York Teaching Hospital
NHS Foundation Trust

Board of Directors (Public Meeting)

Wednesday 31 January 2018

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 31 January 2018

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

TIME	MEETING	LOCATION	ATTENDEES
8.30am – 9.30am	Financial Recovery Board meeting	Boardroom, Foundation Trust Headquarters	Board of Directors
9.30am – 10.30am	Board of Directors meeting held in private – Part 1	Boardroom, Foundation Trust Headquarters	Board of Directors
10.45am – 1.00pm	**Board of Directors meeting held in public**	**Boardroom, Foundation Trust Headquarters**	**Board of Directors and members of the public**
1.30pm – 2.30pm	Board of Directors meeting held in private – Part 2	Boardroom, Foundation Trust Headquarters	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	Chair	Verbal	-	10.45 – 10.50
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	7	
3.	**Minutes of the meeting held on 29 November 2017** To receive and approve the minutes from the meeting held on 29 November 2017.	Chair	B	13	
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	-	10.50 – 11.00
6.	**Chief Executives Update** To receive an update from the Chief Executive including NHS 70th Birthday planning paper	Chief Executive	C	23	11.00 – 11.15

	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** To receive the December & January minutes and be advised by the Chair of the Committee of any specific issues to be discussed. Papers for information: • Finance Report • Efficiency Report • Performance Report	Finance Director & Chief Operating Officer	D D1 D2 D3	29 41 61 67	11.15 – 11.35
	Our Quality and Safety Ambition: Our patients must trust us to deliver safe and effective healthcare				
8.	**Quality and Safety Committee** To receive the December & January minutes and be advised by the Chair of the Committee of any specific issues to be discussed. Papers for information: • Patient Safety & Quality Report • Medical Directors Report • Chief Nurse Report	Chief Nurse & Medical Director	E E1 E2 E3	81 99 129 141	11.35 – 11.55
	Our Facilities and Environment Ambitions: We must continually strive to ensure that our environment is fit for our future				
9.	**Environment and Estates Committee** To receive the minutes of the last meeting and be advised by the Chair of the Committee of any specific issues to be discussed.	Director of Estates & Facilites	F	155	11.55 – 12.15

	SUBJECT	LEAD	PAPER	PAGE	TIME
Our People and Capability Ambition: The quality of our services is wholly dependent on our teams of staff					
10.	**Workforce and Organisational Development Committee** To receive the January minutes and be advised by the Chair of the Committee of any specific issues to be discussed. Papers for information: • Workforce Metrics	Deputy Chief Executive	G G1	163 171	12.15 – 12.35
11.	**Freedom to Speak Up/ Safer Working Guardian Annual Report** To receive the annual report.	Chief Executive	H H1	183 193	12.35 – 12.45
12.	**Standards of Business Conduct Policy** To receive the revised Standards of Business Conduct Policy for approval	Foundation Trust Secretary	I	205	12.45 – 12.55
13.	**February Board Time Out** To receive an outline of the Board Time Out in February.	Chair	J	257	12.55 – 13.00
14.	**Any other business** • Reflections on the meeting • BAF Alignment	Chair	Verbal	-	13.00
15.	**Time and Date of next meeting** The next meeting will be held on Wednesday 28 March 2018 in the Boardroom, Foundation Trust Headquarters, York Hospital.				

Items for decision in the private meeting: Alternative Delivery Model business case

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
Jan 2018

York Teaching Hospital
NHS Foundation Trust

Additions: No changes

Changes: No changes

Deletions: No deletion

A

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS 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

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

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Michael Keaney (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jenny McAleese (Non-Executive Director)	**Non-Executive Director**—York Science Park Limited **Director**—Jenny & Kevin McAleese Limited	**50% shareholder and Director**—Jenny & Kevin McAleese Limited	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee**—Graham Burrough Charitable Trust **Member**—Audit Committee, Joseph Rowntree Foundation	**Member of Council**—University of York	Nil
Mr Patrick Crowley (Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram (Executive Director Director of Finance)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member** of the NHS Elect Board as a member representative	Nil

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultan-cies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or com-missioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr 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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Board of Directors – 13 December 2017
Public Board Minutes – 29 November 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
Mr E Smith	On behalf of Mr Taylor

Observers:

Joanne Ledger – Deputy Chief Nurse, Hull
Sheila Miller – Public Governor – Ryedale and East Yorkshire
Margaret Jackson – Public Governor - York
Michael Reakes – Public Governor – York
John Cooke – Public Governor – York
Mick Lee – Staff Governor – York
Ann Bolland – Public Governor – Selby
Pat Stovell – Public Governor - Bridlington

Ms Symington welcomed everyone to the meeting and introduced Mr Smith and Ms Ledger.

17/093 Apologies for absence

Apologies were received from Mr Taylor, Medical Director.

17/094 Declarations of interest

No further declarations of interest were raised.

17/095 Minutes of the meeting held on the 25 October 2017

The minutes of the meeting held on the 25 October 2017 were approved as a correct record subject to the following amendments:

17/088 – Environment & Estates Committee – Page 24, 4th paragraph from the bottom:

Mr Sweet stated that the Committee will have a separate fire agenda as a standing item due to the current level of national interest – should read - Mr Sweet stated that the Committee will have a separate fire item as a standing agenda item due to the current level of national interest.

17/096 Matters arising from the minutes

Isolation Facilities – it was agreed that this paper would go to the Capital Programme Executive Group and then feed up through the Quality and Safety Committee. It was agreed to remove it from the action log.

Capital Plan - A paper on the Capital Plan had been presented to the November Finance and Performance Committee.

IT Strategy Action Plan – this will come to the December Board with the National Cyber-attack report.

17/097 Patient Story

Mr Crowley read out a supportive patient letter about the mobile chemotherapy unit. The letter described the difficulties of living in a rural environment and accessing treatment when you are acutely unwell. Mr Crowley stated that this was an illustration of providing accessible, safe and cost effective services, and also the solution to a dilemma faced when withdrawing from services that are not cost effective. He noted that mobile services are a genuine option when fixed facilities are challenging to maintain.

17/098 Chief Executive Report

Mr Crowley provided an overview of his report and the current environment the Trust is working in and how this affects the choices that have to be made regarding managing the available resources to meet the needs of patients. He stressed that having less money in the system meant that there were less choices and the choices were more difficult.

Mr Crowley highlighted the recent issues achieving the 4 hour ECS target and that the Trust is now on the cusp of achieving 91% due to the huge efforts made by staff. He stressed his appreciation for the staff involved who have been pressured on all fronts. Ms Raper commended the work being done and stated that the current performance in light of the issues was absolutely fantastic. ED at Scarborough was highlighted as having performed at 100% on a number of occasions as a result of the elements of the acute medical model starting to come together. Mr Crowley stated that the Trust was working closely with NHSI on this.

Mr Crowley stated that a winter planning presentation would be given later in the meeting and he highlighted the fully composite and resourced plan, but stressed that there were risks to all partners in achieving the plan. He noted that the system would be engaging with regulators around the use of additional funds made available in the Budget which could be used to further enhance the plans being put into place.

Mr Crowley stated that Lord Carter would be joining the Board this afternoon to look at strategic planning and the Getting it Right First Time initiative. The session would be used to look at strategic planning and continuing to plan with ambition in the current difficult environment especially in light of the current difficulties with recruitment.

Mr Crowley stated that S & R CCG had identified Humber Foundation Trust as the preferred provider for community services and he noted that the Trust will work closely with Humber on the handover of services and staff. The decision to stop providing services at outpatients at Whitby had been taken on the grounds of cost, as currently the service was being subsidised to the value of £500k and this would also allow the medical staff to be used to make the Scarborough Hospital environment safer. The Trust will work closely with Hambleton, Richmondshire and Whitby CCG to ensure there is a smooth handover period.

Mr Crowley stated that work is being done to better understand the elements of health and wellbeing and the non-financial benefits experienced by staff in order to enhance the recruitment process in the currently challenging climate. He highlighted the excellent recruitment video produced by the ITU staff at Scarborough and stated that a link to the video will be provided to the Board.

Mr Crowley also noted that the Celebration of Achievement evening held in October had been a fantastic evening with over 300 staff attending.

Mr Crowley stated that Simon Pleydell will now be leading the STP and will make recommendations on form and function. Simon has been given an office at York Hospital. There were many issues to review including geography which can be counterproductive and also the financial challenges facing the system. A STP leadership meeting will take place next week.

Operational performance was highlighted and it was noted that performance was currently at 91.66% with 2 days to go. Mr Crowley noted that Scarborough's recent delivery had been fantastic and although the Trust's performance had dipped at times, the challenge was to bounce back and start each day afresh.

Mr Smith highlighted the complexity of the ECS target and the pressures in the system. He stated that although there were caveats in relation to finance, the Trust was aware of the approximate numbers expected through the doors so it was about getting it right at the start and ensuring staff and flow worked so that patients were managed through the system. He stated it was not without challenges including keeping staff motivated and making sure that all the checks and balances were in place.

Mrs Scott stated that key elements were the SAFER initiative implementation and ensuring beds were available to move patients through the system. She stated that 9 flow practitioners had been employed to support staff and also continue the scrutiny of stranded patients. She noted that 14 day fast track cancer remains challenging with the majority of breaches being from dermatology, but work is continuing with the CCGs to address this. In relation to 62 day performance, October's performance is anticipated to be better. The breaches are currently from a range of specialities and due to capacity and complex diagnostic requirements. Clinical harm reviews of all breaches are conducted.

Ms Raper asked about how the issues with diagnostics could be unblocked and Mrs Scott stated that conversations are in progress and open and honest challenges being made. However, she noted that partners who provide the service have their own patients to deal with and this Trust's element is fairly small in comparison. Mrs Scott will provide an update to the December meeting.

Professor Willcocks noted that the Trust was working on the action from the City wide CQC inspection, but stated that the report should read DTOC and not DETOX patients. Mrs Scott stated that partners had been asked to sign up to a 3.5% target for DTOC patients; however, this had needed to go to arbitration. This would be challenging and would require additional investment being identified, but the national target did seem to be galvanising some action.

Mrs Adams stated she was assured by the discussion.

17/099 Finance and Performance Committee

Mrs Scott provided an overview of performance which at the end of the first week in October had been 79.25%, but had hopefully turned a corner and the Trust was looking at 91% for the quarter. Mr Keaney stated that he was assured by the review of initiatives which had taken place and was delivering positive results which was really pleasing. He recognised all the hard work involved especially the work at Scarborough which was turning things around.

Mrs Scott stated that there was still concern around 18 weeks, cancer and diagnostics, but all were moving in the right direction, but unfortunately the Trust was now at a place where some of the elements were outside of its control and relied on partners and a whole system or national approach. Issues were the reliance on agency staff and any significant pressures incurred from winter.

Mr Bertram stated that the Finance & Performance Committee had scrutinised the finance figures. The month 7 position was a £20.9m deficit, which the Trust had never previously experienced. However, he stressed that the in-month deterioration had slowed and this months was the lowest to date, although he noted that there was still a significant amount

of work to do. Mr Bertram stated that the Trust continued to miss out on the £12m STF funding due to the position.

Mr Bertram highlighted the chart on page 52 of the pack which indicted the broken blue line showing income was above expenditure and clearly showed the reduction in expenditure in both September and October. In relation to overspend, there was still pressure from the pay budget especially agency spend and page 60 provided an explanation of this. He noted that nursing agency spend was back down to planned levels, but medical agency spend continued to be high. CIP remained slightly behind; this was due to the size of the programme.

Mr Bertram particularly noted the £40m deficit worst case scenario: significant reductions in expenditure move the trust further way from this worst case scenario. NHSI continue to meet with the Trust regularly and are fully aware of the position and recognise the efforts being made to control expenditure. NHSI are working with the Trust to assist the trust in limiting the year end deficit, In relation to the cash position, Mr Bertram stated that a loan had been formerly approved and £12m drawn down out of £17.6m. The interest on the loan has been set at 1.5% due to the Trust having in place a recovery plan and the close working with NHSI. Mr Bertram highlighted that the loan will need to be repaid within 3 years. The cash position is currently manageable, but the Trust has had to slip payments to suppliers out to 60 days at times as this is one of the few tools that can be used to manage cash flow.

Mr Bertram briefed the Board on the national position and the £1.6bn released in the recent budget. He highlighted possible variables to the plan going forward including any pay settlements made and any tariff review. He noted that plans will be refreshed and brought back in the New Year. Mr Proctor highlighted that the money released in the budget may be used to support secondary care by being pumped into the community. Mr Bertram thought it was more likely to come to the provider sector in the first instance.

Mrs Adams felt assured that the reduction in agency nursing costs had not come at the expense of quality of care as the number of unfilled shifts was seen to be declining.

The Board recognised that there were still elements of significant risk as the CIP programme still needed to be achieved and there were still a large number of elements on the financial recovery plan to be delivered. It was highlighted that all three providers in the STP were in financial difficulties. Mr Bertram noted that the STP financial teams were due to meet in December to go through the original plan, but he felt this would expose a growing gap.

17/100 Winter Pressures

Mrs Hey provided a presentation on the winter plan.

Mrs McAleese asked what the biggest vulnerabilities to the plan were and Mrs Hey responded that the planning used last year's figures and it was unknown what this year would bring in terms of trauma and flu. The plan provides for better bed occupancy which will improve flow, but this was not the same as opening up a ward especially for winter pressures.

Ms Raper asked whether the bed occupancy target was reasonable in light of previous targets and whether there were any additional measures required to ensure quality and safety. Mr Proctor stated that the Trust had never achieved the previous target of 85% and 92% was more realistic and was not an indication of a safety threshold. Mr Crowley stated that it provided a trajectory for improvement. Mrs Scott stated that the Trust was at 96/97% last year and 92% would be a definite improvement on this. Mr Proctor also reminded the Board that this measure was taken at midnight which was inevitably the quietest time and meant that bed occupancy during the day could be far higher. Mrs Hey stated that it was about creating the empty beds to ensure flow the next day.

17/101 Quality and Safety Committee

Mr Smith stated that the Committee had discussed Duty of Candour and he gave an overview of the requirements. He stated that a number of elements were being put in place, including a policy which was out to consultation. The policy would help provide consistency as there were varying levels of understanding in the Trust. Directorate dashboards had been provided and he noted that currently compliance varies, but the figures can look worse due to the small numbers involved. There are challenges in grading harm and this can cause delays especially as apologies should be given straight away. He stressed that work was being implemented and significant progress continues to be made.

Mr Smith stated that he was excited by the roll out of EPMA which was currently taking place ward by ward at York. The work was being reviewed and overseen by the Medication Safety Group and Mr Smith stated that the roll out was likely to identify further areas of work which will need acting upon and have not previously been reported especially in relation to drugs being omitted. Learning is taking place as the roll out progresses and Mr Smith highlighted that locums coming into the Trust will need careful induction in the new system.

