37	42	47	52	3	6	13	18	24	27	30
ECOLI			5	5	9	8	5	6	8	9	4	7	3	8
ECOLI - cumulative			58	63	72	80	85	6	14	23	27	34	37	45
MRSA Screening - Elective	95%	95%	86.3%	84.7%	87.7%	88.4%	88.1%	89.1%	84.7%	88.3%	85.2%	87.9%	81.7%	87.8%
MRSA Screening - Non Elective	95%	95%	85.9%	84.8%	86.0%	86.7%	87.4%	87.4%	84.3%	85.9%	88.2%	89.5%	88.3%	89.5%

Stroke (one month behind due to coding)	Target/ Threshold 2017/18	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	75%	64.7%	90.5%	95.2%	80.0%	100.0%	87.5%	83.3%	100.0%	62.5%	62.5%	73.7%	1 month behind
Proportion of stroke patients with new or previously diagnosed AF who are anti-coagulated on discharge or have a plan in the notes or discharge letter after anti-coagulation	n/a	n/a	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	To follow	1 month behind
	SSNAP Scores		Aug 16 - Nov 16	Dec 16 - Mar 17	Apr 17 - Jul 17	Aug-17	Sep-17	Oct-17						
Proportion of patients spending >90% on their time on stroke unit	85%	85%	87.1% (B)	87.5% (B)	83.4% (C)	88.4% (B)	90.7% (A)	86.8% (B)						
Scanned within 1 hour of arrival	43%	43%	44.4% (B)	44% (B)	44.2% (B)	43.8% (B)	55.4%(A)	60.3% (A)						
Scanned within 12 hours of hospital arrival	90%	90%	93.8% (A)	88.7% (B)	92.1% (B)	93.2% (B)	89.1% (C)	94.1% (B)						

AMTS	Target/ Threshold 2017/18	Monthly Target/ Threshold	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
AMTS Screening	90.0%	90.0%	87.8%	87.8%	90.1%	88.3%	88.9%	86.7%	79.3%	85.1%	81.7%	80.5%	82.0%	82.8%

Patient Experience
(Patient Experience Team)

Friend and Family Test (FFT) Latest Results – September 2017

The Patient Experience Team continues to proactively engage with the matrons, sisters and directorate managers. Scarborough ED achieved a 16.6% response rate, which is the highest for 12 months. The learning is being shared with York ED which achieved 13.1%.

Themes include:
Noise and disruption (particularly at night) on Elderly Wards (W26, W35, Graham and Oak). The Night Owl Project has been actively promoted this month, with the results of the Staff Benefits Owl competition announced. Wards are being encouraged to review their pledges and remind staff about helping patients get a good night's sleep.
5x comments re long waits for discharge paperwork on Extended Stay Area York. This is being looked at by the matron and sisters.

Complaints and Concerns

After an increase in formal complaint numbers in July, August and September (51, 43, 50), the number in October has reduced to 43. Analysis of the increase showed that it comprised lower risk issues (including communication with patients and relatives and management of appointments) rather than higher risk (clinical) issues. The complaints team are working to support directorate colleagues to deescalate complaints and enable early resolution.

Measures of Harm

1 Never Event was declared in October 2017, for misidentification of a patient.

16 Serious Incidents were declared; 10 at York, 4 at Scarborough, 1 at Bridlington and 1 in Community. 10 of the SIs were attributed to Clinical Incidents, 4 were attributed to Pressure Ulcers and 2 were attributed to Slips, Trips and Falls.

Infection Prevention

The Trust reported no cases of MRSA in October. This remains a zero tolerance measure in 2017/18.

In October 2017 the Trust reported 7 cases of CDIFF; 6 at York and 1 in Community. The yearly threshold for 2017/18 remains at 48, monthly allocation allows for 4 cases.

3 cases of MSSA were reported in October. 2 cases were reported at York and 1 at Scarborough.

8 cases of ECOLI were reported in October. 3 cases were reported at York and 5 at Scarborough.

Quality and Safety - Miscellaneous

Stroke (reported 1 month behind due to coding)
In September the Trust achieved an 'A' rated target for the proportion of patients spending > 90% of their time on a stroke unit and patients scanned within 1 hour of arrival. However, the Trust failed to achieve target ('C' rating) for patients scanned within 12 hours of hospital arrival. SSNAP scores continue to be provided for these metrics.

Cancelled Operations
27 operations were cancelled within 48 hours of the TCI date due to lack of beds in October. This is less than October 2016 when 48 operations were cancelled.

Cancelled Clinics/Outpatient Appointments
197 clinics were cancelled with less than 14 days notice; this figure is a 10% decrease on October 2016 but is higher than the monthly threshold of 180. 862 outpatient hospital appointments were cancelled for non clinical reasons which is a 4% increase on October 2016.

Ward Transfers between 10pm and 6am
67 ward transfers between 10pm and 6am were reported in October 2017 (Scarborough - 24, York - 43). This figure is below the 100 threshold and lower than October 2016 when the Trust reported 98 transfers.

AMTS
The Trust failed to achieve the 90% target for AMTS screening in October, performance was 82.8%. The Trust has achieved

Care of the Deteriorating Patient

Targets were achieved across both sites for the proportion of Medicine and Elderly patients receiving a senior review within 14 hours in October. York achieved 92% against the 85% target for Q3 and Scarborough achieved 73% against the 70% target for Q3.

90.2% of patients had their NEWS scores completed within 1 hour in October against the Trust's internal target of 90%, meeting its target for the first time in 12 months. Scarborough continue to consistently achieve target with performance of 93.8% in October, York achieved 87.9%.

87% of Elective patients had their Expected Date of Discharge recorded within 24 hours of admission across the Trust in October. The target of 93% has not been achieved, and this remains consistent with previous months.

Drug Administration

10 insulin errors were reported in October, including 3 for York, 5 for Scarborough and 2 for Community.

34 prescribing errors were reported across the Trust in October, 67.6% were attributed to York.

19 dispensing errors were reported across the Trust in October. The number of dispensing errors at York has seen a general improvement since the spike in October and November 2016, however another period of increased errors occurred in June and July 2017. Scarborough and Community figures are comparable with previous months.

Mortality

The latest SHMI report indicates the Trust to be in the 'lower than expected' range. The April 2016 - March 2017 SHMI saw a 1 point decrease York, a 1 point inrease for Scarborough with the Trust remaining the same. Trust - 97, York 93 and Scarborough 105.

139 inpatient deaths were reported across the Trust in October; 87 were reported at York and 43 were reported at Scarborough.

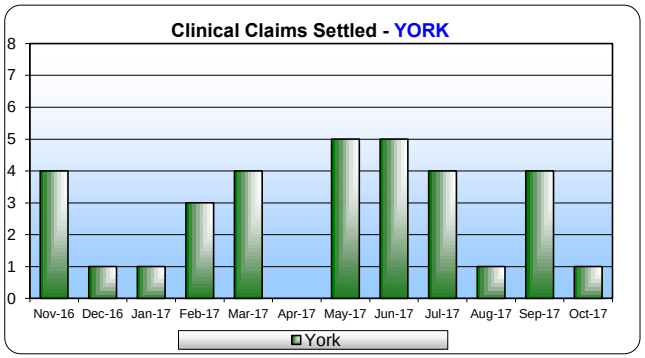
19 deaths in ED were reported in October; 9 at York and 10 at Scarborough.

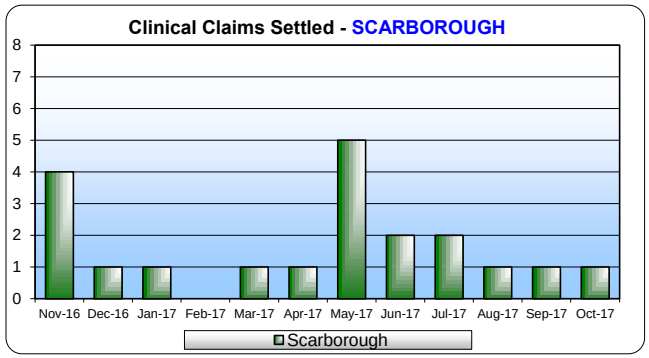
CQUINS update **(Operations Team)**

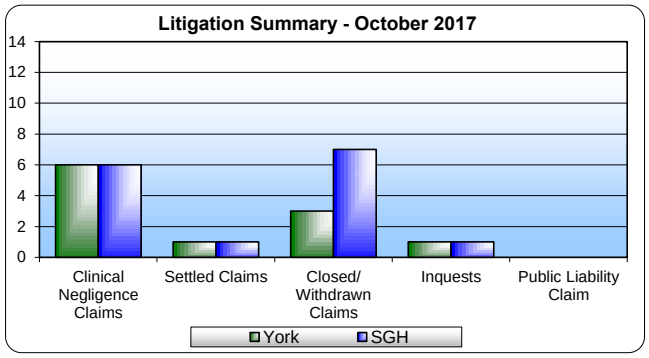
The Trust is currently collating evidence reports to show compliance against 2017/18 Q2 CQUINs, please refer to CQUINS page 4 for details.

Litigation

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







Patient Experience

PALS Contacts
There were 269 PALS contacts in October.

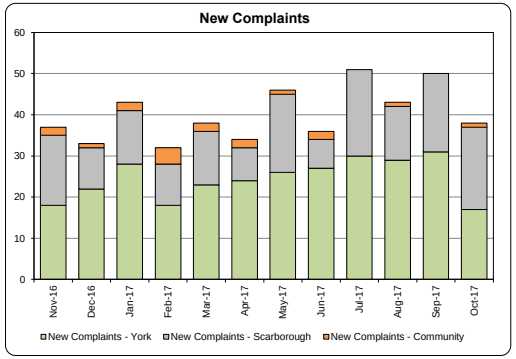
Complaints
There were 38 complaints in October; 17 were attributed to York, 18 to Scarborough, 2 to Bridlington and 1 to Community .

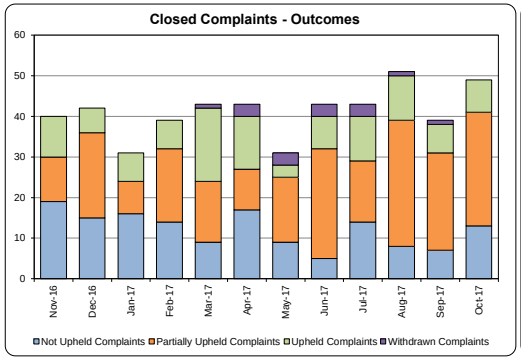
New Ombudsman Cases
There were no New Ombudsman Cases in October.

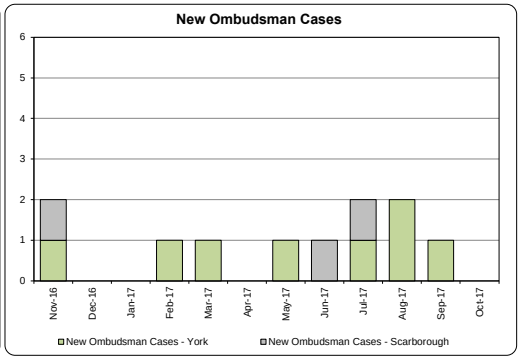
Compliments
979 compliments were received in October 2017. There has been an overall trend of increased compliments being received since January 2017, particularly in September. Up until December 2016 compliments reported were only those received directly by the Chief Executive and PALS. From January 2017 numbers from wards and departments are being included.

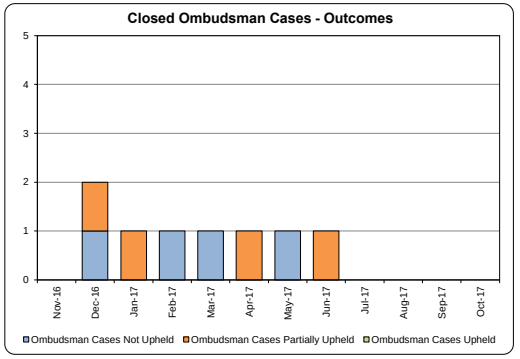
Patient Experience

Nov-17



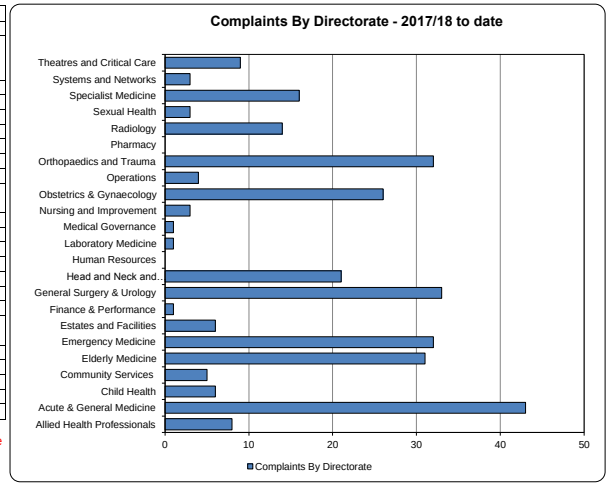






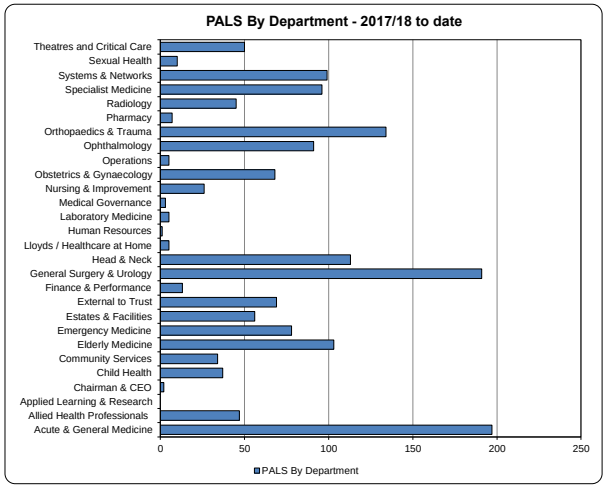
Complaints By Subject	Oct-17	YTD
Access to treatment or drugs	1	6
Admissions, Discharge and Transfer Arrangements	2	44
All aspects of Clinical Treatment	21	196
Appointments, Delay/Cancellation	6	39
Commissioning	0	0
Comms/info to patients (written and oral)	11	82
Complaints Handling	0	0
Consent	0	3
End of Life Care	0	2
Facilities	0	12
Mortuary	0	0
Others	0	0
Patient Care	5	104
Patient Concerns	0	2
Prescribing	1	21
Privacy and Dignity	4	27
Restraint	0	1
Staff Numbers	1	3
Transport	0	0
Trust Admin/Policies/Procedures	3	23
Values and Behaviours (Staff)	14	88
Waiting times	3	9
TOTAL	**72**	**662**

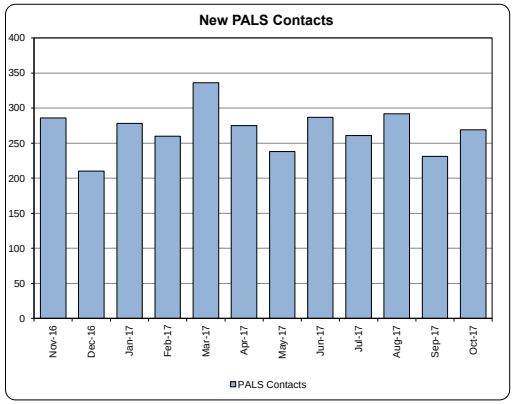
Due to new reporting the number of complaints/PALS contacts by subject is greater than the total number of complaints because each subject within the complaint can be identified as opposed to just the one deemed to be the 'primary'.

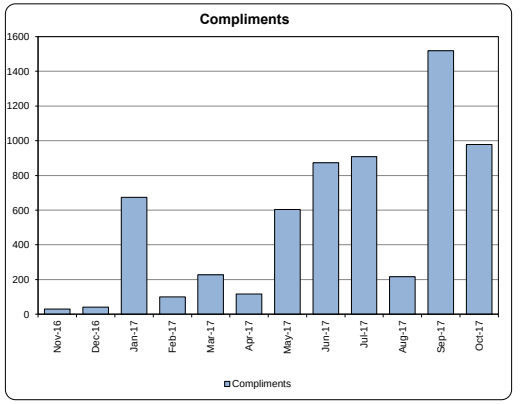


PALS By Subject	Oct-17	YTD
Access to Treatment or Drugs	26	106
Admissions and Discharges (Excluding Delayed Discharge due to absence of care package)	15	101
Appointments	51	336
Clinical Treatment	25	140
Commissioning	1	5
Communication	54	469
Consent	1	4
End of Life Care	3	11
Facilities	7	46
Integrated Care (including Delayed Discharge Due to Absence of a Care Package	0	0
Mortuary	0	1
Patient Care	21	106
Patient Concerns	7	70
Prescribing	1	22
Privacy, Dignity & Respect	4	24
Staff Numbers	1	2
Transport	0	9
Trust Admin/Policies/Procedures Inc. pt. record management	11	82
Values and Behaviours (Staff)	36	229
Waiting Times	5	90
Total	**269**	**1853**

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

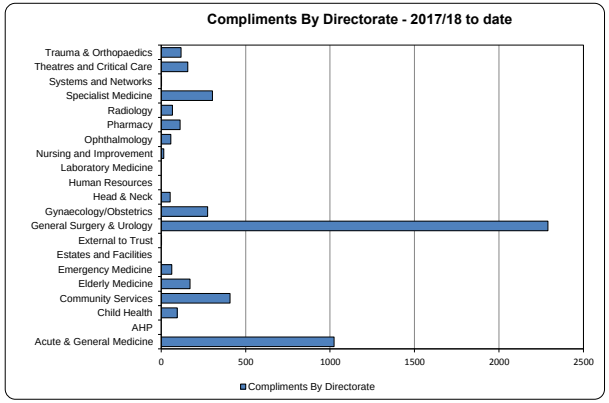






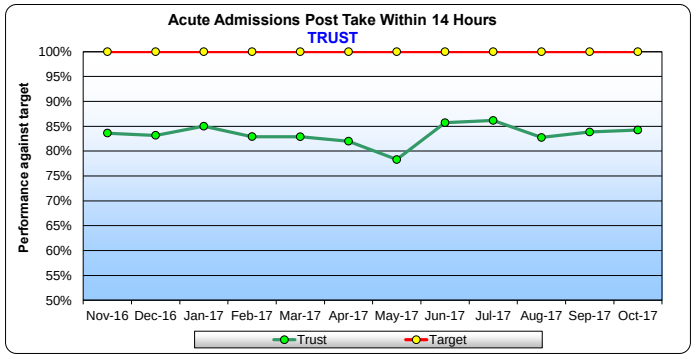
Compliments By Directorate	Oct-17	YTD
Acute & General Medicine	56	1023
AHP	0	1
Child Health	15	95
Community Services	189	408
Elderly Medicine	19	171
Emergency Medicine	10	62
Estates and Facilities	0	0
External to Trust	0	2
General Surgery & Urology	425	2290
Gynaecology/Obstetrics	75	275
Head & Neck	12	53
Human Resources	0	0
Laboratory Medicine	0	0
Nursing and Improvement	2	15
Ophthalmology	19	57
Pharmacy	17	112
Radiology	8	66
Specialist Medicine	59	303
Systems and Networks	0	2
Theatres and Critical Care	57	158
Trauma & Orthopaedics	16	118
Total	**979**	**5211**

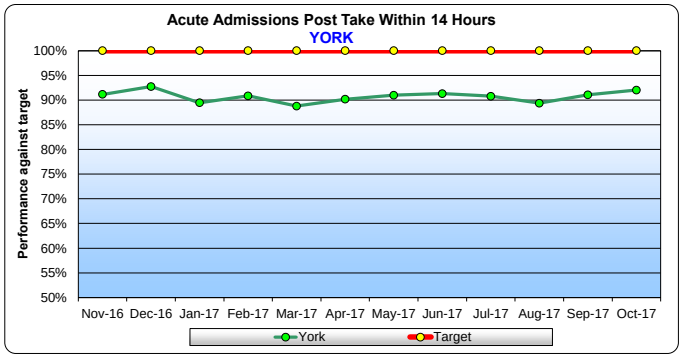
Up until December 2016 compliments reported were only those received directly by the Chief Executive and PALS. From January 2017 numbers from wards and departments are included

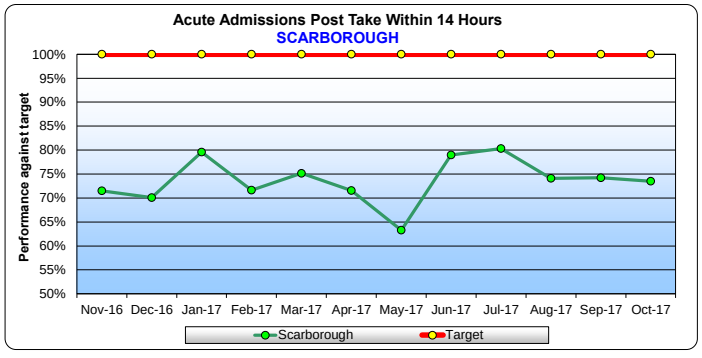


Quality and Safety: Care of the Deteriorating Patient

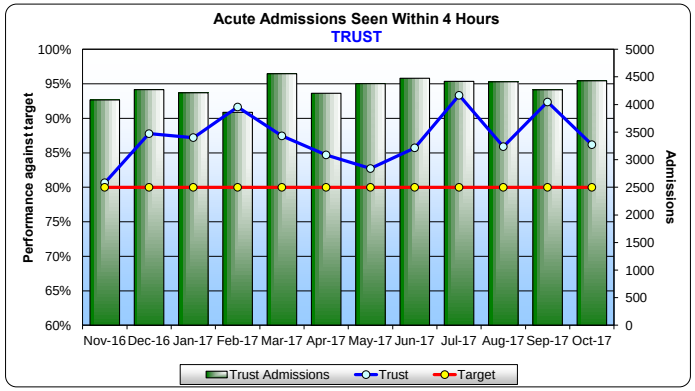
Indicator	Consequence of Breach (Monthly unless specified)	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Aug	Sep	Oct
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival (SCARBOROUGH) - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	91%	90%	91%	90%	89%	91%	92%
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival (YORK) - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	69%	76%	71%	76%	74%	74%	73%

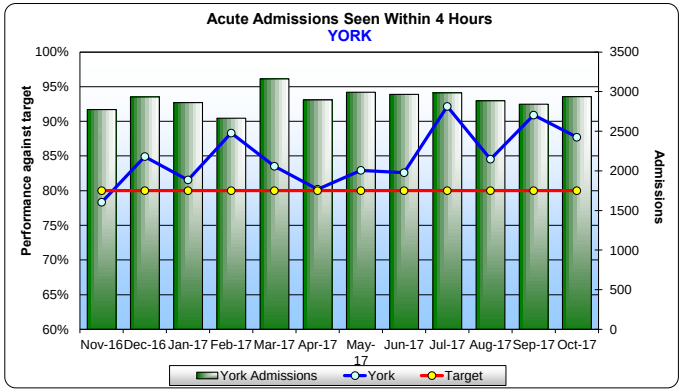


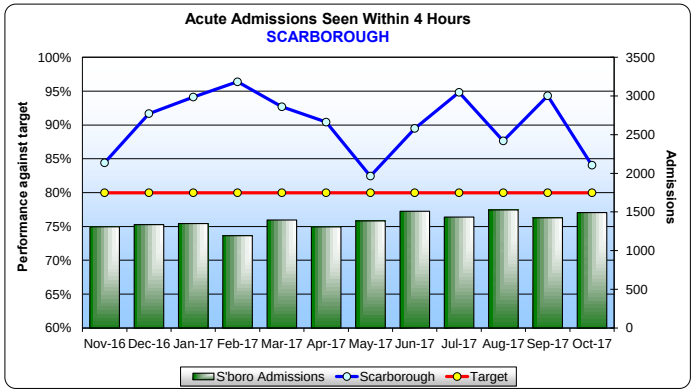




Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	**80% by site**	81.7%	88.7%	84.4%	90.5%	85.9%	92.4%	86.2%

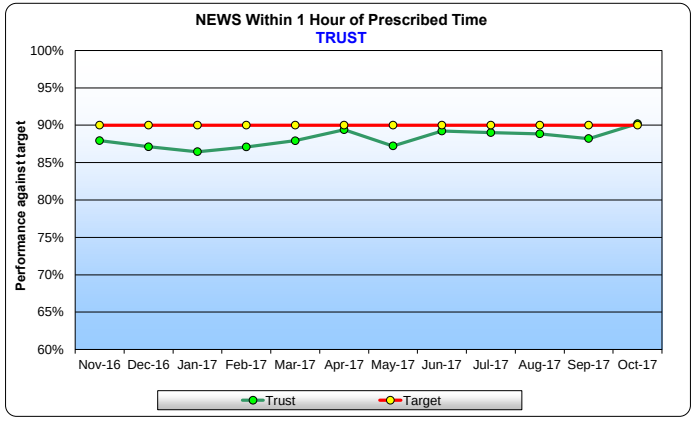


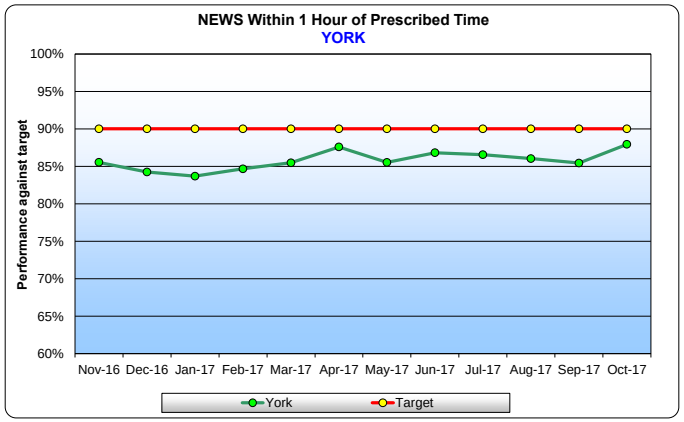


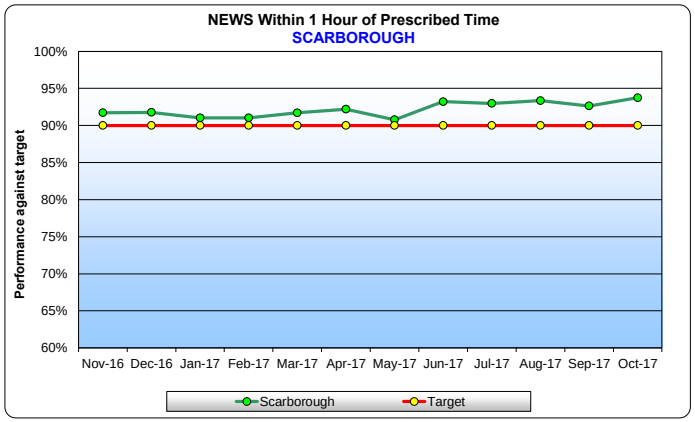


Quality and Safety: Care of the Deteriorating Patient

Indicator	Consequence of Breach (Monthly unless specified)	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Aug	Sep	Oct
NEWS within 1 hour of prescribed time	None - Monitoring Only	87.6%	87.2%	88.7%	88.7%	88.8%	88.2%	90.2%







Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 16 SIs reported in October; York 10, Scarborough 4, Bridlington 1, Community 1
Clinical Incidents: 10; York 6, Scarborough 3, Bridlington 1
Slips Trips & Falls: 2; York
Pressure Ulcers: 4; York 2, Scarborough 1, Community 1

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 October there were 114 reports of patients falling at York Hospital, 63 patients at Scarborough and 36 patients within the Community Services (213 in total). Following an increase in September, falls are being monitored closely with clinical teams being supported in order to reduce the number of falls.

Number of Incidents Reported (source: Datix)
The total number of incidents reported in the Trust during October was 1,181; 651 incidents were reported on the York site, 377 on the Scarborough site and 153 from Community Services.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 733 incidents awaiting sign-off by the Directorate Management Teams.

Pressure Ulcers (source: Datix)
During October 45 pressure ulcers were reported to have developed on patients since admission to York Hospital, 33 pressure ulcers were reported to have developed on patients since admission to Scarborough and 31 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.

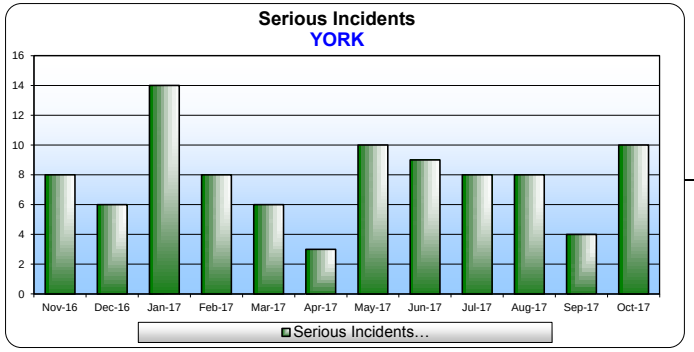
Degree of Harm: Serious/Severe or Death (source: Datix)
During October 3 patient incidents were reported which resulted in serious or severe harm or death. Numbers are subject to change as levels of harm are reviewed and investigations are completed.

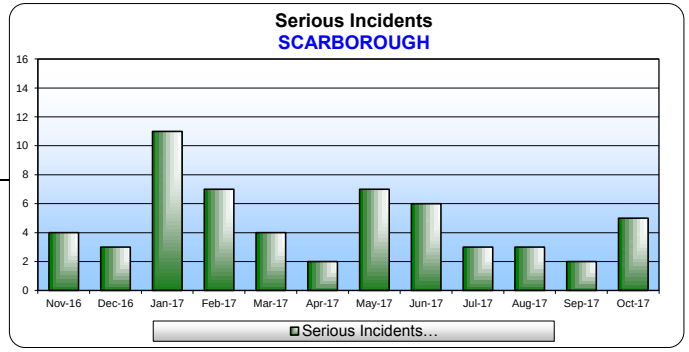
Medication Related Issues (source: Datix)
During October there were a total of 140 medication related incidents reported although this figure may change following validation.

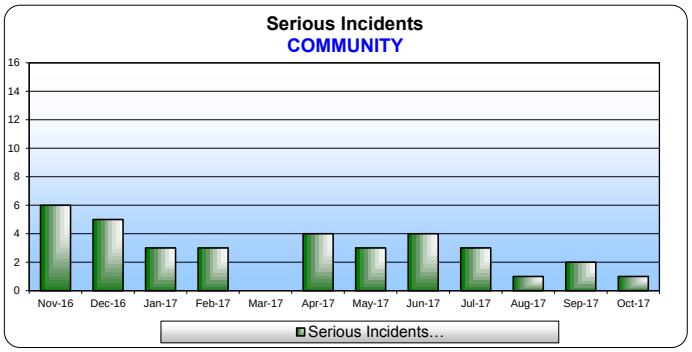
Never Events – 1 Never Event was declared during October, for misidentification of a patient.

Measures of Harm

Indicator		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Serious Incidents source: Risk and Legal	York	8	6	14	8	6	3	10	9	8	8	4	10
	Scarborough	4	3	11	7	4	2	7	6	3	3	2	5
	Community	6	5	3	3	0	4	3	4	3	1	2	1
Serious Incidents Delogged source: Risk and Legal (Trust)		0	0	0	0	0	0	0	0	2	1	0	2

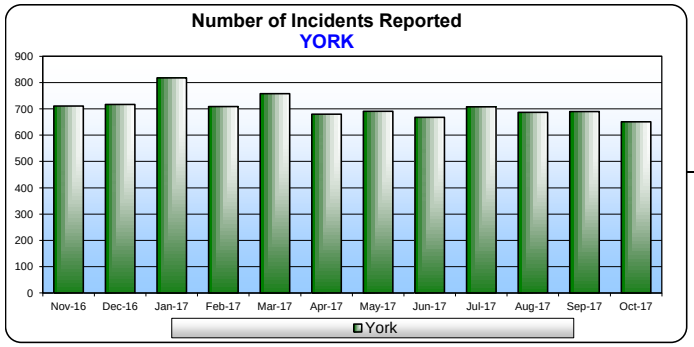


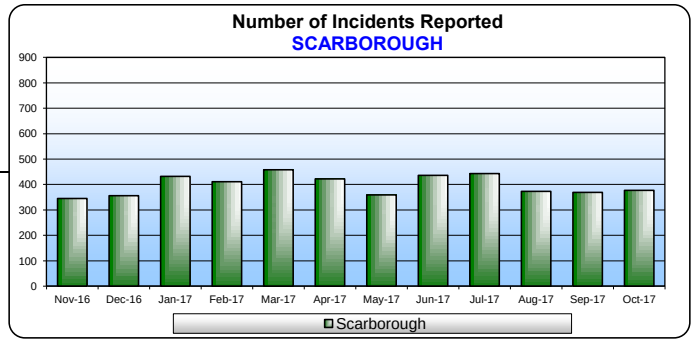


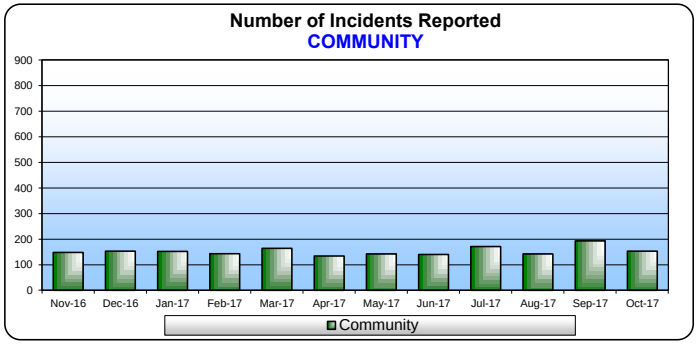


Note - 12 Hour breaches are listed as Operations for the Directorate Investigating (although the location is ED).

Indicator		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Number of Incidents Reported source: Risk and Legal	York	711	717	818	709	758	680	691	668	708	687	690	651
	Scarborough	345	356	432	411	458	422	359	436	443	373	369	377
	Community	148	153	152	143	164	134	142	140	171	142	193	153
Number of Incidents Awaiting sign off at Directorate level		670	768	963	1059	1129	828	698	746	868	832	766	733

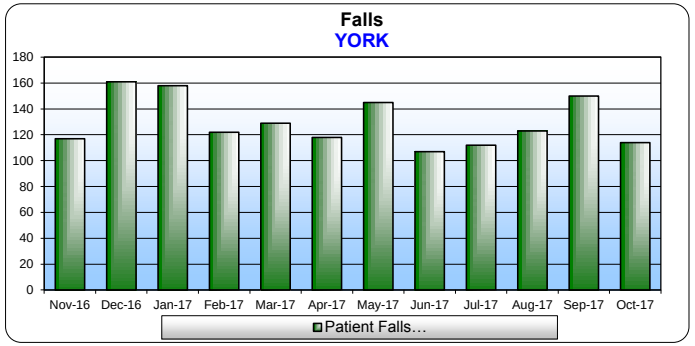


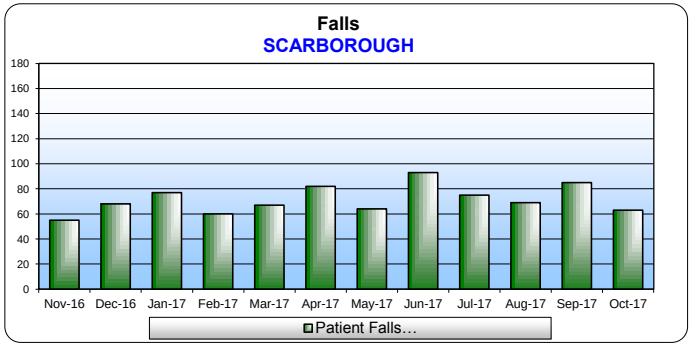


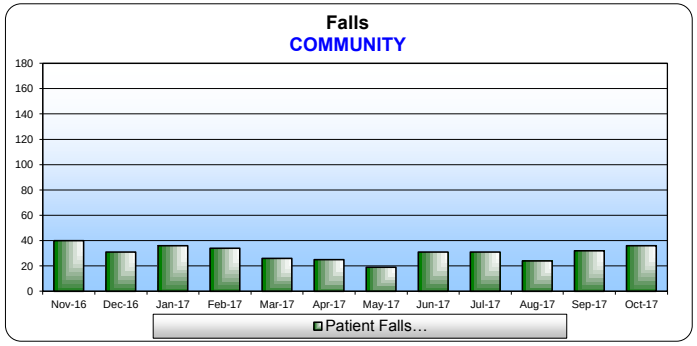


Measures of Harm

Indicator		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Patient Falls source: DATIX	York	117	161	158	122	129	118	145	107	112	123	150	114
	Scarborough	55	68	77	60	67	82	64	93	75	69	85	63
	Community	40	31	36	34	26	25	19	31	31	24	32	36

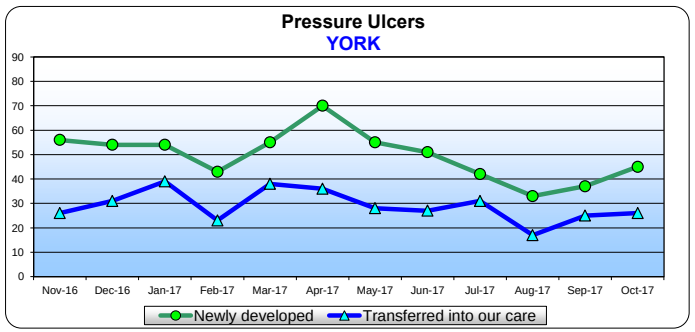


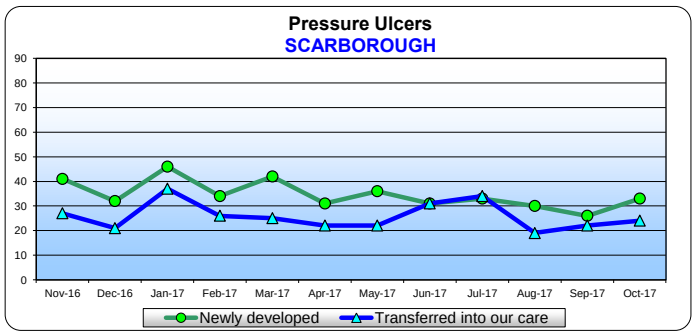


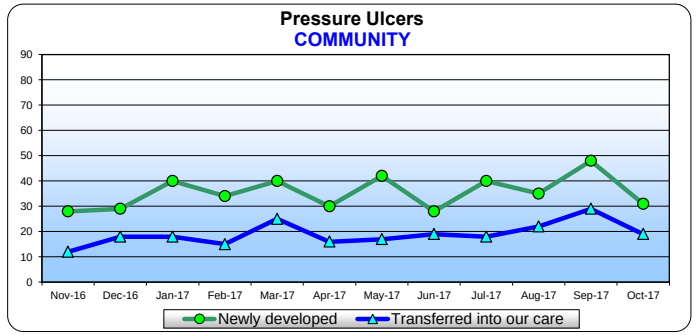


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.
Increases in January reflect the increase in the number of frail and elderly patients in hospital. The increase of falls in September particularly affected Ward 14. Despite this there has not been an increase in serious harm, the data will continue to be monitored closely and clinical teams supported in order to reduce incidents of falls.