Mrs Geary stated that the Board discussed specialist nurses last month and whether they were an untapped resource. She noted that a big piece of work is being undertaken around looking at the number of specialist nurses and this includes ACPs, HASU nurses, critical care outreach nurses and many others. It has become clear that there are a large number of nurses in this category, the bulk of which need to have their job plans reviewed to ensure value for money. It has been decided due to the scale of the work to start initially with the Specialist Medicine Directorate especially in relation to the respiratory specialist nurses as respiratory features on the Chief Nurse's risk register and the work will explore different ways of working to ensure the greatest and safest contribution. Mrs Geary stressed that the amount of work should not be underestimated as the recent infection, prevention and control restructure had taken 6 months.

Mrs Geary stated that the results of the national cancer survey were discussed at the Committee and it could be seen that quality improvements are being driven up and the Trust's results were higher than the national average, although the sample size was smaller than previous surveys. Mrs Geary stated that one area already improved, but not evaluated was the introduction of the mobile chemotherapy unit.

Mrs Adams stated that the improvements in the Duty of Candour work were good news as well as the rollout of EPMA and the cancer survey results. She noted the Committee were

doing further work on gaining assurance around clinical effectiveness and to that end had invited the Deputy Director of Healthcare Governance to join the meeting. It had been agreed to bring some key national audits through the Committee. The Committee had also discussed the 7-day working audit and that the Trust were now contributing fully to the national audit. Mrs Adams commended the work done on falls and pressure ulcers which has been a real exemplar and delivered good improvements. Mrs Adams noted the Committee is still seeking assurance around SIs, never events and maternity incidents and she also noted the national work on maternity which has been highlighted by Jeremy Hunt this week.

Mrs Geary noted the conflicting flu vaccination figures between the minutes of the Quality and Safety Committee and Finance and Performance Committee and she stated that this had been due to figures given at a point in time. The latest figure is now 62% and she is quietly confident this CQUIN will be achieved.

17/102 Environment and Estates Committee

Mr Golding stated that the Committee continued to meet bimonthly and one area of note was the travel plan which was being developed for the whole Trust, which would also look at parking issues and provide practical alternatives. He noted that a mission statement had been approved for the Sustainable Development Management Plan 'The York Teaching Hospital Foundation Trust strives to actively encourage, promote and achieve environmental sustainability in all that it does'.

Mr Golding stated that in relation to the BAF, gaps in assurance had been agreed for 4.1 and measures for RAG rating 4.2 and 4.3 had been explored. A full review of the risk register had taken place and the 2 corporate risks highlighted; insufficient capital availability which he noted that this risk was increasing and the obsolescence of the fire alarms system. The contracts had been let on the fire alarm systems and work had started. Mr Golding noted that once the control panels were operational, the fire risk would reduce significantly.

Mr Golding stated that the Committee had approved a new cleaning policy and it had been agreed to monitor the actions through the Committee.

Mr Golding stated that the Committee reviewed the Lord Carter metrics in relation to clinical and non-clinical space and that work was being done to ensure the whole STP area were using the same recording of metrics to ensure consistency.

Mr Golding stated that the HSE had visited the Trust in September in relation to sharps management, however the report was still outstanding, but a group was being established to work through the actions.

Mr Golding highlighted that the PLACE results were included in the Board pack and that the scores were shown by site. Cleanliness for 7 out of the 8 sites had shown an improvement which was reassuring as the Trust had experienced considerable domestic vacancies during this period. Other scores showed some ups and downs and in some cases the national average was not being met, which was disappointing. Action plans are in place and one of the big changes has been to implement a system of monthly monitoring which will be supported by Healthwatch and the Governors.

Mr Sweet stated that he was impressed about the number of action plans in place and that his interpretation of the scores varied to Mr Goldings.

Mr Sweet stated the Committee were assured by the work on the BAF to look at RAG rating metrics, but was concerned by the squeeze on capital and the problems this may cause with backlog maintenance especially if capital remains squeezed longer than the end of this financial year.

17/103 Workforce and Organisational Development Committee

Mr Proctor highlighted the following 3 areas:

- All leadership programme delivery had been postponed until April 2018 so that transformational work could be focused on.
- Sickness reporting showed that although the Trust was under the regional average, the chart on page 219 showed the lines converging with Trust performance deteriorating. In relation to assurance, a new sickness policy had been developed which focused on supporting staff to remain at work.
- It had been decided to develop a single strategy focusing on the national theme of 'Developing People, Improving Care' which would incorporate workstreams such as talent management, leadership and organisational development.

Mr Crowley stated that workforce issues had threaded through the whole Board agenda and it was important that policies were put in place to support staff as it had been noted that some examples, especially from the Personal Responsibility Framework could be taken literally and used against staff rather than from a positive perspective.

Ms Raper stated that from all the preparation for the CQC inspection, staff had come out as the biggest risk, but she was pleased to see good progress on the administration and governance side. She was assured that the Committee now reviewed a full suite of risk registers and that terms of reference were being revised to ensure reporting arrangements.

Ms Raper stated that the Committee felt assured by the use of external recruitment support and also that all the staff from Archways had been redeployed. She noted that it was important that agency usage was looked at across all staff groups, but she highlighted the challenges with medical staffing.

17/104 Any other Business

Board Assurance Framework – It was agreed earlier in the meeting to update the BAF for the January meeting.

Reflections on the meeting – Ms Raper stated that the pace was good and the meeting had worked well, but it would be useful to review the changes in a couple of months.

Carol Service – Ms Symington noted that the Carol Service will take place at the Minster on the 6 December.

Strategy Session – Mrs Adams asked whether there were any outcomes from the recent strategy day. Mr Crowley stated that the purpose of the session had been to see if the strategic themes were still relevant and test the current strategy and its fitness for purpose. The session had included a presentation by Simon Pleydell, the STP Lead, Mr Bertram had given an overview of the current environment and the NHSI Productivity Team and Lord Carter had joined the group. The feedback was currently being collated.

17/105 Date and Time of next meeting

The next public meeting of the Board will be held on Wednesday 13 December 2017 in the Boardroom at Scarborough 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 – paper to Capital Programme Executive Group and Q & S Committee.	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 Dec 2017

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York Teaching Hospital
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Board of Directors – 31 January 2018
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: January 2018

1. Chief Executive's overview

It would be remiss of me not to start this report by acknowledging the exceptionally busy past few weeks across all of our services, and to place on record my thanks and appreciation for the efforts of all of our staff during what at times has felt like an unsustainable level of pressure.

We were anticipating a busy winter, and in planning terms, we have seen a more 'joined up' planning process than in previous years, however we can only plan with the resources we have available, and this doesn't always enable us to account for the worst case scenarios.

A number of factors have had an impact on our services. High levels of flu (particularly in York, which has been noted as a hotspot in the region) have meant increased admissions for flu and flu-related conditions. The complexity and severity of some of these patients, meant that we have not been able to discharge as many patients as we need to create capacity, which has put the bed base under pressure. Flu has also inevitably led to higher staff sickness levels which further compounded the pressure as we went into the New Year.

NHS England asked all Trusts to review, and where possible postpone, non-urgent appointments, operations and other activities in order to free up capacity for our sickest patients, and to ensure our medical staff are available in the areas of greatest need. This meant that we canceled a number of elective operations and procedures.

Cases are reviewed on an individual basis and only those operations that can be safely deferred to a later date will be rearranged. Urgent, time-critical, operations are continuing as planned, as are cases where releasing the staff involved would not create the opportunity to contribute to alleviating acute pressures.

The national media coverage has been unremitting, and we have seen our fair share of this locally as well. The pressure is showing signs of easing to more manageable levels, however we know that so-called winter pressures can last for several months, and it is therefore important that we continue to focus on fast, effective decision making in order to maintain patient flow.

2. Visit from NHS Improvement's Elective Intensive Support Team for cancer

Earlier this month we hosted a visit from NHSI's Cancer Elective Intensive Support Team, who were invited in to help us identify ways we can improve our performance to consistently achieve the 62 day cancer target.

The purpose of the visit was to 'sense-check' our self-assessment of our current service delivery and make recommendations to help inform the recovery plan. They also reviewed the lung and haematology pathways with the clinical teams.

The day felt constructive and there was nothing in the high level feedback that we were not aware of, which was welcome. The feedback so far highlighted many positives, in

particular the level and quality of clinical engagement, as well as areas we can look to gain improvements.

We expect to receive a report in the coming weeks and will need to respond to this with an action plan. We then expect to be able to access the range of support on offer from NHSI to help with our recovery.

Thanks to all who took the time to be involved in this work, particularly at a time when we are facing significant operational pressures.

3. Financial performance update

As we will cover in more detail during the Board meeting, we now have our month 9 financial position, which has seen a deterioration overall.

We have managed to hold our expenditure position in-month, which I recognise has been a significant effort, however a large part of our current variance is a shortfall in our CIP delivery to date and an associated requirement for delivery of £8m over the final 3 months of the year.

Finance Director Andrew Bertram and his team have been briefing directorates and departments to once again re-state the importance of maintaining the focus and momentum on this. We all recognise that teams are dealing with a number of priorities and that the pressure in particularly acute, however it is imperative that we have a real push around CIP delivery in the final quarter of the year. I am aware that the operational pressure on the Trust is extreme just now and that you and your teams are dealing with many competing priorities but I do need to ask that you prioritise your CIP delivery over the final 3 months of the financial year. There is no let-up in pressure from our regulator on delivery of our efficiencies and we cannot afford for this to compromise our overall financial position.

4. Patient safety update

I was delighted to receive a letter from Dr Celia Ingham Clark, NHS England's Medical Director for Clinical Effectiveness, congratulating the Trust on the significant improvements made in reducing the impact of sepsis.

The sepsis CQUIN was launched in 2015 in order to help drive improvements in the timely identification and treatment of sepsis.

We have been identified as one of the trusts which has seen the greatest improvements in timely identification and timely treatment of sepsis, based on the data relating to the CQUIN.

This is fantastic news, and a positive achievement in a significant patient safety priority area.

5. Flu vaccination campaign

We have had an excellent response so far to our flu vaccination campaign, with an excellent uptake from staff.

This year's vaccination campaign has led to the vaccination of over 70% of frontline staff so far, a significant improvement on the same time last year.

We continue to encourage staff to have the vaccine, particularly in light of the high rates of flu locally.

6. NHS 70

Finally, as colleagues may be aware the NHS turns 70 this year, and we are making plans across the Trust to join this special celebration.

A programme of activity is scheduled both nationally and locally that spans the whole of the year and will peak around the actual birthday of 5 July 2018.

Across the Trust teams from communications, arts, fundraising and volunteering have combined efforts to create a programme that reflects the present and past NHS and to appreciate how far this unique organisation has come over the past 70 years.

The key date for diaries is 5 July, the actual birthday, as there will be a York teaching Hospital Charity fundraising event in the afternoon at the Hospitium in York's Museum Gardens, followed by a national event in York Minster in the evening.

The draft working plan is attached for information, and further detail will be circulated as plans are finalised.

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

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
Finance & Performance Committee Minutes – 12 December 2017

Attendance: Mike Keaney Chairman, Michael Sweet, Andrew Bertram, Wendy Scott, Steve Kitching, Lynette Smith, Lynda Provins, Joanne Best

Apologies for Absence
Gordon Cooney, Graham Lamb,

Minutes of the meeting held on the 21st November 2017

The minutes of the meeting held on 21 November 2017 were agreed as an accurate record subject to the following amendments:-

Page 3, Matters Arising - AB 'told' stated that – remove the word told.

Page4, Emergency Care Standard Delivery - Paragraph 8 'detox' should read 'DTOC'

Page 8, Finance Report – Paragraph 6 - MS asked for further clarification on the noted 'pressure from CCG's'. AB gave a brief overview of the pressures following removal of activity in relation to loss of costs. AB confirmed that any activity reductions would have to initially focus on extra subcontracted work and premium rate work where the Trust's contribution was, at worst, minimal and, at best, zero.

Matters arising from the minutes

Dermatology Service - LS stated that following the opening of the new service at Malton an additional 100 patients had been seen across the service. In response to a question she confirmed the DNA figure was still at 6.1%. LS told the Committee that there is still work ongoing in this area.

MS enquired if there was any update on the Scarborough and Ryedale CCG Community tender, AB confirmed that no date for the 2nd gateway had been received but a date is expected early in the new calendar year. The committee had a brief discussion in relation to the latest developments with Humber NHS Foundation Trust. AB asked for the Board to be updated tomorrow.

MK asked if the Committee would be receiving an update following the visit to the Trust by Lord Carter. AB stated that no decisions have been made as yet. He noted that Tim Briggs (National Director of Clinical Quality and Efficiency for the NHS) will be meeting

with James Taylor, Patrick Crowley and James Stanley on 15th December to discuss the plans and decide if the way forward for YTHFT.

Performance

LS stated that the ECS had improved to 91.7% during November and importantly long waits have significantly reduced.

LS stated that there are still a number of Ambulance handovers of over 15 minutes but that this had improved compared to last year. Ambulance handovers over 1 hour have significantly reduced compared to last year, but still require further improvement. The Committee had been told last month that the way in which this data is reported had changed.

November has seen a good improvement in the Scarborough ECS which hit 95% and 100% performance on a number of days. However, LS stressed that both Scarborough and York have experienced severe pressures during the beginning of December. Bed occupancy was noticeably better in early November, but this has since been affected by bed closures due to infection.

LS stated that there had been two 12 hour breaches over the previous weekend and it is expected that ECS performance in December will be more challenging. December is currently showing at 86%. WS told the Committee that Hull had also had a very difficult weekend, Scarborough Hospital had experienced difficulties over the weekend but had managed to bounce back yesterday (Monday) delivering a positive bed balance.

MS enquired if the weekend problems had been due to the poor weather, LS suggested that although she thought the weather had been a factor it was also a combination of other issues. LS stated that weekend discharges need to be reviewed as this is proving to be an issue. WS stated that the seven day provision of a Social Care team will commence next weekend, which should support weekend discharge of patients. LS stated that the DTOC average is currently higher than the national target of 3.5%

LS stated that there was a risk around cancelled electives, as during November there had been two elective procedures cancelled but already in December both yesterdays and today's elective procedures had been cancelled.

Cancer

LS stated that performance against the 14 day fast track referrals target had improved increasing to 86.7% (September's 83%) and November is expected to be much closer to the 93% target for 14 day fast track patients.

Fast track Dermatology has seen a significant performance improvement and the teams are working extremely hard to reduce the backlog. There has been a significant increase in referrals in October.

For October the 62 day performance figure was 74.3%. The forecast is improving for November with an expectation that it will achieve target. Unfortunately LS is unable to assure consistency and has requested the NHSI Intensive Support Team to review this.

The IST team will be in the Trust in the second or third week of January 2018, they will review how the Trust monitors / tracks patients to ensure the Trust is recording data accurately and will also target both lung and haematology.

RTT is showing a slight deterioration with a current position of 87.2%. WS stated that there are now two Boards, which have been set up to look at performance, the Acute Care Board and the Planned Care Board, both are chaired by Patrick Crowley.