Indicator			Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Pressure Ulcers source: DATIX	York	Newly developed	56	54	54	43	55	70	55	51	42	33	37	45
		Transferred into our care	26	31	39	23	38	36	28	27	31	17	25	26
	Scarborough	Newly developed	41	32	46	34	42	31	36	31	33	30	26	33
		Transferred into our care	27	21	37	26	25	22	22	31	34	19	22	24
	Community	Newly developed	28	29	40	34	40	30	42	28	40	35	48	31
		Transferred into our care	12	18	18	15	25	16	17	19	18	22	29	19



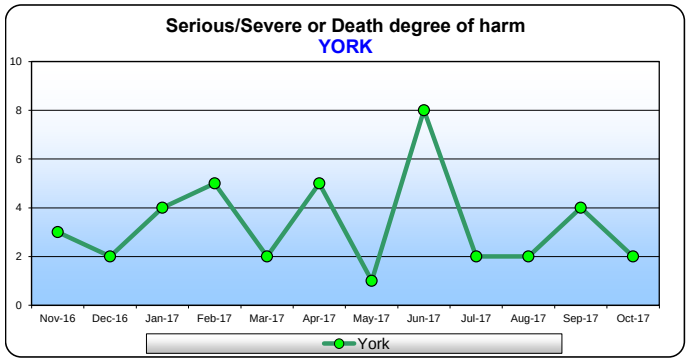


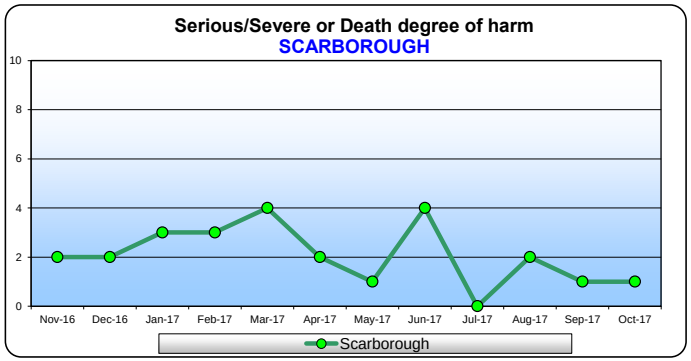


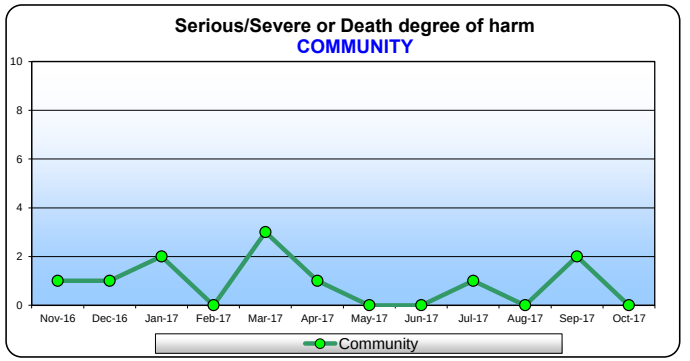
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised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

Measures of Harm

Indicator		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Degree of harm: serious/severe or death source: Datix	York	3	2	4	5	2	5	1	8	2	2	4	2
	Scarborough	2	2	3	3	4	2	1	4	0	2	1	1
	Community	1	1	2	0	3	1	0	0	1	0	2	0



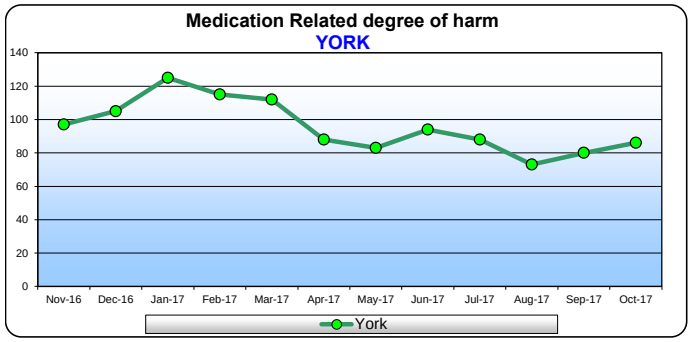


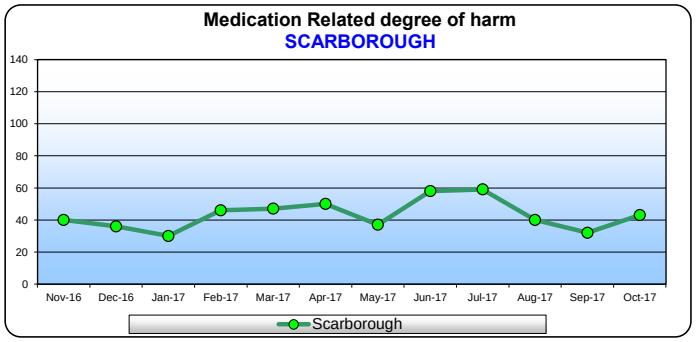


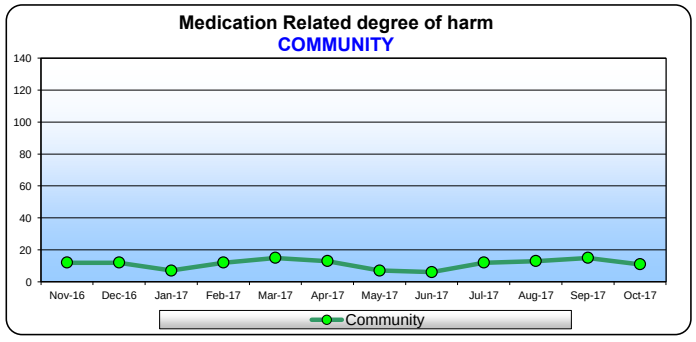
Note: data from October 2016 onwards all subject to ongoing validation

Indicator		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Degree of harm: Medication Related Issues source: Datix	York	97	105	125	115	112	88	83	94	88	73	80	86
	Scarborough	40	36	30	46	47	50	37	58	59	40	32	43
	Community	12	12	7	12	15	13	7	6	12	13	15	11

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.

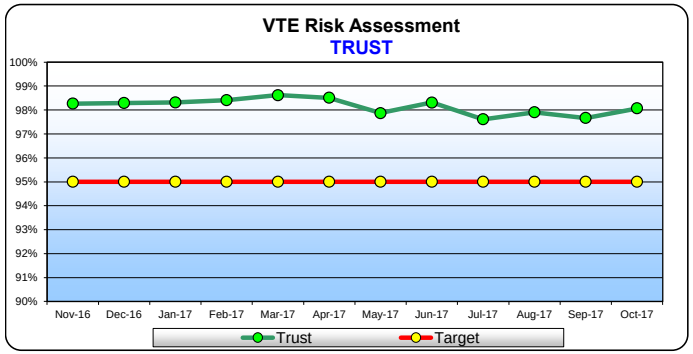


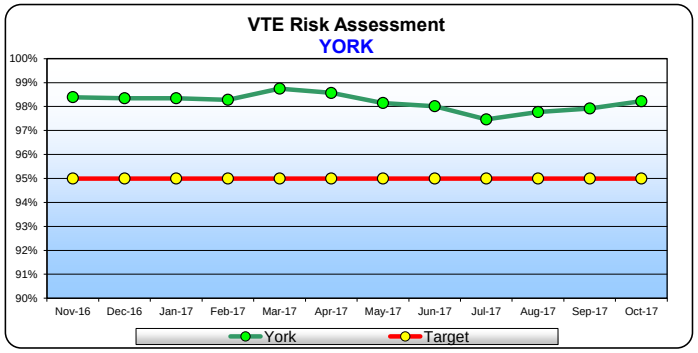


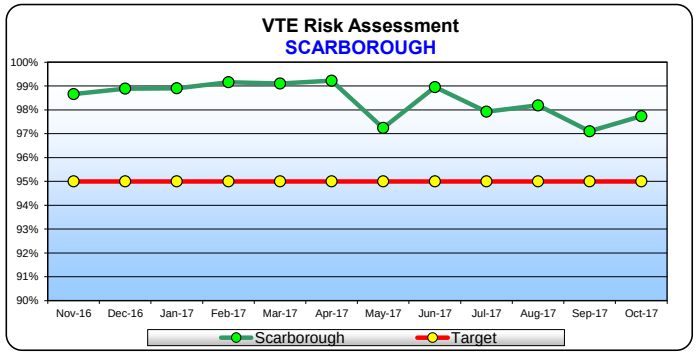


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Aug	Sep	Oct
VTE risk assessment: all inpatient undergoing risk assessment for VTE, as defined in Contract Technical Guidance source: CPD	Issue of Contract Performance Notice and subsequent process in accordance with GC9	Trust	95%	98.4%	98.5%	98.2%	97.7%	97.9%	97.7%	98.1%
		York	95%	98.5%	98.5%	98.2%	97.7%	97.8%	97.9%	98.2%
		Scarborough	95%	98.9%	99.1%	98.1%	97.7%	98.2%	97.1%	97.7%







Never Events

Indicator	Consequence of Breach	Threshold	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Aug	Sep	Oct
SURGICAL									
Wrong site surgery	As below	**>0**	**0**	**0**	**0**	**2**	1	0	0
Wrong implant/prosthesis		**>0**	**0**	**0**	**1**	**0**	0	0	0
Retained foreign object post-operation		**>0**	**0**	**0**	**0**	**0**	0	0	0
MEDICATION									
Wrongly prepared high-risk injectable medication	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	**>0**	**0**	**0**	**0**	**0**	0	0	0
Maladministration of potassium-containing solutions		**>0**	**0**	**0**	**0**	**0**	0	0	0
Wrong route administration of chemotherapy		**>0**	**0**	**0**	**0**	**0**	0	0	0
Wrong route administration of oral/enteral treatment		**>0**	**0**	**0**	**0**	**0**	0	0	0
Intravenous administration of epidural medication		**>0**	**0**	**0**	**0**	**0**	0	0	0
Maladministration of insulin		**>0**	**0**	**0**	**0**	**0**	0	0	0
Overdose of midazolam during conscious sedation		**>0**	**0**	**0**	**0**	**0**	0	0	0
Opioid overdose of an opioid-naïve Service User		**>0**	**0**	**0**	**0**	**0**	0	0	0
Inappropriate administration of daily oral methotrexate		**>0**	**0**	**0**	**0**	**0**	0	0	0
GENERAL HEALTHCARE									
Falls from unrestricted windows	In accordance with Never Events Guidance, recovery by the Responsible Commissioner of the costs to that Commissioner of the procedure or episode (or, where these cannot be accurately established, £2,000) plus any additional charges incurred by that Commissioner (whether under this Contract or otherwise) for any corrective procedure or necessary care in consequence of the Never Event	**>0**	**0**	**0**	**0**	**0**	0	0	0
Entrapment in bedrails		**>0**	**0**	**0**	**0**	**0**	0	0	0
Transfusion of ABO incompatible blood components		**>0**	**0**	**0**	**0**	**0**	0	0	0
Transplantation of ABO incompatible organs as a result of error		**>0**	**0**	**0**	**0**	**0**	0	0	0
Misplaced naso- or oro-gastric tubes		**>0**	**0**	**0**	**0**	**0**	0	0	0
Wrong gas administered		**>0**	**0**	**0**	**0**	**0**	0	0	0
Failure to monitor and respond to oxygen saturation		**>0**	**0**	**0**	**0**	**0**	0	0	0
Air embolism		**>0**	**0**	**0**	**0**	**0**	0	0	0
Misidentification of Service Users		**>0**	**0**	**0**	**0**	**0**	0	0	1
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
This metric is no longer provided. Safety Thermometer audit has been discontinued due to no longer being a national requirement.

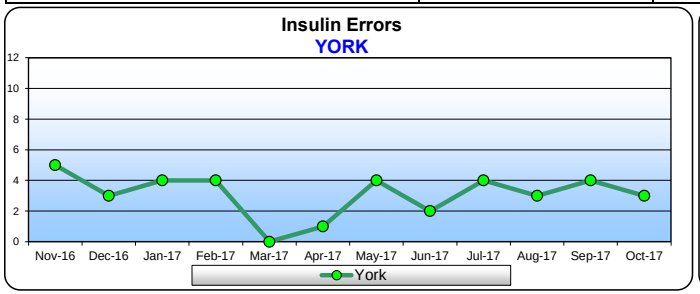
Prescribing Errors
There were 34 prescribing related errors in October; 23 from York, 10 from Scarborough and 1 from Community.

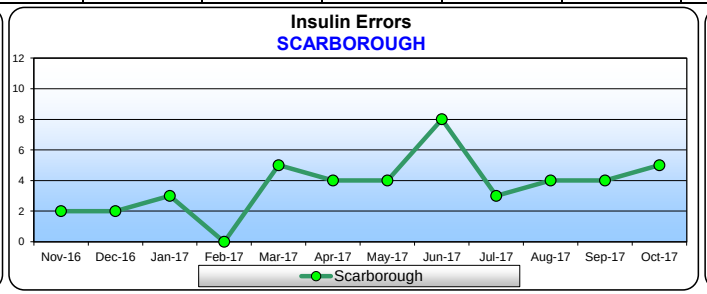
Preparation and Dispensing Errors
There were 19 preparation/dispensing errors in October; 11 from York, 7 from Scarborough and 1 from Community.

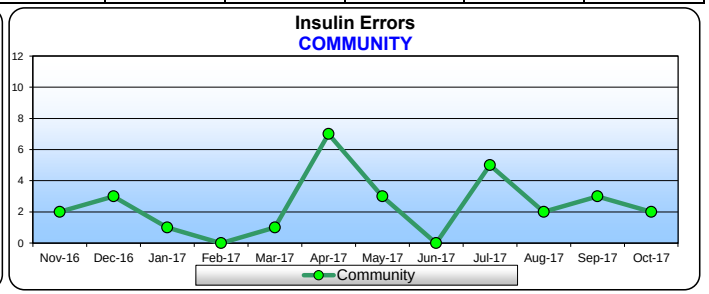
Administrating and Supply Errors
There were 57 administrating/supplying errors in October; 37 were from York, 13 from Scarborough and 7 from Community. Audit work on missed doses has raised the awareness of the importance of reporting medication errors, and this is thought to have contributed to the increase in administration errors from December .

Drug Administration

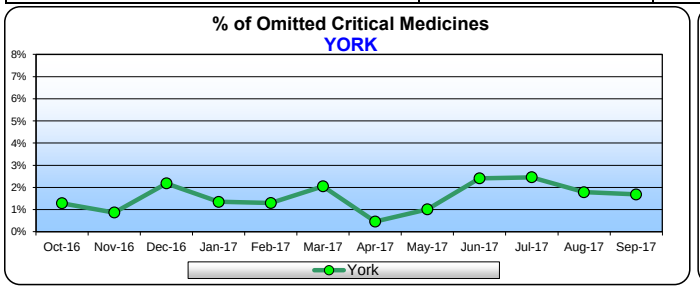
Indicator		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Insulin Errors source: Datix	York	5	3	4	4	0	1	4	2	4	3	4	3
	Scarborough	2	2	3	0	5	4	4	8	3	4	4	5
	Community	2	3	1	0	1	7	3	0	5	2	3	2

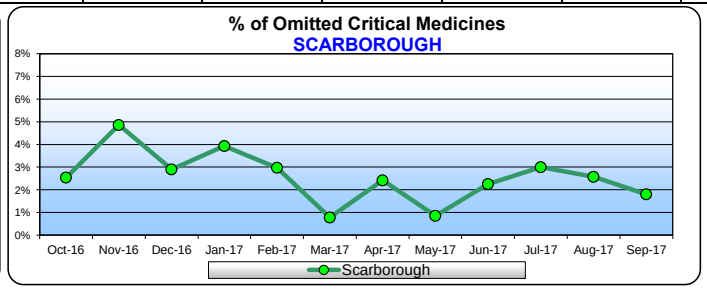


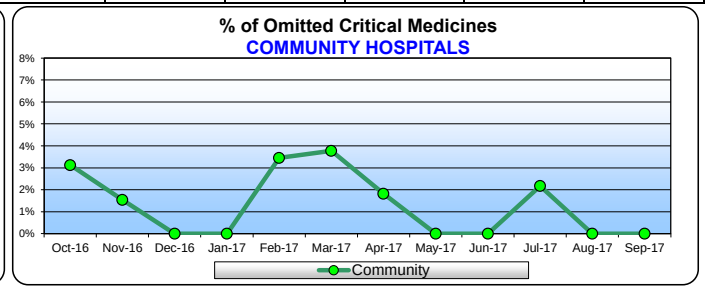




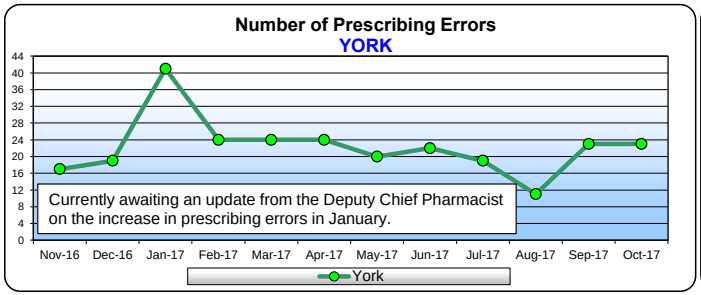
Indicator		Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
Number of Omitted Critical Medicines source: Datix. *Safety Thermometer was discontinued from Oct 2017 therefore this metric is no longer provided*	York	6	4	10	7	6	9	2	4	10	11	8	7
	Scarborough	7	12	8	11	8	2	6	2	6	7	7	4
	Community Hospitals	2	1	0	0	2	2	1	0	0	1	0	0

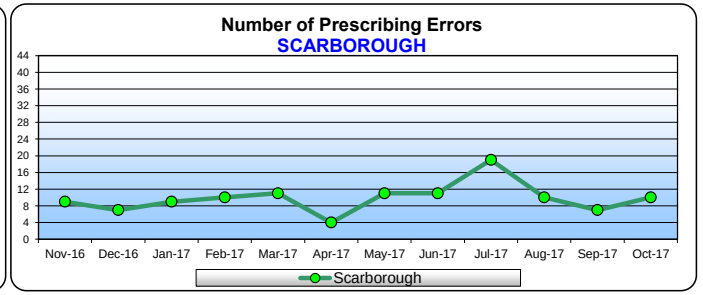


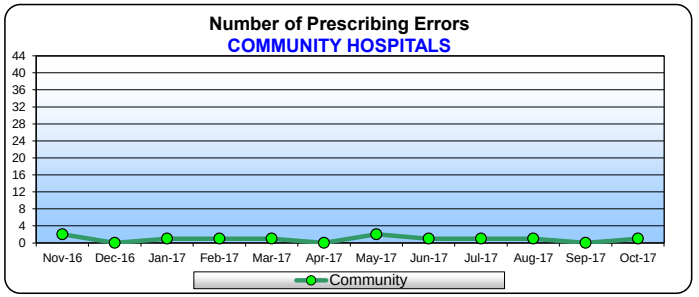




Indicator		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Number of Prescribing Errors source: Datix	York	17	19	41	24	24	24	20	22	19	11	23	23
	Scarborough	9	7	9	10	11	4	11	11	19	10	7	10
	Community Hospitals	2	0	1	1	1	0	2	1	1	1	0	1

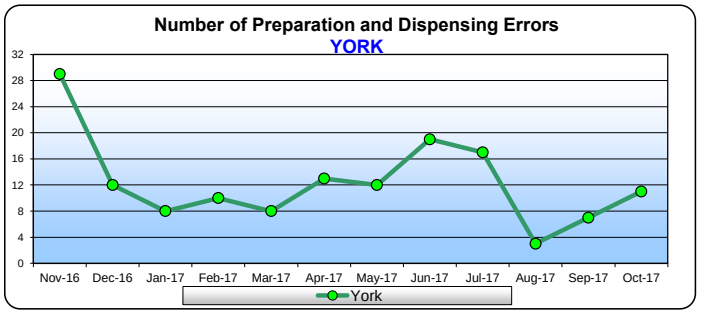


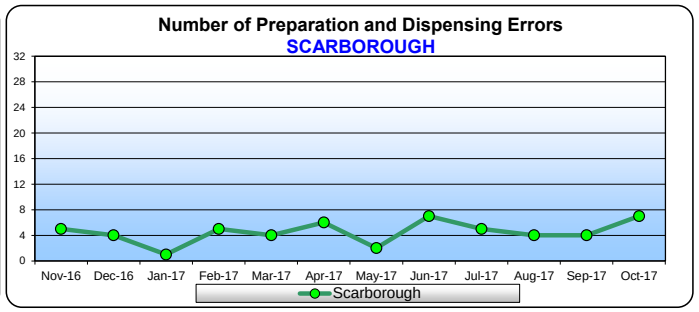


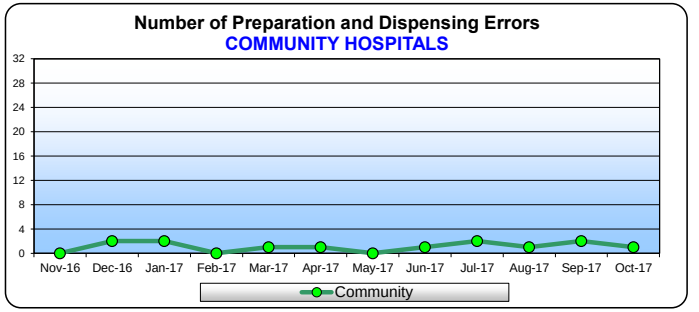


Drug Administration

Indicator		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Number of Preparation and Dispensing Errors source: Datix	York	29	12	8	10	8	13	12	19	17	3	7	11
	Scarborough	5	4	1	5	4	6	2	7	5	4	4	7
	Community Hospitals	0	2	2	0	1	1	0	1	2	1	2	1

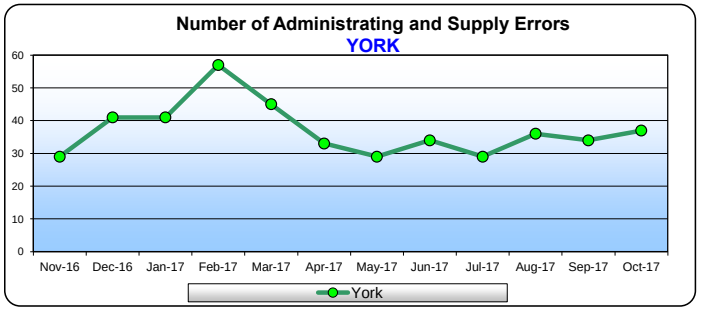


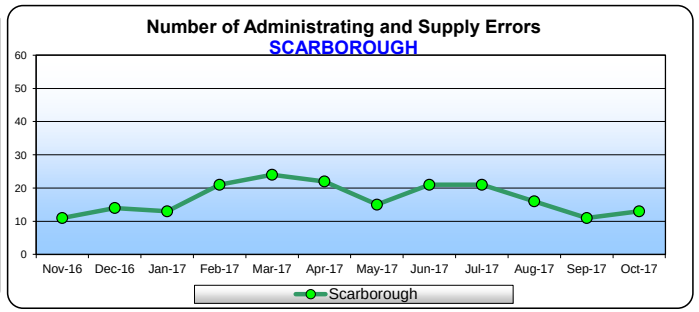


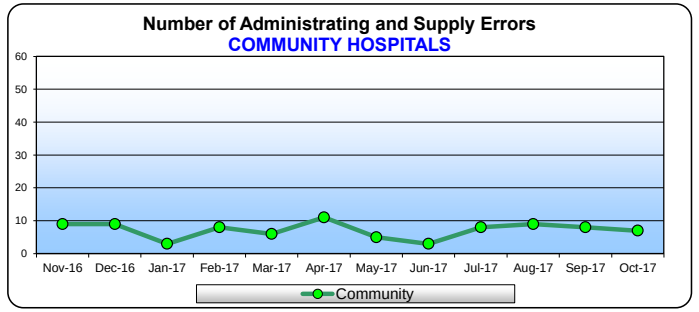


Note re increase in Dispensing Errors - Healthcare at Home have recently experienced a high turnover of staff which has contributed to the increase in errors as the service has mostly been delivered by locums. The vacancies are currently being recruited to and a new manager has been appointed. Trust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

Indicator		Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17
Administrating and Supply Errors source: Datix	York	29	41	41	57	45	33	29	34	29	36	34	37
	Scarborough	11	14	13	21	24	22	15	21	21	16	11	13
	Community Hospitals	9	9	3	8	6	11	5	3	8	9	8	7







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

Measures of Harm: Safety Thermometer

Please note Safety Thermometer was a snapshot taken on the first Wednesday of the month . Safety Thermometer was discontinued from October 2017 as it is no longer a national requirement.

Harm Free Care
The percentage of patients harm free from pressure ulcers, catheter associated urinary tract infection (CAUTI), falls and VTE measured as a monthly prevalence score.

Harm from Catheter Associated Urinary Tract Infection
The percentage of patients affected by CAUTI as measured by the Department of Health data definition, as a monthly measurement of prevalence.

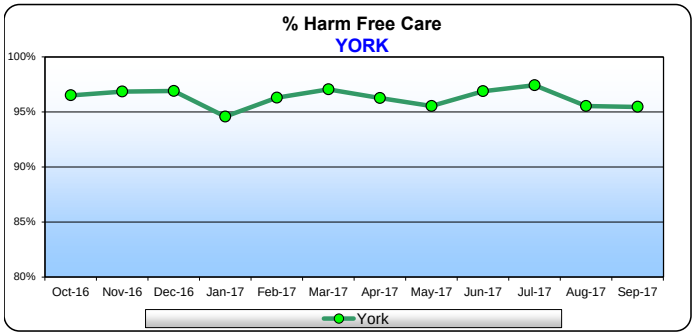
VTE
The percentage of patients affected by VTE as measured by the Department of Health definition, as a monthly measurement of prevalence.

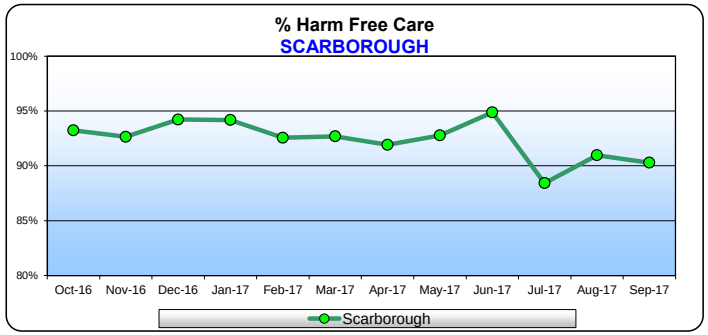
Safety Thermometer

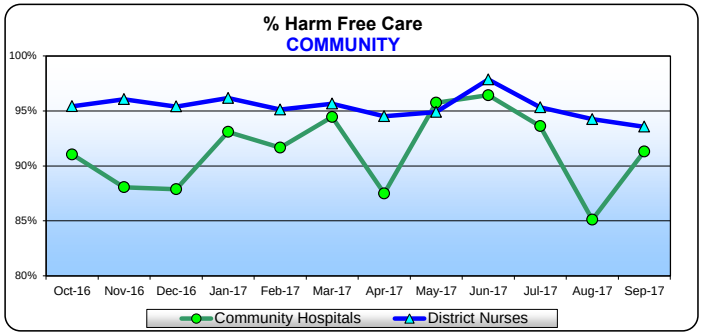
Please note this Safety Thermometer was a snapshot taken on the first Wednesday of the month. Whitecross Court and St Helen's are not included in the Community Hospital figures as they are part of the acute bed base.

Safety Thermometer audit was discontinued at York Teaching Hospital NHS Foundation Trust from October 2017 as it is no longer a national requirement.

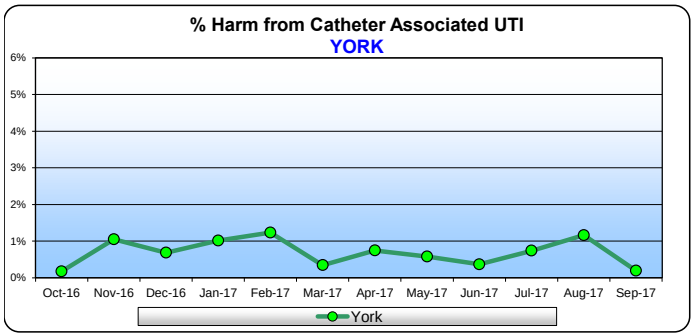
Indicator		Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
% of Harm Free Care source: Safety Thermometer	York	96.5%	96.8%	96.9%	94.6%	96.3%	97.0%	96.3%	95.5%	96.9%	97.4%	95.5%	95.5%
	Scarborough	93.2%	92.6%	94.2%	94.2%	92.6%	92.7%	91.9%	92.8%	94.9%	88.4%	91.0%	90.3%
	Community Hospitals	91.0%	88.1%	87.9%	93.1%	91.7%	94.4%	87.5%	95.7%	96.4%	93.6%	85.1%	91.3%
	District Nurses	95.4%	96.1%	95.4%	96.2%	95.1%	95.7%	94.5%	94.9%	97.9%	95.3%	94.2%	93.6%

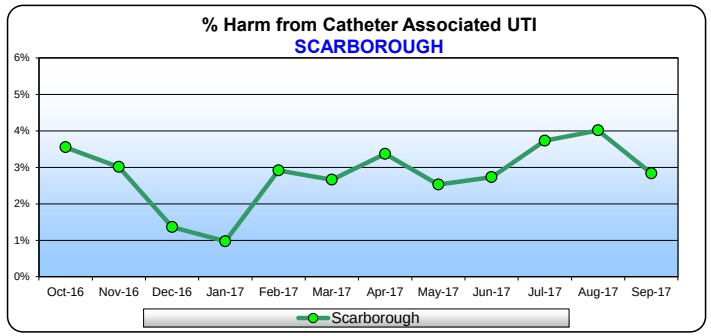


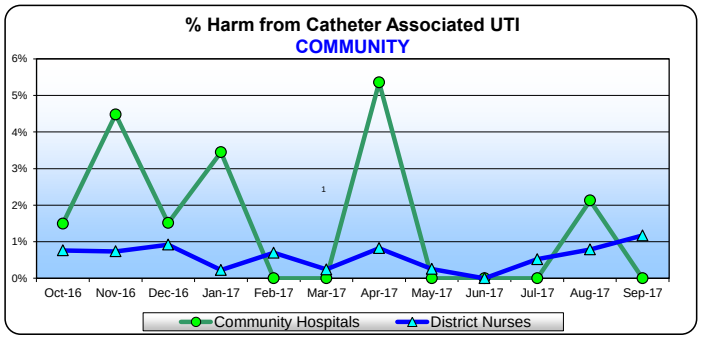




Indicator		Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
% of Harm from Catheter Associated Urinary Tract Infection source: Safety Thermometer	York	0.2%	1.1%	0.7%	1.0%	1.2%	0.3%	0.7%	0.6%	0.4%	0.7%	1.2%	0.2%
	Scarborough	3.5%	3.0%	1.4%	1.0%	2.9%	2.7%	3.4%	2.5%	2.7%	3.7%	4.0%	2.8%
	Community Hospitals	1.5%	4.5%	1.5%	3.4%	0.0%	0.0%	5.4%	0.0%	0.0%	0.0%	2.1%	0.0%
	District Nurses	0.8%	0.7%	0.9%	0.2%	0.7%	0.2%	0.8%	0.3%	0.0%	0.5%	0.8%	1.2%



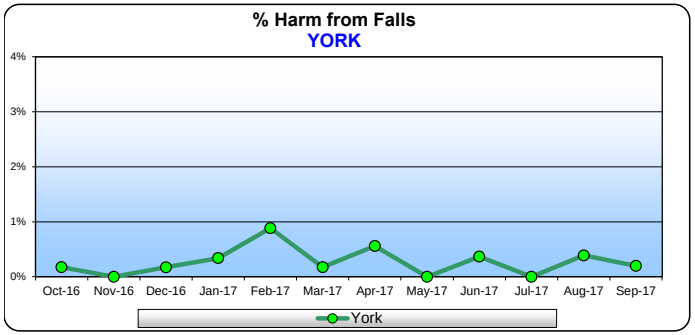


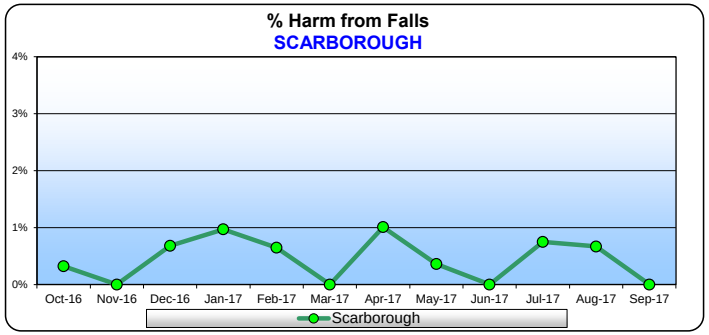


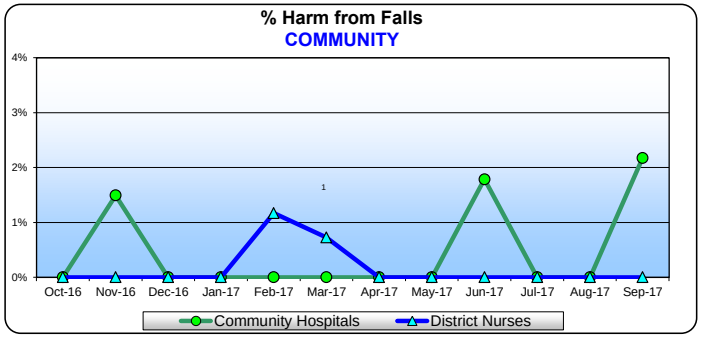
Safety Thermometer

Please note this Safety Thermometer was 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.