MK enquired what the impact would be on performance and finance following the cancellation of elective procedures. AB explained that cancelling twelve elective patents a day would not have a critical impact in the short term as service would still be provided in the day unit, endoscopy and outpatient departments, but if the cancellation of elective procedures continues then this would have a significant impact. AB also told the Committee that this cancellation of elective work created a small financial loss.

AB stated that three clinical governance ½ day sessions had been cancelled to support service activity during winter.

CQUINS

LS reported the good news that the quarter two validation meeting had taken place and the Trust would receive full payment as they had achieved all indicators except sepsis, which only receive a partial payment.

LS stated that the uptake of the flu vaccination was currently at 64%, the Trust needs to achieve 70% by the end of February 18. MS enquired how the Trust captures the data from GP Surgeries and was told that this was dependent on staff reporting the information to the Trust.

Sepsis continues to be of concern and therefore the Trust is only predicting partial payment.

LS stated that the diagnostic target continues to be an issue with a performance of 98.4% for November. LS noted that current issues associated with MRI and sleep studies, were being discussed with directorates.

MK enquired if this was due to staff issues, LS stated there were also issues with the equipment for the sleep service and that different models where being explored. AB suggested that LS contact the hospital charity with a view to purchasing new equipment.

Finance

AB delivered a brief finance update of which a summary was submitted to NHSI last Friday.

AB stated the deterioration in position had stopped and the I & E position had remained static for month 8 at £20.9m, which was exactly the same position reported as in M7 and that to date the financial recovery actions have improved the year to date position by £4.2m.

AB stated that there was some disappointment that the figure had not bounced upwards but given the rate of deterioration in previous months running at £2.5m to £3m it was felt that this is a good position. The reduced spend levels that were reported for months 6 and 7 have continued into month 8 with further operational expenditure reduction and income gains. November had the second lowest spend this year.

AB reported that nursing agency spend is down to £100,000 in contrast to the typical run-rate of around £600k. This related to a halving in the number of shifts booked plus a review of aged agency accruals. The shift reduction has been achieved by staff management, enhanced scrutiny of 1:1 special supervision requests, significant employment of new staff, a significant growth in bank usage along with current staff being moved to required areas when necessary. The committee discussed the need to review and monitor the impact on safety and quality of service going forward.

Savings have also been made by managing discretionary spend and minor work requests. There is an expectation that this spend cannot be maintained at this level indefinitely.

December will continue to be a challenging month with an expected income loss due to reduced elective activity and outpatient clinic reductions over the Christmas holiday period.

AB stated that these are good results for month 8 and that NHSI is continuing to support the Trust's recovery plan. He added that there are elements which are short term and are not sustainable in the long term.

AB will ensure updated figures are reported to the Board tomorrow.

MK agreed that this is not a sustainable plan for the long term and suggested we need to review the Annual Plan.

AB replied that a first draft of the Annual Plan has been prepared but that not all data had been received yet. AB confirmed this will be coming to the Board in the new year.

MK told the Committee that a longer term plan was required, a brief discussion with regards to the short term plan and how it could be achieved continued.

Cash

AB told the Committee that the cash position was satisfactory. The £5.7m loan had been drawn down.

AB noted that there had been some success with aged debt recovery which is supporting the balance of debt / credit position within the Trust.

Efficiency

SK told the Committee that the delivery position for month 8 is £13.3m against £17.3m this time last year. This is £3.7m behind plan. It was noted that there is still a £2.6m planning gap against last year's £2.1m at this stage. SK also noted that delivery in December is historically poor.

SK discussed the 'Star Chamber Event' with representatives from NHSI. MS told the Committee that he had attended the session for Estates & Facilities and found it encouraging.. There is an expectation that each Directorate will take three or four actions from the sessions to support long term improvements. Radiology has a follow up meeting arranged. Further meetings are planned with Orthopaedics this week followed by Cardiology.

The second 'Star Chamber Event' will be on 3rd January 2018. Directorates have been asked to bring what can actually be delivered to the meeting for discussion.

MS asked if there was still an expectation that the Trust would have a CIP target for 2018/19. AB told the Committee that a two-year tariff had been published at the start of the current financial year and that this included a 2% efficiency deflator. AB then commented on the fact that there was significant cost pressure in the system, no planning guidance yet for 2018/19, no detail on pay awards and a recent announcement of significant CNST premium increases all of which may cause further review of the financial environment for Trusts next year.

MS asked for updates on the following items to be given to the Board

Scarborough and Ryedale CCG Community Tender
ESC – Improvement 62 day
14 Day Cancer
Delayed Transfers of Care
7 Day working
Financial Position
Recovery Plan meetings – go through the schedule of targeted savings
Update CIP position with productivity team

Any Other Business

AB to review the Committee attendance register with LP.

LS gave the Committee a brief overview of the 'Road Map to Recovery' previously circulated and discussed what the plan will actually deliver. LS explained that the aim is to set new base lines with appropriate trajectories.

Time and Date of the next meeting

The next meeting is arranged for the 23rd January 18 at 09.30 in the Boardroom, York Hospital

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
Finance & Performance Committee Minutes – 23 January 2018

Attendance: Mike Keaney Chairman, Mike Sweet, Andrew Bertram, Wendy Scott, Steve Kitching, Lynette Smith, Lynda Provins, Graham Lamb, Joanne Best

Apologies for Absence: Gordon Cooney, Sue Rushbrook

MK noted apologies for Gordon Cooney and Sue Rushbrook and asked if the attendance log had now been reviewed. LP stated that she had discussed the attendance log with AB and this will change from next month.

Minutes of the meeting held on the12th December 2017

The minutes of the meeting held on 12th December 2017 were agreed as an accurate record subject to the following amendment.

P 5 – Dermatology Service – LS stated that the wording should read 'following the opening of the new service at Malton an additional 100 patients had been seen across the service.

MS enquired if the seven day provision of a Social care team to support discharges as noted in the December minutes had commenced, WS stated that it had.

MS also enquired if the NHSI Star Chamber meetings had taken place to which the Committee was told two meetings had taken place with the third planned for this week. AB stated that these meetings were going well.

Key Priorities

Emergency Care Standard Delivery – LS stated that the ECS for December was 82.96% which is below the planned trajectory of 91%. This was an improvement on December 2016 (81.16%) and gives a Q3 cumulative performance of 87%.

LS stated that there had been considerable pressure throughout December, and had escalated from mid December. LS told the Committee that the Trust had experienced sustained pressure due to an increased level of paediatric respiratory issues, adult respiratory issues and influenza strains within the local community.

LS explained to the Committee that the Trust had responded to these pressures by bringing forward the planned escalation processes, which included the following actions; early opening of the escalation ward (ward 29) and introduction of on-site swab testing for

respiratory patients in ED. LS stated that initially the swabbing had caused some congestion in the Emergency Department but had supported appropriate patient placement. Other measures taken included cancellation of routine elective procedures; the Medical Director and the Chief Executive were included in the operational meetings, early release of additional shifts for nurses and medical cover over the New Year and Bank holiday weekend together with additional senior nurses and infection prevention team support over the New Year Bank Holiday weekend.

It was noted that the Trust appreciated the changes made by the infection prevention team to ensure an on-call site presence throughout this busy period.

WS added that this had been a challenging two to three weeks for the Trust.

LS stated that the ECS for January 18 is at 81% which although not where the Trust would want it to be, is an improvement on January 2017.

Mk enquired about the position of the Trust against the National position to which he was told that the Trust had managed a very difficult period well and had at times been in the top quartile of Trusts for ECS.

LS stated that the volume and nature of this demand had challenged flow across the Trust with an increase in delayed Ambulance handovers of over 15 minutes during the Christmas and Bank Holiday period, but that 12 hour trolley waits for patients had significantly reduced compared to the same period last year with 5 declared for December 17. It was noted that the deterioration of ECS performance overnight is an area of focus for the weekly ECS performance meeting.

MS stated that it should be noted that the Trust had improved performance on the same period last year and that the Committee appreciated the hard work by everyone concerned to deliver the service over the very pressured Christmas and Bank Holiday period.

WS referenced as part of the discussion with the Committee the opening of the flu ward at York Hospital. Initial teething problems associated with flu swab testing and the delays in the turnaround time of swab results were being addressed. She stated that at this time a flu ward has not been opened on the Scarborough Hospital site; the number of patients requiring isolation has meant that to date they can be accommodated in side ward accommodation.

MS enquired if the Trust had also experienced any D&V issues. LS replied that although there had been a few cases reported it had not been a particular issue to date.

MK enquired if the winter funding received had had an impact. LS told the Committee that the additional funding Tranche 2 winter pressures funding had supported 3 key hospital schemes; 1) additional overnight medical staffing in both Emergency Departments, 2) a community based home IV service and 3) the temporary appointment of Operational Flow Practitioners on both sites to support pro-active patient flow and discharge.

LS stated that there had been a decreased number of Acute Delayed Transfers of Care (DToC) in December, which was the lowest number since July 17.

AB highlighted to the Committee that there had been two phases of funding. The first had been about each Trust receiving a fair share of £200m winter supplementary funding however, the Trust had been told it did not qualify for its fair share due to the fact that it was not meeting its financial control total. The first payment of this funding was due in December but AB confirmed no payment had been made to the Trust. The Trust had then had to bid for a share of a further £140m and had secured £0.5m which had been used to fund the schemes previously stated. AB stated that discussions were ongoing with NHSI regarding access to the first tranche of funding. Both MK and MS were very concerned that the Trust had not received its fair share of the £200m and asked that this was escalated to the Board.

MK asked the Committee if this level of pressure regarding the increase of patients was a one off or a trend. LS stated that the increase of patients should be anticipated as a trend and that Patrick Crowley has stated that the Trust needs to start planning for next winter now.

WS told the committee that a Regional Winter Pressures event is planned for March 18. This will share learning and support the development of planning for winter 2018/19. WS suggested that one of the issues that would be discussed is the need to consider staffing levels over the Bank Holiday period and to ensure that senior staff are available and not on leave. She noted that this would support proactive planning and look for solutions to support the Trust moving forward.

MK stated that this was a positive move to improve patient experience.

Cancer - LS stated that the Trust met 7 out of the 7 cancer targets for November 17. This had not been achieved since December 2015 and was a credit to everyone.

LS stated that performance against the 14 day fast track referrals target was at 93.4%, which was the first time since February 17 that the Trust has met this target. The Trust achieved the 62 day performance figure at 86.3% this is the first time it has been achieved since April 17. This is due to reductions in Skin, Colorectal, Upper GI and Lung breaches. It was achieved due to a range of factors including a significant drop in fast track referrals for Upper GI, along with improvements made to pathways. Improvements have been made in the time to diagnosis for Colorectal. The current forecast is that the Trustwill hit the target for December.

LS referred to the visit in early January from the NHSI Elective Intensive Support Team when a 62 day self assessment was completed by the Trust that identified supporting actions which were incorporated into the Trusts Recovery Plan. The team reviewed the Trusts processes and clinical pathways in Lung and Haematology. LS stated that it had been a positive day and she is expecting to receive the report by the end of January.

LS stated that Referral to Treatment for December is 85.79% dropping further below the STF Trajectory of 92%, stating that this is an unprecedented figure and the lowest it has been. LS also stated that a review of the potential time-scales for recovery is under consideration following the cancellation of routine elective activity to support urgent care pressures as part of the NHS National winter requirements.

MK enquired the number of patients involved and LS stated that by the end of January the backlog could rise toapproximately 4000 patients. The Committee discussed options on how to recover this to national standards and the challenges of out-sourcing and prioritising long wait patients. The Committee suggested that there may be an opportunity to increase theatre productivity to support the reduction in the RTT waiting times. Bridlington was discussed as an option to support the reduction of the backlog. LS stated that there will be a full review of the RTT position and potential recovery timescales in January, which will take in to account the winter pressures directives.

LS stated that referrals from GP's have reduced, this is due to several factors but that operational numbers have stayed constant.

MK asked if a timescale to recover the RTT could be brought to the next Committee meeting. MK asked the Committee if patients are been kept informed of the delays, LS replied that this would be reviewed.

LS stated that theatres delivered 94.9% of requested lists to date. The number requested is 18% below the identified number of lists required to meet all demand. LS stated that an annual review of theatre SLAs had taken place during December along with the national submission of theatre data, this will help identify the opportunity for increased capacity through improved productivity.

WS stated that a Planned Care Board had been established in December which is chaired by the Chief Executive. A programme of work has been developed and this is one of the issues that will be considered/looked at.

Diagnostics - LS stated that the diagnostic target had not been met with a performance of 97.5% stating that key issues for December had continued to be with the MRI's requiring General Anaesthetic, sleep studies, sickness and equipment failure in endoscopy. The Trust is working with Commissioners to consider purchasing new sleep equipment to improve timelines of these studies. A weekly diagnostic meeting is held to review performance and escalate concerns.

LS stated that December had proved extremely challenging for the Trust.

MS told the Committee that the updates sent to the NEDs over the busy Bank Holiday period had been hugely appreciated.

Finance - GL stated that the I & E position at the end of December was a deficit of £23.2m which places the Trust behind its operational plan but has largely followed the expected recovery plan.

GL stated that the NHSI control total plan assumed a year to date deficit of £7.8m (before STF) the Trusts actual deficit is at £23.2m reporting an adverse variance of £15.4m behind plan. GL told the Committee that as a result of this the Trust continues to lose out on the available sustainability funding.

GL told the Committee that expenditure continued to be well controlled with the reported position being the lowest since April 17. However, during December income had fallen

(largely as expected) due to lost elective activity days. It was the income position that had caused the overall I&E deterioration.

Income - GL stated that income is £6.9m behind plan for December 17. MK enquired if the cancellation of routine elective procedures had impacted on this. AB stated that there had been no significant impact from patients actually cancelled but that the position has been compromised by the planned reductions in elective and outpatient work as a result of the Christmas and New Year holidays. It is hoped that January will show an improvement on December.

Forecast - GL stated that the Trust is forecasting an I & E deficit of £19.8m, the position makes a number of assumptions which he listed. The Committee discussed the assumptions and GL explained to the Committee the meaning of rehabilitation bed days. AB explained to the Committee the challenge process to the CCG and the expected outcome.

Efficiency - SK stated that the delivery position for December 17 is £14.8m which is £3.6m behind the planned profile submitted to NHSI, with a planning gap of £2.1m compared to a gap of £2m in December 16. Of the £14.8 delivery, £7.23m has been delivered recurrently. Recurrent delivery is £5.6m behind the same position in December 16. AB has contacted all Directorates requesting renewed focus on CIP delivery with the emphasis on recurrent delivery.

Risk - MS enquired what happens if delivery is not achieved, SK replied that it would be carried on to the next year. MK asked if the £2.7m gap was included in the forecast deficit of £19.8m and AB stated that it was and that he would confirm this with the Board.

SK stated that the financial recovery plan was on track at the end of November and that there had been some good work around agency spend. Tracking against the August deficit trajectory SK stated that there is a £6m improvement delivered through the recovery plan but the Trust is showing a gap of £2.7m against the full targeted recovery position.

AB stated that the December figures showed a reduction in income as expected due to the Christmas and Bank Holiday period. AB told the Committee that an alternative delivery model was been worked on and a Business Case will be presented to the Board.

Operational - WS gave the Committee an overview of the current DTOC position and described how delays are allocated as per the national guidance WS explained that the scale of DToC has escalated over the last three years. CYC has been identified as a national outlier in relation to DTOCs and this had triggered a review of the York system by the CQC. The CQC has shared their findings via a system report that makes a number of recommendations. The system is required to develop an action plan by the end of January 18. A discussion continued with regards to the implications of CYC not achieving the national DTOC target and the impact of this on iBCF funding.

CQUIN - LS gave a brief update of the Q3 CQUIN position with NHS Staff Health and Well-being noted at Amber. LS noted that the uptake of the flu vaccination is currently at 71% and that this needed to be at 70% by the end of February. However, this position will fluctuate due to staff leaving the Trust and new starters. Sepsis continues to be a risk,

however, a letter has been received from NHSI noting our success in improvements on Sepsis.
LS stated that the CQUIN on reducing mental health attendances andthe CQUIN on proactive discharge both were an Amber risk for for Q4 and that the Q3 target for screening for drugs / alcohol is at risk with a possible loss of £34k.

Service Line Reporting - AB stated that the Service Line Report had been submitted to the Committee for information and highlighted that the Trust returned an overall draft score of 94, this score indicates that the Trust has costs 6% below national average for the activity case mix delivered in 2016/17. This is an improvement on the previous year.

Board Assurance Framework (BAF) - the Committee discussed the BAF and in particular the scoring. There was currently no appetite to change the scoring, but wording of the items does cause some concern.

Items for Board – ECS, RTT, Cancer, DToC, Financial Recovery Plan including the winter funding issues and challenges with the CIP position.

The Committee again wished to highlight the challenges faced by staff recently and that their appreciation of all the hard work should go on record.

Any Other Business

No further business was discussed.

Time and Date of the next meeting

The next meeting is arranged for the 20th February 18 at 09.30 in the Boardroom, York Hospital.

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York Teaching Hospital NHS Foundation Trust

Board of Directors – 31 January 2018
Finance Report

Recommendation

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

Current approval route of report

Overview report prepared for the Finance & Performance Committee and Board of Directors meeting.

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 December 2017 (quarter 3).

At the end of December the Trust is reporting an Income and Expenditure (I&E) deficit of £23.2m. 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: Andrew Bertram, Finance Director

Executive sponsor: Andrew Bertram, Finance Director

Date: January 2018

Briefing note from Andrew Bertram for the Finance & Performance Committee & Board of Directors Meeting - January 2018

1. Summary Reported Position for December 2017 (month 9, quarter 3)

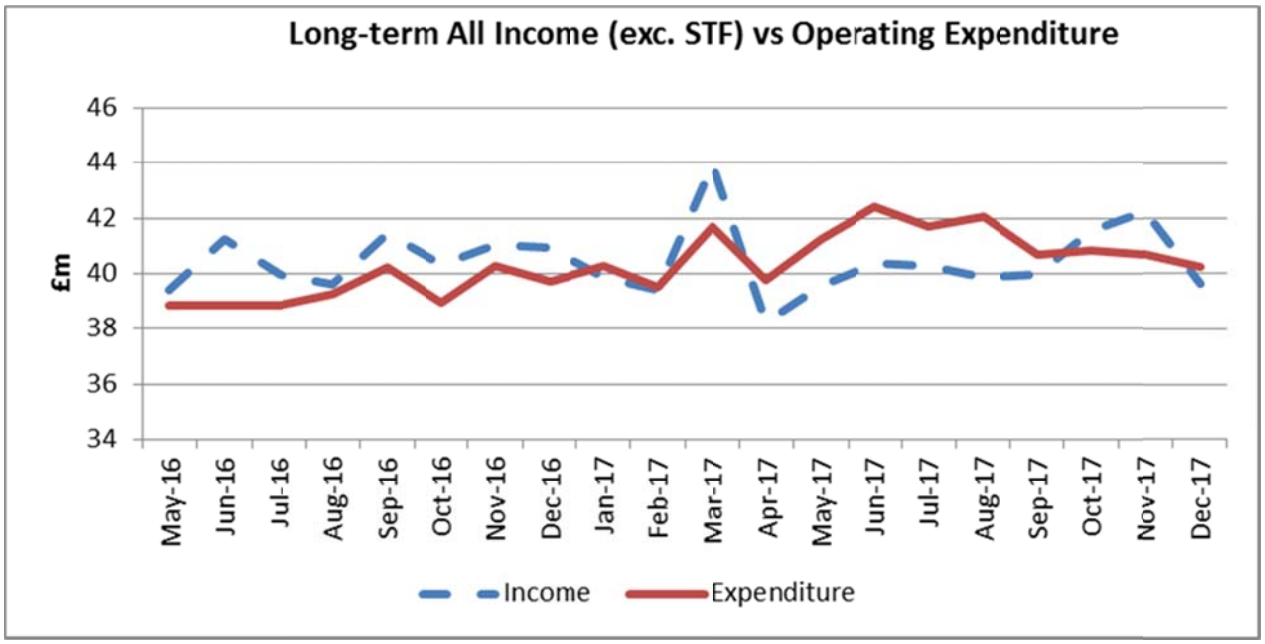
December has seen our financial position deteriorate but our I&E has largely followed the expected Financial Recovery Plan trajectory. The report shows we have very clearly continued our control on expenditure, with December even lower that November, but the position has been materially impacted by the, expected, reduced level of elective activity due to the holiday period.

In terms of the actual reported income and expenditure deficit the position now stands at £23.2m. This represents a £2.4m deterioration from the £20.9m deficit reported in November.

The profile of our NHSI control total plan assumed a year-to-date deficit of £7.8m (before STF) and, with our actual deficit at £23.2m, we are currently reporting an adverse variance to plan of £15.4m. As a result we continue to lose out on our available sustainability funding and our reported position continues to exclude this.

The chart below looks at our long term income and operational expenditure (above the EBITDA line) trend. During the first 5 months of 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 operational expenditure in September had been reduced and the gap between income and expenditure also reduced. This reduced spend level has continued into month 7 where we have also seen an increase in reported income levels. In month 7, for the first time this financial year the operational expenditure line (above EBITDA) has been reported as above income. This trend has continued into month 8 with further operational expenditure reductions and income gains. Notably in month 9 the Trust has extended even further its grip and control around expenditure with the lowest level of in-month expenditure recorded this financial year. However, income was low in December, largely as expected, due to reductions in elective activity over the planned holiday break.



The month 9 CIP position shows £14.8m 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 £2.1m. The relentless nature of the efficiency programme delivery requirements does mean that the month 9 income and expenditure account is impacted by a profile shortfall of £3.6m. 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.

We have fallen a little behind the delivery trajectory from last year and this highlights the risk to delivery over the remaining three months of the financial year. Every effort is being made to step up programme activity in the remaining period, including working directly alongside NHSI's Operational Productivity Team.

2. Income Analysis

Overall, income is showing as £6.9m behind plan in December. Of this year-to-date shortfall £7.7m relates to lost sustainability funding. Despite a poor month in December, income overall has, therefore, now exceeded pre-STF plan levels.

Excluded from tariff drug income is running ahead of plan and is compensating for most of the drug expenditure pressure of £3.2m. This income is reported under other clinical income and at this significant value continues to mask shortfalls in other income areas.

3. Expenditure Analysis

Operational expenditure in December totalled £40.2m (£40.8m in November). This is the lowest month since April and is significantly lower than the average level this year of £41.2m. The position is 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 9 the reported adverse variance stands at £5.6m.
However, December has seen a continued overall reduction in our agency expenditure. Consultant, junior medical and nurse agency expenditure have all reported spend levels lower than last month. Overall we have spent £14.3m against a plan of £13.0m. The total overspend now stands at 10% which is significantly lower than the reported high of 23% earlier in the year.

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 continue to meet with representatives from the Executive and Non-executive team to discuss our financial position and our recovery plan. At these meetings we continue to re-iterate the Board's commitment to take any and all action that will safely and appropriately improve our financial position. We also re-iterate 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 at our January meeting, we confirmed that we will be reforecasting our year-end position as part of our Q3 NHSI submission.

We confirmed at the meeting, in line with all recent Board discussions around the Financial Recovery Plan expected impact, that the Trust is now forecasting an actual I&E deficit of £19.8m. This position assumes receipt of winter funding (as per NHSI instruction), delivery of all Financial Recovery Plan schemes and assumes no sustained impact from cancelled elective and outpatient activity through the remainder of the financial year. The risk adjusted position (for FRP schemes only) forecasts a deficit of £24.8m. In this position schemes have been risk adjusted over the remainder of the financial year and the ADM scheme has been assumed not to deliver in the current financial year. Both these positions assume that the CCG (and national) sepsis coding challenge of £0.5m is dropped, as per the NHSI view, and that the local rehabilitation bed day charge challenge is settled in line with the Trust's offering of a 50% transition for 2017/18. The Trust is including rehabilitation charges at £2m in its reported forecast and the expert determination process could conclude this is a fair approach or could vary this charge by up to £2m either way.

The Trust is assuming no receipt of STF in these positions. The Trust has now submitted this formal variation.

5. Cash Forecasting

Our applications for distressed cash continue to be supported by NHSI and approved by the Secretary of State. These have been drawn down as planned.

Finance Performance Report

January 2018

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

Finance Report
Chapter Index

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Summary Income and Expenditure Position
Month 9 - The Period 1st April 2017 to 31st December 2017

York Teaching Hospital NHS Foundation Trust

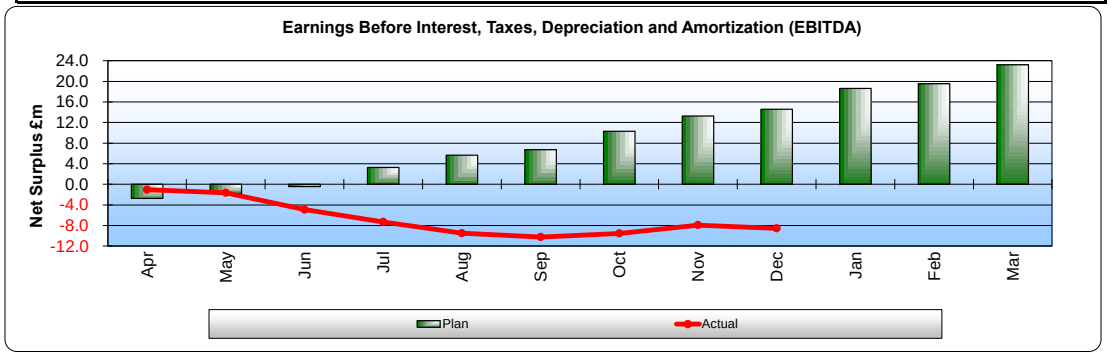
Summary Position:

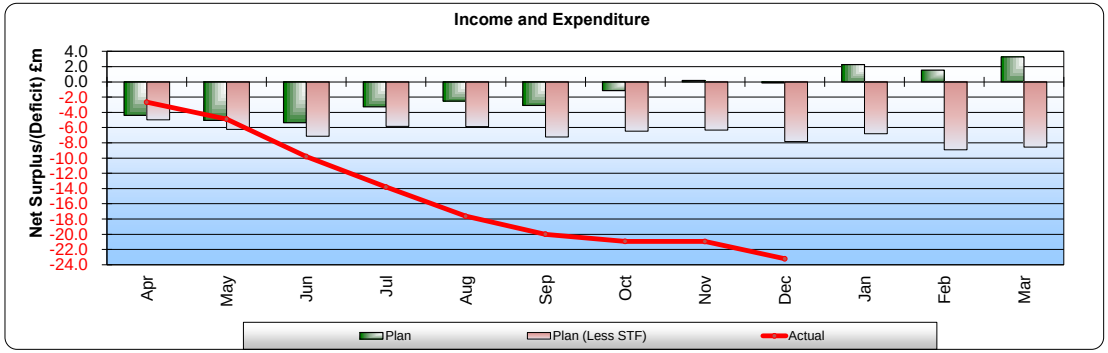
* The Trust is reporting an I&E deficit of £23.2m, placing it £23.1m behind the operational plan.

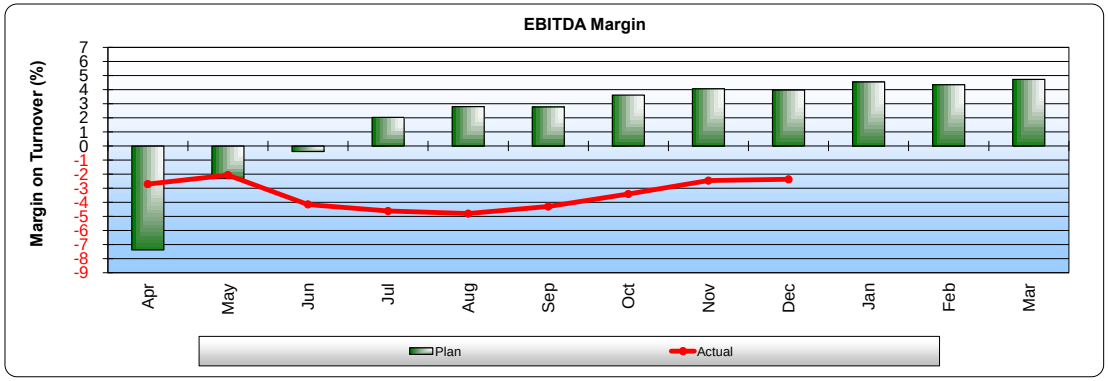
* Income is £6.9m behind plan, with clinical income being £0.4m behind plan and non-clinical income being £6.5m behind plan.

* Operational expenditure is ahead of plan by £16.2m, with further explanation given on the 'Expenditure' sheet.

* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is -£8.5m (-2.37%) compared to plan of £14.5m (3.94%), and is reflective of the reported net I&E performance.