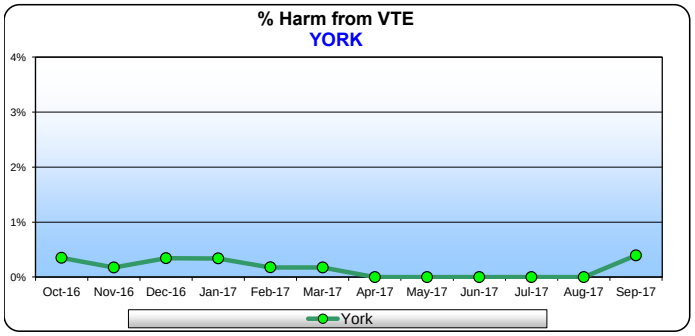
Indicator		Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
% of Harm from Falls source: Safety Thermometer	York	0.2%	0.0%	0.2%	0.3%	0.9%	0.2%	0.6%	0.0%	0.4%	0.0%	0.4%	0.2%
	Scarborough	0.3%	0.0%	0.7%	1.0%	0.6%	0.0%	1.0%	0.4%	0.0%	0.8%	0.7%	0.0%
	Community Hospitals	0.0%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	0.0%	2.2%
	District Nurses	0.0%	0.0%	0.0%	0.0%	1.2%	0.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

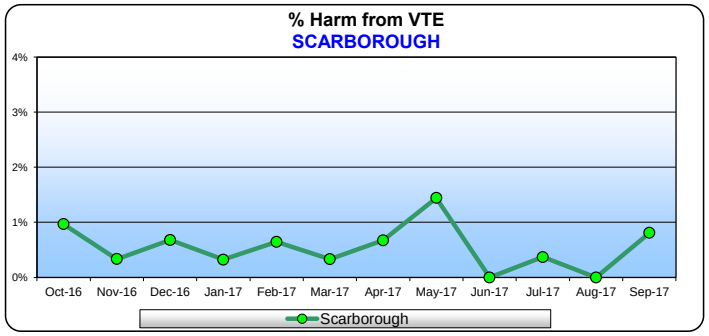


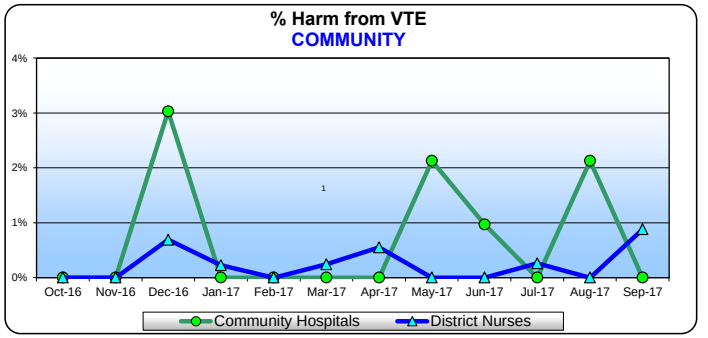




Indicator		Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
% of VTE source: Safety Thermometer	York	0.3%	0.2%	0.3%	0.3%	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
	Scarborough	1.0%	0.3%	0.7%	0.3%	0.6%	0.3%	0.7%	1.4%	0.0%	0.4%	0.0%	0.8%
	Community Hospitals	0.0%	0.0%	3.0%	0.0%	0.0%	0.0%	0.0%	2.1%	1.0%	0.0%	2.1%	0.0%
	District Nurses	0.0%	0.0%	0.7%	0.2%	0.0%	0.2%	0.5%	0.0%	0.0%	0.3%	0.0%	0.9%



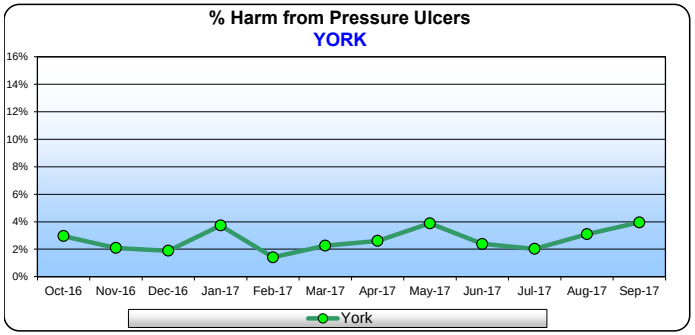


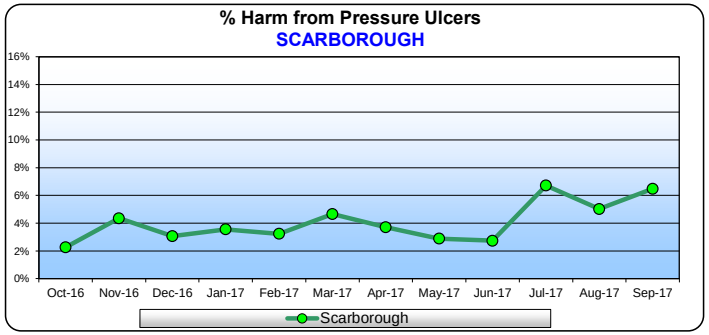


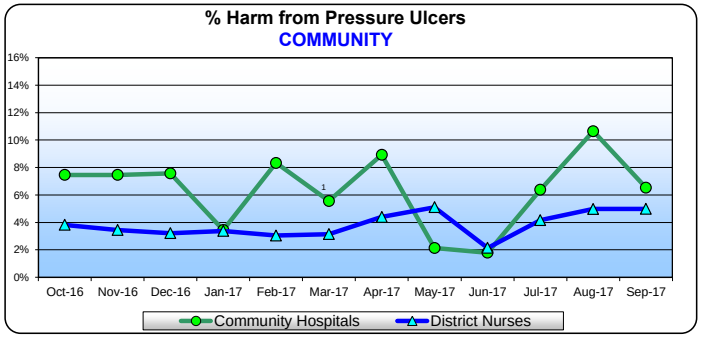
Safety Thermometer

Please note this Safety Thermometer was 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		Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
% of Pressure Ulcers source: Safety Thermometer	York	3.0%	2.1%	1.9%	3.7%	1.4%	2.3%	2.6%	3.9%	2.4%	2.0%	3.1%	3.9%
	Scarborough	2.3%	4.3%	3.1%	3.6%	3.2%	4.7%	3.7%	2.9%	2.7%	6.7%	5.0%	6.5%
	Community Hospitals	7.5%	7.5%	7.6%	3.4%	8.3%	5.6%	8.9%	2.1%	1.8%	6.4%	10.6%	6.5%
	District Nurses	3.8%	3.4%	3.2%	3.4%	3.0%	3.1%	4.4%	5.1%	2.1%	4.2%	5.0%	5.0%







Mortality

Indicator	Jul 13 - Jun 14	Oct 13 - Sep 14	Jan 14 - Dec 14	Apr 14 - Mar 15	Jul 14 - Jun 15	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Jan 16 - Dec 16	Apr 16 - Mar -17
SHMI – York locality	98	99	97	96	95	93	94	95	96	94	94	93
SHMI – Scarborough locality	108	109	107	108	107	107	108	107	106	106	104	105
SHMI – Trust	**102**	**103**	**101**	**101**	**99**	**99**	**99**	**100**	**99**	**98**	**97**	**97**

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 'lower than expected' range. The April 2016 - March 2017 SHMI saw a 1 point decrease York, a 1 point inrease for Scarborough with the Trust remaining the same. Trust - 97, York 93 and Scarborough 105.

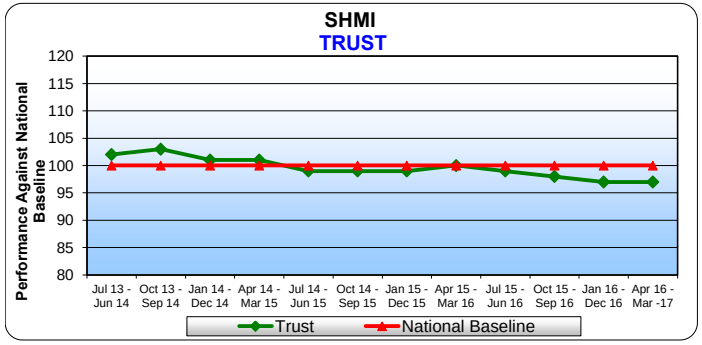
139 inpatient deaths were reported across the Trust in October. 87 deaths were reported at York Hospital, this is lower than October 2016 (13.9% decrease). 43 deaths were reported at Scarborough, a 20.4% decrease on October 2016. The Trust saw a total of 9 deaths across the Community sites in October 2017.

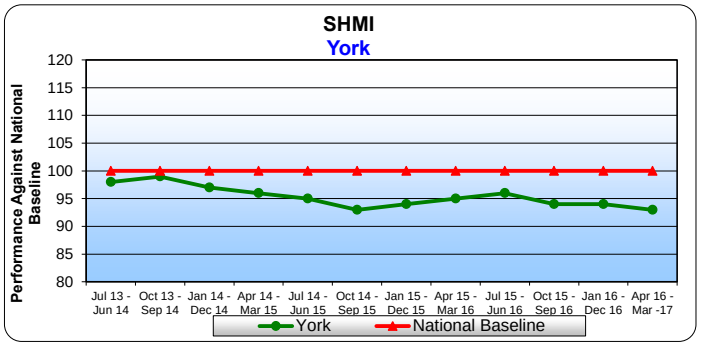
19 deaths in ED were reported in October; 9 at York and 10 at Scarborough. This is an increase on October 2016 (13 deaths in total; 6 at York and 7 at Scarborough) and is a slight increase on numbers for the last quarter.

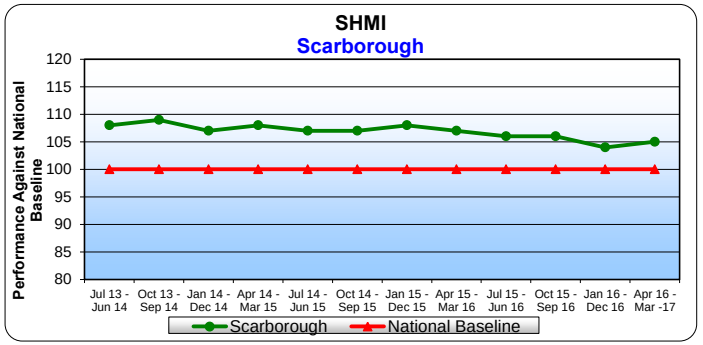
Mortality

York Teaching Hospital NHS
NHS Foundation Trust

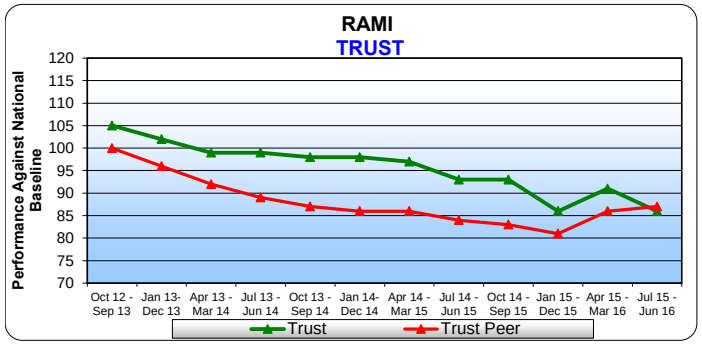
Indicator	Consequence of Breach (Monthly unless specified)	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Jan 16 - Dec 16	Apr 16 - Mar -17
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	99	99	100	99	98	97	97
Mortality – SHMI (YORK)	**Quarterly:** General Condition 9	93	94	95	96	94	94	93
Mortality – SHMI (SCARBOROUGH)	**Quarterly:** General Condition 9	107	108	107	106	106	104	105

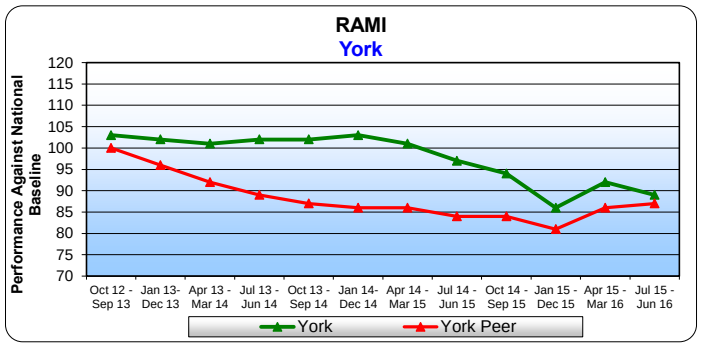


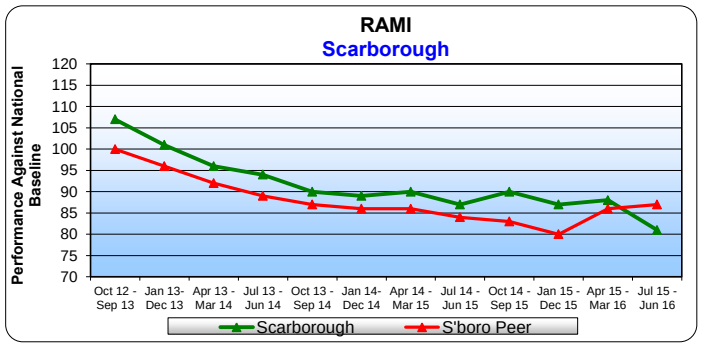




Indicator	Consequence of Breach (Monthly unless specified)	Oct 14 - Sep 15	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Jan 16 - Dec 16	Apr 16 - Mar -17
Mortality – RAMI (TRUST)	**none - monitoring only**	93	86	91	86	94	93	90
Mortality – RAMI (YORK)	**none - monitoring only**	94	86	92	89	97	96	93
Mortality – RAMI (SCARBOROUGH)	**none - monitoring only**	90	87	88	81	86	84	84



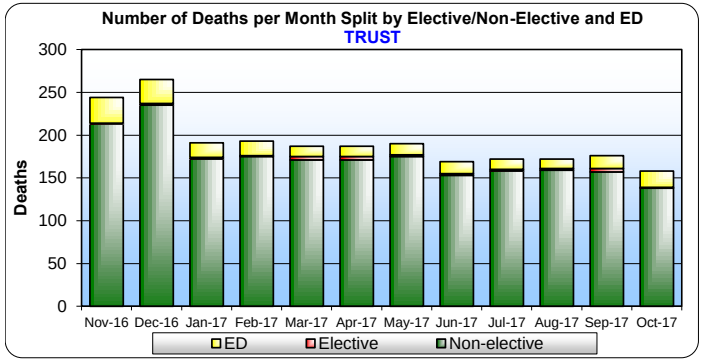


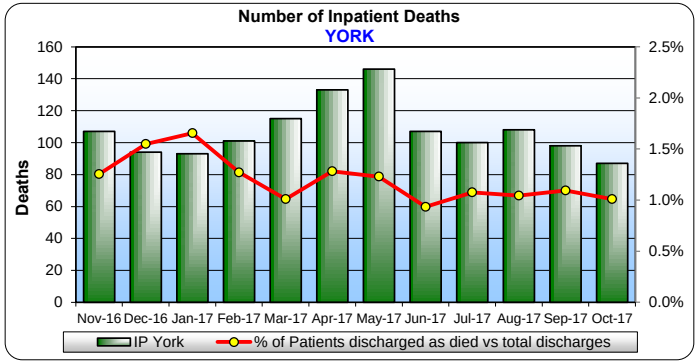


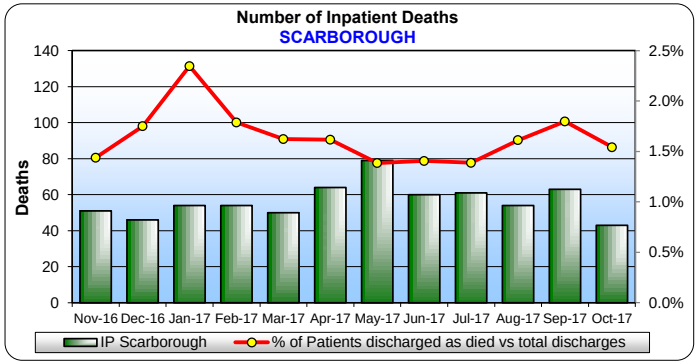
Mortality

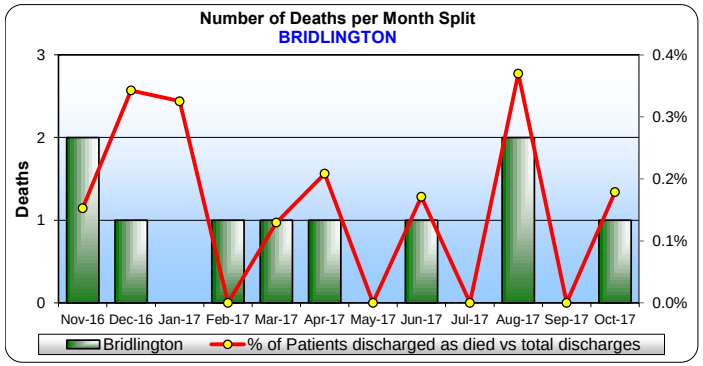
York Teaching Hospital NHS
NHS Foundation Trust

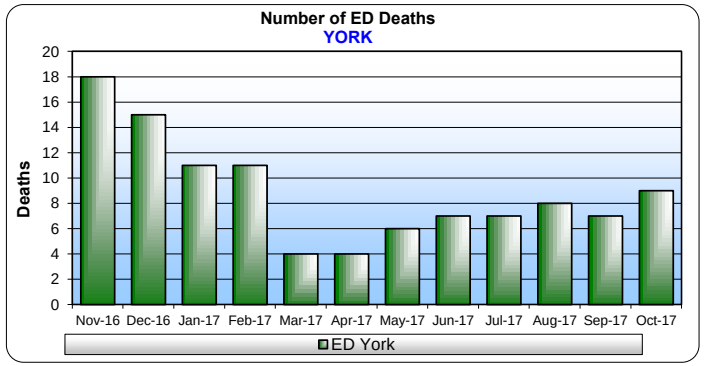
Indicator	Consequence of Breach (Monthly unless specified)	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Aug	Sep	Oct
Number of Inpatient Deaths	None - Monitoring Only	628	525	507	482	161	161	139
Number of ED Deaths	None - Monitoring Only	77	46	39	38	11	15	19

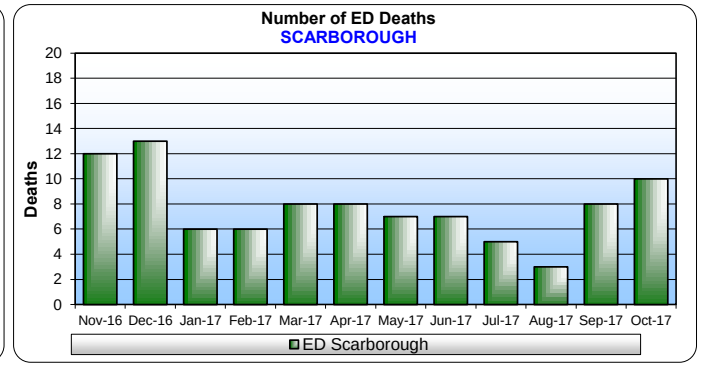


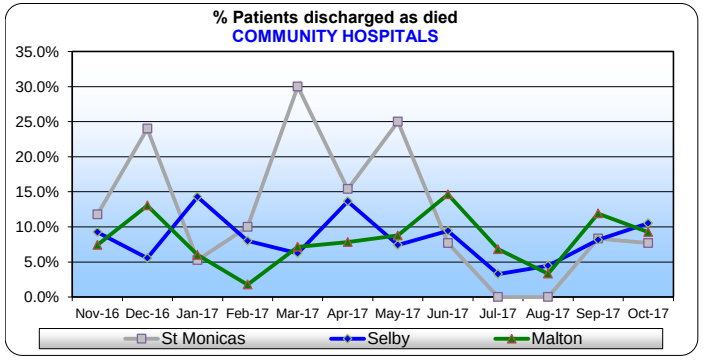


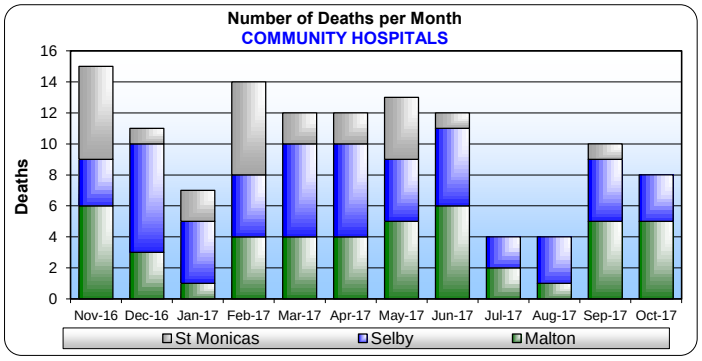












Month	Malton	Selby	St Monicas	Brid
Nov-16	6	3	6	2
Dec-16	3	7	1	1
Jan-17	1	4	2	0
Feb-17	4	4	6	1
Mar-17	4	6	2	1
Apr-17	4	6	2	1
May-17	5	4	4	0
Jun-17	6	5	1	1
Jul-17	2	2	0	0
Aug-17	1	3	0	2
Sep-17	5	4	1	0
Oct-17	5	3	0	1

Patient Safety Walkrounds – October 2017

Date	Location	Participants	Actions & Recommendations
05/10/2017	Ward 35, York Hospital	Patrick Crowley – Chief Executive Karen Goodman – Clinical Director Jamie Todd – Directorate Manager Katie Holgate – Matron Mike Sweet – Non – Executive Director Helen Hey – Deputy Chief Nurse	CPD still running 'slightly' slower for the last 2 weeks when the system went down. CPD on Mondays can be really problematic as it is very slow. Learning from a recent MRSA bacteraemia highlighted that nurses cannot see the cannulae checks on CPD. **Action** – to request SNS to make adjustment to CPD. More time is needed for clinical training of HCAs on the ward. Action – to discuss with Chief Nurse Team. The Ward team have suggestions about improving and developing the role of the DLO. **Action** – DM/Matron to propose improvements. Nurse staffing remains the most significant concern. The introduction of the Band 4 role is welcomed and will need time to develop. Visiting times starting at 11am distracts from clinical tasks and ward rounds in the mornings as relatives want to speak to staff. **Action** – to monitor and evaluate the changes. This ward has made good progress on falls reduction; excellence in pressure ulcer prevention; intelligent use of staff and beds to minimise spend on enhanced supervision. The ward sister, demonstrates a complete grasp of the care delivered on her ward and how staff feel.
10/10/2017	Maxillofacial in OPD, Scarborough Hospital	Sue Symington - Chair Zararna Nelson Moon – Clinical Director Nishant Jankee – Deputy Directorate Manager Cheryl Smith – Lead Nurse	The working environment within the joint Dental room area is challenging and potentially compromises patient privacy as well as confidentiality as there is no partition / separation between clinics. There is a potential risk in the storage of all restorative samples as places are limited in Scarborough.
27/10/2017	Ward 32 and Ward 33 Scarborough Hospital	Andy Bertram – Director Nigel Durham – Clinical Director Karen Cooper-Lloyd – Deputy Directorate Manager Chris Morris – Matron Juliet King – Sister Dan Palmer – Charge Nurse Diane Willcocks – Non-Executive Director	**Ward 32** There is only one shower for the whole ward. This issue remains from the previous walk round in June 2016. The ward is still outstanding for refurbishment. **Action** – AB to confirm where Ward 32 is on the refurbishment schedule. Missed Critical Medications errors are primarily due to agency staff. **Action** – Sister to report to the agency of the nursing staff concerned and changes in induction training should support improvement. Pre and post cardiology procedure care (named nurse). **Action** – for further discussion with the clinical teams. Post cardiology procedure care / discharge could be managed from a none-bed environment. **Action** – for further discussion with the clinical teams. The ward hosts significant numbers of outliers; this can mitigate against urgent stroke work. **Action** – CD proposals to relocate non-specialist work to be explored. Ward would benefit from criteria led discharge by senior nurse. **Action** – CD proposals to be explored. SAFER embraced by the ward and MDT as a whole with good presence from most of the medical teams. **Ward 33** Recent ward refurbishment very positive but outstanding snagging items to be addressed. **Action** – request support from Estates. There is no Side Room with en-suite facilities on the ward. Issues with violence and aggression from the client group of patients cared for on this ward. **Action** – ADN is sourcing resolution training. There is no PD On-call cover. **Action** – ward and the PD currently looking at how this can be best supported. SAFER embraced and now held at 2.30pm with a view to forward plan for the next day, although poor involvement from the medical teams. **Action** – Charge Nurse to discuss with medical staff. The ward has a good retention of staff and low vacancy rates.

YORK - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Activity	Births	Bookings	1st m/w visit	CPD	≤302	303-329	≥330	326	303	366	248	288	301	287	294	295	296		
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	86.2%	90.1%	91.8%	90.9%	88.9%	88.0%	87.5%	87.1%	84.7%	86.1%		
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10.1%-19.9%	>20%	5.8%	5.0%	4.1%	4.3%	5.9%	7.3%	5.9%	4.8%	7.1%	5.1%		
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	94.70%	60.00%	86.70%	54.50%	64.70%	81.80%	70.60%	71.40%	81.00%	66.70%		
		Births	No. of babies	CPD	≤295	296-309	≥310	269	244	264	244	267	259	273	269	302	272		
		No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	264	240	261	237	263	253	269	262	297	269		
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	1	0	0		
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	1	0	0		
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	5	3	3	0	0	3	2	1	4	0		
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	1	0	0		
		SCBU at capacity **(since May 2017)**	No of times	SCBU								0	0	0	2	0	0		
		SCBU at capacity of intensive cots	No. of times	SCBU				9	15	7	2	2	0	1	3	0	2		
		SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	0	0	6	0	0	0	0	0	0	0		
Workforce	Staffing	MW to birth ratio	Ratio	Matron	≤29.5	29.6 - 30.9	>31	29	29	28	35	35	34	34	30	30	32		
		1 to 1 care in Labour	CPD	CPD	100%	80% - 99.9%	≤79.9%	78.8%	81.3%	78.9%	71.7%	76.0%	77.5%	72.5%	73.7%	68.0%	72.1%		
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	100%	80% - 99.9%	≤79.9%	61.0%	78.0%	74.0%	63.0%	69.0%	65.0%	62.0%	51.0%	50.0%	62.0%		
		Consultant cover on L/W	av. hours/week	DM / CD	40		≤39	76	76	76	76	76	76	76					
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	10	4-9	≤3	10	10	10	10	10	10	10	10	10	10		
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	56.7%	61.8%	62.6%	58.7%	61.9%	58.9%	63.2%	59.6%	62.9%	49.1%		
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	17.4%	10.0%	11.9%	11.4%	9.9%	14.6%	11.2%	10.7%	10.1%	15.2%		
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	26.5%	28.3%	25.7%	30.4%	28.1%	26.1%	25.3%	29.8%	27.6%	35.3%		
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	2	0	0	0	0	0	0		
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	0	1	0	1	1	1	1	2	1		
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	11	18	4	21	11	23	12	14	23	18		
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	1	4	1	5	1	5	4	3	4	1		
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	1	0	0	0	2	0	0	0	2	1		
		NHS Resolution cases	No of cases		0	1	2 or more				0	2	0	0	0	2	0		
	Morbidity	Neonatal Death	No of babies	Risk team- EBC	0		1 or more	0	0	0	2	1	0	0	0	0	0		
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	2	0	0	0	1	0	3	1	0	2		
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	1	0	0	0	0	0		
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	74.2%	72.5%	73.6%	71.7%	77.6%	75.5%	73.6%	77.1%	75.8%	77.7%		
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	11.4%	12.5%	14.6%	11.0%	9.1%	6.7%	12.6%	11.5%	9.8%	7.1%		
		SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	0	2	4	1	0	1	0	1		
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	4	12	3	8	4	8	9	9	9	9		
		PPH > 1.5L as % of all women	% of births	CPD				1.5%	5.0%	0.8%	3.4%	1.5%	3.6%	3.3%	3.4%	3.0%	3.3%		
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	0	0	3	6	2	2	3	6	1	1		
		3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	2.0%	2.8%	5.1%	1.2%	1.6%	4.2%	2.9%	2.6%	2.7%	1.1%		
	New Complaints	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	0	0	1	1	3	2	0	3	0	2		
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	5	0	2	3	2	2	2	1	2	0		

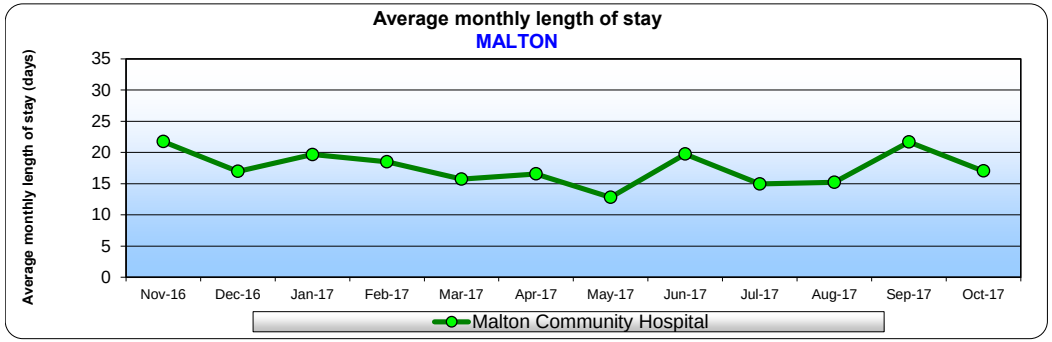
Maternity Dashboard metrics were reviewed on 01.08.2017

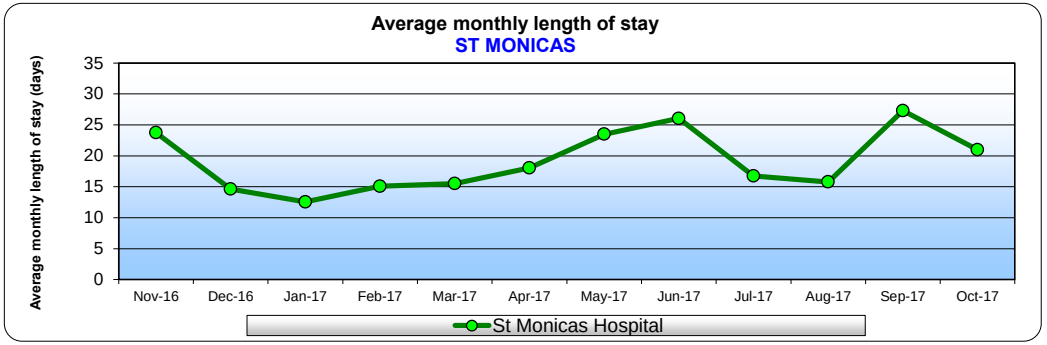
SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	217	194	217	154	206	171	177	188	185	148		
		Bookings <13 weeks	No. of mothers	CPD	≥90%	76%-89%	≤75%	93.1%	91.2%	91.2%	92.2%	90.8%	89.5%	91.5%	90.4%	91.9%	82.2%		
		Bookings ≥13 weeks (exc transfers etc)	No. of mothers	CPD	< 10%	10%-20%	>20%	5.1%	6.2%	4.6%	7.8%	8.3%	9.9%	6.8%	6.4%	6.5%	9.5%		
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	73%	83%	100%	100%	82%	82%	75%	92%	100%	93%		
		Births	No. of babies	CPD	≤170	171-189	≥190	124	138	128	112	121	108	127	118	145	115		
		No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	122	137	127	111	120	108	127	116	145	113		
	Closures	Homebirth service suspended	No. of suspensions	Comm. Manager	0-3	4-6	7 or more	0	0	0	0	0	0	0	0	0	0		
		Women affected by suspension	No. of women	Comm. Manager	0	1	2 or more	0	0	0	0	0	0	0	0	0	0		
		Community midwife called in to unit	No. of times	Comm. Manager	3	4-5	6 or more	0	0	0	0	0	0	0	0	0	0		
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	0	0	0		
		SCBU at capacity **(since May 2017)**	No of times	SCBU								1	1	0	0	0	2		
		SCBU at capacity of intensive care cots	No. of times	SCBU				0	0	0	1	4	1	5	2	0	0		
		SCBU no of babies affected	No. of babies affected	SCBU	0	1	2 or more	0	0	0	3	0	0	0	1	0	2		
Workforce	Staffing	M/W to birth ratio	Ratio	Matron	≤29.5	29.6-30.9	>31	41.0	40.8	40.2	23	24	24	24	24	26	25		
		1 to 1 care in Labour	CPD	CPD	≥100%	80% - 99.9%	≤79.9%	88.5%	89.8%	89.8%	86.5%	80.8%	88.8%	82.7%	90.5%	91.0%	85.5%		
		L/W Co-ordinator supernumary %	Shift Handover Sheets	Risk Team	≥100%	80% - 99.9%	≤79.9%	80.6%	78.6%	85.5%	91.6%	88.3%	80.0%	75.8%	80.6%	55.0%	82.0%		
		Consultant cover on L/W	av. hours/week	DM / CD	40		≤39	40	40	40	40	40	40	40					
		Anaesthetic cover on L/W	av.sessions/week	DM / CD	≥10	4-9	≤3	3	3	3	3	3	3	5	5	5	5		
Clinical Indicators	Neonatal/ Maternal	Normal Births	No. of svd - %	CPD	≥60.6%	60.5-55%	<55%	70.2%	72.5%	66.9%	64.9%	66.9%	63.6%	63.6%	68.9%	68.5%	77.6%		
		Assisted Vaginal Births	No. of instr. Births - %	CPD	≤13.2	13.3-17.9%	≥18%	13.9%	6.6%	5.5%	14.4%	5.8%	12.0%	7.1%	7.8%	8.3%	6.2%		
		C/S Births	Em & elect - %	CPD	≤26%	26.1-27.9%	>28%	16.4%	21.2%	26.8%	19.8%	27.5%	23.1%	27.6%	21.6%	22.8%	15.0%		
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0	0	0		
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	1	1	1	0	0	1	0	3	1		
		HDU on L/W	No. of women	LW Activity Sheet	3 or less	4	5 or more	3	4	4	7	2	4	5	1	3	1		
		BBA	No. of women	Risk Team - Datix	2 or less	3-4	5 or more	2	2	3	1	5	3	2	1	2	2		
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	1	0	0	0	0	0	1	0	1	0		
		NHS Resolution cases	No of cases		0	1	2 or more				0	0	1	0	0	0	0		
	Morbidity	Neonatal Death	No of babies	Risk team- EBC	0		1 or more	0	0	0	0	0	0	0	0	0	0		
		Antepartum Stillbirth	No. of babies	Risk Team	0	1	2 or more	0	0	0	0	1	0	1	0	0	0		
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	0	0	0	0	0	0		
	Risk Management	Breastfeeding Initiation rate	% of babies feeding at birth	CPD	>74.4%	74.3-70.1%	<70%	58.2%	58.4%	51.2%	56.8%	54.2%	59.3%	57.5%	63.8%	55.2%	60.2%		
		Smoking at time of delivery	% of women smoking at del.	CPD	<11%	12-14%	>15%	19%	18%	24%	23%	18%	19%	17%	25%	16%	22%		
		SI's	No. of SI's declared	Risk Team	0		1 or more	0	0	0	0	0	1	0	0	0	0		
		PPH > 1.5L	No. of women	CPD	2 or less	3-4	5 or more	3	3	5	5	2	3	4	0	2	0		
		PPH > 1.5L as % of all women	% of births	CPD				2.5	1.5	3.9	4.5	1.7	2.8	3.0	0.0	1.4	0		
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	2	1	2	1	0	2	1	1	0	1		
		3rd/4th Degree Tear	% of tears (vaginal births)	CPD	≤2.5%	2.6- 3.9%	≥4%	2.9%	2.8%	1.1%	1.1%	0.0%	1.2%	0.0%	1.1%	3.6%	2.1%		
	New Complaints	Informal	No. of Informal complaints	Risk Matrix	0	1-4	5 or more	2	0	0	1	0	0	0	0	0	1		
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	2	2	0	0	0	0	1	1	0		

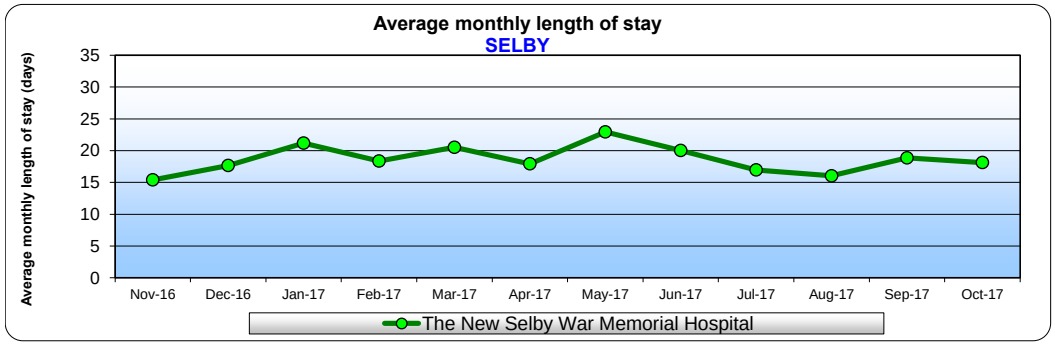
Maternity Dashboard metrics were reviewed on 01.08.2017

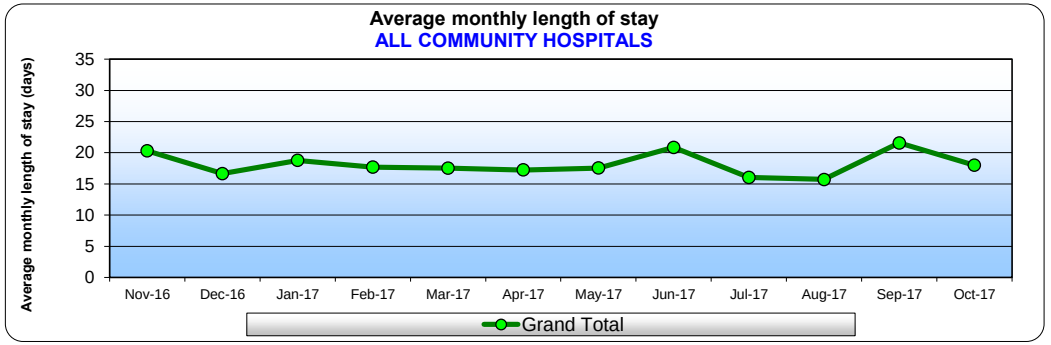
Community Hospitals

Indicator	Hospital	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Aug	Sep	Oct
Community Hospitals average length of stay (days) Excluding Daycases	**Malton Community Hospital**	18.2	17.9	16.0	17.4	15.2	21.7	17.0
	St Monicas Hospital	17.2	14.4	22.6	19.6	15.8	27.3	21.0
	The New Selby War Memorial Hospital	17.7	20.2	20.4	17.2	16.1	18.9	18.1
	Total	17.8	18.0	18.5	17.6	15.7	21.6	18.0