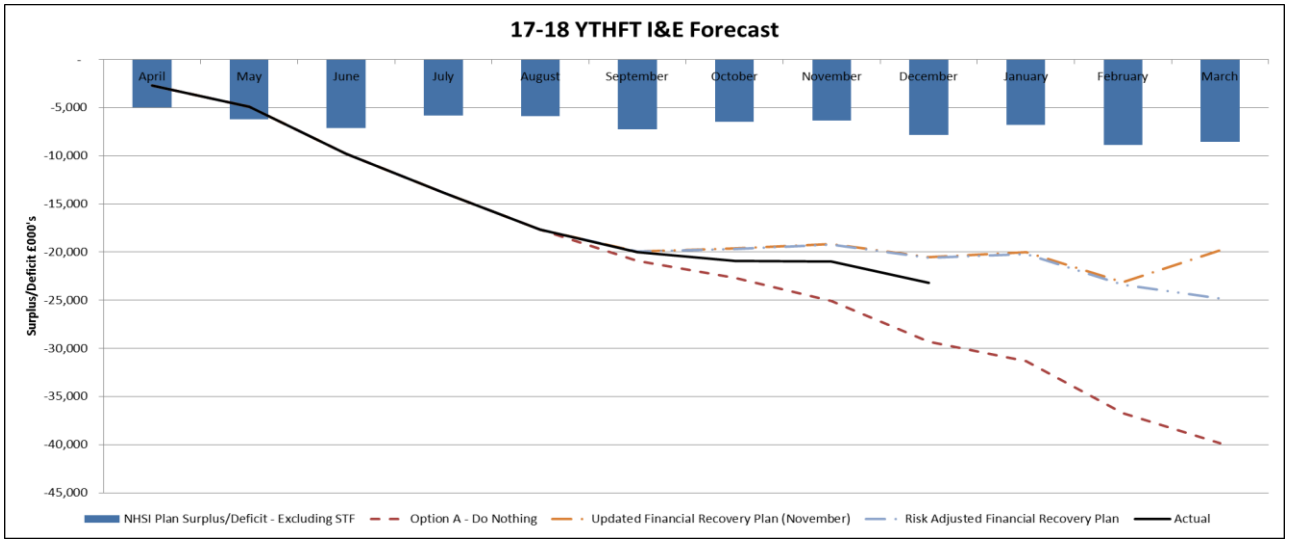


	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	23,353	17,599	18,776	1,177	25,244	1,891
Planned same day (Day cases)	37,810	28,357	29,861	1,504	40,147	2,337
Non-Elective Income	111,619	84,042	84,534	492	113,506	1,887
Outpatients	59,333	44,412	42,861	-1,551	57,627	-1,706
A&E	15,699	11,772	12,384	612	16,588	889
Community	29,976	22,486	22,907	421	30,688	712
Other	157,534	116,839	113,760	-3,079	152,679	-4,855
	435,324	**325,507**	**325,083**	**-424**	**436,479**	**1,155**
Non-NHS Clinical Income						
Private Patient Income	956	717	771	54	1,029	73
Other Non-protected Clinical Income	1,510	1,133	1,589	457	1,902	392
	2,466	**1,849**	**2,360**	**511**	**2,931**	**465**
Other Income						
Education & Training	13,129	9,893	10,673	780	13,928	799
Research & Development	3,296	2,472	2,495	23	3,216	-80
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	623	467	833	365	850	227
Other Income	23,071	18,150	17,705	-445	29,923	6,852
Sparsity Funding	2,600	1,950	1,950	0	2,600	0
STF	11,832	7,691	0	-7,691	0	-11,832
	54,552	**40,623**	**33,655**	**-6,968**	**50,517**	**-4,035**
Total Income	**492,342**	**367,979**	**361,098**	**-6,881**	**489,927**	**-2,415**
Expenditure						
Pay costs	-328,359	-245,300	-250,949	-5,649	-332,086	-3,727
Drug costs	-52,459	-39,538	-42,760	-3,222	-55,846	-3,387
Clinical Supplies & Services	-47,066	-35,144	-35,779	-635	-46,205	861
Other costs (excluding Depreciation)	-49,416	-37,093	-39,771	-2,678	-55,364	-5,948
Restructuring Costs	0	0	-387	-387	-387	-387
CIP	8,048	3,580	0	-3,580	0	-8,048
Total Expenditure	**-469,252**	**-353,495**	**-369,646**	**-16,151**	**-489,888**	**-20,636**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**23,090**	**14,484**	**-8,547**	**-23,032**	**39**	**-23,051**
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	-8,703	-8,703	0	-11,604	0
Depreciation - donated/granted assets	-396	-297	-297	0	-396	0
Interest Receivable/ Payable	130	98	62	-36	103	-27
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	-305	-319	-14	-417	3
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	-5,412	-5,412	0	-7,216	0
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**3,284**	**-135**	**-23,216**	**-23,081**	**-19,791**	**-23,075**

Summary Trust Forecast
Month 9 - The Period 1st April 2017 to 31st December 2017

York Teaching Hospital NHS
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.
Financial Recover Plan: Assumes delivery of the full financial recovery plan and full achievement of the CIP target.
Risk Adjusted Plan: Each element of the Financial Recovery plan is given a weighted adjustment based on its Risk Score.



Year End Position (£000's)

	Option A	Financial Recovery Plan	Risk Adjusted Plan
Clinical Income	432,139	436,479	436,479
Other Income	46,553	53,448	48,748
Total Income	**478,692**	**489,927**	**485,227**
Pay Expenditure	-338,988	-332,473	-332,573
Drug Expenditure	-59,456	-56,350	-56,350
CSS Expenditure	-47,538	-45,055	-45,055
Other Expenditure	-52,713	-56,010	-56,255
Total Operating Expenditure	**-498,695**	**-489,888**	**-490,233**
Other Expenditure	-19,831	-19,831	-19,831
Surplus/Deficit	-39,834	-19,792	-24,837

Contract Performance

Month 9 - The Period 1st April 2017 to 31st December 2017

York Teaching Hospital NHS
NHS Foundation Trust

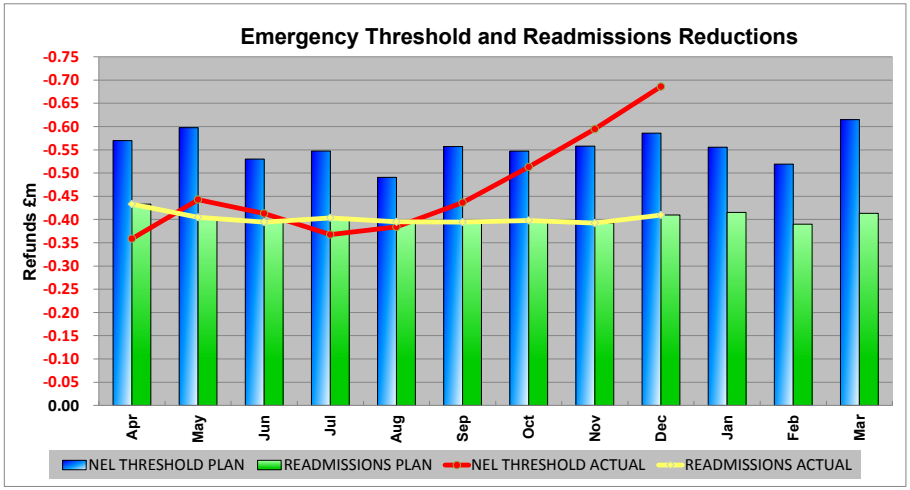
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	216,882	161,302	163,594	2,292
Scarborough & Ryedale CCG	81,515	61,237	63,013	1,776
East Riding CCG	41,841	31,366	31,130	-236
Other Contracted CCGs	16,822	12,634	13,039	405
NHSE - Specialised Commissioning	43,255	32,397	32,001	-396
NHSE - Public Health	15,319	11,491	10,327	-1,164
Local Authorities	4,581	3,438	3,390	-48
Total NHS Contract Clinical Income	**420,215**	**313,865**	**316,494**	**2,629**

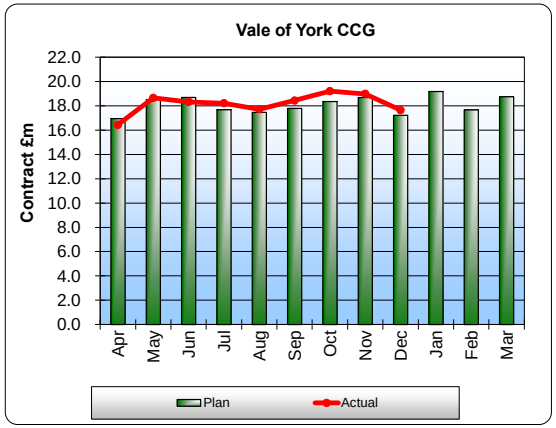
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	15,072	11,614	10,539	-1,075
Risk Income	37	28	0	-28
Total Other NHS Clinical Income	**15,109**	**11,642**	**10,539**	**-1,103**

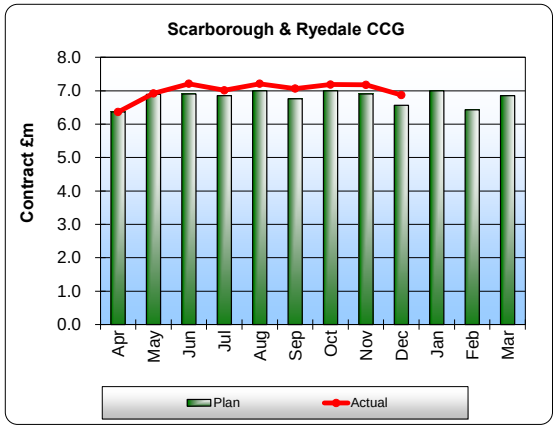
Sparsity funding income moved to other income non clinical	-1950
Winter resilience monies in addition to contract	0

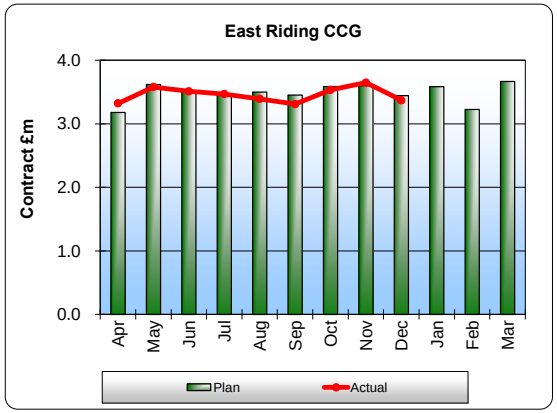
Total NHS Clinical Income	**435,324**	**325,507**	**325,083**	**-424**

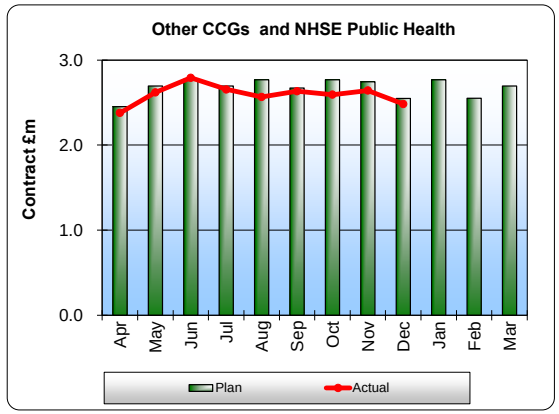
Activity data for December is partially coded (74.5%) and November data is 91% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

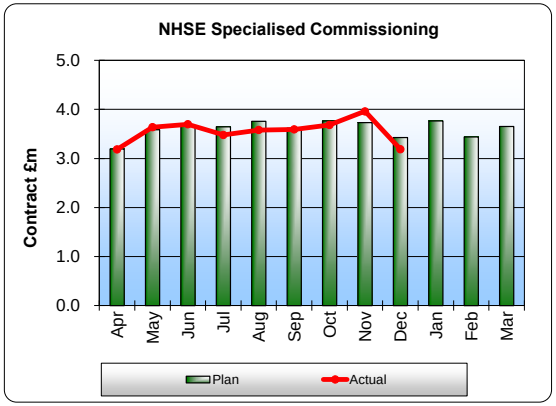


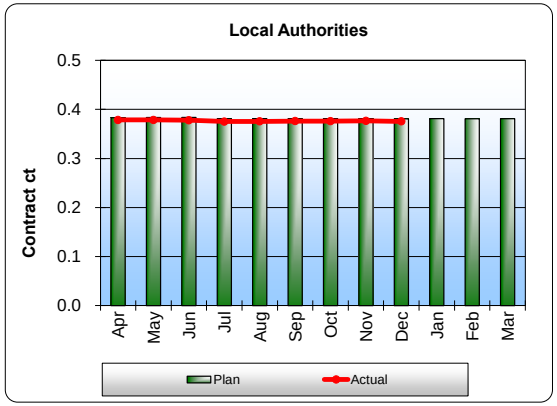












Agency Expenditure Analysis

Month 9 - The Period 1st April 2017 to 31st December 2017

York Teaching Hospital NHS
NHS Foundation Trust

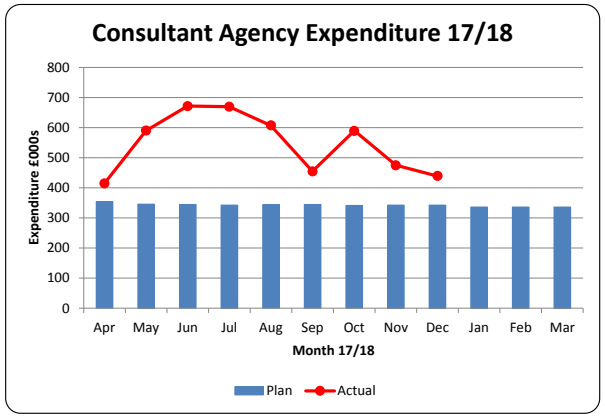
Key Messages:

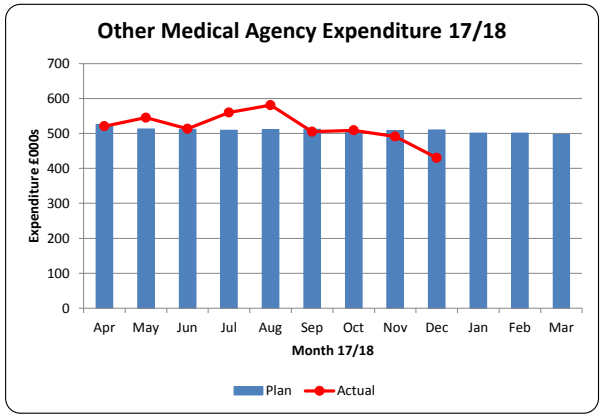
* Total agency spend year to date of £14.3m compared to an NHSI plan of £13m.

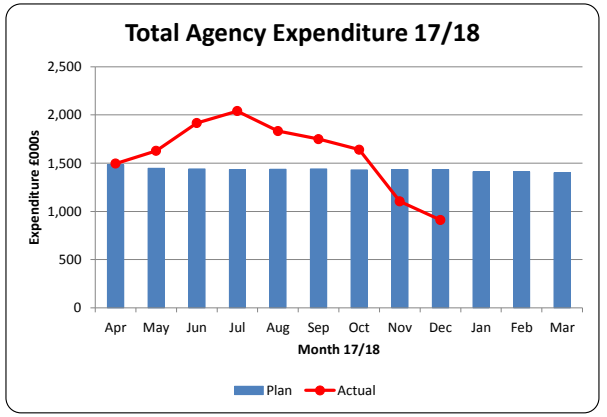
* Consultant Agency spend is ahead of plan by £1.8m.

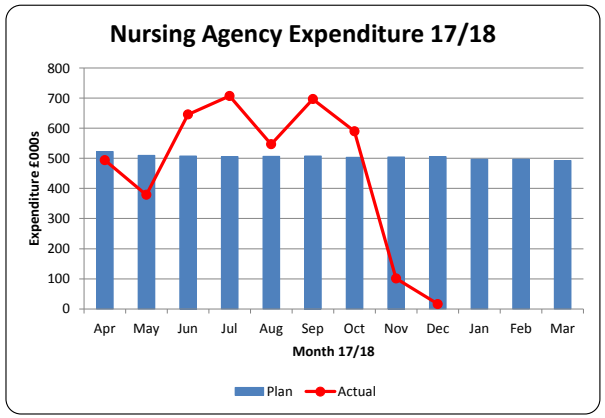
* Nursing Agency is behind plan by £0.4m.

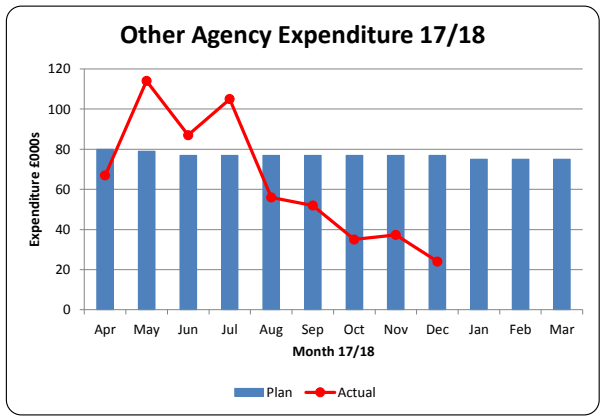
* The Trust is ahead of the Medical Locum Reduction target by £1.5m.

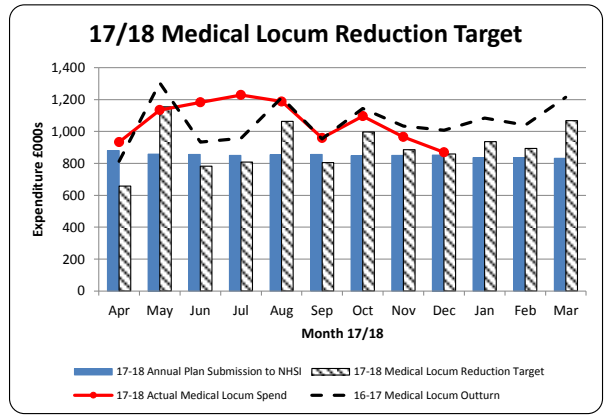












Expenditure Analysis
Month 9 - The Period 1st April 2017 to 31st December 2017

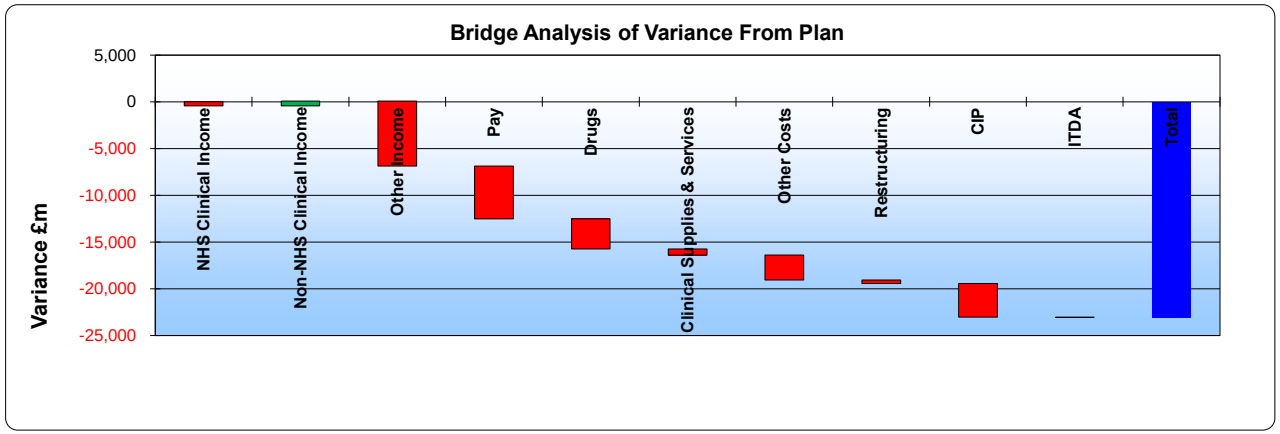
York Teaching Hospital NHS
NHS Foundation Trust

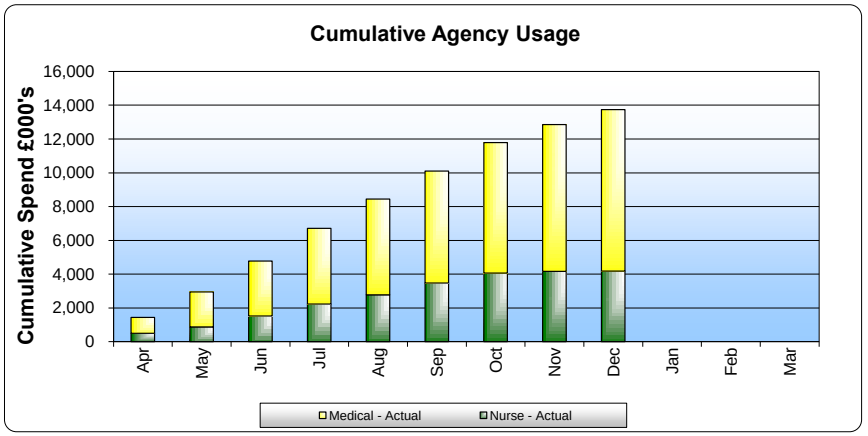
Key Messages:

There is an adverse expenditure variance of £16.1m at the end of December 2017. This comprises:

* Pay budgets are £5.6m ahead of plan.
* Drugs budgets are £3.2m ahead of plan, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £3.6m behind plan.
* Other budgets are £3.7m ahead of plan.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	60,212	45,155	39,104	0	1,000	0	4,907	45,011	144	247	
Medical and Dental	29,570	22,186	22,204	0	247	0	4,655	27,107	-4,920	-3,822	
Nursing	95,628	71,805	59,897	353	291	6,428	4,177	71,146	659	-202	
Healthcare Scientists	11,289	8,022	7,464	171	104	38	114	7,891	131	116	
Scientific, Therapeutic and technical	16,191	12,104	10,745	89	1	30	133	10,998	1,107	541	
Allied Health Professionals	25,918	19,353	18,121	39	196	26	63	18,445	907	762	
HCAs and Support Staff	45,205	33,855	30,797	525	94	58	165	31,639	2,215	1,763	
Chairman and Non Executives	186	140	132	0	0	0	0	132	8	5	
Exec Board and Senior managers	14,034	10,622	10,682	9	0	0	0	10,691	-69	-30	
Admin & Clerical	37,098	27,790	26,483	184	78	92	102	26,938	851	765	
Agency Premium Provision	5,064	3,773	0	0	0	0	0	0	3,773	3,012	
Vacancy Factor	-13,229	-10,399	3	0	0	0	0	3	-10,402	-8,431	
Apprenticeship Levy	1,192	894	949	0	0	0	0	949	-55	-59	
TOTAL	**328,360**	**245,300**	**226,581**	**1,370**	**2,011**	**6,671**	**14,316**	**250,950**	**-5,649**	**-5,333**	





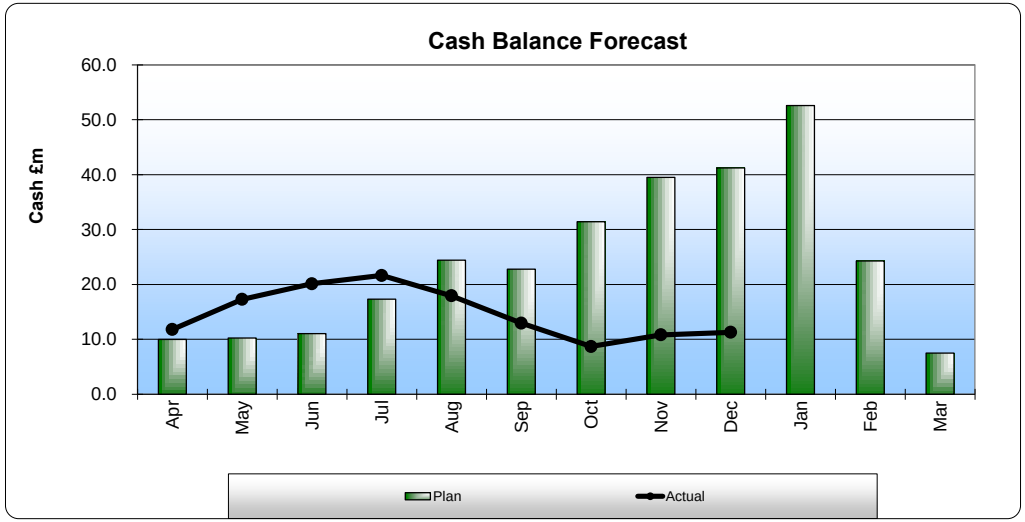
Cash Flow Management
Month 9 - The Period 1st April 2017 to 31st December 2017

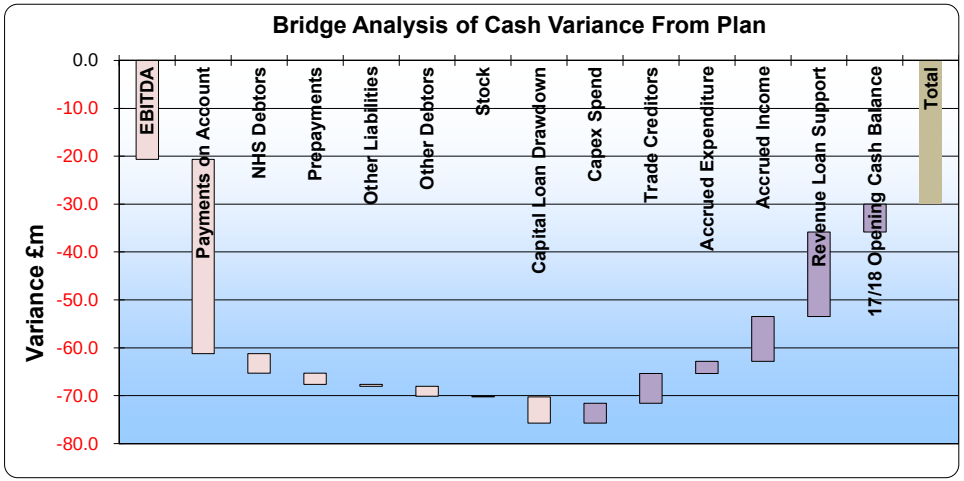
York Teaching Hospital NHS
NHS Foundation Trust

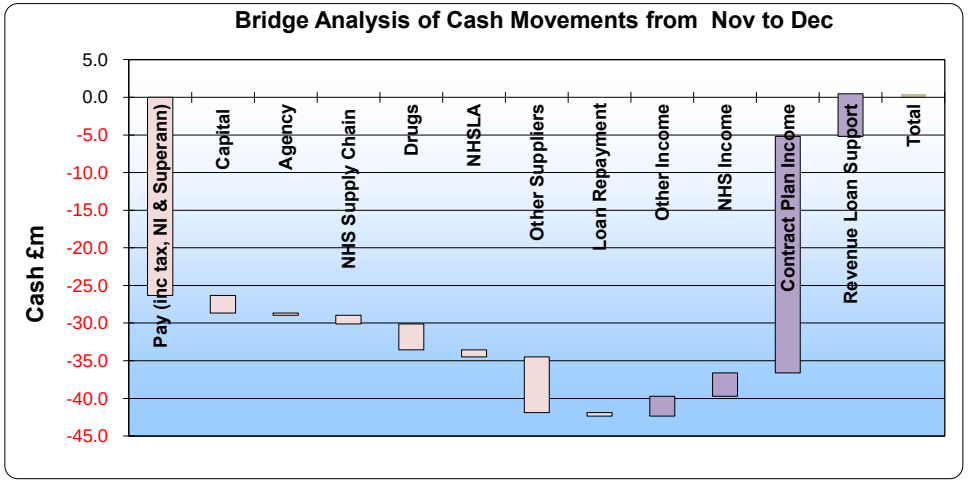
Key Messages:

* The cash position at the end of December was £11m, which is £30m 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 accessing revenue loan support.
- Positive impact from management of creditor payments.







Cash Flow Management
Month 9 - The Period 1st April 2017 to 31st December 2017

York Teaching Hospital NHS
NHS Foundation Trust

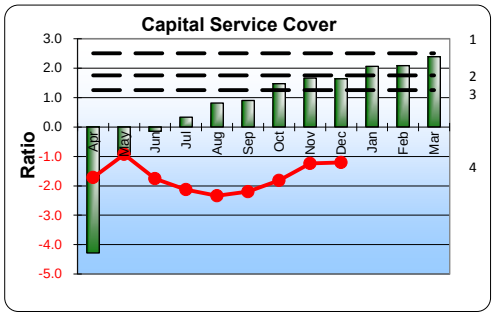
Key Messages:

* The receivables balance at the end of December was £8m, which is below plan.
* The payables balance at the end of December was £12.8m, which is higher than plan.
* The Use of Resources Rating is assessed as a score of 4 in December, and is reflective of the I&E position.