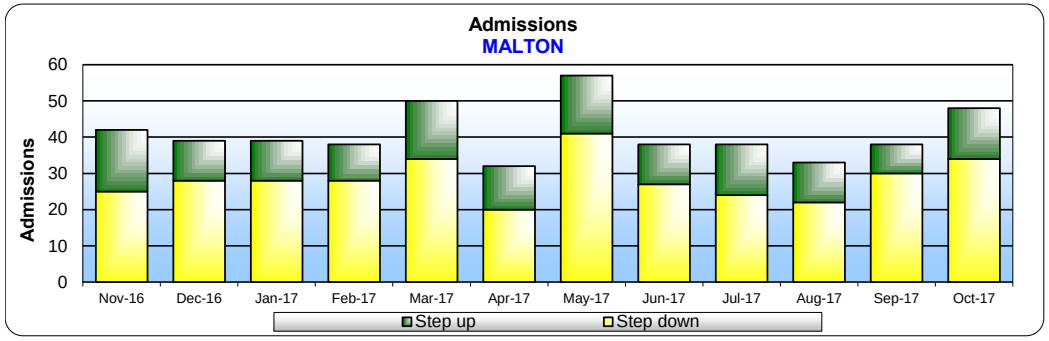


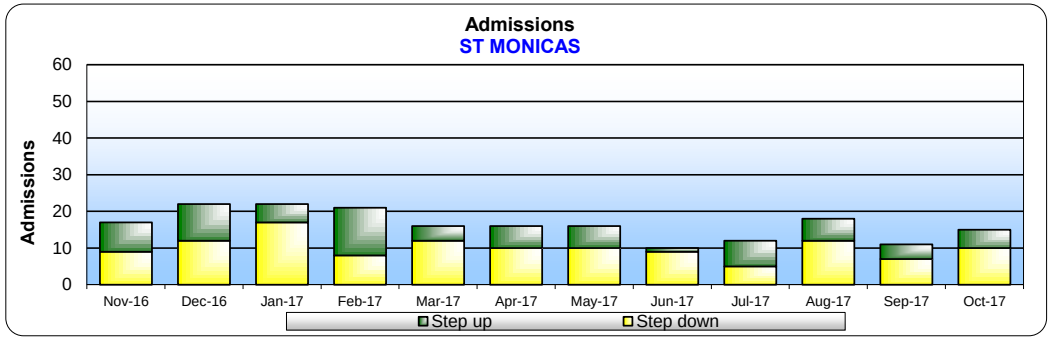


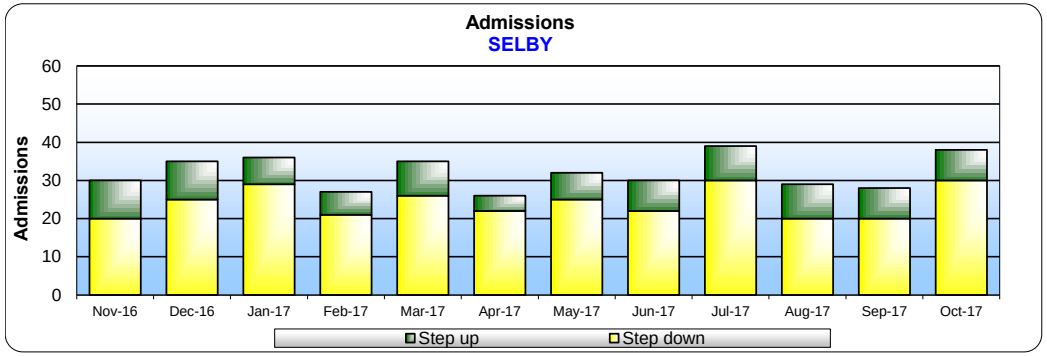


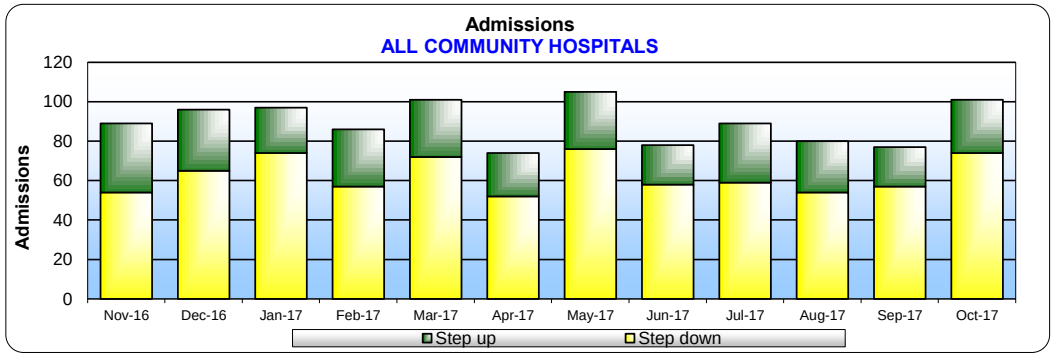
Community Hospitals

Indicator	Hospital		Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Aug	Sep	Oct
Community Hospitals admissions Please note: Patients admitted to Community Hospitals following a spell of care in an Acute Hospital have the original admission method applied, i.e. if patient is admitted as a non-elective their spell in the Community Hospital is also non-elective.	**Malton Community Hospital**	**Step up**	41	37	39	33	11	8	14
		Step down	76	90	88	76	22	30	34
	St Monicas Hospital	**Step up**	26	22	13	17	6	4	5
		Step down	32	37	29	24	12	7	10
	The New Selby War Memorial	**Step up**	24	22	19	26	9	8	8
		Step down	75	76	69	70	20	20	30
	Total	**Step up**	91	81	71	76	26	20	27
		Step down	183	203	186	170	54	57	74









Quality and Safety: Misc

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Aug	Sep	Oct
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**	2	18	4	5	3	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
Sleeping Accommodation Breach	£250 per day per Service User affected	**0**	0	5	0	0	0	0	0
% Compliance with WHO safer surgery checklist	No financial penalty	**100%**	100%	100%	100%	100%	100%	100%	100%
Completion of a valid NHS Number field in mental health and acute commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**99%**	99.6%	99.8%	99.7%	To follow	99.6%	To follow	To follow
Completion of a valid NHS Number field in A&E commissioning data sets submitted via SUS, as defined in Contract Technical Guidance	£10 fine per patient below performance tolerance	**95%**	98.2%	98.2%	97.9%	To follow	97.6%	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%**	3.3%	3.9%	7.1%	To follow	7.0%	n/a	n/a
Delayed Transfer of Care – All patients medically fit for discharge and issued a 'notification notice' as per joint protocol for the transfer of care	As set out in Service Condition 3 and General Condition 9	**Set baseline in Q1 and agree trajectory**	Monthly Provider Report						
Trust waiting time for Rapid Access Chest Pain Clinic	General Condition 9	**99%**	94.9%	100.0%	99.0%	72.6%	93.9%	43.0%	92.6%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and General Condition 9	**Best Practice Standards**	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced and tabled at sub CMB quarterly.						
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%	99.1%
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	**95%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	**0**	CCG to audit for breaches						
All Amber Drugs to be prescribed as per shared care guidelines from 01/04/15	Recovery of costs for any breach to be agreed via medicines management committee	**0**	CCG to audit for breaches						

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Complaints and PALS												
New complaints this month	37	33	43	32	38	34	46	36	51	43	50	38
Top 3 complaint subjects												
All aspects of Clinical Treatment	36	18	32	16	39	26	36	22	37	26	28	21
Communications/information to patients (written and oral)	17	12	16	2	16	6	10	18	15	16	6	11
Patient Care	36	10	35	17	23	15	11	19	20	16	18	5
Top 3 directorates receiving complaints												
Acute & General Medicine	5	4	8	4	7	8	7	3	4	11	8	2
Emergency Medicine	5	7	8	1	6	4	4	5	5	5	4	5
General Surgery & Urology	7	4	6	5	4	1	7	3	7	1	6	8
Number of Ombudsman complaint reviews (new)	2	0	0	1	1	0	1	1	2	2	1	0
Number of Ombudsman complaint reviews upheld	0	0	0	0	0	0	0	0	0	0	0	0
Number of Ombudsman complaint reviews partly upheld	0	1	1	0	0	1	0	1	0	0	0	0
New PALS queries this month	286	210	278	260	336	275	238	287	261	292	231	269
Top 3 PALS subjects												
Communication issues	76	52	50	56	62	63	56	90	91	60	55	54
Any aspect of clinical care/treatment	20	22	24	28	30	26	17	18	16	19	19	25
Appointments	44	43	40	29	46	57	53	55	42	48	30	51

Serious Incidents												
Number of SI's reported	18	14	28	18	10	9	20	19	14	12	8	16
% SI's notified within 2 working days of SI being identified	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%
* this is currently under discussion via the 'exceptions log'												
Compliance with Duty of Candour for Serious Incidents*:												
-Verbal Apology Given												
-Written Apology Given *												
-Invitation to be involved in Investigation	9	3	2	2	5	0	6	8	5	1	1	1
-Given Final Report (If Requested)	0	1	2	2	2	0	2	3	0	2	3	2

Pressure Ulcers**												
Number of Category 2	81	74	91	67	94	91	79	69	69	61	55	76
Number of Category 3	5	2	4	6	2	5	8	4	4	2	5	4
Number of Category 4	1	1	0	0	2	2	2	2	0	3	1	0
Total number developed/deteriorated while in our care (care of the organisation) - acute	99	86	99	74	97	101	90	82	78	61	71	79
Total number developed/deteriorated while in our care (care of the organisation) - community	26	29	41	37	40	30	43	28	37	37	40	30

Falls***												
Number of falls with moderate harm	0	2	4	0	3	6	2	2	1	2	4	2
Number of falls with severe harm	2	2	4	3	2	1	1	2	2	0	3	0
Number of falls resulting in death	0	1	0	0	0	0	0	0	0	0	0	0

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17
Safeguarding												
% of staff compliant with training (children)	86%	87%	87%	85%	85%	85%	85%	84%	84%	83%	83%	83%
% of staff compliant with training (adult)	86%	88%	87%	85%	86%	86%	86%	86%	86%	85%	85%	85%
% of staff working with children who have review CRB checks												
Prevent Strategy												
Attendance at the HealthWRAP training session												
Number of concerns raised via the incident reporting system												
Claims												
Number of Negligence Claims	14	11	10	8	9	14	15	17	13	16	10	12
Number of Claims settled per Month	8	2	7	3	5	1	10	9	6	2	5	2
Amount paid out per month ****	£780,500	£250,000	£128,226	£75,000	£3,338,000	£1,200,000	£674,869	£6,382,000	£83,500	£105,000	£1,808,000	£90,000
Reasons for the payment	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability	Accepted Liability

* The Trust is currently developing its processes for recording Duty of Candour and reporting has been temporarily suspended until this has been implemented.

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

All falls and pressure ulcer data is refreshed monthly to reflect ongoing monitoring and reporting of falls and pressure ulcers. A change on the way the Trust reports pressure ulcers was implemented on 01/09/16 resulting in a slight increase in the pressure ulcers reported as developing under our care. Category 3 & 4 pressure ulcer data excludes Category 3 ulcers which are recorded as having developed within 72 hours of admission to inpatient care.

**** one claim in April was settled for a lump sum payment of £450,000 (included in the data) with yearly payments of £145,000 to fund care needs, with the Claimant's life expectancy being between 3 and 5 years. The ongoing care costs are excluded from the above data as they cannot be quantified at present. Amount paid shows the damages. One claim settled in March was settled for a £3,000,000 lump sum plus £59,000 per annum for life. Only the lump sum is reflected in the amount paid out. A claim was settled in June for £6m lump sum with annual payments for life which all totals approximately £14,999,999. Only the lump sum is reflected in the amount paid as the the remainder of the payment is approximate. A claim was settled in September for a £1.5m lump sum with a £50,000 periodical payment per annum. Only the lump sum is reflected in the amount paid.

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Medical Director's Report

Recommendation

For information ☒
For discussion ☒
For assurance ☒
For approval ☐
A regulatory requirement ☐

Current approval route of report

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

Purpose of report

This report provides an update from the Medical Director.

Key points for discussion

- Consultants new to the Trust
- Anti-microbial prescribing audit results
- Go-live of EPMA.

Trust Ambitions and Board Assurance Framework (https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

☒ **Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
☒ **Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
☒ **People and Capability** - The quality of our services is wholly dependent on our teams of staff.
☒ **Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

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

Version number: 1

Author: Diane Palmer, Deputy Director of Patient Safety

Executive sponsor: Mr James Taylor, Medical Director

Date: November 2017

1. Introduction and Background

In the report this month:

Clinical Effectiveness-

- consultants new to the Trust

Patient Experience-

- anti-microbial prescribing audit results
- EPMA update.

2. Clinical Effectiveness

2.1 Consultants new to the Trust

The following consultants joined the Trust in November:

Jonathan Adamthwaite
Consultant Plastic Surgeon
York.

3. Patient Experience

3.1 Antibiotic prescription audit results

The summary audit results of antibiotic prescriptions (January – October 2017) are presented below. The indication on antibiotic prescription (86%) has improved slightly in October when compared with the previous two months, but still needs improvement, particularly at Scarborough Hospital. Similarly the recording of duration of antibiotics has improved in October when compared with the previous month but as the average is only 78% this also needs to be improved.

Any Directorate with a compliance rate of less than 90% will be asked to advise the Medical Director of their improvement action plan.

SUMMARY OF ANTIBIOTIC PRESCRIPTION AUDIT RESULTS
January – December 2017

indication on antibiotic prescription	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
York Hospital	90%	91%	92%	90%	94%	96%	91%	84%	85%	90%		
Scarborough Hospital	76%	84%	86%	89%	83%	88%	89%	71%	80%	82%		
Trust average	84%	88%	89%	90%	90%	93%	91%	79%	84%	86%		

duration / course length on antibiotic prescription	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
York Hospital	89%	87%	89%	84%	79%	82%	89%	85%	79%	84%		
Scarborough Hospital	85%	86%	90%	85%	81%	76%	83%	69%	69%	72%		
Trust average	87%	86%	90%	84%	80%	80%	86%	78%	75%	78%		

% of in-patients prescribed antibiotics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
York Hospital	28%	28%	25%	26%	26%	26%	30%	26%	29%	27%		
Scarborough Hospital	36%	33%	31%	29%	32%	29%	37%	38%	32%	42%		

Proportion of iv & oral antibiotics (Trust wide results)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
iv antibiotics	47.7%	49.3%	45.8%	45.8%	52.2%	54.7%	54.4%	55.3%	51.9%	59.3%		
oral antibiotics	52.3%	50.7%	54.2%	54.2%	47.8%	45.3%	45.6%	44.7%	48.1%	40.7%		

Evidence of clinical review within 72 hours of prescribing	Jan; Feb; Mar. target 90%		
CQUIN data determined from a random sample of 50 prescriptions Trust wide. Evidence looked for in medical notes / recorded on antibiotic prescription	88% 44/50	94% 47/50	98% 49/50

ELDERLY MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of antibiotic prescriptions audited	108	84	67	49	62	67	62	65	62	47		
Antibiotic prescriptions with INDICATION	87%	95%	93%	90%	89%	84%	95%	91%	85%	98%		
Antibiotic prescriptions with DURATION / REVIEW	93%	99%	96%	90%	90%	84%	98%	91%	89%	94%		

MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of antibiotic prescriptions audited	120	106	110	110	119	104	102	111	97	134		
Antibiotic prescriptions with INDICATION	83%	86%	89%	89%	87%	90%	91%	78%	85%	84%		
Antibiotic prescriptions with DURATION / REVIEW	87%	82%	93%	80%	76%	83%	88%	77%	68%	82%		

SPECIALIST MEDICINE DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of antibiotic prescriptions audited	10	13	7	10	6	4	5	9	9	10		
Antibiotic prescriptions with INDICATION	90%	100%	100%	90%	100%	100%	100%	100%	100%	100%		
Antibiotic prescriptions with DURATION / REVIEW	90%	92%	100%	90%	83%	100%	100%	89%	89%	70%		

ORTHOPAEDICS & TRAUMA DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of antibiotic prescriptions audited	12	21	19	16	21	19	28	20	23	18		
Antibiotic prescriptions with INDICATION	83%	67%	79%	100%	100%	95%	89%	65%	65%	72%		
Antibiotic prescriptions with DURATION / REVIEW	75%	71%	74%	88%	95%	84%	86%	65%	83%	67%		

GENERAL SURGERY & UROLOGY	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of antibiotic prescriptions audited	64	52	54	68	73	68	91	61	86	69		
Antibiotic prescriptions with INDICATION	86%	92%	89%	90%	96%	100%	93%	77%	86%	86%		
Antibiotic prescriptions with DURATION / REVIEW	88%	87%	89%	88%	73%	76%	79%	69%	71%	64%		

Obs & Gynae DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of antibiotic prescriptions audited	7	5	1	2	6	5	4	8	8	3		
Antibiotic prescriptions with INDICATION	0%	100%	100%	100%	50%	100%	0%	38%	75%	67%		
Antibiotic prescriptions with DURATION / REVIEW	0%	80%	100%	100%	100%	0%	50%	38%	63%	67%		

HEAD & NECK DIRECTORATE	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of antibiotic prescriptions audited	5	9	6	4	4	7	4	1	2	4		
Antibiotic prescriptions with INDICATION	100%	56%	100%	75%	100%	86%	75%	100%	100%	100%		
Antibiotic prescriptions with DURATION / REVIEW	60%	44%	33%	50%	50%	71%	50%	100%	100%	100%		

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

3.2 GO-LIVE of electronic Prescribing & Medicines Administration (ePMA)

Following the success of the ePMA pilot on Wards 36 & 39 the ePMA Project Board approved a rapid roll-out at York Hospital during November & December 2017.

Roll-out will begin with Ward 35 on 13th November, on to the rest of Medicine & Elderly wards between 20th November and 10th December, followed by Surgical wards between 11th December and 22nd December.

Pharmacists will complete transcribing and validating of drug charts onto ePMA, and during go-live the "ePMA Team" will be on wards to support prescribers and drug rounds.

ePMA is a very intuitive system. Prescribers are familiar with it from using it for eDN, however, they have been advised to complete the prescribing eLearning package, and to contact SNS to arrange for a trainer to give them a demonstration prior to go-live. Additional pharmacists will be on the wards to provide prescriber support during go-live.

Nursing staff have picked up the ePMA system very quickly. An administration eLearning package is also available for Nursing Staff (including Bank and Agency Nurses), as is face-to-face training. Uptake of this training has been lower than we would have liked, but this is due to staff being unable to take time away from their wards. However, the "ePMA Team" (comprising of SNS trainers, SNS developers, ePMA nursing team, pharmacists, and other pharmacy staff) will provide support, for a minimum of 3 days, as follows:

Day 1: Lunchtime round, Teatime round, and Bedtime round – 1 person per drug trolley for every round.
Day 2: Breakfast round - 1 person per drug trolley.
Day 2: Lunchtime, Teatime and Bedtime rounds – 1 person (minimum) per ward for every round.
Day 3: Breakfast, Lunchtime, Teatime and Bedtime rounds – 1 person per ward for every round.

Both the ePMA Project Board, and the Project Team are confident that this roll-out plan is safe and achievable.

4. Recommendations

The Board is asked to review and approve the content of the report.

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Chief Nurse Report – November 2017

Recommendation

For information	☒
For discussion	☒
For assurance	☒
For approval	☐
A regulatory requirement	☐

Current approval route of report

Quality & Safety Committee – 21 November 2017
Board of Directors – 29 November 2017

Purpose of report

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

The New Nursing & Midwifery strategy was launched at the Nursing and Midwifery conference on 3 October. The four themes are:

- Experience and Communication
- Workforce
- Safe, quality care
- Partnerships and efficiency

The themes triangulate with the Patient Experience and Patient Safety strategies in order that priorities are aligned to ensure delivery of the key objectives.

Key points for discussion

The vacancy position still remains challenging despite significant work to recruit to vacancies. There are still a number of new registrants still to commence in position, with their start dates throughout November 2017.

The Chief Nurse team has also introduced a new daily staffing system from November 2017 to provide greater scrutiny on staffing levels and agency usage. Early indications suggest that this new process has achieved a reduction in agency usage. Further analysis will be required over the coming months to measure impact.

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☒ **Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
☒ **People and Capability** - The quality of our services is wholly dependent on our teams of staff.
☒ **Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

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

Version number: 1

Author: Beverley Geary, Chief Nurse

Executive sponsor: Beverley Geary, Chief Nurse

Date: November 2017

1. Introduction and Background

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

The new Nursing & Midwifery strategy was launched at the Nursing and Midwifery conference on 3 October, the four themes are:

- Experience and Communication
- Workforce
- Safe, quality care
- Partnerships and efficiency

The themes triangulate with the Patient Experience and Patient Safety strategies in order to ensure delivery of the key objectives.

2. Progress on key strategic themes

In line with the new Nursing and Midwifery strategy, this report is aligned to the four key themes. Progress against the strategy will be monitored via the executive Nursing Forum, the terms of reference have been updated to reflect the new priorities and are attached at appendix 1.

2.1 Experience and Communications

At the Trust's recent Celebration of Achievement evening, I was delighted to award Hannah Bradley, Ward Sister with the Nurse Leadership Award for the inspiring leadership and ongoing energy and support to her team on opening the Winter ward; on Ward 15 in December 2016.

2.1.1 National Maternity Patient experience survey 2017

Provisional survey results were received in October 2017. There has been an overall improvement when compared with the 2015 score with a response rate of 45%. The average mean rating across all questions was 82% (78% in 2015).

2.1.2 Friend and Family Test (FFT) Latest Results (September 2017)

The Trusts target is to achieve 90% of patients to recommend the Trust.

	% Patients Satisfied Sept	National Average % (Aug 17)	% Response Rate Sept	National Average % (Aug 17)
Inpatient	96	96	26	26
Emergency Department	84	87	14	14
Maternity	97	96	38	23

2.1.3 Themes and Trends from FFT

The Patient Experience Team continues to proactively engage with the matrons, sisters and directorate managers. Scarborough ED achieved a 16.6% response rate, which is the highest for 12 months.

Themes include:

- Noise and disruption (particularly at night) on Elderly Wards (W26, W35, Graham and Oak). The Night Owl Project has been actively promoted this month, with the results of the Staff Benefits Owl competition announced. Wards are being encouraged to review their pledges and remind staff about helping patients get a good night's sleep.
- 5x comments re long waits for discharge paperwork on Extended Stay Area York. This is being looked at by the matron and sisters.

2.1.4 Complaints and Concerns

After an increase in formal complaint numbers in July, August and September (51, 43, 50), the number in October has reduced to 43. Analysis of the increase showed that it comprised lower risk issues (including communication with patients and relatives and management of appointments) rather than higher risk (clinical) issues. The complaints team is working to support directorate colleagues to deescalate complaints and enable early resolution.

2.2 Workforce

The adult inpatient vacancy position across the Trust at the end of October 2017 is detailed in the Nursing & Midwifery Staffing Levels paper.

The Assistant Director of Nursing (workforce) is currently working with finance colleagues to undertake an establishment review to ensure that the budget establishments correlate to the planned staffing levels on each inpatient ward. The outcome of this review will be reported in due course.

The Chief Nurse team has also introduced a new daily staffing system from November 2017 to provide greater scrutiny on staffing levels and agency usage. Early indications suggest that this new process has achieved a reduction in agency usage. Further analysis of this is required over the coming months.

A recruitment fair on the Scarborough site is taking on 28th November 2017 where the Trust will be offering interviews on the day to nurse candidates.

Current recruitment of Associate Practitioners is complete with cohorts being allocated across our clinical services for commencement between November and January.

2.2.1 Safeguarding Childrens Team

Following the recent retirement of the Head of Safeguarding, Fiona Mockford, Named Nurse has been asked to lead the Safeguarding Children Team (SCT) on an interim basis whilst a review of the structure of the team can take place.

Training compliance amongst specific staff groups continue to be a concern. Training compliance for level 3 Safeguarding Children in ED is 40% in Scarborough (Medics and Nursing) and 66.31 % in York. DM's, AND and Matrons are aware and a dialogue is underway as to how we can ensure that staff are appropriately trained in a manner which does not compromise clinical needs of the service.

2.2.3 Clinical Nurse Specialists review

An external listening exercise was undertaken 2 years ago to explore the feasibility of a full scale review of CNS posts. Given the number of registrants in non-frontline areas and the number of specialist posts across the organisation this was considered to be unmanageable and it was recommended that services should be reviewed by specialty or service.

The feedback from Directorates' has been that any reduction in CNS's time (due to them being asked to work on wards) would detrimentally impact upon admission and timely discharge, in addition many have income generating clinics. However, it is apparent that few have up to date job plans and that the Directorates are using the resource to its upmost efficiency.

A review of all specialist nurse / advanced nurse roles as detailed on the electronic staff record (ESR) has been undertaken. This has highlighted the number of highly complex and differing roles all names as CNS's which included front line clinical roles such as CCO, ACP's, IPN's bed managers etc.

There is little evidence that job descriptions and job plans have been reviewed but this should be undertaken quickly to determine what the specialist service currently delivers and what can safely be stopped over the winter months. There should be a recognition that potential impact at directorate level given the risks to finance, activity and funding, hence the requirement for a Directorate led review of service – where practicably possible this will be fully supported by the CNT.

2.3 Safe, Quality Care

2.3.1 Nursing Dashboards

The nursing dashboards continue to be populated on a monthly basis across all inpatients wards and are used through performance management meetings, as well as by the Chief Nurse Team in 1:1 catch ups with Assistant Directors of Nursing and Matrons.

We are continuing to develop the ward level dashboards as a means to identify trends and RAG assurances on key workforce metrics.

The Trust-wide and site level dashboards are attached at appendix 2.

2.3.2 Electronic Prescribing Medicines Administration (ePMA)

Electronic Prescribing Medicines Administration has now been rolled out across ASU, Wards 35, 37, 39 and the Renal Unit. Roll out will continue this month on Wards 23, 26, 31, 32, 33 and, CCU.

The success of the roll out and the learning is being used to assist with the planning of the full roll out on the York site with an aim to be completed by Christmas. Roll out on the Scarborough and Bridlington sites will take place in the New Year. Discussions will take place regarding the implementation across Community Inpatients Units.

The nursing team as well as pharmacy, IT development and IT training teams have worked fantastically to reach this point and during the roll out with benefits of the new system already being identified.

2.3.3 Infection Prevention and Control Update

Following a successful submission for appeal to the NHSE arbitration process, a decision was made by them for the final assignment to third party and not the Trust of one of our cases of MRSA bacteraemia in which 3 episodes occurred in the same patient. The basis of the appeal was that the third episode was a continuation of the second and not therefore, a new case. The Trust's current MRSA bacteraemia incidence is now 4 and not 5 cases.

Recognising the significance of catheter associated urinary infections IPN's are working to raise the profile of urethral catheter management with the use of care plans and passports. This was through discussion at PNLF in addition to utilising educational opportunities to facilitate change and improvement aimed at reducing risk and harm from catheter use.

A Pulmonary TB incident involving a patient who has been cared for across 3 acute sites in the region including York and SGH ITU has triggered a multiagency contact tracing exercise involving the Infection Prevention Team, Public Health England, Yorkshire Ambulance Service and Occupational Health.

In preparedness for the Influenza season a Risk Review of Influenza and Fit testing preparedness has been developed by IPT and submitted to the Emergency Planning Steering Group, Health and Safety and Occupational Health leads. The review outlines gaps in preparedness and makes recommendations for improvement to ensure compliance with legislative and HSE requirements.

Uptake of ANTT and assessor training has increased significantly over the last quarter with competency not declared complete until practical assessment has been following eLearning that is then and logged with the Learning Hub. This more robust process will improve both clinical practice and assurance of a competent workforce in this key infection prevention practice.

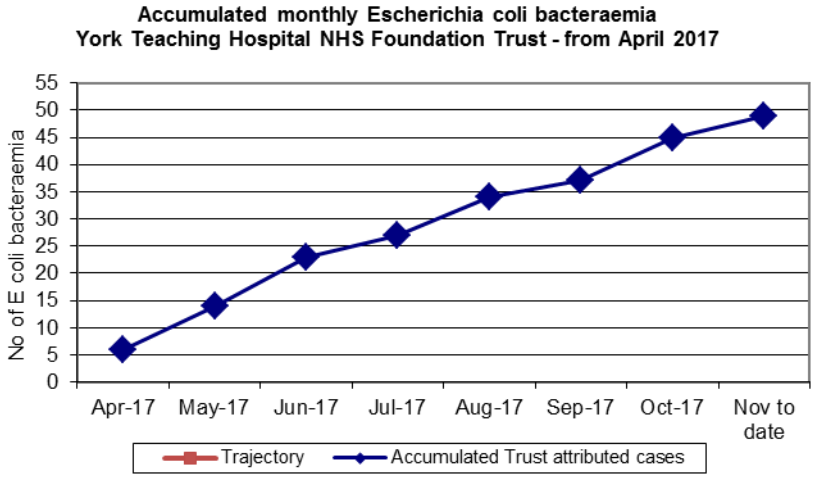
In response to a recent SI investigation regarding Carbapenemase Producing Enterococcus (CPE) and following a cluster of Vancomycin Resistant Enterococcus (VRE) new and revised guidelines in relation to CPE/VRE management have been developed to

advise and inform staff of best/safe practice when dealing with these organisms. They are available via the Infection Prevention (IP) webpage on staffroom.

Patient information leaflets have also been developed to enable and support staff and patients in giving/receiving appropriate advice.

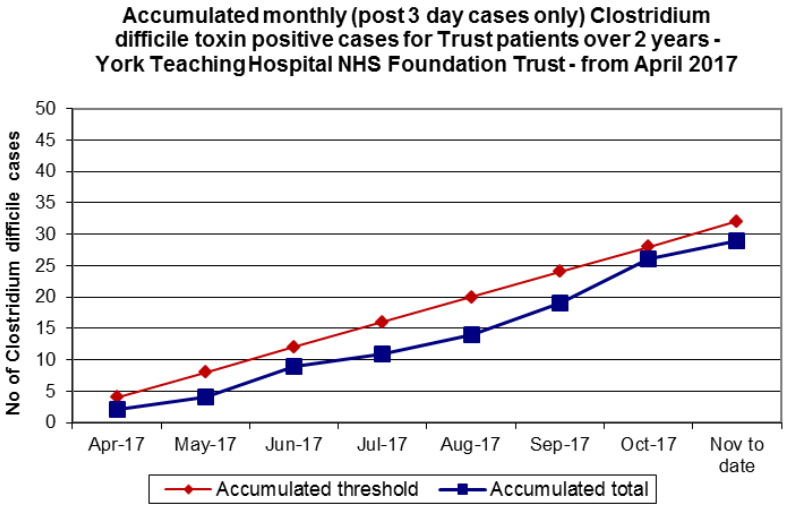
Incidence:

Escherichia Coli Bacteraemia:
Public Health England aim to reduce the incidence of preventable Gram-negative bloodstream infections (GNBSI) by 10% per year. The Trust has begun work with Commissioners to identify where improvements can be made beginning with review of cases to determine root cause.

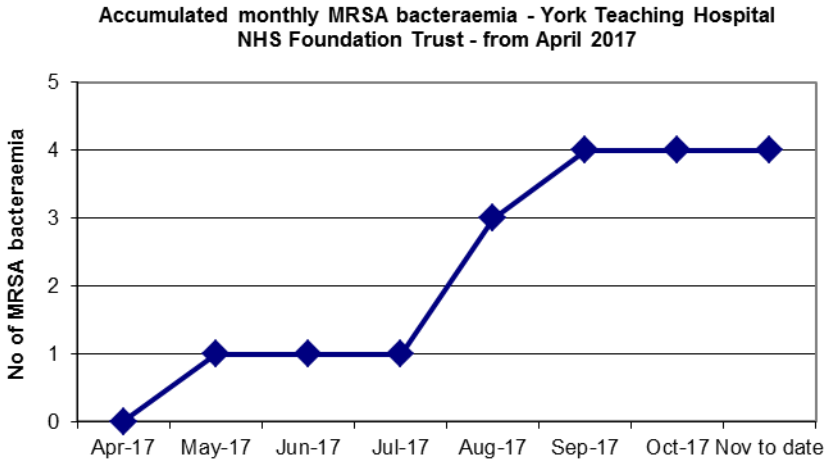


Clostridium difficile infection (CDI):

Q2 incidence was 10 cases compared with 6 cases for the same period last year.



MRSA Bacteraemia:



2.3.4 Deprivation of Liberty (DoLS)

A review of the applications for the period 1/10/2016 – 31/10/2017 indicates that there are wards which may be in need of support to ensure consistent compliance across the Trust. The Named Nurse for safeguarding adults is liaising with the relevant matrons and ward managers to address.

The Law Commission Proposals to change the Cheshire West Ruling in respect of Deprivation of Liberty had been submitted to Government but is apparently on hold due to the Brexit programme.

2.3.5 Mental Capacity Act

In line with a clearer picture of DoLS applications the safeguarding adults team has commenced a Mental Capacity Act compliance Audit. This will focus on 3 expected high application areas and review:

- Compliance of capacity assessments
- Patient involvement in decision making
- Use of Best Interest process

Results of this audit will be presented to the Safeguarding Adults Strategic Group early next year.

2.4 Partnerships & Efficiency

2.4.1 Infection Prevention Team

The Infection Prevention Team has raised concern that the Multi-agency network set up to address risk associated with patient location, discharge and admission during Norovirus outbreaks is losing some of its focus and commitment from our partners with the last meeting, key to assessing preparedness being cancelled. This has been escalated to the Chair of the Group outlining the need for collaboration of key partners to enhance patient

safety and experience, prevent admission, prolonged outbreaks and delayed discharge, the significant and key risks during winter outbreaks that impact on patient experience and capacity within secondary care.

2.4.2 Safeguarding Children's Team

The Safeguarding Children's Team is working collaboratively with our colleagues in Systems and Network Services to develop a Safeguarding section on Clinical Desktop. This area will show a chronology of contacts with the team and also external agencies. The complex and often sensitive nature of discussions will not be visible but it will provide staff with a sense of the significance of safeguarding for the child.

Since the beginning of October the SCT has received a daily work list detailing the children with safeguarding concerns who have attended at ED in the previous 24 hours. This has enabled oversight of cases and challenge where processes have not been followed. It has also highlighted that the majority of children in ED with safeguarding concerns are there due to self- harm.

The Terms of Reference for the Safeguarding Children Governance Group were reviewed in October and as a result the group will now split its agenda into operational and strategic. In the meantime, development of work streams is monitored as part of the Safeguarding Children 2017 work plan to ensure outcomes are met. Progress on all action plans is reportable to the Safeguarding Children Governance Group quarterly.

The Safeguarding Children's Team is involved to oversee the following action plans:

- The CQC CLAS Inspection report for North Yorkshire was published on 25 August 2017. An action plan was submitted and progress is being made on all recommendations.
- YTHFT has contributed to an overarching action plan for a North Yorkshire child (Child F).
- YTHFT has completed an Individual Management Review (IMR) part of a North Yorkshire Serious Case Review
- A presentation was made by YTHFT to the City of York Safeguarding Children Board on 27 September 2017. It was well received.
- YTHFT has provided an update on the York CLAS Inspection Action plan.
- The Head of Safeguarding Children was interviewed as part of the "Well Led" CQC inspection.
- Assurance has been provided to commissioners for quarter 2 re: Local Quality Requirements

.

The SCT were finalist in October's Star Awards. They were nominated due to their care for colleagues during a particularly traumatic period

3 Next Steps

Presentation of the report to Board of Directors.

4 Recommendation

The Committee is asked to approve the Terms of Reference for the Executive Nursing forum and to note the Chief Nurse Report for November 2017.

APPENDIX 1

York Teaching Hospital
NHS Foundation Trust

Executive Nursing Forum Document

Version 1.1

161

Introduction and Governance Structure

The Forum has been formed to support the Trust's governance and assurance structure and will be responsible for the delivery of the Nursing and Midwifery Agenda.

Terms of Reference

1. Status, roles and functions

The Executive Nursing Forum will lead on, and provide highlight or exception reports to the Quality & Safety Committee on all issues in relation to the Nursing & Midwifery agenda.

The Executive Nursing Forum will maintain visibility of all strategic initiatives across the variety of external organisations that may have an effect on the Nursing agenda (e.g. Department of Health, NHS England and the National Quality Board and the Care Quality Commission).

The Executive Nursing Forum objectives will:

- Ensure a competent workforce, fit for now and the future
- Reduce avoidable harm and improve experience and outcomes
- Provide professional leadership for nurses and midwives to ensure patients receive high quality care, first time, every time
- Seek to deliver the 10 commitments identified in 'Leading Change – Adding Value'

Develop and maintain a Nursing and Midwifery Strategy and the progress of the Strategy Implementation Plan.

Provide peer and standard scrutiny, and support the formal reporting structure.