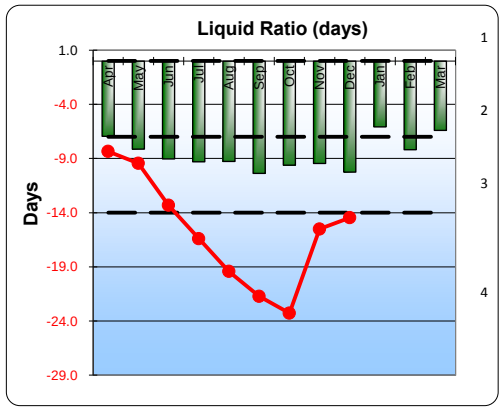
Significant Aged Debtors (+6mths)

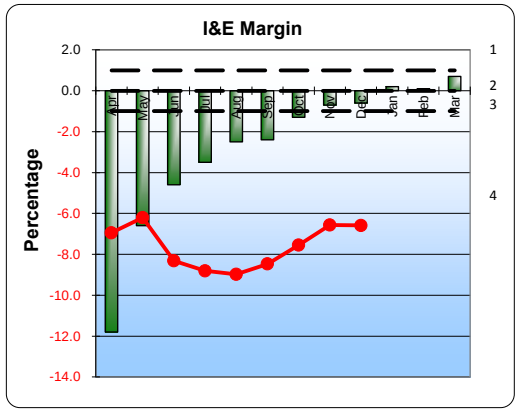
NHS Property Services	**£367K**
Harrogate & District NHS Foundation Trust	**£281K**
Hull & East Yorkshire NHS Trust	**£269K**

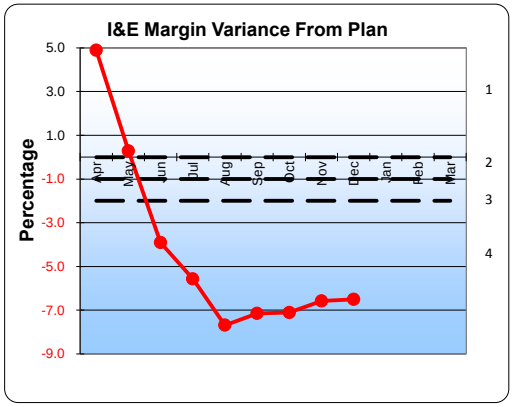
	Under 3 mths	3-6 mths	6-12 mths	12 mths +	Total
	£m	£m	£m	£m	£m
Payables	9.67	1.60	0.93	0.64	12.84
Receivables	5.64	0.57	0.90	0.95	8.06

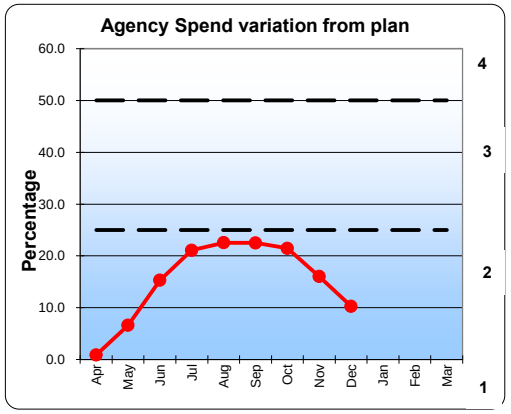


	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquidity (20%)	2	3	4	3
Capital Service Cover (20%)	2	2	4	4
I&E Margin (20%)	2	3	4	4
I&E Margin Variance From Plan (20%)	1	1	4	4
Agency variation from Plan (20%)	1	1	2	1
Overall Use of Resources Rating	**2**	**2**	**4**	**3**









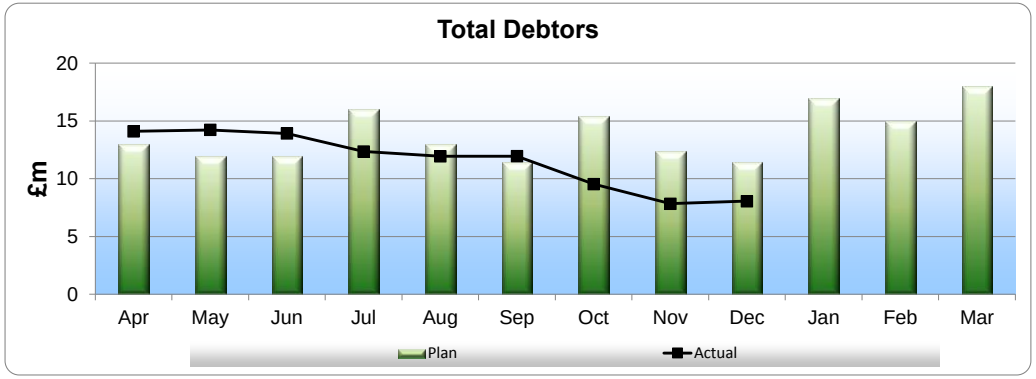
Debtor Analysis

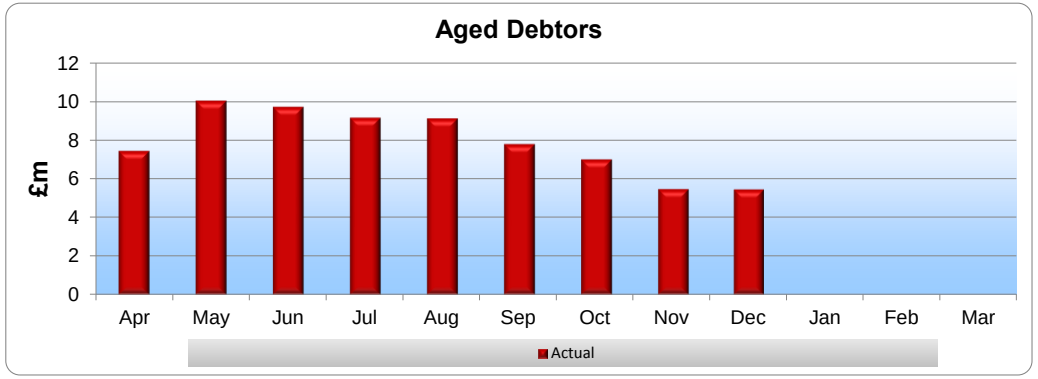
Month 9 - The Period 1st April 2017 to 31st December 2017

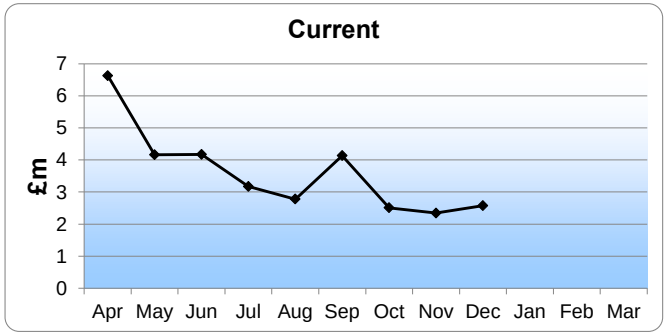
York Teaching Hospital NHS
NHS Foundation Trust

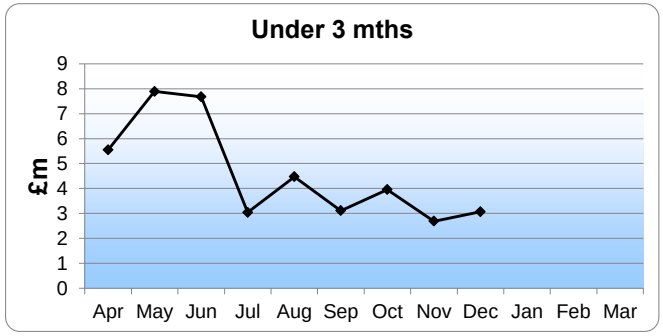
Key Messages:

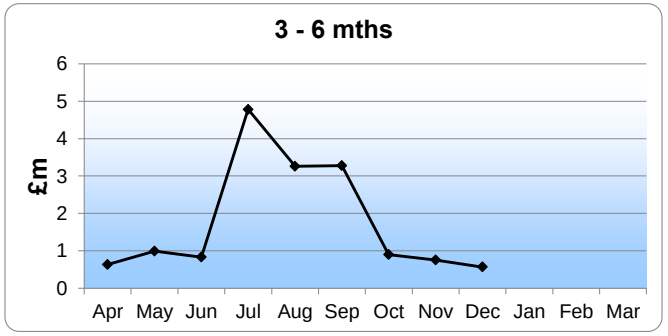
* At the end of December, the total debtor balance was £8m, with £2.6m relating to 'current' invoices not due.
* Aged debt totalled £5.4m, which represents a reduction of £250k from the previous year December position.
* For the second month running the aged debt figure remains below the previous years comparative figures.
* Debt collection activity remains a focus for the Trust.

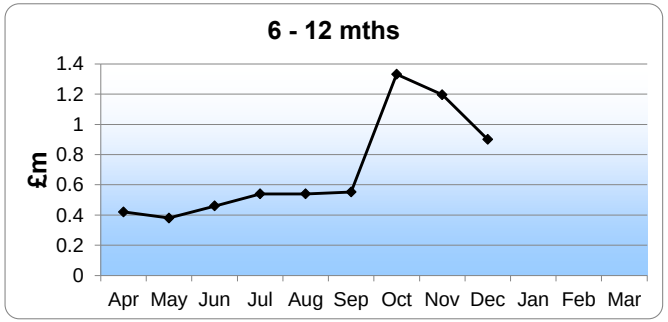


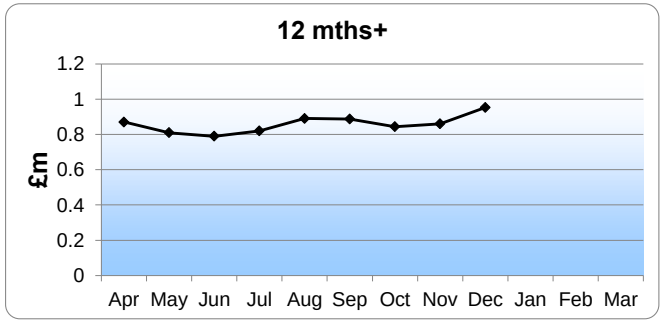


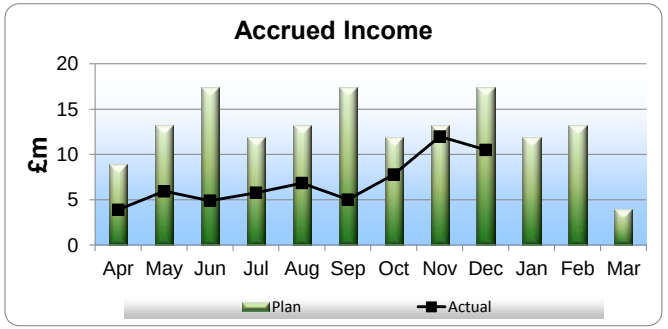










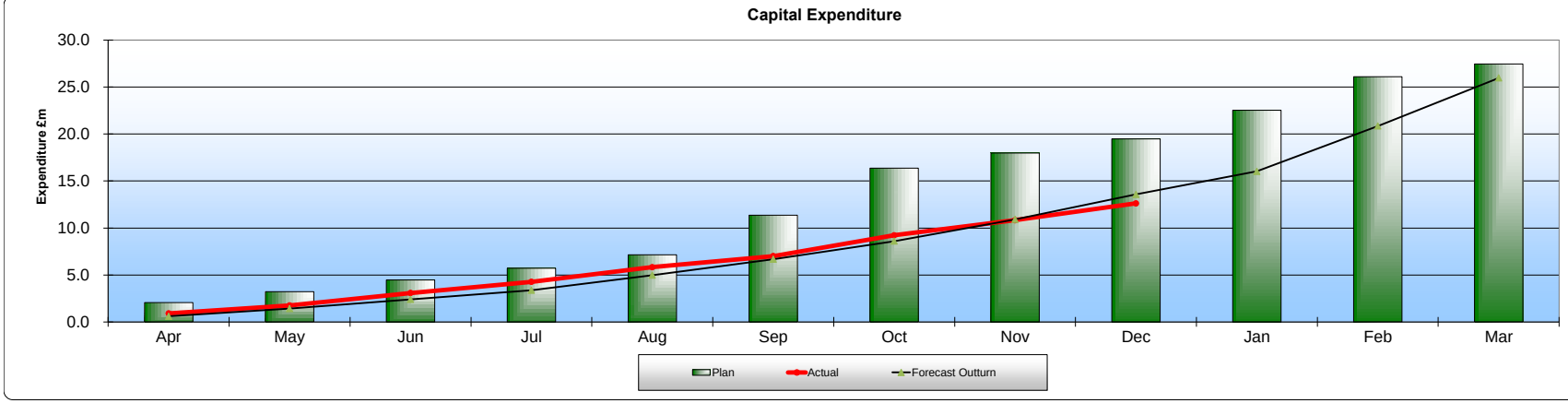


Capital Programme
Month 9 - The Period 1st April 2017 to 31st December 2017

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The Capital plan for 2017-18 totals £27.466m, with a forecast outturn position of £21.465
* The reduction is partly due to slippage of the Endoscopy scheme due to the delay in funding approval
* Depreciation funded schemes have also being slipped to preserve the cash position.
* Work on the Endoscopy extension will commence on site in November and detailed designs for the VIU/ Cardiac extension will be developed at an expected cost of approx £1m.
* Included in the forecast outturn are two schemes at York & Scarborough to deliver primary care streaming and are to be funded from PDC awarded from the Department of Health



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
York Micro/ Histology integration	2,411	49	69	2,342	
SGH Pathology /Blood Sciences	1,251	364	400	851	
Theatre 10 to cardiac/vascular	1,265	1,346	1,445	-180	
Radiology Replacement	5,526	568	4,450	1,076	
Radiology Lift Replacement SGH	799	276	624	175	
Fire Alarm System SGH	940	0	495	445	
Other Capital Schemes	985	2,499	4,681	-3,696	
SGH Estates Backlog Maintenance	1,300	701	1,072	228	
York Estates Backlog Maintenance - York	1,200	1,006	1,000	200	
Cardiac/VIU Extention	1,000	565	1,000	0	
Medical Equipment	500	172	280	220	
IT Capital Programme	1,500	1,022	1,703	-203	
Capital Programme Management	1,450	1,233	1,310	140	
SGH replacement of estates portakabins	1,339	1,597	1,652	-313	
Endoscopy Development	5,500	317	1,284	4,216	
Contingency	500	0	0	500	
Estimated In year work in progress	0	904	0	0	
TOTAL CAPITAL PROGRAMME	**27,466**	**12,619**	**21,465**	**6,001**	

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	8,973	10,260	294	
Loan Funding b/fwd	4,450	1,178	2,284	2,166	
Loan Funding	6,500	0	4,450	2,050	
Charitable Funding	623	75	350	273	
Strategic Capital Funding	5,339	2,361	3,291	2,048	
PDC Funded Schemes	0	32	830	-830	
TOTAL FUNDING	**27,466**	**12,619**	**21,465**	**6,001**	

Efficiency Programme

Month 9 - The Period 1st April 2017 to 31st December 2017

York Teaching Hospital NHS
NHS Foundation Trust

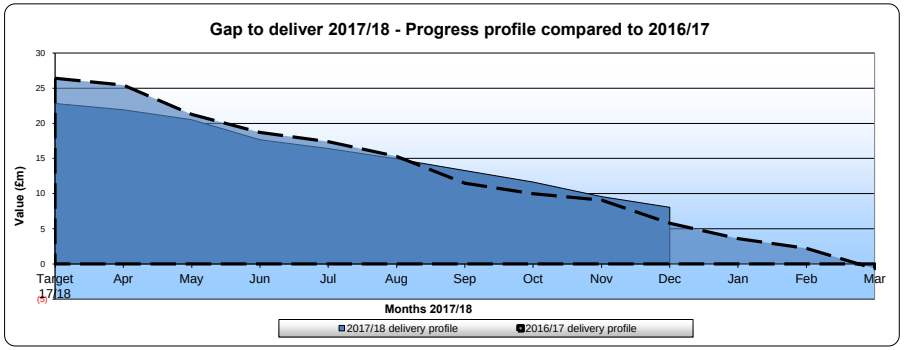
Key Messages:

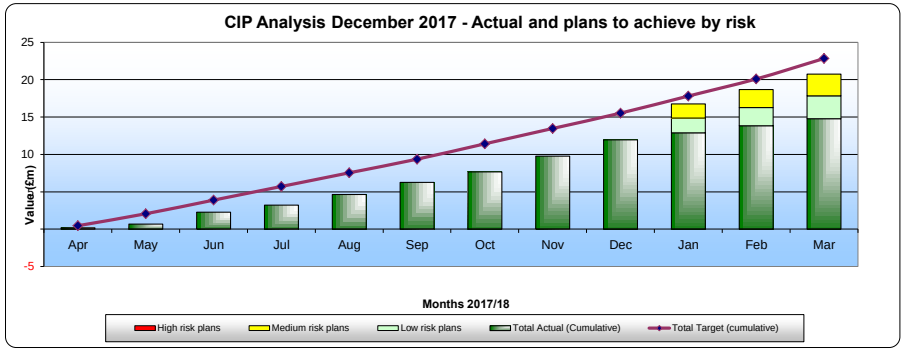
* Delivery - £14.8m has been delivered against the Trust annual target of £22.8m, giving a shortfall of (£8m).
* Part year NHSI variance - The part year NHSI variance is (£3.6m).
* In year planning - The 2017/18 planning gap is currently (2.1m).
* Four year planning - The four year planning gap is (£3.5m).
* Recurrent delivery - Recurrent delivery is £7.23m in-year, which is 32% of the 2017/18 CIP target.