Quality and Safety:

- Support the delivery of safe, quality care every time
- Promote an open culture in an environment conducive to learning
- Strengthen the use of quality data to improve outcomes
- Utilise governance systems for shared learning
- Engage and consult with patients and the wider community
- Support staff to raise concerns

Workforce:

- Celebrate and promote 'what's good' to retain staff
- Adopt an innovative approach to new ways of working
- Development of new roles
- Support multidisciplinary working

Provide education and training opportunities to ensure a competent and capable team
2. Authority
The Executive Nursing Forum has delegated authority to lead on all Nursing & Midwifery issues for and on behalf of the Trust.
3. Legal requirements of the committee
There are no specific legal requirements attached to the functioning of the Forum; however there will be an obligation to ensure that Codes and Standards of Conduct that apply to Nursing and Midwifery are maintained in accordance with the legal framework of The Nursing and Midwifery Council.

4. Membership

The membership of the Forum will comprise:

- Chief Nurse
- Deputy Chief Nurse
- Assistant Directors of Nursing
- Head of Midwifery
- Invited NED

The Chair will invite appropriate subject matter experts to attend the Forum on an as required basis dependent on the agenda of each meeting.

The membership will be reviewed after the Forum has sat for 12 months.

5. Quorum

The Forum will be considered quorate with 4 members attending including the Chief Nurse or Deputy Chief Nurse. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest (if required).

The Chief Nurse will act as the Chair to the Forum.

The Chair will ensure that a deputy is appointed to preside over any meetings that he/she cannot attend.

6. Meeting arrangements

The Forum will meet 4 times per year.

The Chief Nurse will supply the secretariat service to the meeting.

The secretary will distribute an agenda and supporting papers in advance of all meetings.

The secretary will distribute notes and actions following all meetings.

The secretary will archive all agendas and supplementary papers in accordance with the Trust's requirements for the retention of documents.

The chair of the forum has the right to convene additional meetings should

the need arise and in the event of a request being received from at least 2 members of the group. When members of the forum are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary and provide a deputy (if required), the deputy does not form part of the quorate unless agreed with the Chair.
7. Review and monitoring
The secretary will maintain a register of attendance at meetings. The attendance record will be reported as part of the annual report of the Forum. The Terms of Reference will be reviewed every two years.
8. Reporting
Highlight/Exception Reports dealing with current issues will be reported to the appropriate Boards and Committees following each Forum meeting. The Chair will raise an Annual Report covering the activities of the Forum and present it to the Board of Directors at the end of each reporting year.
9. Directorate Objectives

Author	Chief Nurse
Owner	Chief Nurse
Date of Issue	Sept 2017
Version	1
Approved by	
Review date	March 2019

Nursing Dashboard - York

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	November	December	January	February	March	April	May	June	July	August	September	October
Patient Safety	Drug Errors	Drug Errors		Datix				90	106	121	112	106	82	80	91	86	74	76	93
	NEWS	Compliance with NEWs (inpatient wards only)		Signal				77.79%	80.10%	78.78%	84.49%	85.70%	85.54%	84.17%	86.38%	87.89%	88%	87.42%	81.50%
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team				60.92	53.54	68.28	79.96	86	86.58	92.95	96.13	109.43	120.39	100.74	84.76
		Inpatient area vacancies - HCA	Number	CN Team				35.63	42.17	26.86	27.68	13.87	34.05	22.7*	21.52%	20.01	27.49	31.35	16.82
	Vacancy Rate	Inpatient area -RN	%	CN Team									17.89%	18.80%	19.86%	22.55%	24.34%	20.40%	13.14%
		Inpatient area- HCA	%	CN Team									10.96%	7.39%	6.97%	6.46%	9.15%	10.45%	5.47%
	Sickness	Sickness (In Patient Areas)	%	Workforce Info				4.69%	3.97%	4.24%	4.40%	4.25%	4.44%	4.27%	4.26%	4.54%	4.11%	3.98%	
	Maternity Leave	Inpatient nursing / HCA	%	Workforce Info				3.04%	3.20%	3.46%	3.59%	3.63%	3.62%	3.27%	2.90%	3.09%	3.07%	3.47%	3.29%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info	95%			70.03%	70.53%	69.01%	65.28%	64.15%	61.46%	63.14%	63.31%	63.14%	66.16%	69.95%	71.65%
		Healthcare Assistants (Ward Areas)	%	Workforce Info	95%			77.72%	78.54%	74.09%	73.67%	71.96%	70.87%	68.83%	66.50%	60.76%	63.67%	67.73%	71.04%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			93.70%	92.40%	93.30%	93.80%	91.20%	91.0%	91.50%	90.8%	89.10%	85.20%	87.6%	89.50%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			98.30%	97.30%	99.50%	96.40%	94.90%	92.6%	96.35	96.3%	95.50%	94.60%	94.0%	92.80%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			110.30%	108.30%	104.80%	106.70%	108.40%	110.8%	109.90%	113.1%	112%	109.10%	107.8%	121.20%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			119.50%	113.70%	118.80%	118.60%	117.10%	119.6%	117.60%	116.5%	118.80%	115.90%	109.5%	108.20%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return				3.7	3.8	3.7	3.8	3.8	3.8	3.7	3.7	3.6	3.6	3.7	3.8
		Healthcare Assistants		Safer Staffing Return				2.8	2.8	2.6	2.7	2.9	3.0	2.8	2.9	2.8	2.9	2.8	3.1
		Total		Safer Staffing Return				6.5	6.6	6.3	6.5	6.7	6.8	6.5	6.6	6.4	6.6	6.5	6.9
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				43.10%	40.80%	42.10%	43.50%	46.80%	46.40%	46.50%	47.30%	46.00%	46%	50.40%	54.20%
	Agency Fill Rate	Fill Rate	%	Workforce Info				41.40%	39.60%	37.10%	39.10%	36.80%	33.80%	33.80%	33.60%	33.20%	30.90%	28.80%	24.80%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0		3	0	1	0	0	0	0	1	0	0	0	2	0
		MRSA Screening - Elective	Compliance %	Signal	95%			78.70%	73.48%	66.83%	62.11%	65.97%	61.52%	86.78%	92.15%	86.22%	91.10%	88.59%	92.05%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			58.65%	59.31%	77.57%	78.44%	78.53%	78%	79.43%	82.41%	86.24%	88.02%	82.12%	88.71%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48		3	1	6	5	4	2	0	2	0	0	1	4	6
	MSSA	MSSA Bacteraemia	Cummulative	IC Team			11	0	2	3	3	3	2	5	0	4	0	2	2
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			8	4	4	4	4	2	5	0	0	3	0	1	3
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance				8	6	14	8	6	3	10	9	8	8	4	10
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance				7	5	10	3	3	1	5	6	4	5	3	6
	Never Events	Never Events declared	Number	Datix - Healthcare Governance				0	0	0	0	0	0	0	0	1	1	0	1
Patient Experience	Friends and Family	Inpatient Friends & Family Test	%Recommend	Signal				95.60%	95.62%	95.17%	96.16%	95.70%	95.30%	96.23%	96.27%	96.26%	95.24%	95.23%	
			%Not Recommend	Signal				1.43%	1.34%	1.18%	0.60%	1.25%	1.04%	1.15%	0.79%	0.98%	1.23%	1.13%	
		A&E Friends and Family Test	% Recommend	Signal				84.64%	84.32%	84.90%	81.84%	85.75%	85.40%	85.89%	84.71%	82.39%	82.44%	85.46%	
			% Not Recommend	Signal				10%	10.45%	9.38%	10.34%	7.48%	7.20%	7.18%	7.28%	10.41%	10.38%	5.98%	
		Maternity (Ante Natal)	% Recommend	Signal				98.70%	96.29%	93%	100%	94.34%	95.30%	96.85%	98.47%	96.90%	94.75%	96.45%	
			% Not Recommend	Signal				0%	1.85%	0%	5%	3.78%	0%	0%	0%	0.78%	1.51%	0%	
		Birth	% Recommend	Signal				96.93%	97.54%	99%	98.80%	94.45%	98.50%	100%	97.67%	97.28%	99.19%	96.83%	
			% Not Recommend	Signal				0.61%	0%	0%	1.20%	1.12%	0%	0%	0.58%	1.82%	0.82%	0.79%	
		Maternity (Post Natal)	% Recommend	Signal				97.67%	100%	95%	94.74%	94.29%	96.60%	97.20%	97%	95.37%	82%	100%	
			% Not Recommend	Signal				0%	0%	0%	1.68%	3%	2.38%	2.77%	0%	3.71%	2.44%	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team				13	17	26	15	20	11	15	15	18	21	22	16
		Staff Attitude	Number	PE Team				1	4	2	2	3	20	1	3	4	1	4	1
		Patient Care	Number	PE Team				3	1	5	5	3	0	3	6	1	1	2	2
		Privacy & Dignity	Number	PE Team									0	0	0	2	4	1	1
		Communication	Number	PE Team				0	3	2	0	1	0	2	0	0	3	1	1

Assistant Director Narrative - Sarah Clarke

Appraisals - Discussed with Matrons during 1:1 meetings

Nursing Dashboard - Scarborough

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	November	December	January	February	March	April	May	June	July	August	September	October
Patient Safety	Drug Errors	Drug Errors		Datix			33	34	26	40	40	41	34	51	53	37	31	44
	NEWS	Compliance with NEWs (inpatient wards only)		Signal			90.80%	90.60%	83.46%	83.47%	84.62%	86.48%	85.25%	87.30%	87.23%	87.75%	86.99%	87.22%
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			42.06	40.46	47.84	52.61	57.54	58.46	62.92	65.14	67.14	69.21	62.05	69.83
		Inpatient area vacancies - HCA	Number	CN Team			10.03	6.84	8.98	3.68	0.88	7.16	8.06	9.47	5.26	7.83	6.89	-2.37
	Vacancy Rate	Inpatient area -RN										22.19%	24.30%	25.16%	25.98%	26.78%	24.46%	22.80%
		Inpatient area - HCA										4.26%	4.76%	5.58%	3.10%	4.64%	4.07%	-2.25%
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			4.57%	4.92%	5.27%	4.42%	4.17%	3.98%	5.21%	5.21%	4.88%	5.08%	5.47%	
	Maternity Leave	Inpatient nursing / HCA	%	Workforce Info			2.10%	2.21%	2.77%	3.16%	3.24%	3.17	3.39%	3.05%	3.21%	3.15%	3.24%	3.04%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info	95%		68.28%	70.13%	71.10%	72.85%	74.94%	74.79%	75.61%	76.8%	72.39%	77.33%	77.68%	77.62%
		Healthcare Assistants (Ward Areas)	%	Workforce Info	95%		65.10%	81.73%	64.91%	69.81%	71.96%	75.79%	76.35%	82.3%	81.22%	84.85%	77.87%	80.57%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		90.40%	89.50%	86%	83.30%	81.40%	82.7%	83.90%	82.8%	81.40%	77.90%	78.6%	80.10%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		99.10%	96.30%	93.50%	91.10%	92.40%	88.1%	90.30%	82.8%	88.80%	83.90%	85.6%	89.60%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		102.40%	100.10%	98%	99.20%	103.50%	106.7%	102.60%	102.2%	103.90%	101.30%	102.2%	107%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		114.80%	109%	104.30%	102.80%	104.50%	105.5%	105.10%	106.7%	111.50%	106.90%	109.0%	110.90%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return			4	4.1	3.8	3.7	3.7	3.8	3.8	3.9	3.8	3.8	3.7	3.8
		Healthcare Assistants		Safer Staffing Return			2.8	2.8	2.6	2.7	2.7	2.9	2.9	3	3.1	3.2	3	3.1
		Total		Safer Staffing Return			6.8	6.9	6.4	6.4	6.4	6.7	6.7	6.9	6.9	6.9	6.7	6.9
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info			59.20%	57%	66%	62.30%	61.30%	58.80%	58.70%	53.90%	52.90%	50.10%	50.90%	60.40%
	Agency Fill Rate	Fill Rate	%	Workforce Info			18.20%	16.40%	13.60%	14.70%	15.30%	17.70%	17.70%	16.70%	18.60%	14.60%	18.50%	18.90%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%		44.23%	42.98%	42.86%	40.20%	43.09%	30.58%	75.81%	65.69%	78%	75.86%	53.57%	66.67%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%		82.52%	78.46%	87.50%	88.95%	90.73%	88.55%	92.36%	90.50%	90.23%	90.96%	91.70%	90.05%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48	3	3	2	3	1	2	2	1	0	0	0	1	0
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	<30	5	1	0	1	4	2	1	3	0	1	0	1	1
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team		0	1	1	5	1	3	0	0	0	0	0	2	5
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			4	1	10	7	4	1	3	5	3	3	2	4
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance			4	3	7	5	3	0	3	4	2	3	2	3
	Never Events	Never Events declared	Number	Datix - Healthcare Governance			0	0	0	0	0	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trajectory	Mar	November	December	January	February	March	April	May	June	July	August	September	October
Patient Experience	Friends and Family Test	Inpatient Friends and Family Test	%Recommend	Signal			97.55%	97.51%	98.23%	97.40%	97.75%	98.04%	80.82%	98.32%	97.44%	95.56%	97.59%	
			%Not Recommend	Signal			0.53%	0.52%	0.18%	1.04%	0.75%	0.30%	5.48%	0.79%	0.51%	0.85%	0.85%	
		A&E Friends and Family Test	% Recommend	Signal			66.06%	84.62%	80.82%	79.31%	76.19%	85.23%	97.37%	83.70%	80.35%	79.47%	78.52%	
			% Not Recommend	Signal			17.43%	7.69%	10.96%	15.52%	13.10%	0%	0.72%	12.37%	13.29%	13.25%	10.07%	
		Maternity (Ante Natal)	% Recommend	Signal			99.17%	96%	96%	100%	97.00%	98.76%	100%	100%	100%	97%	96.43%	
			% Not Recommend	Signal			0.00%	0%	0%	0%	2.36%	0%	0%	0%	0%	2.41%	0%	
		Birth	% Recommend	Signal			98.54%	100%	92%	100%	100%	100%	100%	100%	100%	95.07%	100%	
			% Not Recommend	Signal			0.00%	0%	0%	0%	0%	0%	0%	0%	0%	2.47%	0%	
		Maternity (Post Natal)	% Recommend	Signal			96.95%	100%	98%	100%	100%	100%	98.90%	100%	96%	100%	100%	
			% Not Recommend	Signal			0.00%	0%	1.96%	0%	0%	0%	0%	0%	0.80%	0%	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team			14	17	10	9	8	9	11	5	10	8	10	18
		Staff Attitude	Number	PE Team			1	4	1	2	3	3	1	0	1	1	2	5
		Privacy & Dignity	Number	PE Team								0	0	0	1	0	0	0
		Patient Care	Number	PE Team			1	2	3	2	0	0	0	0	0	1	3	1
		Communication	Number	PE Team			1	3	0	0	1	1	1	0	1	0	1	0

Assistant Director Narrative - Sarah Clarke

Appraisals - Progressed is discussed at 1:1 with Matrons

Nursing Dashboard - Bridlington

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	CummTotal	November	December	January	February	March	April	May	June	July	August	September	October
	Drug Errors	Drug Errors		Datix				2	1	4	4	1	7	1	3	4	3	2	1
	NEWS	Compliance with NEWs (inpatient wards only)		Signal				91.80%	93%	90.77%	82.55%	83.20%	84.51%	82.59%	84.74%	86.17%	86.10%	85.44%	80.14%
Workforce	**Vacancies**	Inpatient area vacancies -RN	Number	CN Team				6.15	7.36	5.33	-0.33	0.44	0.6	1.4	1.33	2.13	2.33	3.29	3
		Inpatient area vacancies - HCA	Number	CN Team				4.19	6.5	8.43	7.63	7.83	7.03	7.03	6.36	4.9	6.13	5.09	5.69
	Vacancy Rate	Inpatient area -RN											1.49%	3.48%	3.30%	5.28%	5.78%	8.16%	11.80%
		Inpatient area - HCA											18.41%	18.41%	16.60%	12.77%	15.40%	13.28%	17.46%
	Sickness (In Patient Areas)	Sickness	%	Workforce Info				10.15%	8.61%	12.24%	13.02%	8.83%	9.92%	12.23%	10.20%	10.73%	8.26%	9.96%	
	Maternity Leave	inpatient nursing / HCA	%	Workforce Info				2.69%	3.48%	3.46%	3.46%	3.46%	3.47%	3.53%	3.72	3.86%	2.51%	0.25%	0%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info	95%			67.71%	76.19%	79.76%	77.68%	78.16%	78.16%	79.30%	72.87%	56.73%	65.55%	76.83%	77.28%
		Healthcare Assistants (Ward Areas)	%	Workforce Info	95%			81.73%	96.15%	95.83%	95.83%	93.75%	87.50%	86.93%	86.93%	72.16%	74.78%	82.80%	82.80%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			80.50%	78.60%	89.20%	85.20%	87.60%	80.1%	75%	74.4%	72.30%	49.10%	74.4%	88.80%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			63.60%	88.10%	76%	79.90%	76.10%	95.5%	71.70%	61.9%	65%	57.60%	58.4%	72.50%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			93.10%	88.10%	93.80%	84.30%	99.90%	74.5%	91.30%	85.6%	90.10%	83.30%	83.5%	79%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			201.70%	204.80%	164.50%	158.90%	140.30%	175.0%	146.80%	156.7%	188.70%	195.20%	185.0%	225.80%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return				3.4	3.6	3.1	3	3.2	2.9	3.4	3.3	3.5	2.8	3.4	3.6
		Healthcare Assistants		Safer Staffing Return				3.9	4.1	3	2.9	3.2	3.1	3.6	3.6	4.1	2.4	3.8	3.2
		Total		Safer Staffing Return				7.3	7.7	6.2	5.6	6.5	6.1	7	6.9	7.6	7.1	7.2	6.9
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				84.20%	74.90%	74.20%	82.60%	81.50%	75.50%	75.60%	71.30%	73.47%	78.82%	89.14%	93%
	Agency Fill Rate	Fill Rate	%	Workforce Info				1.70%	5.80%	9.40%	4.20%	3.30%	10%	10%	4.60%	1.40%	1.52%	0.89%	0%
Infection Prevention	**MRSA**	MRSA Bacteraemia	Accumulated number of patients	IC Team	**0**	Green	0	0	0	0	0	0	0	0	0	0	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	**95%**			97.56%	97.66%	100.00%	67.89%	99.40%	100%	100%	95%	90.63%	96.77%	100%	93.75%
		MRSA Screening - Non-Elective	Compliance %	Signal	**95%**			100%	100%	100%	75%	100%	100%	100%	100%	100%	75%	66.67%	100%
	C.Difficile	C DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	**48**	Green	0	1	0	0	0	0	0	0	0	0	0	0	0
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	**<30**	Green	0	1	0	0	0	0	0	0	0	0	0	0	0
	E-Coli	E-Coli Bacteraemia	Accumulated number of patients	IC Team			0	0	0	0	0	0	0	0	0	0	0	0	0
Risk Management (Trust wide)	**Serious Incidents**	SI's declared	Number	Datix - healthcare governance				0	0	1	0	0	1	4	1	0	0	0	1
	Clinical Incidents	CI's reported	Number	Datix - healthcare governance				0	0	0	0	0	0	2	1	0	0	0	1
	Never Events	Never Events declared	Number	Datix - healthcare governance				0	0	0	0	0	0	1	0	0	0	0	0

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	November	December	January	February	March	April	May	June	July	August	September	October
Patient Experience	**Friends and Family**	Inpatient Friends and Family Test	%Recommend	Signal				98.90%	99.73%	100%	98.60%	98.01%	98.14%	99.66%	99.34%	98.72%	99.04%	98.64%	
			%Not Recommend	Signal				0%	0%	0%	0%	0.00%	0%	0%	0%	0.64%	0.24%	0.34%	
	Complaints	Complaints Total	Number	PE Team				2	0	2	0	1	0	1	0	1	1	1	2
		Staff Attitude	Number	PE Team				0	0	0	0	0	0	0	0	0	0	0	0
		Privacy & Dignity	Number	PE Team									0	0	0	0	0	0	0
		Patient Care	Number	PE Team				1	0	1	0	0	0	0	0	0	0	1	0
		Communication	Number	PE Team				0	0	0	0	0	0	0	0	0	0	0	0

Assistant Director Narrative - Sarah Clarke

Appraisals - Progressed is discussed at 1:1 with Matrons,
reflect activity and redeployment of staff to Scarborough Hospital

Safer staffing - fill rates

Nursing Dashboard - Trustwide

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year	November	December	January	February	March	April	May	June	July	August	September	October
Patient Safety	Drug Errors			Datix				138	152	159	168	163	141	121	152	155	127	125	147
	NEWS			Signal				87.90%	87%	86.30%	86.72%	87.90%	98.40%	87.20%	89.20%	89%	88.80%	88.20%	90.20%
Workforce	Vacancies	Inpatient area vacancies -RN (month end)	Number	CN Team				117.26	109.42	125.88	138.05	149.79	152.05	162.81	171.34	185.05	198.99	173.94	167.85
		Inpatient area vacancies - HCA (month end)	Number	CN Team				59.37	59.86	47.56	42.78	26.97	51.99	41.37	41.83	34.66	45.97	45.4	21.48
	Vacancy Rate	Inpatient area -RN (month end)	%	CN Team									18.03%	18.78%	20.39%	22.01%	23.40%	20.59%	19.82%
		Inpatient area - HCA (month end)	%	CN Team									--	8.21%	7.29%	6.03%	7.72%	8.36%	3.82%
	Turnover	Registered Nurses & midwives	%	Workforce Info				9.77%	9.91%	9.65%	11.07%	9.03%	9.72%	9.59%	9.40%	9.24%	9.12%	8.59%	8.94%
		Healthcare Assistants	%	Workforce Info				8.31%	7.55%	7.40%	7.11%	8.12%	8.47%	8.36%	8.10%	8.24%	8.11%	8.86%	9.20%
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				4.15%	4.52%	4.76%	4.43%	4.08%	4.13%	4.31%	4.41%	4.54%	4.69%	4.47%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				2.75%	2.89%	2.82%	2.79%	2.76%	2.79%	2.82%	2.68%	2.75%	2.83%	2.84%	2.82%
	Appraisals	Registered Nurses	%	Workforce Info		95%		73.33%	73.88%	71.16%	74.50%	73.22%	72.07%	74.27%	75.44%	75.09%	82.94%	78.79%	78.97%
		Healthcare Assistants	%	Workforce Info		95%		75.34%	77.45%	77.93%	78.49%	77.52%	76.03%	76.21%	74.85%	72.78%	78.31%	78.29%	79.44%
	Safer Staffing Return	**Qualified** Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green		92.12%	90.90%	90.84%	90.00%	88.20%	88.21%	88.61%	87.67%	86.19%	82.94%	84.49%	86.95%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Red		96.80%	95.20%	88.45%	93.78%	93.14%	90.41%	93.00%	92.38%	91.83%	89.08%	89.17%	90.90%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green		105.53%	103.44%	101.19%	102.08%	105.59%	106.95%	105.25%	106.44%	106.45%	103.69%	103.66%	106.90%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red		119.19%	113.69%	11452.00%	114.04%	113.65%	115.29*%	113.68%	113.56%	117.08%	114.58%	111.34%	110.42%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return				3.7	3.8	3.6	3.6	3.6	3.7	3.6	3.7	3.3	3.6	3.6	3.6
		Healthcare Assistants		Safer Staffing Return				2.8	2.8	2.7	2.7	2.9	3	2.9	3	3	3	3.2	2.8
		Total		Safer Staffing Return				6.5	6.6	6.2	6.3	6.5	6.7	6.5	6.7	6.3	6.6	6.8	6.6
	Bank & Agency	**Overall** Fill Rate	%	Workforce Info				83.19%	78.18%	80.36%	82.02%	82.16%	80.05%	79.20%	78.36%	77.68%	74.11%	77.16%	79.67%
		Bank Fill Rate RN	%	Workforce Info				51.94%	48.66%	50.10%	49.13%	49.63%	48.25%	49.57%	44.57%	42.79%	40.08%	41.16%	46.37%
		Bank Fill Rate HCA	%	Workforce Info				51.77%	49.97%	54.60%	56.25%	60.13%	57.80%	59.04%	62.16%	61.77%	62.60%	70.35%	77.22%
		Bank - RN FTE filled	Number of Hours	Workforce Info				97.88	89.08	107.72	104.83	120.45	101.91	105.67	98.85	104.65	105.78	104.17	111.67
		Bank - HCA FTEfilled	Number of Hours	Workforce Info				108.31	103.19	107.01	111.55	127.53	120.74	123.60	120.13	137.79	135.11	137.27	121.88
		Agency Fill Rate RN	%	Workforce Info				31.24%	29.52%	28.31%	30.98%	28.54%	26.31%	26.69%	27.14%	27.85%	25.48%	28%	27.31%
		Agency Fill Rate HCA	%	Workforce Info				31.02%	30.13%	27.91%	27.92%	26.60%	27.80%	23.46%	23.53%	23.40%	21.97%	17.19%	11.58%
		Agency - RN FTE filled	Number of Hours	Workforce Info				58.87	54.03	60.86	66.11	69.27	55.58	56.25	60.78	68.10	67.26	70.87	65.78
		Agency - HCA FTE filled	Number of Hours	Workforce Info				64.90	62.21	54.70	55.17	56.43	58.07	49.12	45.46	52.72	47.40	33.54	18.25

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year	November	December	January	February	March	April	May	June	July	August	September	October
Stat & Mand Training	Statutory & Mandatory Training	Statutory Training		CLAD	75%			84.35%	69.84%	59.72%	84.73%	89.05%	87.68%	88.39%	89.96%	88.57%	88.92%	88.55%	87.96%
		Mandatory Traiing		CLAD	75%			83.75%	77.79%	73.12%	85.11%	85.55%	89.78%	90.10%	88.42%	88.54%	88.90%	87.75%	86.31%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team		Red	4	0	1	0	0	0	0	1	0	0	2	1	0
		MRSA Screening - Elective	Compliance %	Signal	95%	Red		82.48%	78.51%	71.77%	67.89%	69.36%	62.56%	85.98%	81.69%	85.34%	88.57%	82.40%	86.66%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%	Red		65.89%	64.81%	81.11%	82.01%	82.62%	81.59%	84.12%	81.63%	87.74%	89.16%	87.62%	89.25%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team		Green	26	2	8	10	5	5	2	2	5	2	3	5	7
	MSSA	MSSA Bacteraemia	Cummulative	IC Team		Red	30	4	5	5	6	4	3	3	7	5	5	4	3
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			45	5	5	9	8	5	6	8	9	4	7	3	8
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Green		94%	93%	94%	95%	94%	94%	95%	93%	93%	97%	96%	96%
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance Team				18	14	28	18	10	9	20	19	14	12	8	16
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance Team				11	7	17	10	6	1	11	11	7	8	5	10
	Never Events	Never Events declared	Number	Datix - Healthcare Governance Team				0	0	0	0	0	0	1	0	1	1	0	1
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.21%	96.79%	96.51%	96.81%	96.40%	93.34%	94.96%	95.05%	96.63%	95.81%	96.26%	
			%Not Recommend	Signal				1.15%	0.97%	0.79%	0.60%	1.00%	0.72%	1.89%	1.78%	0.88%	1.00%	0.96%	
		A&E Friends and Family Test	% Recommend	Signal				81.61%	84.37%	84.25%	81.49%	84.18%	85.37%	85.13%	84.48%	81.96%	81.89%	83.87%	
			% Not Recommend	Signal				11.21%	10.02%	9.63%	11.06%	8.40%	7.65%	6.92%	8.25%	11.02%	10.92%	6.91%	
		Maternity (Ante Natal)	% Recommend	Signal				99.17%	96.12%	94.45%	100%	95.65%	97.58%	97.53%	98.60%	98%	95.37%	96.45%	
			% Not Recommend	Signal				0%	0%	1.82%	0%	2.90%	0%	0%	0%	0.68%	1.86%	0.00%	
		Labour & Birth	% Recommend	Signal				98.54%	98.34%	97.56%	99.19%	98.61%	98.97%	100%	97.80%	97.64%	97.55%	97.78%	
			% Not Recommend	Signal				0%	0%	0%	0.81%	0.00%	0%	0%	0.54%	1.58%	1.47%	0.56%	
		Maternity (Post Natal)	% Recommend	Signal				96.95%	98.21%	99.11%	99.13%	96.03%	97.62%	98.94%	97.26%	96^	97.55%	94.94%	
			% Not Recommend	Signal				0%	0%	0%	0%	0.79%	2.38%	0%	0%	3.20%	1.47%	2.25%	
		Community Post Natal	% Recommend	Signal				98.18%	100%	97.17%	96.72%	98.15%	97.83%	98.72%	100%	98.92%	97%	100%	
			% Not Recommend	Signal				0%	0%	0%	1.64%	0.93%	0%	1.28%	0%	0%	1%	0%	
	Complaints	Complaints Total	Number	PE Team				30	26	39	27	30	31	29	21	29	31	33	37
		Staff Attitude	Number	PE Team				2	4	3	5	6	5	4	4	5	2	6	7
		Privacy & Dignity	Number	PE Team									0	0	0	2	1	1	1
		Patient Care	Number	PE Team				5	2	9	8	4	0	3	6	2	5	6	3
		Communication	Number	PE Team				1	4	2	0	2	1	3	0	1	3	2	1

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F

NHS

York Teaching Hospital

NHS Foundation Trust

Board of Directors – 29 November 2017
Environments & Estates Committee Meeting Minutes - 4 October 2017

Recommendation

For information	☒
For discussion	☒
For assurance	☒
For approval	☐
A regulatory requirement	☒

Current approval route of report

The minutes are approved by the Environment & Estates Committee.

Purpose of report

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

Key points for discussion

The Board of Directors (BoD) is asked to receive the minutes of the Environment & Estates Committee meeting held on 4 October 2017 noting the assurance taken from these discussions and the key items discussed in particular the results of the annual PLACE inspections which are attached for information. Action plans have been prepared for all areas where PLACE scores were low. The EEC discussed a paper that summarised the PLACE results and proposed a set of recommendations aimed at improving performance: the paper is attached and the recommendations can be found in section 4. The BoD is asked to note that the EEC will monitor progress against these recommendations.

Trust Ambitions and Board Assurance Framework (https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

☒ **Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.

☒ **Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.

☒ **People and Capability** - The quality of our services is wholly dependent on our teams of staff.
☒ **Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

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

CQC outcome regulation 15: premises and equipment.

Version number: 1

Author: Jacqueline Carter, Project Support for Estates & Facilities

Executive sponsor: Brian Golding, Director of Estates & Facilities

Date: November 2017

York Teaching Hospital
NHS Foundation Trust

Environment & Estates Committee Meeting Minutes – 4 October 2017

Attendance:

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

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

Apologies for Absence:

None.

MS welcomed the local governors Diane Rose, SGH and Pat Stovell, BDH to the meeting who were attending in an observation capacity.

Minutes of last meeting held on 16th August 2017

The minutes of the last meeting held on 16th August 2017 were agreed as a correct record subject to noting that for item 11 the following line from the minute will be changed to read:

"MS highlighted there had been a significant drop in RIDDOR reporting but incidents of violence and aggression had increased."

"CW noted that RIDDOR reporting was the same but in the reported year the number of incidents involving an increased severity which require RIDDOR related to violence and aggression, had increased and this had been in the main, related to one area in care of the elderly. RIDDORS reported in other categories had dropped. CW noted in the current reporting year incidents with significant (RIDDOR) harm had dropped with none reported, CW felt this was due to the case that the Trust had identified this and had put in place enhanced training in management of v&a in the area reporting these incidents."

Matters arising from the minutes

Charitable Rate Exemption

AB updated the EEC on the latest position. Since the last meeting he has been working on a large number of requests for information mainly to develop a case against our principal billing authority. Alongside that he has been working with the solicitors on a

Standstill Agreement. It will be important to engage with the Council at Chief Executive level and be handled in a coordinated way with GVA our ratings advisers. **Action: BG/AB.**

H&S training post

CW confirmed this post was discussed by the Vacancy Control team in September. VC has requested some further information in support of this post which CW will provide. **Action: CW.**

DRR EF01 - Estates Condition Survey

AB had received fee proposals for the undertaking of the survey. It was anticipated that a more economical route would be favoured which would include keeping some of the works in-house. **Action: AB.**

Travel Plan

Since the last meeting Dan Braidley is working on refining the Travel Plan in line with the Committee's discussion. A sub group had also been set up to take this work forward.

The action log was reviewed by the EEC and will be updated accordingly in line with the meeting discussion.

Work Programme

The Work Programme was reviewed by the EEC and will be updated accordingly in line with the meeting discussion. Meetings to be arranged for 2018.

Board Assurance Framework

LP presented the BAF document to the EEC which is a standing item on the Committee's agenda.

It was agreed that where we are able to, measures are put in place against the BAF ambitions to allow for a more consistent and evidence based approach when assessing whether any items require a revision of their RAG rating and escalation to the BoD. The BAF is comprised of the 4 key ambitions of the Trust that each subcommittee of the BoD assess themselves against. For this meeting the EEC was asked to review its area of the BAF in order to ensure that the "gaps in controls/assurance" columns were appropriately completed. Some items rated red or amber had not been completed and the Audit Committee had asked that this be looked into by each subcommittee.

Section 4.1 of the E&F ambition had been rated amber but had not been completed in the "gaps in control/assurance" column. LP asked for contributions as to what colleagues felt those gaps in control could mean. It was suggested that PAM and Capital Plans be included as evidence. BG also anticipated some of the gaps are around joint working with the public and public bodies including the need for a robust STP. JA asked that for any public estate documents the Trust satisfied itself with the contents and assured itself there was no contradiction against other public documents.

Sections 4.2 and 4.3 of the document, although rated green, had no stated evidence in the "gaps in control /assurance" column. Suggestions for inclusion as evidence in the document were the national in-patient survey and the Cleaning Policy. This was noted.

Following discussion LP agreed to update the schedule and circulate it to Committee members for approval and at the same time consider how the ambitions are factored into the EEC agenda. This would provide the necessary assurance that the gaps in the control/assurance column reflect the current environment especially in relation to those items rated amber or red. **Action: LP.**

Directorate Risk Register

The EEC received the latest copy of the Directorate RR and reviewed the full document in line with agreed Committee arrangements.

The following items were highlighted:

EF01 Red – Estates Capital/Estates Condition Survey – the Committee recognised that given the difficult financial position facing the Trust this risk is likely to get worse as shortage of cash restricts the availability of capital. It was noted that business case approvals would be limited to backlog maintenance schemes if they rely on depreciation funding.

EF02 Red – Estates YH/SGH fire alarms – both contracts have been let. This item will stay on the RR at this score until new panels have been fitted on both sites. Costs to be updated on the schedule.

EF03 Amber – H&S training – As gaps in training are identified, a risk assessment is undertaken to prioritise training for key staff and individuals, training arranged and resourced. Some significant gaps still remain in some areas. A BC has been put forward to employ an additional H&S trainer – due to financial constrains the post has been frozen.

EF40 Amber - lack of domestic staff required to deliver an acceptable standard of cleanliness on Trust sites - Programme in place to recruit to posts. BG agreed to discuss this item with his Operational team as this rating could either be removed or reduced in scoring by the next meeting. **Action: BG.**

EF14 Amber – Estates SGH, welfare of patients being transferred across the hospital site - Related to maintenance of lifts. The planned phased replacement programme for lifts across the site has commenced. BG agreed to consider whether this rating could either be removed or reduced in scoring by the next meeting. **Action: BG.**

The remainder of the register was accepted without alteration.

CW agreed to update the schedule in line with the meeting discussion. **Action: CW.**

Attention to the Board

E&F Policy & Procedure programme

The policy and procedure schedule was considered by the EEC.

JA queried the list of meetings schedule highlighted on p47 of the meeting pack as this did not marry up with what is reported through to the EEC. BG assured the Committee that all those groups that are required to be in place or to achieve best practice, do feed through directly or indirectly to the EEC. LP was undertaking some work for the Audit Committee which will help clarify reporting routes also. The Travel & Transport Group reporting route needed to be clarified and the Space Management Group required to be added to the schedule. **Action: BG/LP/DB.**

The Committee noted the schedule which will be updated in line with the meeting discussion.

Cleaning policy

The Cleaning Policy was received for comment and approval by the EEC.

It was noted the Policy had been widely consulted on through the E&F Directorate and seen by the PAG in May prior to coming to EEC for approval.

Section 8 of the policy highlighted the process for monitoring compliance and effectiveness. It was noted that for the purposes of the EEC the Committee was responsible for monitoring action plans and this will be added to the Work Programme.

Attention to the Board

EF Structure Chart

BG agreed to circulate to EEC when completed.

Internal Audit Reports

Y1809 Water Safety
Y1816 Compliance with Statutory Regulations
Y1801 Car Parking

The EEC noted that Water Safety and Compliance with Statutory Regulations received significant assurance.
The EEC received the IA relating to car parking for review and comment as it had received limited assurance.

The following areas of concern were highlighted:

Trust security staff are responsible for the collection of car parking income on a daily basis. Interim arrangements are in place for all income received to be counted and banked at the SGH site. Cash could be miscounted due to a lack of systems in place. A review of staff resources and the line management of car parking staff should be undertaken. Processes

require to be standardised. **CW responded that in the main most issues concerned the counting of cash and essentially completing tasks efficiently and effectively and in a timely manner. He assured the EEC there is a robust procedure in place but recognised that to date it had not been adopted as it should have been.**

There are currently delays in issuing staff car park passes. This has resulted in disproportionately high numbers of parking tickets being cancelled which is a cost to the Trust. An internal review of the processes and reasons for cancellation of all parking tickets will be undertaken and appropriate action taken. **CW assured the EEC he is reviewing this. It also links to the layout of the car park.**

The provision of car parking space is being reviewed and from this an approach will be produced to address capacity, demand and themes arising from complaints. **CW assured the EEC this work will result in a strategy for car parking across the Trust and this will be reviewed over the next 2 years.**

Missing validation machine. Procedures are not currently in place to record the location of ticket validation machines in wards across the Trust. Missing ticket machine to be disabled. Location of ticket machines to be recorded in line with Trust's asset management procedures. **CW assured the EEC there is no evidence that this machine was used fraudulently.**

JA thanked CW for this update and urged him to take into account the difficulties associated with recruitment and retention of staff particularly when he is reviewing parking and payments. This was noted.

The EEC noted the recommendations in the report.

Y1749 Residential accommodation review
Not discussed.

Sustainable Development:

SDMP + Action Plan

The EEC received the latest SDMP and Action Plan updates for comment and noting. The following items were highlighted to the Committee:

SD Engagement and communication work - work has begun with WRM consultants to understand where we can maximise opportunities. They will develop a baseline assessment on the extent to which the Trust has integrated sustainability throughout the whole organisation. SGH and BDH site walk rounds have been scheduled for October. A long list of initial recommendations and findings will be considered tomorrow (5th October) by the Project Steering Group. Awaiting feedback.

Review of information in the Good Corporate Citizenship (GCC) Models of Care and Adaptation sections - JM is seeking to ensure that these areas become part of the clinical care setting. A review of the information has led to an improved GCC score. This review will lead to a gap analysis and the development of an action plan later this year.

GCC assessment tool to be replaced with a new on line assessment method to be launched in the autumn., JM said that before the Trust became aware of the proposed

changes the models of care and adaptation sections had been updated and had achieved good progress moving to 26% percentage compliant for both which would have now achieved the minimum national target for 2018 within the GCC tool. This was noted.

Mission Statement - following discussion at the last meeting JM has reviewed the mission statement. It was suggested that the Trust adopts within its SDMP the statement included in the update report at page 117 – *" The York Teaching Hospital Foundation Trust strives to actively encourage, promote and achieve environmental sustainability in all that it does"*. This was agreed subject to checking the text against the new GCC tool and would be added to the next version of the SDMP.

Draft BC sustainability energy calculation/spreadsheets for new/replacement equipment and buildings - JM had explored the idea of having a checklist (linked to a spreadsheet) which could calculate approximate utility and carbon costs based on floor area, operating hours, main usage which should be taken into account when preparing a BC. The draft documents were shared with the EEC i) for plant or new equipment and ii) new floor area/build. They were being trialled on the current laundry project. The EEC noted the additional BC documentation that would be required to be completed once rolled out. JM will be asking staff to complete it and return it to herself. At the moment it has gone out only to a couple of colleagues to complete.

Revision to capital project requirements - work is on-going in terms of the development of a draft sustainable design guide which will integrate sustainability into design specs and procedures using best practice examples. Further work is planned to complete the draft and then seek approval to implement the revised procedures. AB will share the documentation with the EEC when completed.

JM and AB are working together on a sustainability toolkit and will iron out any overlaps in any work currently being undertaken. JA welcomed in principle the need for further information but asked that a balanced approach be taken and that the completion of any additional paperwork does not become too onerous a task. JM assured the Committee that it was currently being trialled in a couple of areas and she was awaiting feedback on this pilot work.

In relation to the GCC updates MS noted little progress in terms of updates on the procurement section since last year. JM agreed to contact IW. **Action: JM.**

The EEC endorsed the document and noted the work being undertaken by WRM, the improvements to the BC process, the sustainable design guide and the updates to the models of care and adaptation sections of the Action Plans.

The EEC received the latest minutes for comment and noting. The following items were highlighted:

Online assessment tool is changing,
BC additional calculation spreadsheets,
SD engagement project progress,
Travel Plan development work,
Adaptation and Models of Care sections update.

The EEC noted the contents of the minutes.

Attention to the Board

SDG 10th August minutes

The EEC received the latest minutes for comment and noting. The following items were highlighted:

Online assessment tool is changing,
BC additional calculation spreadsheets,
SD engagement project progress,
Travel Plan development work,
Adaptation and Models of Care sections update.

The EEC noted the contents of the minutes.

Property and Capital:

Space Audit

AB provided a position statement on the space audit work Tony Burns has been undertaking in the Trust.

AB confirmed that for York Hospital the reported gross internal area (GIA) in 2016-17 was 15% less than the figure reported in 2015-16. TB has checked the historical data against his bottom-up space data and has identified that the historical GIA figure for York Hospital included the GIA data for Groves Chapel, Bootham Park Court residential accommodation and Park House. Clearly, Groves Chapel no longer belongs to the Trust and the Bootham Park Court residential accommodation no longer exists. AB confirmed that the GIA for Park House is included in the 'Aggregate Site' data in the Trust's ERIC return.

For SGH, the 2016-17 Trust ERIC return shows that the GIA has increased from previous years as a result of TB's survey work and also because the site has genuinely grown: for example, Lilac Ward was not included in previous data returns.

Overall, AB reported that the Trust's total 2016-17 GIA is reduced from the 2015-16 reporting year and has returned to a level we were recording around 4 years ago. So the conclusion is that although we are recording GIA changes, they are relatively minor and we feel we now have accurate baseline GIA data.

AB explained to the EEC that the ERIC data return would produce KPI data imminently and that this data would inevitably create further data validation work. The latest ERIC data would also form part of the refreshed Estate Strategy.

In relation to the Carter metrics the position for vacant space being recorded is 2.9% against a target of 2.5%. Data is currently being drawn from all of the properties that the Trust occupies regardless of tenure (i.e. both leasehold and freehold properties). Work is on-going to close this gap and there are various projects that have been completed recently, and some which are ongoing, to support this: for example, the disposal of Groves Chapel in York, the disposal of the Anchorage in Whitby and the current sale of Beck House in Scarborough. AB reported that he is also reviewing the feasibility of withdrawing

from, and disposing of, the Clarence Street property and that work is ongoing in-year to reconfigure the Administration Block at York Hospital, which will allow the Trust to withdraw from YSJ University. AB is confident long term the Trust will meet its requirements. It was noted a meeting and site visit has been arranged with Lord Carter for next week.

For non-clinical space the Trust is currently at 38% against a target of 35%. BG asked whether the STP work on taking a uniform approach to the ERIC definitions and criteria will improve this ratio. AB confirmed that it would, but this information was not included in the figures currently. AB said he would also review the Trust's leased accommodation where there are no patients, i.e. the use of GP premises and review the impact of what this means for the Trust's performance against the clinical / non-clinical ratio in preparation for the refreshed Estates Strategy.

JA asked what the position was with regard to underutilised space as she would expect this to be acknowledged at the meeting with Lord Carter. AB said that it forms part of the discussions that have been taking place at STP level. One of the problems with the current approach to the assessment of utilisation is its subjectivity. AB reported that he is currently exploring methods of obtaining objective / hard data as to how well space is utilised and undertaking spot checks and talking to the local users. DB is specifically reviewing underutilised space at BDH to improve the position there long term. JA was assured that plans are in place to address these gaps.

Condition Survey review

See page 2. DRR EF01.

Premises Assurance Model (PAM):

Quarterly report

DB presented the PAM quarterly report to the Committee.

The overall compliance position against PAM has improved and was shown at Appendix 1 of the document.

Other highlights include:

Population of the PAM model by E&F staff has improved since the last report.
There is an improved position against the safety profile domain for BDH and York.
Action planning has improved however, there are still a number of action plans that require to be completed.
DB is working with the capital planning dept. to improve compliance in the safety domain particularly focussing on disability, access and signage in that area.

MS thanked DB for this update and noted the recommendations in the report.

Carter Report – E&F efficiencies: Quarterly report

See item 11 above.

Health, Safety & Security:

Any new legislation, CQC, HSE reporting information. HSE Sharps inspection surveillance visit, 3/10

CW reported on the recent HSE sharps inspection surveillance visit. A letter will be sent to the Chief Executive reporting non-conformance which the Trust will be required to respond to. CW acknowledged the negative outcome however, but felt that the visit had yielded a number of positives and that in the main he felt it was a fair inspection. Areas for improvement included:

Policy information

Training

Procurement/Pharmacy

CW will arrange for a new Steering Group to be set up.

Attention to the Board

H&S/NCRG ToR

Deferred to next meeting.

Quarterly Report (Q1+2)

The EEC received the latest report for the period ending August '17. CW drew attention to section 1.9 of the report which provided environment and estates patient experience team data. The report was noted by the EEC.

Minutes of last meeting H&S/NCRG 14/9

Deferred to next meeting.

Fire Safety

Not discussed.

Any Other Business

PLACE Results

The EEC received the annual NHS PLACE assessment results for 2017 for consideration and noting.

DB provided some background information confirming it is a national mandatory assessment of the care environment that seeks to examine through the assessment of cleanliness, food, condition and appearance, dementia, disability and access. The national average figures are based on the average on all NHS Trusts. This year's assessments took place between 28th February and 2nd June. Assessment teams were made up of patient assessors, E&F staff, Matrons and Health watch and Governor representatives.

As well as the findings of the 2017 assessments, the report described the comparisons against national average data and identified opportunities for improvement within the next 12 months.

DB confirmed this year's results were disappointing and challenging; he has involved himself heavily in the process and going forward he will put an additional procedure in place which will allow the directorate to assess key areas on a monthly basis.

Overall the Trust is below the national average in all of the domains except for cleanliness where the Trust meets or exceeds the national average. Ward food, food service, condition and appearance of our environment and arrangements for privacy, dignity and well-being, accessibility and dementia were found to be inconsistent across the sites with a high proportion of community sites scoring above the national average on ward food but the main sites including Malton scoring below the average although it was noted that this was not around the quality or choice of the food served but more around the manner in which food was delivered to the patient.

DB confirmed he will continually review all aspects of PLACE through local improvement plans and look for themes where we are then able to make improvements ahead of next year's PLACE assessments. DB stressed that for this year food quality was not in question, it was themes such as not having menus in multiple languages or having in place protected mealtimes. JA was supportive of this approach as long as it did not become onerous and add unnecessary work to the PLACE process. DB assured the Committee this was not the case. He has already commenced the additional walk rounds and has arrangements in place to visit a number of sites over the next few weeks. Any assessment plans will then be reviewed routinely at the new Site Operational Group meetings as a means of monitoring progress.

In summary E&F teams are working on plans within the next 12 months to improve our position to include a review of signage at BDH and SGH sites, senior walk rounds and through operational groups meetings.

JA was pleased to see that cleanliness scored well. BG echoed that.

However, one area that the Trust must improve on is the dementia score. It was noted there is a fundraising campaign underway to raise funds to improve the environment in the hospitals. DB is aware of the improvements but they cannot be actioned until the funding is in place. Another area noted for improvement is disability where there has been a

reduction on last year's score and whilst BG was disappointed with this he did not recognise those results and it would be important to understand the scoring mechanism of the assessments. JA asked that for any work being undertaken around privacy & dignity that it is linked to the BAF E&F ambitions work. **Action: LP/DB.**

The EEC noted the recommendations in the report. The report will proceed to BoD in November and Board of Governors in December. The EEC were assured that action plans were in place to improve the position and noted the training event taking place in November for patient assessment teams. DB agreed to produce an action plan to accompany the report. **Action: DB.**

Attention to the Board

Financial Recovery Plan

MS confirmed that going forward the EEC will discuss the Trust's financial recovery plans and their impact on the areas overseen by the committee.

E&F staff sickness and absence rates

MS reported that the E&F Directorate currently have a 7% sickness absence rate which was above the Trust average. Going forward this will be discussed at the Workforce Committee.

Out of Hospital Care

The latest Out of Hospital Care Quarterly Report was tabled at the meeting. The purpose of the paper is to provide the Board sub committees with an overview of activities within the Out of Hospital Care Directorate. An updated paper is produced on a quarterly basis.

The following item was highlighted and noted:

A project has been commissioned in the Out of Hospital Care directorate to review the administrative resource which aims to create an efficient administrative structure within the Directorate and provide professional leadership and development opportunities to improve the recruitment and retention of admin staff, reduce duplication and waste within variable processes and admin team structure. It is likely that the recommendations from review could affect the Trust's property portfolio.

Items for highlighting to BoD

HSE surveillance visit 3/10 – safer sharps
BAF review update
PLACE
Reviewed RR in full
Approved Cleaning Policy
Revised templates for SD elements of Business Cases
SD GCC changes/Mission statement

Attention to the Board

Carter visit

The Quality & Safety Committee had asked that the E&F Committee consider children's facilities in the ED dept. AB said that there is some external money for streaming work in ED and he has one of his staff working on this with regard children's facilities. Jen Bennison is working with the fundraising team and hopefully will inject some cash.

Date of next meeting

6 December 2017, York Hospital, 10.30am – 12.30pm. BR.YH

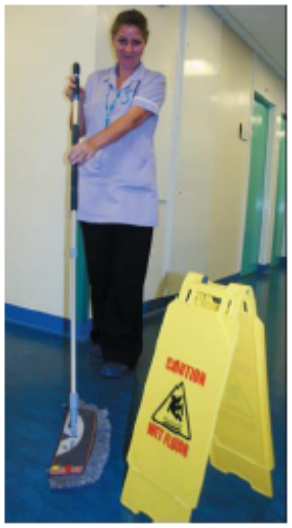
F1

NHS

York Teaching Hospital
NHS Foundation Trust

Directorate of Estates and Facilities

PLACE Results 2017



Mandy Chambers

Contents

1 Context

The PLACE results were published on 15th August 2017.

2 Process

The Patient Led Assessments of the Care Environment (PLACE) took place between 28th February and 2nd June 2017 on all of the Trust in-patient sites.

All of the assessments were self-assessments with an external validator being used for five sites – St Helens, St Monica's, York, Selby and Bridlington. The external validators used were Ross Mitchell from Harrogate District Foundation Trust and Geoff Sweeney from County Durham and Darlington Foundation Trust.

Unfortunately we were unable to reciprocate to attend the assessments at County Durham and Darlington Foundation Trust.

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

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

3 Assessment Process

PLACE teams consisted of the mandatory 50% patient assessors and leads from Facilities and Matrons. Infection, Prevention and Control team did not take part in this year's assessments.

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

4 Results

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

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

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

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

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

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

The calculation used to produce the National Average is:

$$\frac{\text{The sum of [Each site's score (points) multiplied by the number of beds in that site]}}{\text{The total number of beds in all assessed sites}}$$

5 National Results

The number of assessments undertaken was 1,230 compared to 1,291 in 2016.

This table details the national highest, lowest scores and national average across the five domains.

DOMAINS	HIGHEST SCORE	LOWEST SCORE	NATIONAL AVERAGE SCORE
Cleanliness	100%	74%	98.4%
Condition, Appearance and Maintenance	100%	65.7%	94%
Privacy, Dignity and Wellbeing	100%	51%	83.7%
Organisational Food	100%	52.6%	88.8%
Ward Food	100%	47.3%	90.2%
Dementia	100%	39.8%	76.7%
Disability	100%	52.6%	82.6%

The national average for cleanliness in 2017 was 0.3% higher than in 2016.

The national average for Organisational Food in 2017 was 1.8% higher than in 2016.

The national average for Ward Food in 2017 was 0.5% higher than in 2016.

The national average for Condition, Appearance & Maintenance in 2017 was 0.6% higher than in 2016.

The national average for Privacy, Dignity & Wellbeing in 2017 was 0.5% lower than in 2016.

The national average for Dementia in 2017 was 1.4% higher than in 2016.

The national average for Disability in 2017 was 3.8% higher than in 2016.

All domains have improved nationally except for Privacy, Dignity and Wellbeing.

6 Regional Comparisons

The table below details the comparisons across the five domains for the Commissioning Regions.

Region	Cleanliness	Condition, Appearance & Maintenance	Privacy, Dignity & Wellbeing	Food & Hydration	Dementia	Disability
North of England Commissioning Region	98.6%	94.9%	84.9%	89.6%	76.7%	83.3%
South of England Commissioning Region	98.4%	93.5%	83.3%	89.7%	77.9%	83.2%
Midlands and East of England Commissioning Region	98.2%	93.5%	83.5%	89.6%	75.6%	82.9%
London Commissioning Region	98.2%	93.8%	82.3%	90%	76.9%	79.7%

7 York Teaching Hospital NHS Foundation Trust Results

The table below details the final results (%) for York Trust organisation scores against the national averages.

	Cleanliness	CAM	PDW	Food	Org Food	Ward Food	Dementia	Disability
National Average Score (%)*	98.36% ↑	94.02% ↑	83.68% ↓	89.68% ↑	88.80% ↑	90.19% ↑	76.71% ↑	82.56% ↑
York Trust (%)	**98.15% ↓**	**93.32% ↓**	**77.79 ↓**	**80.45% ↓**	**81.04% ↓**	**80.26% ↓**	**60.19% ↓**	**68.45% ↓**

*shows if higher or lower than 2016 scores

Cleanliness

7 sites scored above the national average. Scarborough's score was 1.83% below.

Condition, Maintenance & Appearance

Scores across 5 of our sites are above the national average. Overall we are just below the national average score which is pleasing given the age and variety of our estate.

Food & Hydration

Scores have fallen from 2016 however this is due to the perception of the assessment team on the day. There are a combination of areas within the ward food section, e.g. food taste, protected mealtimes not observed, availability of allergen information.

Privacy, Dignity & Wellbeing

Privacy, dignity and wellbeing scores are again down nationally. Locally we are making improvements as and when opportunities arise. Scores in this domain are highly influenced by the form of the built environment.

Dementia

This is the third year that this domain has been assessed. Capital developments include dementia awareness and there is further work in relation to signage, clocks, etc that are being addressed. It is anticipated that this score will increase gradually over the coming years.

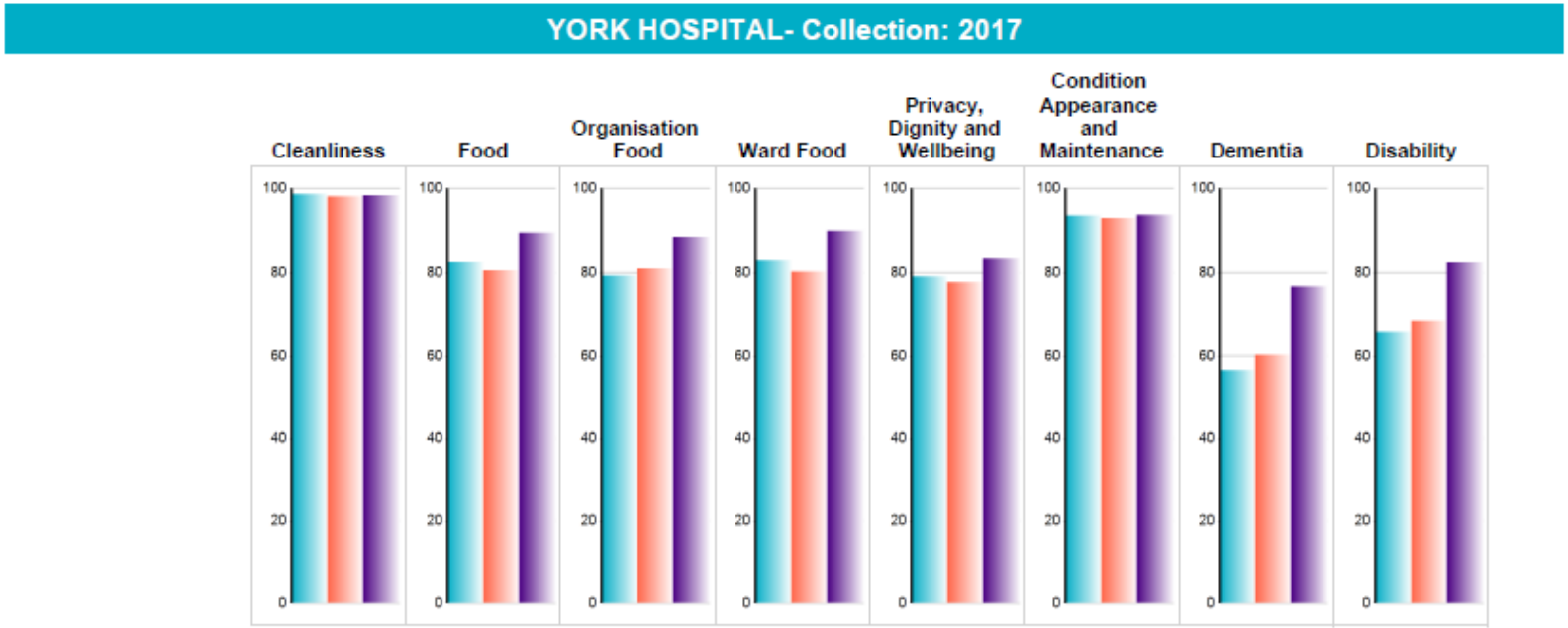
Disability

The disability domain was new to the 2016 assessment and does not constitute the full range of issues but focuses on a limited range with strong building/environment related aspects. Sites scoring above the national average are Selby and St Monica's.

	Cleanliness	CAM	PDW	Food	Org Food	Ward Food	Dementia	Disability
National Average	**98.36%**	**94.02%**	**83.68%**	**89.68%**	**88.80%**	**90.19%**	**76.71%**	**82.56%**
York	98.56% ↑	93.88% ↓	79.08% ↓	82.63% ↓	79.36% ↓	83.16% ↓	56.26% ↓	65.73% ↓
Scarborough	96.53% ↓	90.60% ↓	75.88% ↓	75.68% ↓	84.46% ↓	73.26% ↓	61.57% ↓	68.20% ↓
Bridlington	99.06% ↑	95.21% ↑	70.17% ↓	75.30% ↓	79.48% ↓	73.63% ↓	66.52% ↓	74.28% ↓
Malton	99.83% ↑	93.59% ↓	90% ↑	79.31% ↓	81.63% ↓	77.30% ↓	70.66% ↓	75.74% ↓
Selby	100% ↑	99.53% ↑	92.50% ↑	87.53% ↓	79.68% ↓	93.52% ↑	93.52% ↑	87.75% ↑
St Helen's	98.93% ↑	94.07% ↑	72.44% ↓	87.42% ↓	80.12% ↓	94.66% ↑	69.65% ↓	76.10% ↓
St Monica's	100% ↑	99.35% ↑	80.95% ↓	93.39% ↑	86.55% ↓	98.42% ↑	82.07% ↑	86.53% ↑
Whitecross Court	100% ↑	97.81% ↑	74.36% ↓	89.74% ↑	85.02% ↓	93.58% ↑	73.44% ↓	80.01% ↓

8 Individual Site Results

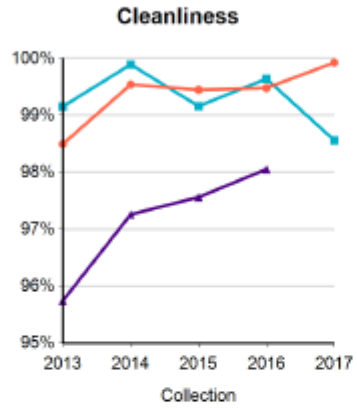
York Hospital

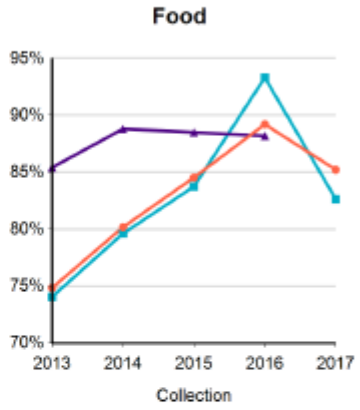


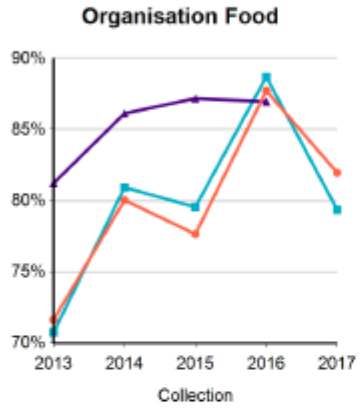
	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	4037.0000	691.6803	92.5250	599.1553	449.1665	1671.0000	475.3571	444.6008
Available Score (Actual)	4096.0000	837.0752	116.5880	720.4872	568.0000	1780.0000	844.8571	676.3697
Site Score	98.56%	82.63%	79.36%	83.16%	79.08%	93.88%	56.26%	65.73%
Organisation Average	98.15%	80.45%	81.04%	80.26%	77.79%	93.32%	60.19%	68.45%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

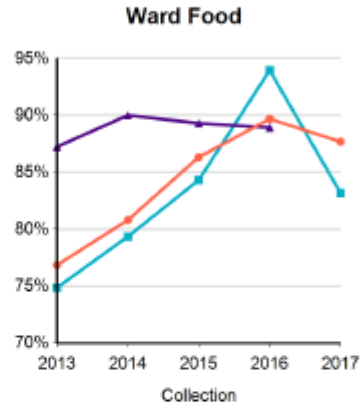
YORK HOSPITAL

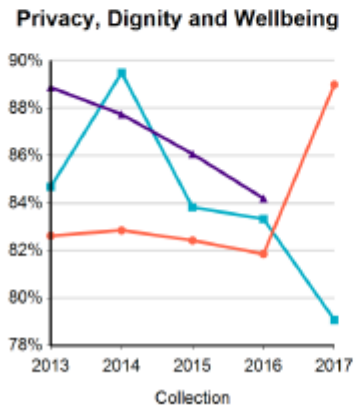
Site Scores Organisation Average National Average

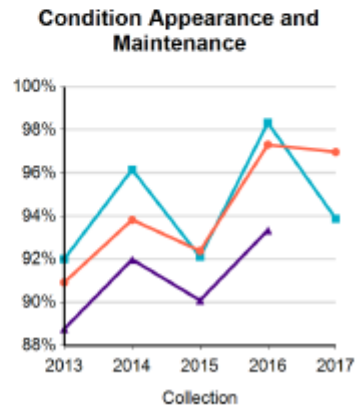


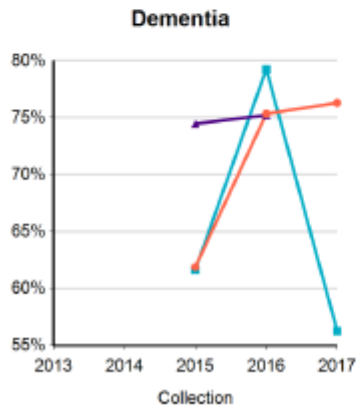


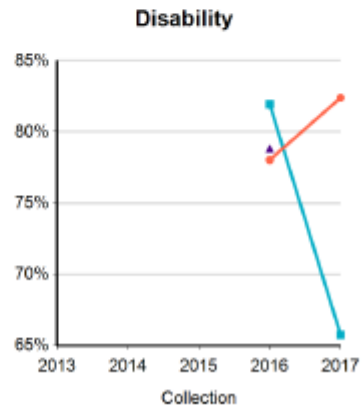




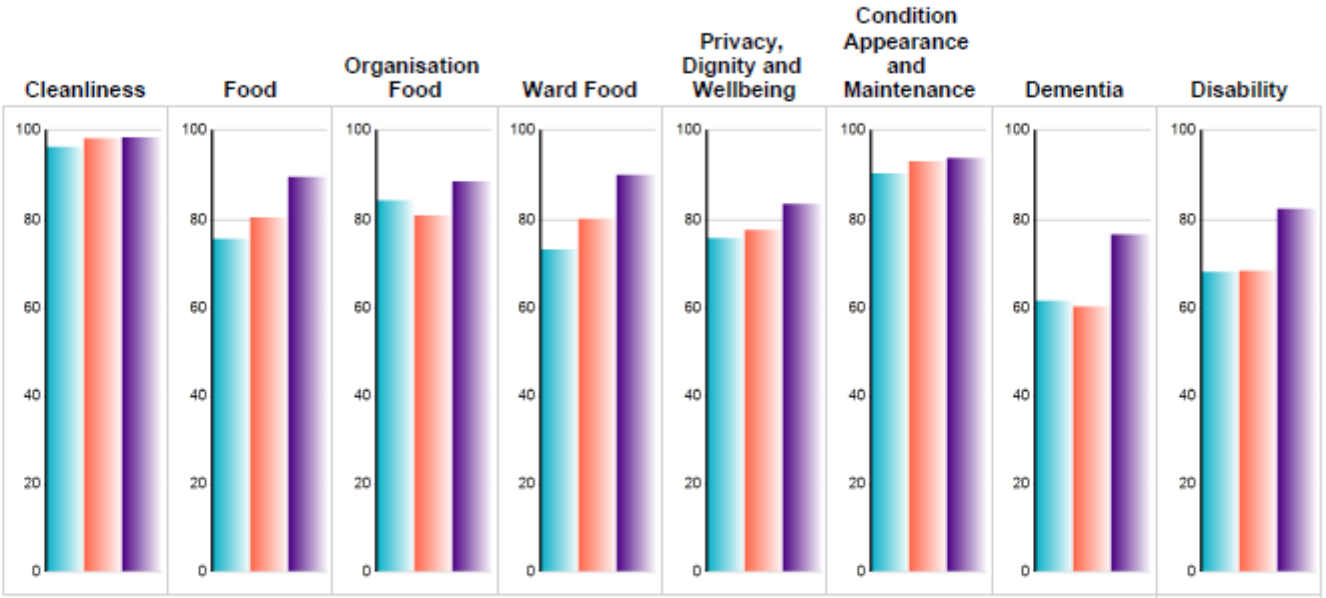








SCARBOROUGH HOSPITAL- Collection: 2017

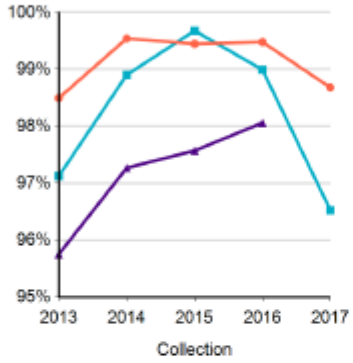


	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	2890.0000	394.4367	95.2813	299.1554	332.3331	1455.0000	503.0756	412.3193
Available Score (Actual)	2994.0000	521.1594	112.8065	408.3529	438.0000	1606.0000	817.0756	604.5882
Site Score	96.53%	75.68%	84.46%	73.26%	75.88%	90.60%	61.57%	68.20%
Organisation Average	98.15%	80.45%	81.04%	80.26%	77.79%	93.32%	60.19%	68.45%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

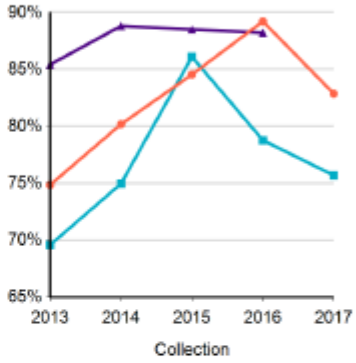
SCARBOROUGH HOSPITAL

Site Scores Organisation Average National Average

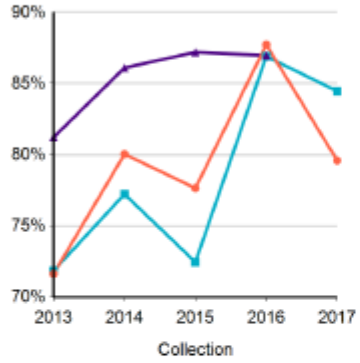
Cleanliness



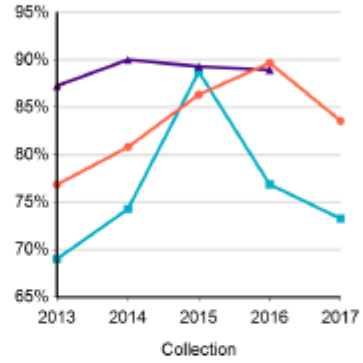
Food



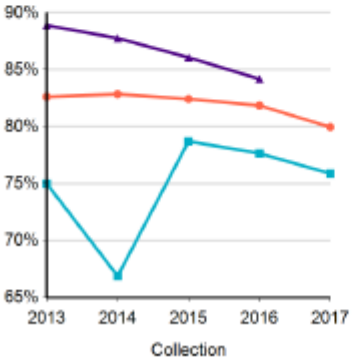
Organisation Food



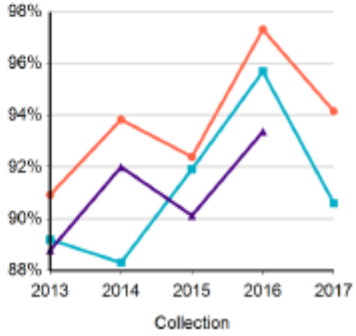
Ward Food



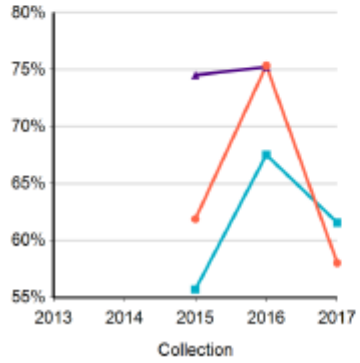
Privacy, Dignity and Wellbeing



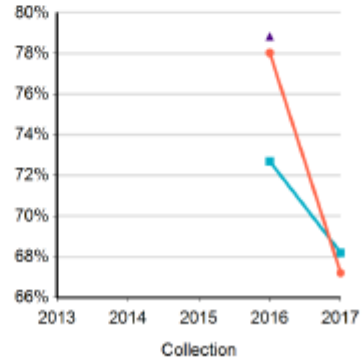
Condition Appearance and Maintenance



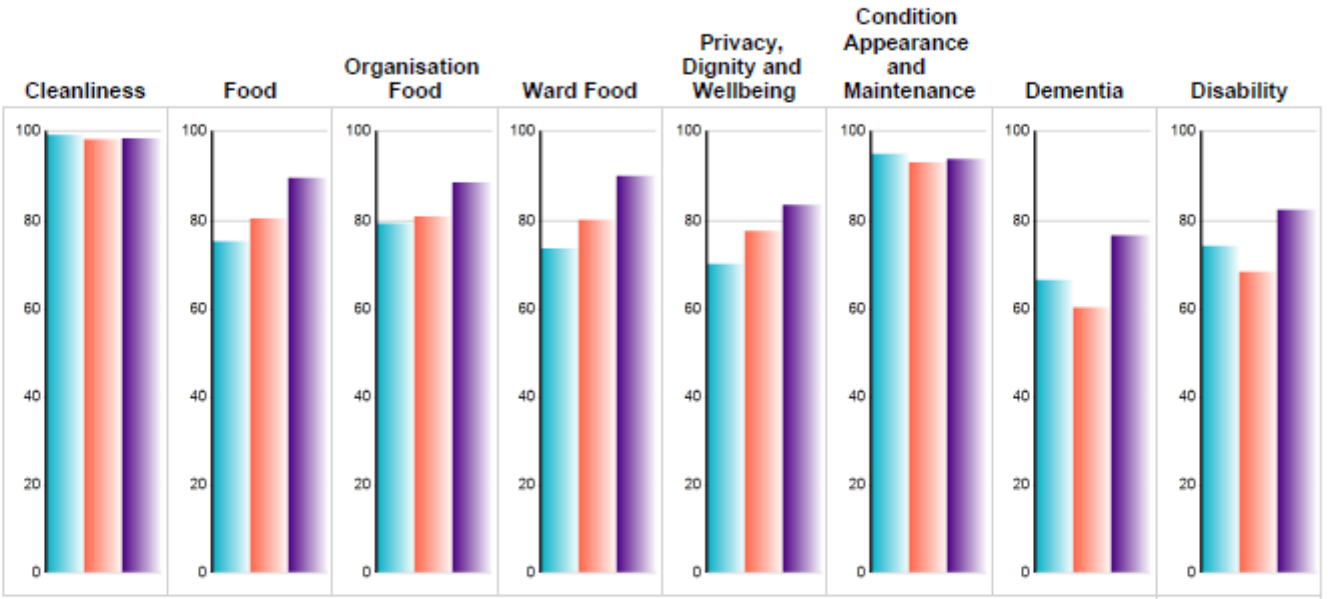
Dementia



Disability



BRIDLINGTON HOSPITAL- Collection: 2017

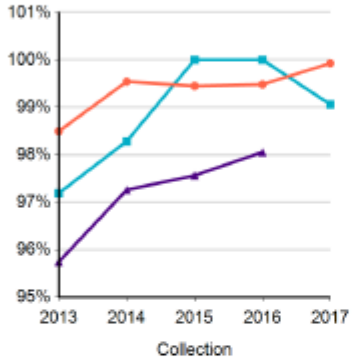


	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	1684.0000	307.3990	92.6595	214.7395	167.0000	775.0000	327.8571	263.2100
Available Score (Actual)	1700.0000	408.2518	116.5880	291.6638	238.0000	814.0000	492.8571	354.3697
Site Score	99.06%	75.30%	79.48%	73.63%	70.17%	95.21%	66.52%	74.28%
Organisation Average	98.15%	80.45%	81.04%	80.26%	77.79%	93.32%	60.19%	68.45%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

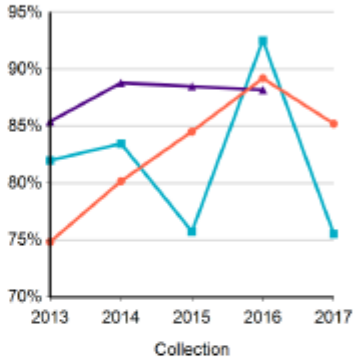
BRIDLINGTON HOSPITAL

Site Scores Organisation Average National Average

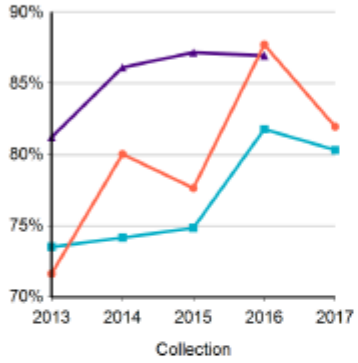
Cleanliness



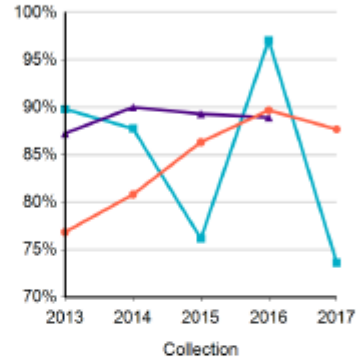
Food



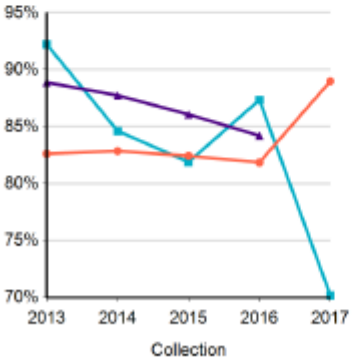
Organisation Food



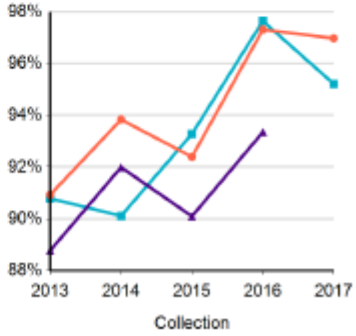
Ward Food



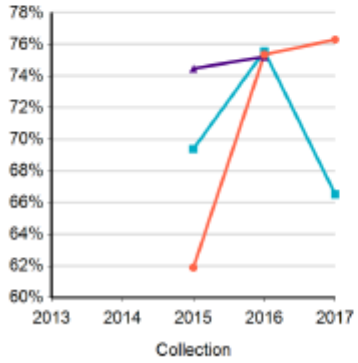
Privacy, Dignity and Wellbeing



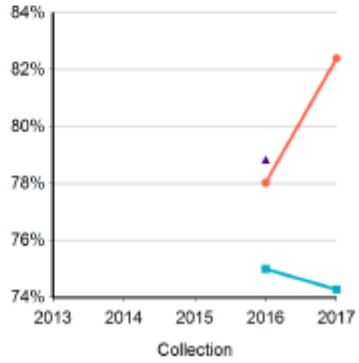
Condition Appearance and Maintenance



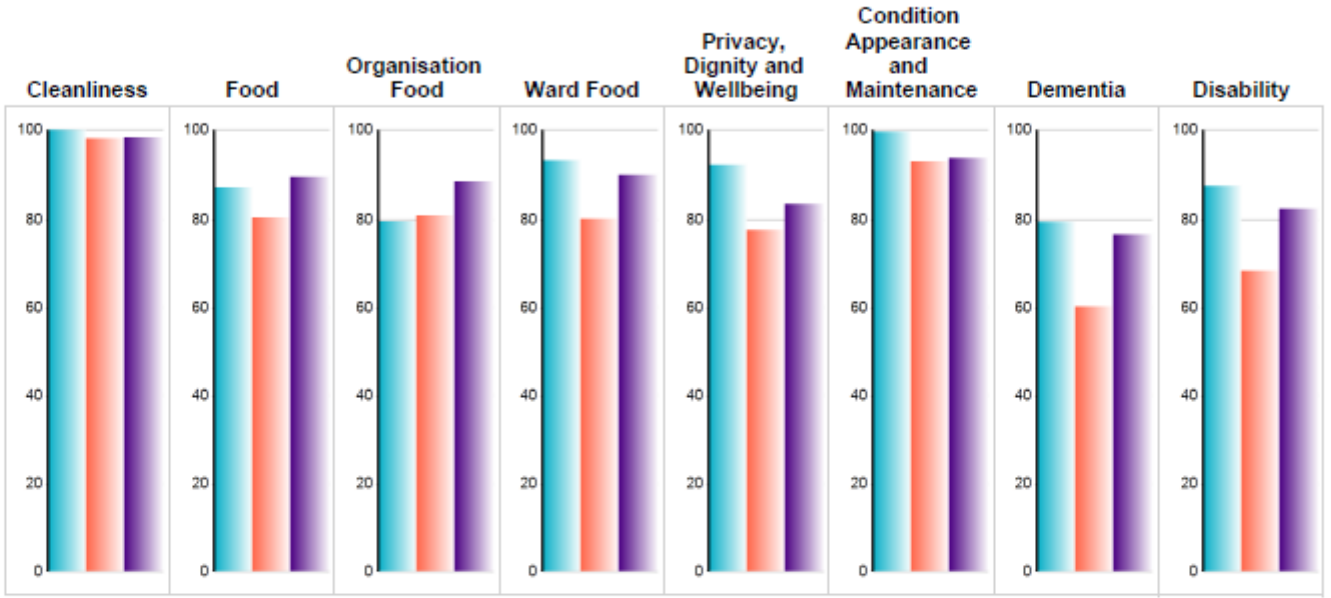
Dementia



Disability



THE NEW SELBY WAR MEMORIAL HOSPITAL- Collection: 2017

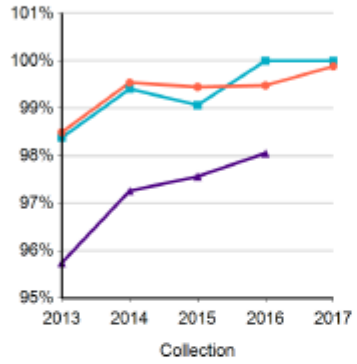


	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	796.0000	228.4452	92.8948	135.5504	111.0000	428.0000	250.3571	219.7100
Available Score (Actual)	796.0000	261.5291	116.5880	144.9411	120.0000	430.0000	314.8571	250.3697
Site Score	100.00%	87.35%	79.68%	93.52%	92.50%	99.53%	79.51%	87.75%
Organisation Average	98.15%	80.45%	81.04%	80.26%	77.79%	93.32%	60.19%	68.45%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

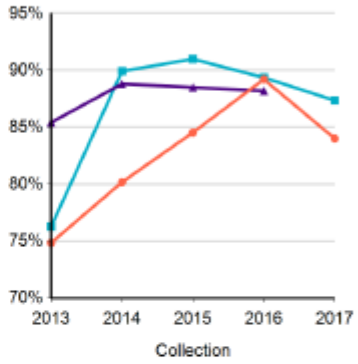
THE NEW SELBY WAR MEMORIAL HOSPITAL

Site Scores Organisation Average National Average

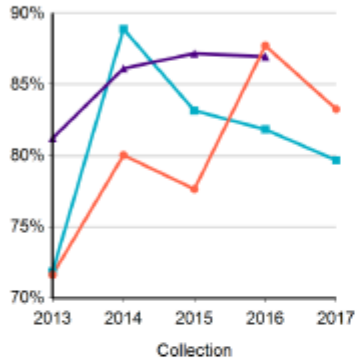
Cleanliness



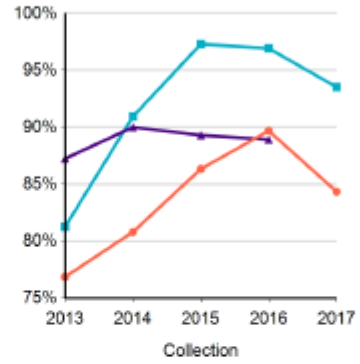
Food



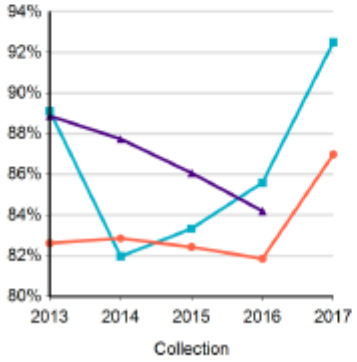
Organisation Food



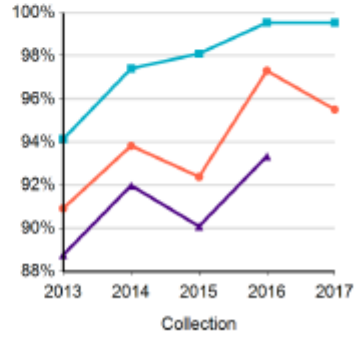
Ward Food



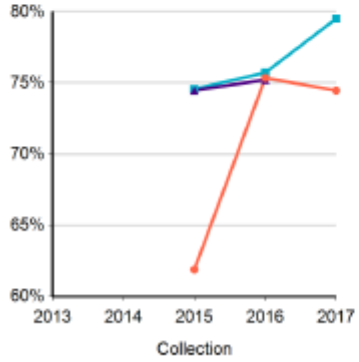
Privacy, Dignity and Wellbeing



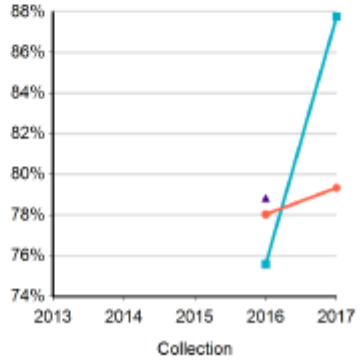
Condition Appearance and Maintenance



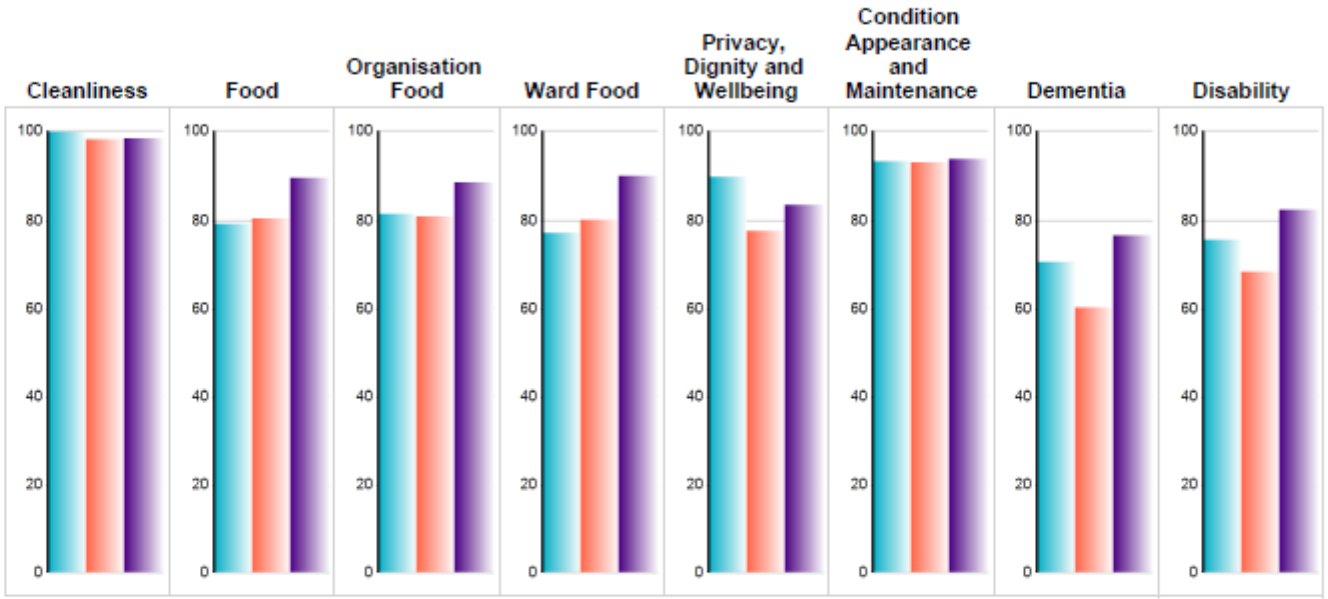
Dementia



Disability



MALTON AND NORTON HOSPITAL- Collection: 2017

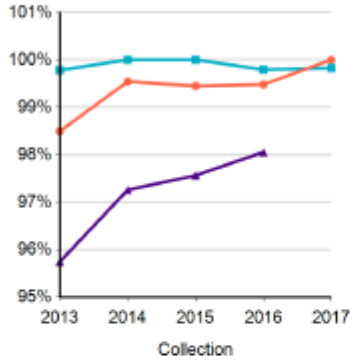


	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	1148.0000	199.6511	95.1721	104.4790	144.0000	569.0000	273.3571	238.1134
Available Score (Actual)	1150.0000	251.7476	116.5880	135.1596	160.0000	608.0000	386.8571	314.3697
Site Score	99.83%	79.31%	81.63%	77.30%	90.00%	93.59%	70.66%	75.74%
Organisation Average	98.15%	80.45%	81.04%	80.26%	77.79%	93.32%	60.19%	68.45%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

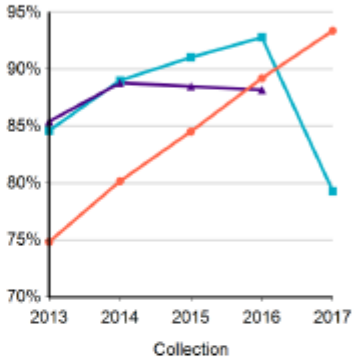
MALTON AND NORTON HOSPITAL

Site Scores Organisation Average National Average

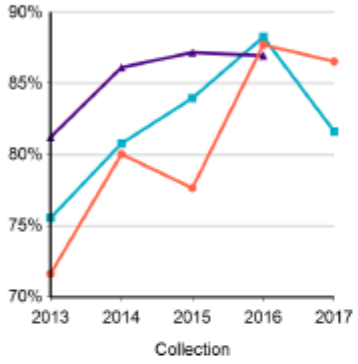
Cleanliness



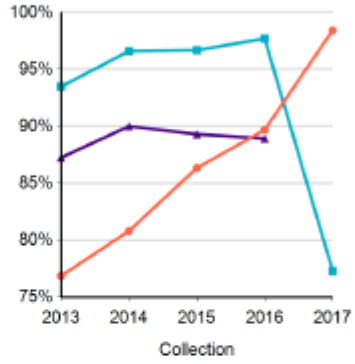
Food



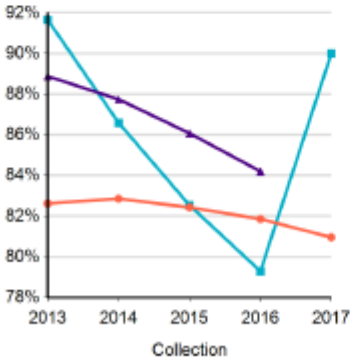
Organisation Food



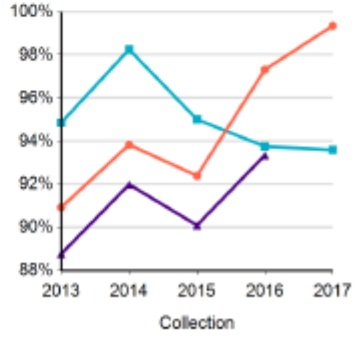
Ward Food



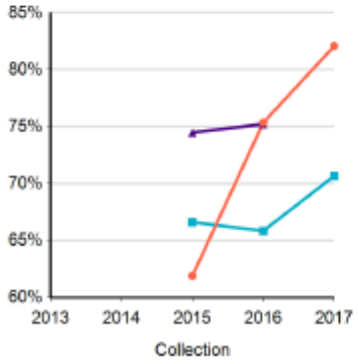
Privacy, Dignity and Wellbeing



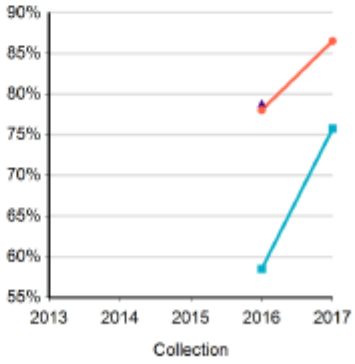
Condition Appearance and Maintenance



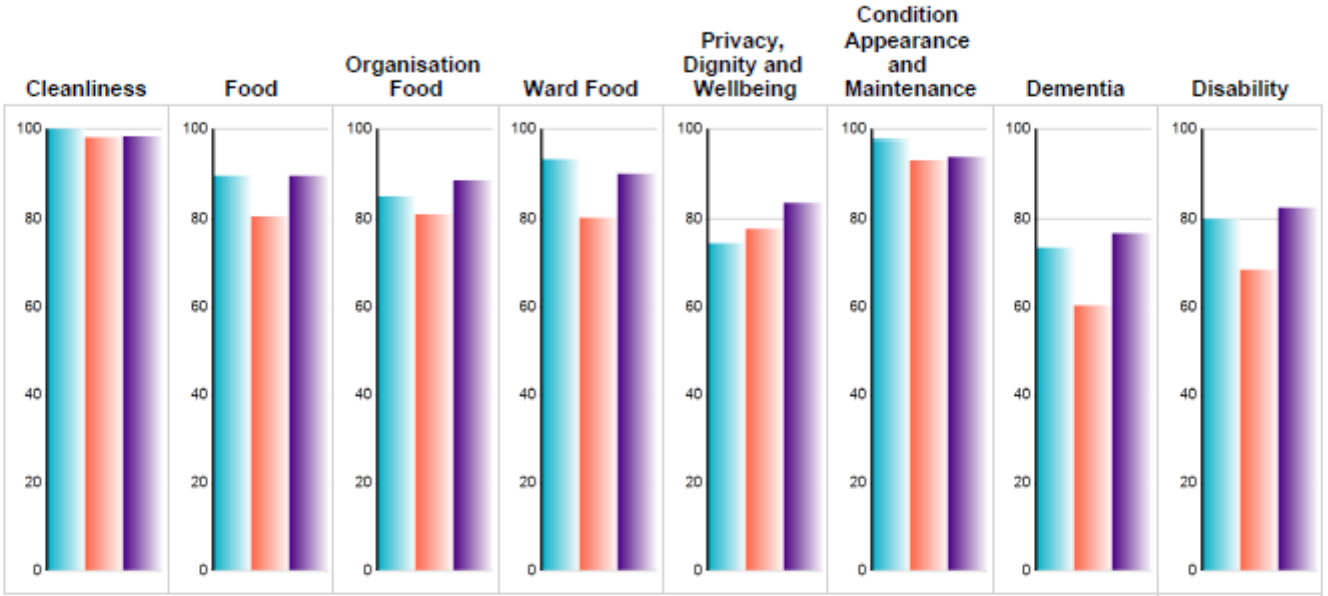
Dementia



Disability



WHITECROSS COURT- Collection: 2017

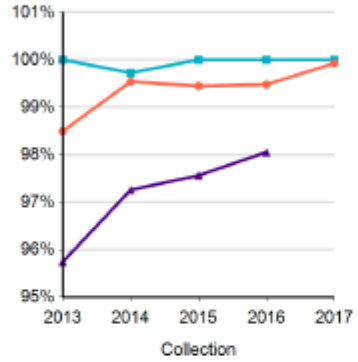


	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	560.0000	232.8947	99.1258	133.7689	58.0000	268.0000	131.3571	118.7100
Available Score (Actual)	560.0000	259.5291	116.5880	142.9411	78.0000	274.0000	178.8571	148.3697
Site Score	100.00%	89.74%	85.02%	93.58%	74.36%	97.81%	73.44%	80.01%
Organisation Average	98.15%	80.45%	81.04%	80.26%	77.79%	93.32%	60.19%	68.45%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

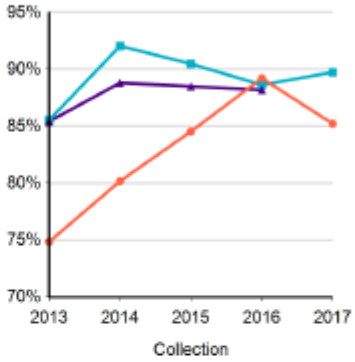
WHITECROSS COURT

Site Scores Organisation Average National Average

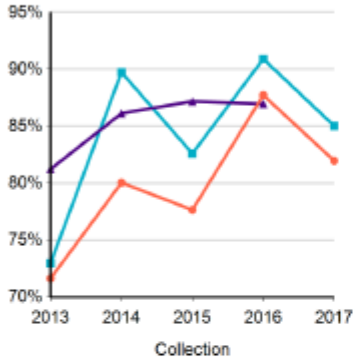
Cleanliness



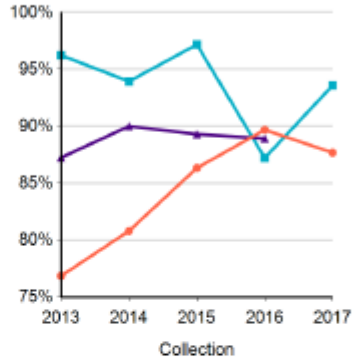
Food



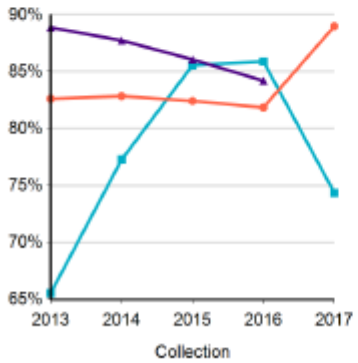
Organisation Food



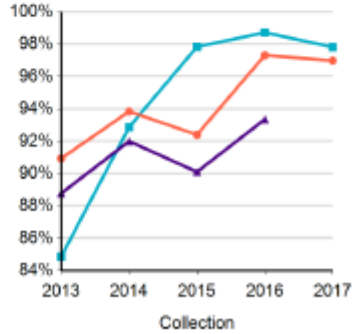
Ward Food



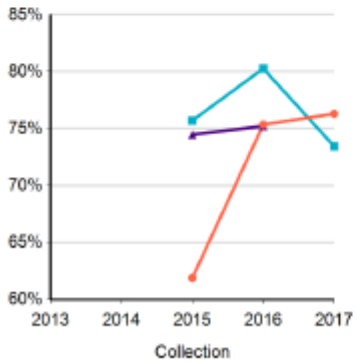
Privacy, Dignity and Wellbeing



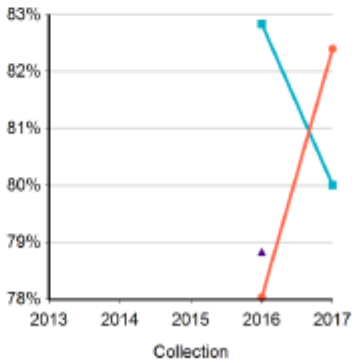
Condition Appearance and Maintenance



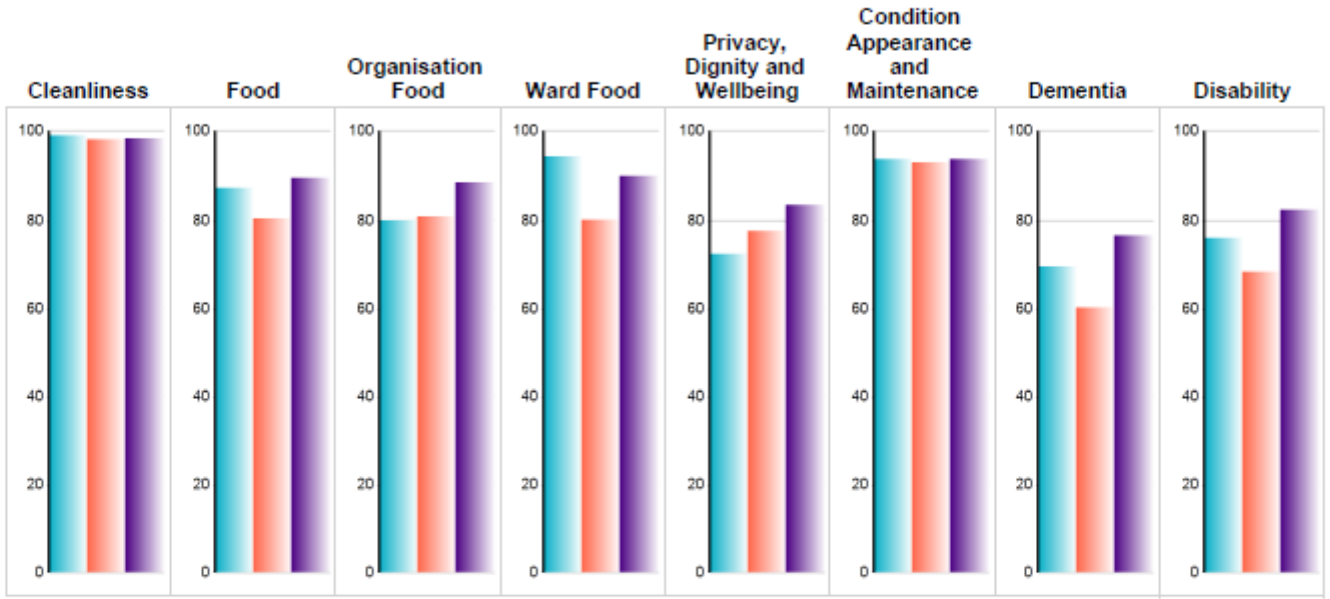
Dementia



Disability



ST HELEN'S- Collection: 2017

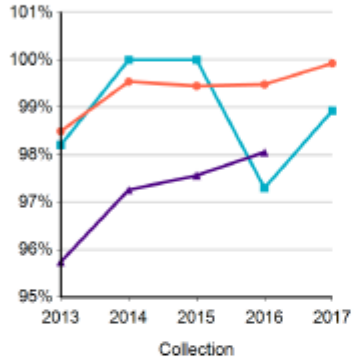


	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	554.0000	204.7225	93.4074	111.3151	56.5000	222.0000	127.3571	115.9537
Available Score (Actual)	560.0000	234.1846	116.5880	117.5966	78.0000	236.0000	182.8571	152.3697
Site Score	98.93%	87.42%	80.12%	94.66%	72.44%	94.07%	69.65%	76.10%
Organisation Average	98.15%	80.45%	81.04%	80.26%	77.79%	93.32%	60.19%	68.45%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

ST HELEN'S

Site Scores Organisation Average National Average

Cleanliness



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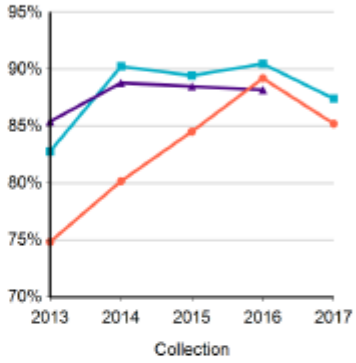
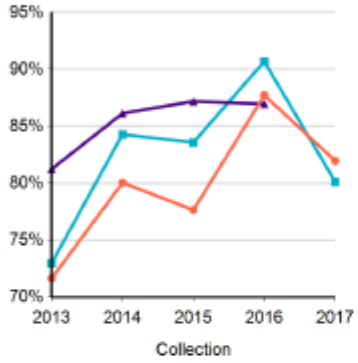
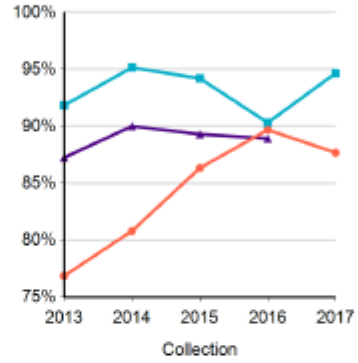


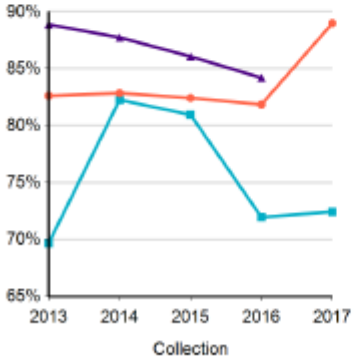
Organisation Food



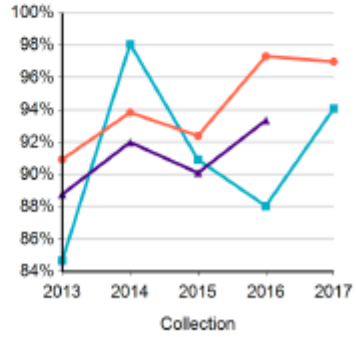
Ward Food



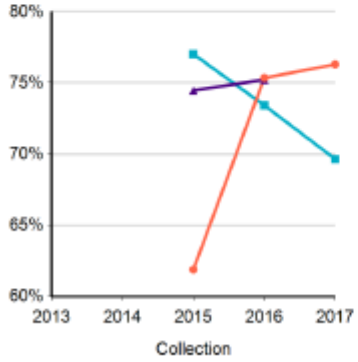
Privacy, Dignity and Wellbeing



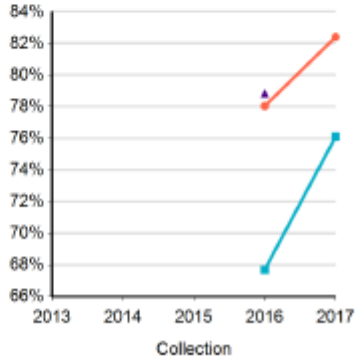
Condition Appearance and Maintenance



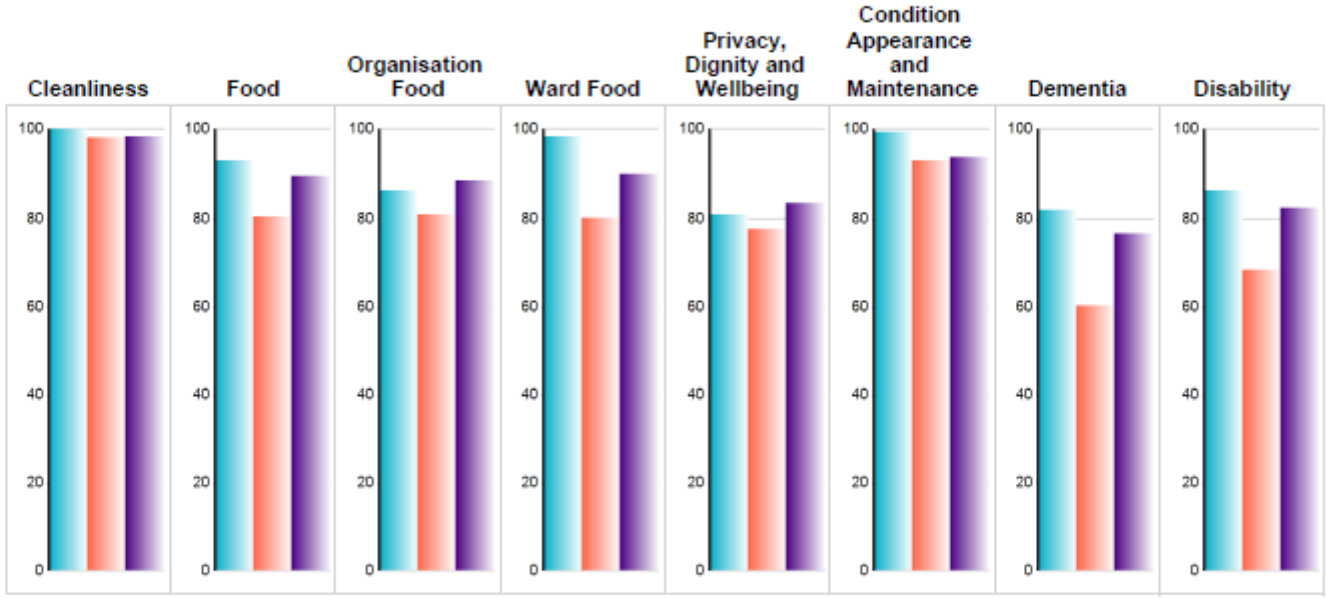
Dementia



Disability



ST MONICAS HOSPITAL- Collection: 2017

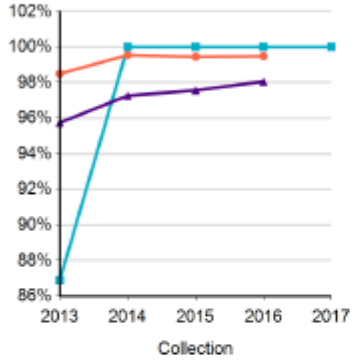


	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	560.0000	256.9115	100.9073	156.0042	68.0000	304.0000	153.3571	121.4663
Available Score (Actual)	560.0000	275.0922	116.5880	158.5042	84.0000	306.0000	186.8571	140.3697
Site Score	100.00%	93.39%	86.55%	98.42%	80.95%	99.35%	82.07%	86.53%
Organisation Average	98.15%	80.45%	81.04%	80.26%	77.79%	93.32%	60.19%	68.45%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

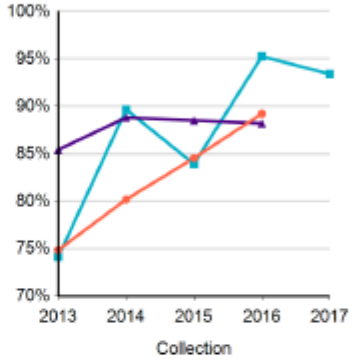
ST MONICAS HOSPITAL

Site Scores Organisation Average National Average

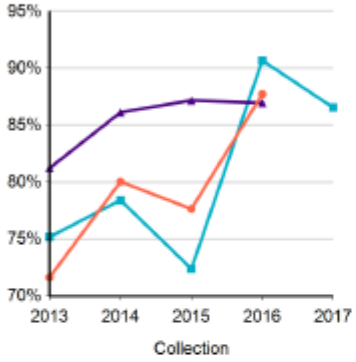
Cleanliness



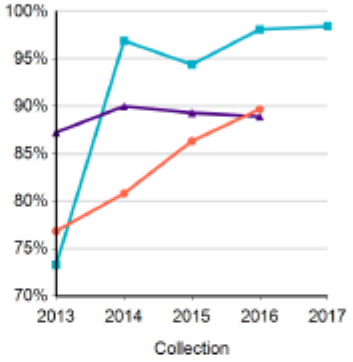
Food



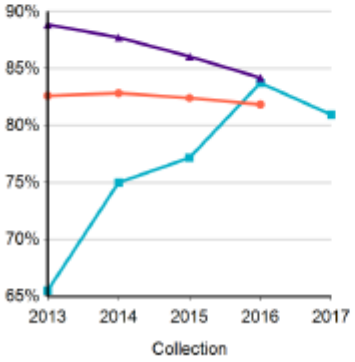
Organisation Food



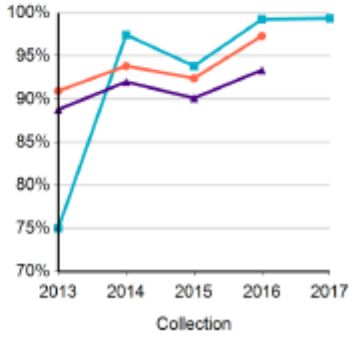
Ward Food



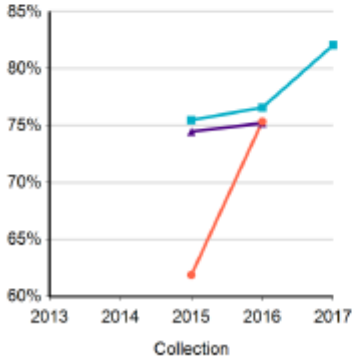
Privacy, Dignity and Wellbeing



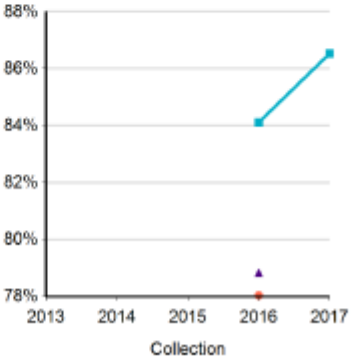
Condition Appearance and Maintenance



Dementia



Disability



9 Public Access to results

The public are able to view York Teaching Hospital Trust's 2017 PLACE results through NHS Digital's website.

10 Action Plans

A total of 72 action plans were completed which were circulated to the individual wards and departments within 10 days of the assessments taking place. These will be tracked on a monthly basis by Facilities until all possible actions are closed out. PLACE leads will take assurances that action plans are being completed and that the environment is being monitored by conducting informal site visits on a quarterly basis.

11 Feedback for Patient Assessors and Governors

The patient assessors and governors are to be invited to attend training and feedback sessions during November 2017 which will be facilitated by Dave Biggins and Carol Pack from Health Watch York. This will allow the 2017 assessment process, scores and action plans to be discussed and identify how any improvements can be made for the annual 2018 assessments and to review progress of the action plans. The training element will ensure all assessors are looking at the same elements to bring consistency to the assessments and improve the scores.

The future numbers of Patient Assessors and Governors will need to be maintained and reviewed. The Head of EME & E&F Compliance will continue to work with the Patient Experience Team to ensure adequate numbers are available for the 2017 assessment period and that adequate training is delivered.

The Head of EME & E&F Compliance will continue to work closely with local Trusts to agree reciprocal arrangements for Peer Review/External Validation.

Environment & Estates Committee- 4th October 2017

NHS PLACE Assessment 2017

Action requested/recommendation

The Environment & Estate committee consider this report which provides a position statement on York NHS Teaching Hospitals Foundation Trust current compliance against NHS Patient Led Assessment of the Care Environment (PLACE) Assessment 2017.

Summary

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

Implications for equality and diversity

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

Reference to CQC outcomes

Health & Social Care Act 2008 (Regulated Activities) Regulations 2014;

Progress of report	Director & Head of Estates & Facilities
Risk	Low to Medium
Resource implications	Some Resource requirements
Owner	Brian Golding, Director of Estates & Facilities

Author	David Biggins, Head of Estates & Facilities Compliance
Date of paper	20th September 2017
Version number	**1.0**

Environment & Estate Committee

Patient Led Assessment of the Care Environment (PLACE) Report 2017

1. Introduction and background

The PLACE Assessment process is a national mandatory assessment of the care environment that seeks to examine through assessment, cleanliness, food, condition and appearance, and dementia and disability and access strategies and operational arrangements within our care environment.

This year`s annual PLACE Assessments were undertaken between 28th February and 2nd June at all Trust sites with inpatient facilities this was in line with the national timetable stated by the Department of Health.

The PLACE assessment teams were made of Patient assessors, Estates & Facilities staff, Matrons and Health watch and Governor representation.

The attached report seeks to describe the findings and results of the 2017 PLACE Assessments, make comparisons against national average data for the same year and identify opportunities for improvement over the next 12 month cycle until reassessment.

2.

Summary of Findings of PLACE Assessment

The attached report provides details of site results and performance against the key domains, this summary provides an overview of the report content.

Generally our assessment for this year shows we are not demonstrating a standard that is consistent with the national average of PLACE Results in all of the domains with the exception of cleanliness where the Trust broadly meets the national average and at some sites exceeds the national average in relation to cleanliness.

The Trusts PLACE Positon on ward food and food service, condition and appearance of our environment and arrangements for privacy, dignity and well-being, accessibility and dementia are generally inconsistent across the sites with a high proportion of Community sites scoring above the national average on ward food but main acute sites and Malton CH. scoring below this average.

Summary of Findings

The organisation scored below the national average on many elements within Food domain these were in the main not around the quality or choice of the food served but around some logistical elements of the key nutritional elements of patient care.

Elements such as not having space in some cases to service patient food away from the bed area, menus that are not easy to understand and are not available in other languages, lack of protected meal times on occasions and food courses not being served separately were all noted.

The condition and appearance element of the assessment provides an opportunity for assessment teams to make visually inspect both internal and external fabric and buildings on our sites and again generally the community sites exceeded the national average score in this area with York, Scarborough and Malton not meeting the national average.

As part of the assessment team involved in this domain assessment in my opinion the assessments can at times be quite subjective and this leads to inconsistent scoring at some points.

The attached report gives details of exceptions noted during the PLACE assessments and in terms of condition and appearance, issues such as grounds maintenance, standard and quality of internal and external signage and car parking markings, poor condition of some doors and ceiling tiles at the Bridlington site and signage, hand rails some areas, decoration in some communal and clinical areas and general tidiness in some areas at the Scarborough site.

The York site scored less than 1% under the national average for condition and appearance and again the availability of hand rails in corridors, (also an access issue) and general tidiness and storage in some ward areas were noted during the assessments.

The Privacy, Dignity and wellbeing, Dementia and Disability and access elements of the assessment showed disappointing results with all the acute sites scoring below the national average in all three domains the type of observations made in these areas across the acute sites were issues with:

- Use of clear Dementia friendly signage at all sites
- General signage and wayfinding at Scarborough, Malton and Bridlington sites
- Lack of hearing loops at all sites
- Family/Overnight stay accommodation at Bridlington site
- Disabled toilet access on inpatient wards at all sites
- Curtains around bed spaces that do not afford privacy

All exceptions found during the assessments are noted in the attached report.

3. Conclusions

60% of the opportunities to meet the national average against PLACE Assessment have been missed this year however this must be put into context in that the assessment was found to be a subjective process on occasion and is a one off snapshot look at an environment which can vary on a day to day basis. These factors coupled with the very recent management re-structure in the Estates & Facilities Directorate and the challenges the organisation faces a s a whole in the recruitment and retention of staff to maintain our environment I believe have led us to the position we are in.

It is worth noting that already Estates & Facilities Directorate teams are working on plans and actions to improve our position this includes a review of signage at Bridlington and

Scarborough sites, regular site walk rounds planned by the Senior Management team and regular site Facilities group meetings at which local improvement plans associated with PLACE will be presented.

4. Recommendations

1. This report is noted and local improvement plans for any exceptions against PLACE Assessment 2017 are regularly monitored for progress by Estates & Facilities Management Teams.
2. An Internal project to improve signage, wayfinding and access arrangements is undertaken within the Estates & Facilities Team.
3. All exceptions (attached at appendix 1) are planned to be addressed via the PLACE Local improvement plan within the next 12 months.
4. Trust PLACE Lead fosters stronger links and training with Patient Assessment teams including Health watch and Governors to ensure that a consistent approach to PLACE Assessment is taken.
5. Trust PLACE Leads undertake validation exercises against PLACE 2017 Results.

5. References and further reading

Author	**David Biggins, Head of Medical Engineering & EFM Compliance**
Owner	**Brian Golding, Director of Estates & Facilities**
Date	**21st September 2017**

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NHS

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 November 2017
Workforce Report – November 2017

Recommendation

For information	☒
For discussion	☒
For assurance	☐
For approval	☐
A regulatory requirement	☐

Current approval route of report

No approval route prior to Board; the report is shared with the Workforce and Organisational Development Committee for information.

Purpose of report

This report provides an overview of work being undertaken to address workforce challenges, and key workforce metrics (data up to October 2017).

Key points for discussion

- The monthly sickness absence rate in October was 4.47%, a decrease from 4.70% in September but significantly higher than in the same month of the previous year
- The Trust's cumulative annual sickness absence rate has therefore slightly increased to 4.49%
- Demand for temporary nursing staff equated to 399 FTE in October; and 85 FTE for temporary medical staff. The 59% of shifts filled by the internal nurse bank is the highest fill rate since the nurse bank was brought in-house
- The Trust has made significant progress on a number of recruitment campaigns, including through a series of successful nurse recruitment events
- An update is provided on the 2017/18 Flu Campaign.

Trust Ambitions and Board Assurance Framework (https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

☐ **Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.

☒ **Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
☒ **People and Capability** - The quality of our services is wholly dependent on our teams of staff.
☐ **Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

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

Version number: 1

Author: Polly McMeekin, Deputy Director of Workforce

Executive sponsor: Patrick Crowley, Chief Executive

Date: November 2017

1. Introduction and Background

November's Workforce Report details a number of key workforce metrics, with commentary around: the Trust's current sickness absence levels; progress on key recruitment campaigns; and the current levels of temporary staffing utilisation within the Trust. The Report also covers the progress of the Trust's 2017/18 'Flu Campaign after one month, and provides details of the recent Equality and Diversity (EDS 2) Event held within the Trust.

2. Detail of Report and Assurance

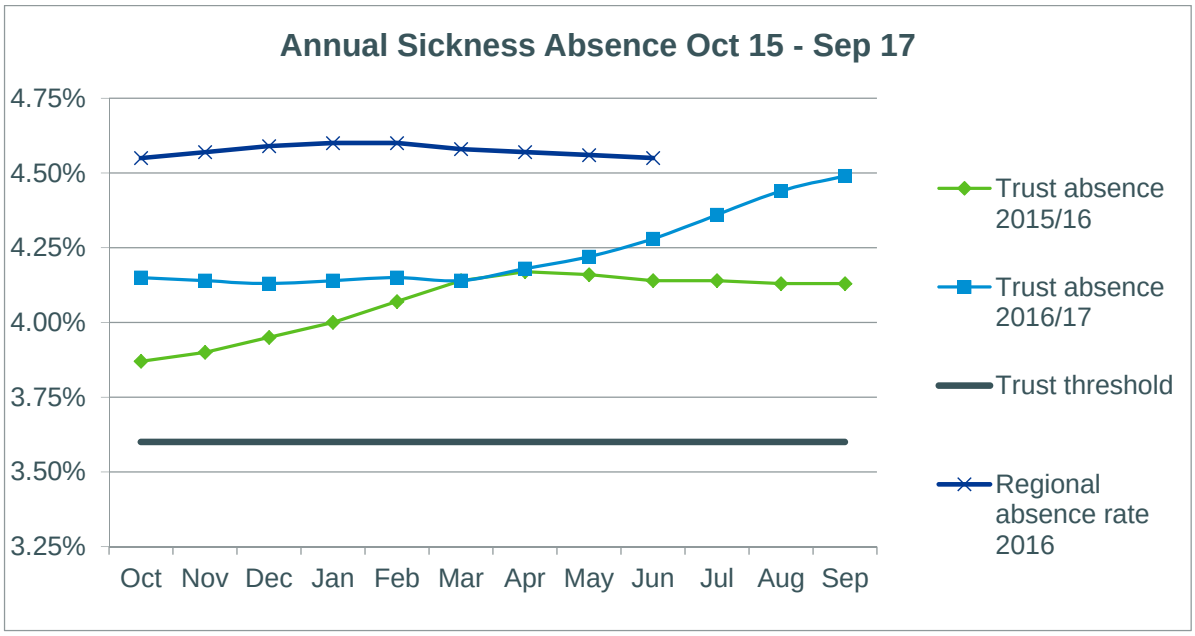
The work referred to in the Report forms part of regular discussions around workforce, including at Staff Side and Workforce and Organisational Development Committees. It is informed by a number of key performance indicators which underpin directorate-level workforce plans, and link to the Trust's overall Workforce Strategy.

2.1 Sickness Absence

Graph 1 compares the rolling 12 month absence rates to the Trust's locally agreed threshold and to the regional (Yorkshire and Humber) sickness absence rates. In September 2017 the Trust's cumulative annual absence rate was 4.49%. The Trust's annual absence rate has increased month on month since March.

Based on data available up to June 2017, the Trust's rate compares favourably with the regional average, although the gap between the two rates has narrowed since the start of the 2017/18 financial year. Regionally, cumulative absence rates have been relatively static over a nine-month period (October 2016 – June 2017). In the year to June 2017 the regional annual absence rate was 4.55%.

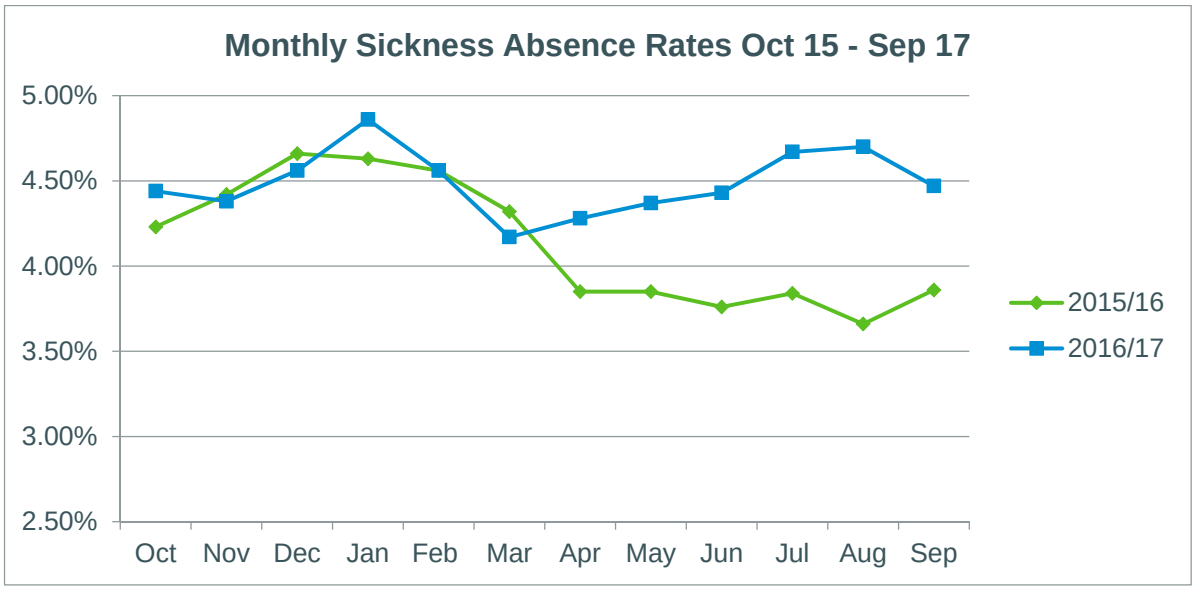
Graph 1 – Annual Sickness Absence Rates



Source: Electronic Staff Record and NHS Digital

Graph 2 shows the monthly absence rates from October 2015 to September 2017. The monthly absence rate of 4.47% in September 2017 was a decrease from the previous month's peak of 4.70% but still considerably higher than the sickness absence rate in the same month of the previous year (the absence rate in September 2016 was 3.86%). Sickness absence since April 2017 has been significantly higher than in the corresponding months in 2016 (which is also indicated in the increase in the cumulative annual absence figure over the same period).

Graph 2 – Monthly Sickness Absence Rates



Source: Electronic Staff Record

Sickness Absence Reasons

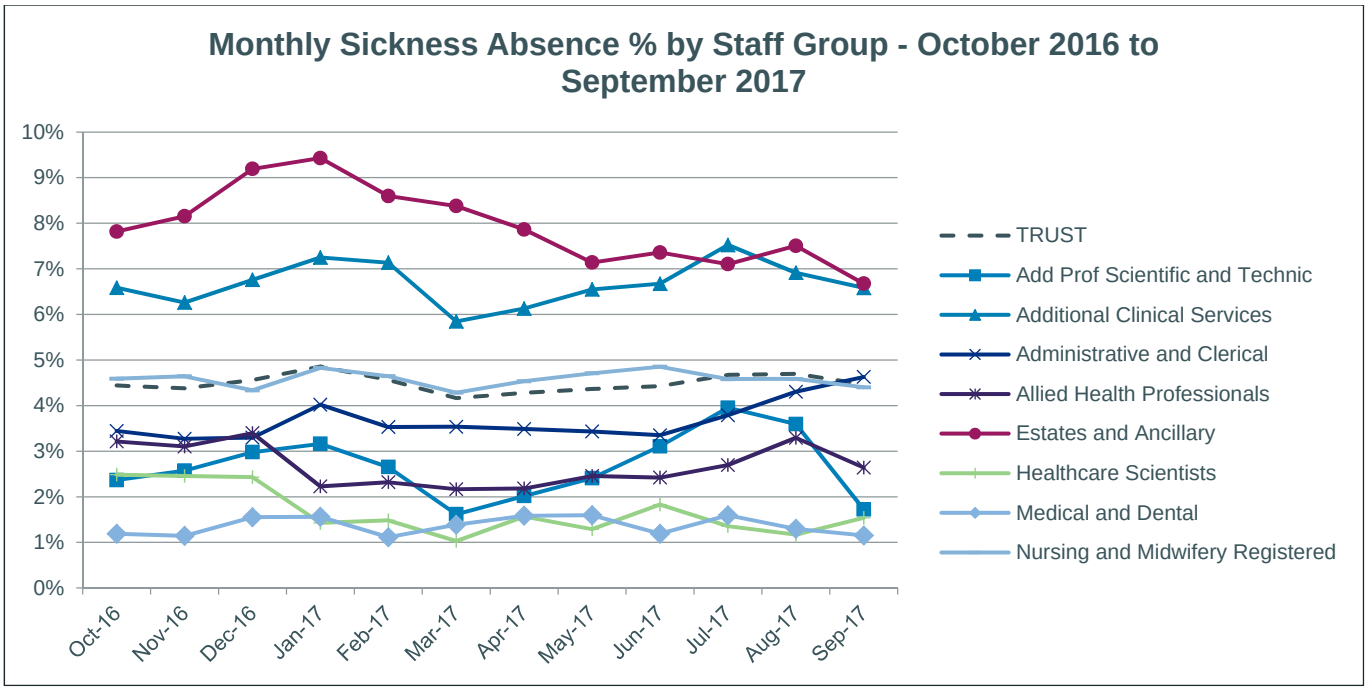
The top three reasons for sickness absence in the year ending September 2017 based on both days lost (as FTE) and numbers of episodes are shown in table 1 below:

Table 1 – Sickness Absence Reasons for September 2017

Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
Anxiety/stress/depression – 22.09% of all absence days lost	Gastrointestinal – 20.14% of all absence episodes
MSK problems, inc. Back problems – 18.00% of all absence days lost	Cold, cough, flu – 17.90% of all absence episodes
Gastrointestinal – 9.71% of all absence days lost	MSK problems, inc. Back problems – 14.24% of all absence episodes

The sickness reason of Anxiety / Stress / Depression remains the top sickness reason based on FTE days lost. By staff group, the Estates and Ancillary, Additional Clinical Services, have the highest sickness absence rates (as per graph 3).

Graph 3 – Month Sickness Absence % by Staff Group



Source: Electronic Staff Record

Following negotiations with Staff Side, the Trust has launched its new Sickness Absence Policy and Procedure – Supporting and managing the wellbeing of staff. The Policy champions a more proactive approach to sickness management, including the provision of more options at the 'Initial Attendance Support' (first) stage in the sickness management process to try and enable staff to maintain attendance at work. It is designed to cultivate an approach to sickness management which understands the needs of employees and enhances their wellbeing, while also managing absences in line with service requirements.

In partnership with Staff Side, the Human Resources Team are conducting a number of drop-in sessions in York and Scarborough to advise of changes to the Policy. Additionally, training for managers will be refreshed to take account of the new directions in the Policy.

2.2 Flu Campaign

The 2017/18 'Flu campaign launched in the week commencing 9 October, with weekday 'super clinics' taking place at York, Scarborough and Bridlington Hospitals. The sessions have been resourced by the Occupational Health and Wellbeing Service, as well as peer vaccinators from the Nurse Bank and a number of administrative assistants from departments across the Trust. Frontline health care staff have been sent a personal invitation to attend a session at any site, and there has already been an overwhelmingly positive response to the super clinics.

Of 6,848 frontline staff who are categorised as being involved in direct patient care, 3,150 had received their vaccination as at 7 November. This equates to 46% of this group, and leaves the Trust needing to deliver a further 3,968 vaccinations before the end of January 2018 to achieve the full 'Flu CQUIN target of 70% of frontline staff vaccinated.

2.3 Nurse Staffing Update

On 30 September, the Trust held its latest Recruitment Fair at York Hospital. The event included representation from City of York Council, and focused on the promotion of careers in Nursing. As part of the event, registered nurses were offered the opportunity to have an interview with the Trust on the day itself. Following the event, 33 nurses have been offered appointment. Five of the 33 are experienced adult registered nurses, while 28 are student nurses (five are studying to become children's registered nurses, and 23 adult registered nurses) due to qualify in 2018.

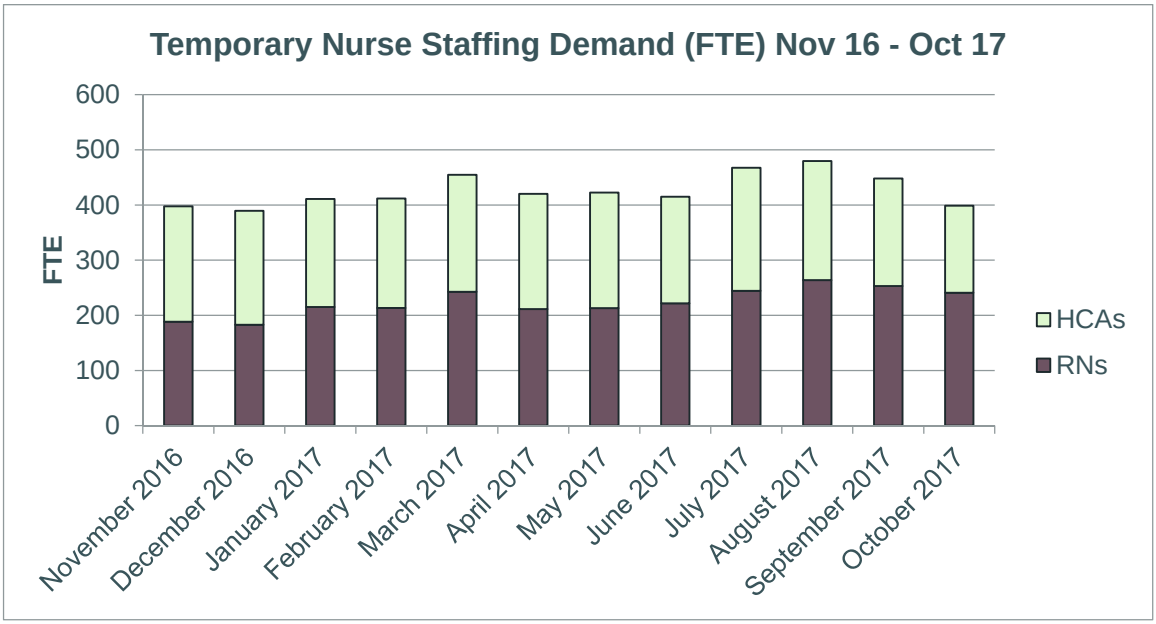
The event follows a strong collaboration between HR and the Chief Nurse Team on nurse recruitment. Between September and November 2017, 75 newly qualified nurses commenced with the Trust; while 41 Trainee Associate Practitioners have also been recruited. Additionally, a further Recruitment Event for Health Care Assistants took place in York on 28 October, which has led to 52 new applications for the position.

The Trust is now taking forward its nurse recruitment plans for 2018. As part of these plans, the HR Team has recently supported the delivery of a session for third-year nursing students at the University of York, which provided practical advice and guidance on making an application and preparing for interview.

2.4 Temporary Nurse Staffing

Demand for temporary nurse staffing (RNs and HCAs) in the last year has equated to an average of 426 FTE staff per month. Demand in October equated to 398.67 – the lowest level of demand recorded in the last ten months and mirroring the level of demand in the same month of the previous year (demand in October 2016 was 394.13 FTE).

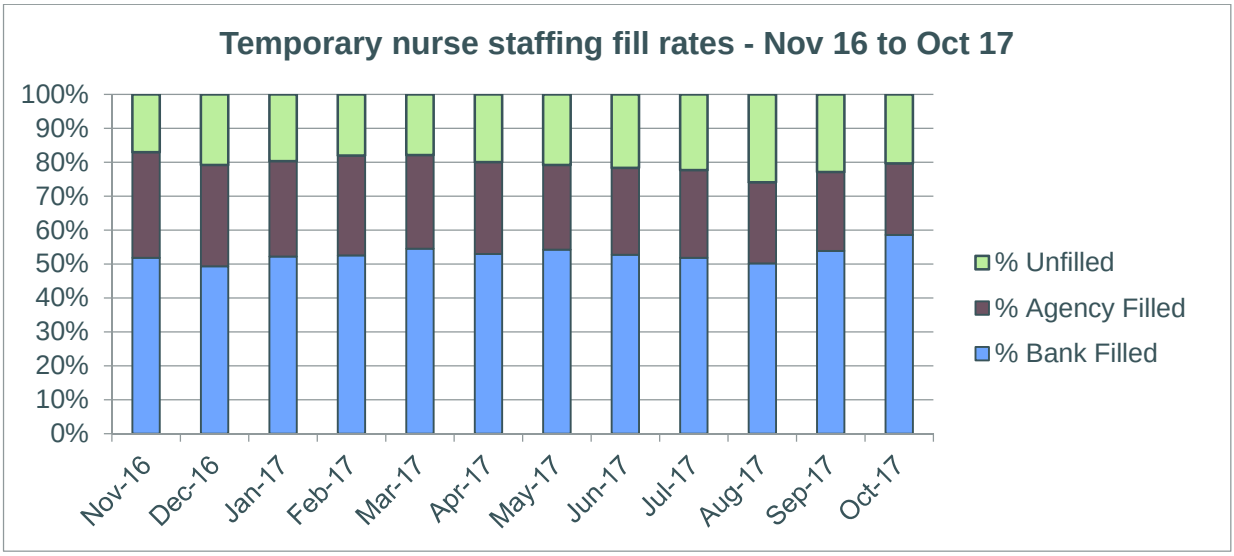
Graph 4 – Temporary Nurse Staffing Demand



Graph 5 shows the proportion of all shifts requested that were either filled by bank, agency or were unfilled. Overall, bank fill rates made up 58.58% of all requests in October which is the highest ever bank fill rate achieved since the Nurse Bank moved in-house in April

2015. The agency fill rate has consequently decreased from 23.29% in September to 21.08% in October. This, likewise, is the lowest rate since the in-house Nurse Bank was established.

Graph 5 – Temporary Nurse Staffing Fill Rates



Further work has been undertaken to introduce new measures aimed at contributing to a reduction in temporary nursing costs. These include the introduction of a number of new agencies who have agreed to supply the Trust within NHS Improvement's rules, and the trial of a new central approval process for all nursing agency requests by the Chief Nurse Team.

2.5 Nurse Rostering

The Trust is on-course to begin the roll-out of SafeCare in January 2018. SafeCare is a system which allows the Trust to review its ward staffing needs in real-time based on patient numbers, acuity and dependency. This allows the Trust to change its nurse rosters in the moment and move staff between wards to manage variation in demand and minimise temporary workforce usage. The system will be piloted on four wards over a 12-week period at the start of the year: Chestnut and Beech (General Medical) Wards; and (Elderly Medical) Wards 23 and 25. Following these pilots, the system will then be rolled out across all inpatient wards.

In the meantime, work continues on the Nurse Rostering Deep Dive Project, with a focus on educating staff about the utilisation of contracted hours, and regular roster maintenance to ensure staff are paid correctly. Over the summer, five new wards have entered the project, bringing the total number of wards to have been subject to a "deep dive" to 33 (75% of adult inpatient wards).

2.6 Medical Staffing Update

At the beginning of September, the Trust offered Trust Grade (Foundation Year 2) appointments to six doctors. These are rotational roles which provide cover across Surgery, Emergency Medicine, General Medicine, Acute Medicine and Elderly Medicine.

The positions are currently covered by agency doctors. The appointments are due to commence in December 2017, and it is estimated they will save the Trust approximately £365,000 (difference between Trust Grade salaries and the agency costs, December 2017 – August 2018).

There have been a number of other recent success stories for medical recruitment, including:

- Two Consultants in Anaesthetics commenced in October 2017 based at York Hospital.
- Consultant in Haematology based at York Hospital commenced October 2017.
- Trust Grade Doctor in Paediatrics based at Scarborough Hospital commenced October 2017.
- Consultant in Paediatrics based at York Hospital commenced in November 2017.
- Trust Grade Doctor in Medicine based at Scarborough Hospital commenced November 2017.
- Substantive appointment of a Consultant Anesthetist based at Scarborough Hospital. Successful candidate to commence February 2018.
- Substantive appointment of an Upper GI Consultant based at York Hospital. Successful candidate to commence in October 2018 following receipt of Specialist Registration.
- Substantive appointment offered for one Specialty Doctor in Vascular Surgery position based at York Hospital.
- Substantive appointments offered for two Specialty Doctors in Colorectal Surgery based at York Hospital.
- Substantive appointment offered for one Specialty Doctor in Colorectal Surgery based at Scarborough Hospital.
- Two Trust Grade (F2 Level) appointments offered for General Surgery.

2.7 Temporary Medical Staffing

In October, 84.65 Full Time Equivalent (FTE) medical locums were requested at the Trust across both York and Scarborough Hospital. In total, 98% of the shifts were filled (83.23 FTE). Approximately a third of the shifts (29.93 FTE) were filled via Bank.

The use of agency medical locums remains a significant organisational risk; therefore, the Trust has reviewed its approval process and established a group who will meet weekly to review requests for agency. The group, comprising the Medical Director, Finance Director, Chief Operating Officer and Deputy Director of Workforce, will be looking at the job plan

associated with every locum and providing challenge to ensure that the Trust is obtaining the best value for money in each instance.

Alongside this work, the Trust is continuing to develop plans for the development of its medical locum bank. A recent letter from NHS Improvement requested that organisations seek to prioritise this work with the aim of having plans in place in December.

2.8 Recruitment Update

The Trust is continuing to seek to improve its approach to recruitment and has chosen recruitment communications experts Jupiter to help develop its employee value proposition (EVP). Jupiter, whose clients include Sainsburys, Costa Coffee and Pizza Hut, will be facilitating a number of focus groups with approximately 350 staff from across the Trust. This will help the Trust develop a clear understanding of how it is perceived as a place of employment, and will provide a basis for both recruitment marketing and employee engagement campaigns. The focus groups are scheduled to begin in December, with sessions already arranged to take place in York, Scarborough, Bridlington, Malton and Selby.

Meanwhile, a new program has been put in place for the recruitment of Domestic Assistants at York Hospital. This has resulted in 48 new appointments since April, with a further 15 new recruits in the pipeline. Work continues to fully eliminate agency usage within the Domestic Services department.

In addition, there have been a number of other campaigns which have borne success recently, including:

- The Physiotherapy Department in Scarborough is fully-recruited for the first time for a number of years. This is largely attributed to the introduction of a recruitment premium on a number of posts;

- Radiology have offered appointment to two Radiographers in Scarborough, following the offer of a recruitment premium;

- The Trust has appointed a Biomedical Scientist and an IT Specialist after being granted permission by the Home Office to sponsor two individuals from outside of the European Economic Area. These are roles which the Trust has consistently struggled to fill.

2.9 Recruitment Time To Hire

An important facet of the Trust's recruitment strategy is its efficiency in completing the recruitment process. In order to improve this, the Recruitment Team has been working to identify directorates with longer-than-average completion times for three key stages in the recruitment process: vacancy authorisation; time to shortlist; and lapse time from invitation-to-interview to interview event. The focus has been on non-medical recruitment, due to the reported levels of variation in candidate experience.

From the analysis, the Team has identified twelve directorates with whom they would like to work with more closely to understand their completion times in more detail. Work with

the Theatres, Anaesthetics and Critical Care directorate has already begun, focused on helping them to expedite the vacancy authorisation process.

2.10 Recruitment Audit

An audit of the centralised recruitment process, including pre-employment checks on individuals offered appointment with the Trust, was completed by Internal Audit in October. The audit sought to establish that effective systems and processes are in place to support safe and effective recruitment which conforms to best practice guidelines and mandatory requirements. Following conversations with key staff and a review of evidence including a sample of new starters' files, Internal Audit determined that the systems and processes provided Significant Assurance. This represents a clear improvement from the previous audit conducted 12-months earlier which offered an opinion of Limited Assurance on the Trust's procedures.

2.11 EDS2 Event

On 2 November, the Trust ran an EDS2 (Equality Delivery System) event with local stakeholders. The main purpose of EDS2 is to help NHS organisations, in collaboration with local partners including its local communities, review and improve their performance for people with characteristics protected by the Equality Act 2010.

The event was run in partnership with Vale of York CCG and was attended by Tees Esk and Wear Valley, York LGBT network, York Blind and Partially Sighted, Health Watch York, the Joseph Rowntree Foundation, Trust Governors and Staff Side.

During the afternoon, there was a review of actions from previous events. These actions were focused on EDS2's Better Health Outcomes Goal (Goal 1) and led to the Trust being graded 'amber' (developing). This grading means that the Trust is meeting the needs of three to five protected characteristics (there are nine protected characteristics in total). Feedback stated that some of the evidence did not specifically reference some protected characteristics (for example BME, LGBT and Religion and Belief) and therefore it was not possible to award a grading of 'green' (achieving) or 'purple' (excelling). More generally, it was noted that there was some variation between services across communities, but stakeholders were pleased to note the progress made by the Trust towards the full delivery of Goal 1.

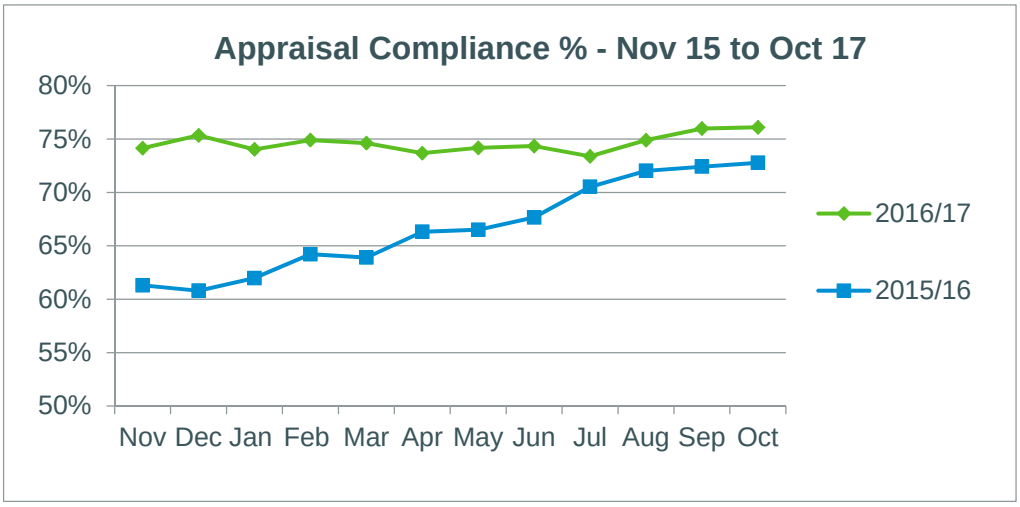
2.12 Culture and Engagement Strategy

Human Resources are working in collaboration with the Freedom to Speak Up Guardian and the Organisational Development and Improvement Learning Team to develop a Culture and Engagement Strategy. This will pull together a number of strands of work which are already in place across the Trust, while also providing direction for areas of development. The strategy consists of a number of different work streams, including cultural development, management training (Developing People, Improving Care), the employee voice and organisational integrity. The strategy document will be completed by Christmas and then provided to Directors in the New Year.

2.13 Appraisals

The graph below shows appraisal completion compliance from November 2015 to October 2017. The overall Trust appraisal activity has increased month on month since July, peaking in October with the highest ever recorded appraisal compliance rate of 76.1%. This follows work across directorates to increase familiarity with the appraisal reporting tools on the Learning Hub to improve data capture.

Graph 6 – Appraisal Compliance %

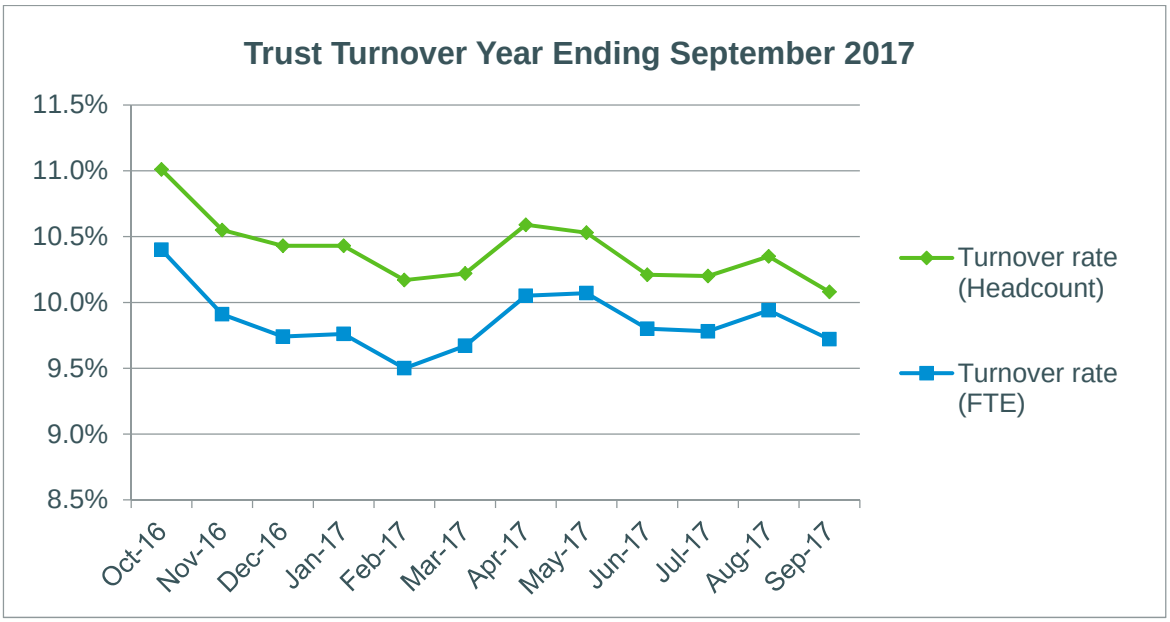


Source: Learning Hub and Electronic Staff Record

2.14 Staff Turnover

Turnover in the year to the end of October was 10.08% based on headcount. Turnover calculated based on full time equivalent leavers for the same period was 9.72%. This was a decrease from the turnover rate in the year to the end of September 2017 (which was 10.35% based on headcount and 9.94% based on FTE). The turnover rate in the year to the end of October 2017 represented 812 leavers from the organisation.

Graph 7 – Overall Turnover Rates



Source: Electronic Staff Record

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

3. Next Steps

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. Detailed Recommendation

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