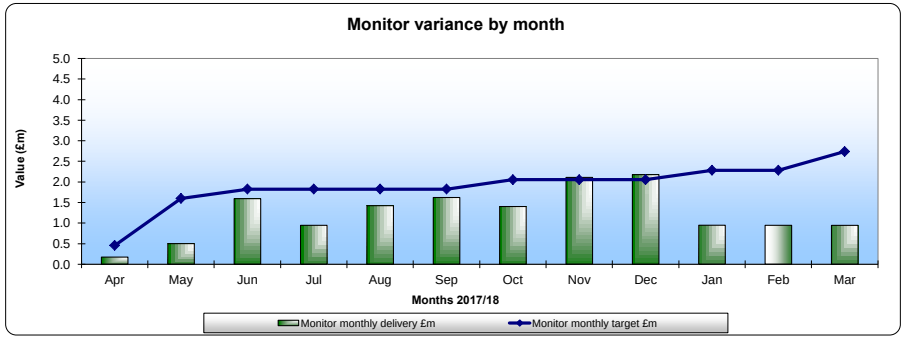
Executive Summary - December 2017	
	Total £m
TARGET	
In year target	22.8
DELIVERY	
In year delivery	14.8
In year delivery (shortfall)/Surplus	-8.0
Part year delivery (shortfall)/surplus - NHSI variance	-3.6
PLANNING	
In year planning surplus/(gap)	-2.1
FINANCIAL RISK SCORE	
Overall trust financial risk score	HIGH

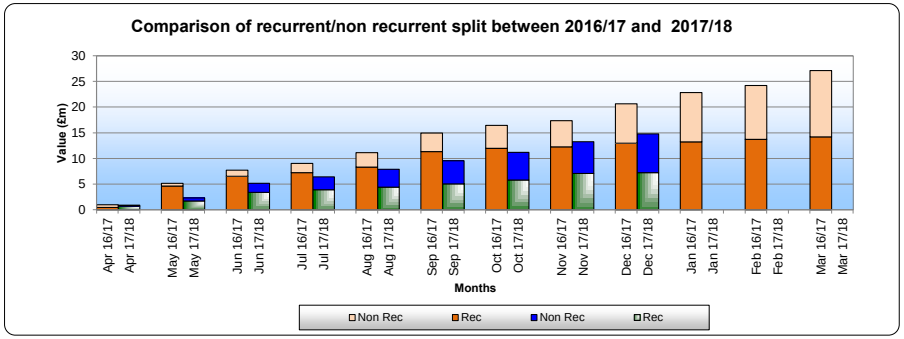
4 Year Efficiency Plan - December 2017					
Year	2017/18	2018/19	2019/20	2020/21	**Total**
	£m	£m	£m	£m	**£m**
Base Target	22.8	12.7	12.7	12.7	**61.0**
Plans	20.7	17.8	10.7	8.3	**57.5**
Variance	-2.1	5.1	-2.1	-4.4	**-3.5**
%	**91%**	**140%**	**84%**	**65%**	**94%**

Risk Ratings			
Financial			
Risk	October	November	Trend
High	15	14	↓
Medium	4	4	↔
Low	8	9	↑
Governance			
Risk	October	November	Trend
High	1	1	↔
Medium	7	8	↑
Low	19	18	↓







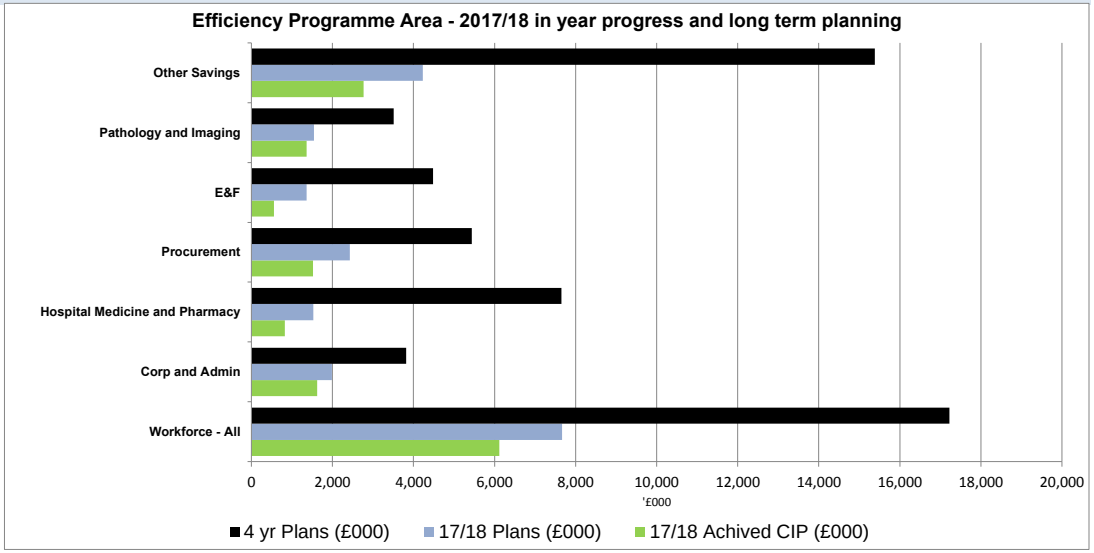


Key Messages:

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.
* NHSI Productivity Team, initial meetings held with first wave of programme (Radiology, Orthopaedics, Procurement, Estates and Facilities and Cardiology). Plans to be costed.

EFFICIENCY PROGRAM - CARTER WORKSTREAM PERFORMANCE DECEMBER 2017

Efficiency Programme Area	4 yr Plans (£000)	17/18 Plans (£000)	17/18 Achived CIP (£000)
Workforce - All	17,220	7,662	6,117
Corp and Admin	3,822	1,988	1,626
Hospital Medicine and Pharmacy	7,646	1,528	825
Procurement	5,441	2,430	1,517
E&F	4,483	1,365	554
Pathology and Imaging	3,512	1,544	1,366
Other Savings	15,382	4,228	2,771
TOTAL	57,506	20,745	14,776



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.

NHSI Productivity

1. Work has commenced with NHSI Productivity and initial meetings have been held with the 4 areas identified as the first wave (Radiology, Orthopaedics, Procurement, Estates and Facilities and Cardiology). NHSI are supporting the Trust in formulating cohesive plans for 3-4 schemes in each of the areas. Follow-up review meetings for each area are scheduled for early December with an over-arching review in early January 2018.

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.

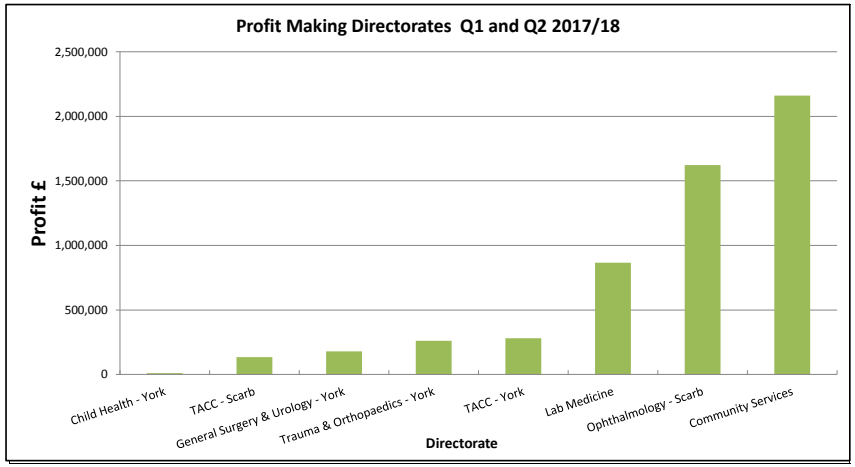
2. Radiology data collection pro-formas for 2016/17 received by the Trust.

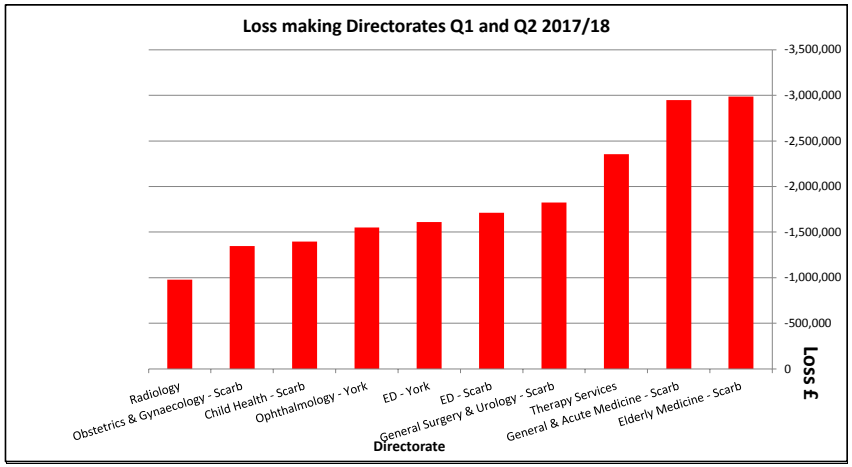
Service Line Reporting
Month 9 - The Period 1st April 2017 to 31st December 2017

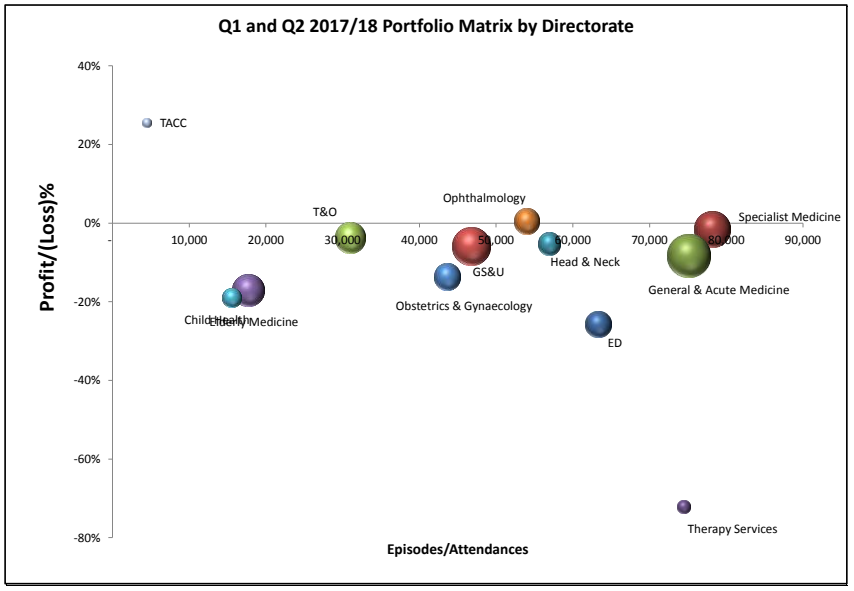
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Current data is based on Q1 and Q2 2017/18
* It is expected that Q2 2017/18 data will be completed early March 2018
* The SLR Leadership Programme was launched on 25th September 2017







DATA PERIOD	Q1 and Q2 2017/18
CURRENT WORK	* Q3 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 * Q4 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	**£3.559m**

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D2 NHS
York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
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 December 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 December 2017 is £14.8m.

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: January 2018

Briefing note for the Finance & Performance Committee meeting 23 January 2018 and Board of Directors meeting 31 January 2018

1. Summary reported position for December 2017

1.1 Current position – highlights

Delivery - Delivery is £14.8m in December 2017 which is (65%) of the £22.8m annual target. This position compares to a delivery position of £20.6m in December 2016.

Part year delivery is £3.6m behind the profiled plan submitted to NHSI.

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

In year planning – At December 2017 CIP planning is £20.7m (91%) with a gap of (£2.1m), the comparative position in December 2016 was a gap of (£2m).

Four year planning – The four year planning gap is (£3.5m). The position in December 2016 was a gap of (£10.2m).

Recurrent vs. Non recurrent – Of the £14.8m delivery, £7.23m (49%) in-year has been delivered recurrently. Recurrent delivery is £5.6m behind the same position in December 2016.

Quality Impact Assessments (QIA) –

Directorates are currently assessing their CIP schemes. A review by the Clinical Lead for Efficiency is underway and schemes assessed to date are categorised as Low risk.

1.2 Overview

The December 2017 delivery position of £14.8m is £3.6m behind the NHSI plan.

The in-year planning position has improved slightly from £20.2m to £20.7m.

The work programme with NHSI Productivity will have an impact on CIP Plans going forward with the benefit of planning being realized in 2018/2019 and future years.

There has been a slight improvement in 4 year plans, moving from to £56m to £57.5m leaving a planning gap of £3.5m.

There are 14 High Risk Directorates in terms of planning and delivery, 10 of which are Clinical Directorates; an improvement on November's position of 15 High Risk Directorates.

Monthly delivery in December saw a decline on the previous month's delivery, down from £2.1m to £1.5m. The relative Directorate positions are shown in ***Appendix 2*** attached.

A letter from A Bertram has been sent to all Directorates for renewed focus on CIP delivery with the emphasis on recurrent delivery.

Efficiency Panels with 9 Directorates have been held with the focus on providing support to Directorates in terms of planning and delivery.

Work has commenced with NHSI Productivity and initial meetings have been held with the 5 areas identified as the first wave (Radiology, Orthopaedics, Procurement, Cardiology and Estates and Facilities). NHSI are supporting the Trust in formulating cohesive plans for 3-4 schemes in each of the areas. Follow-up review meetings for each area are scheduled for early December with an over-arching review in the middle of January 2018.

The Resource Management Team are reviewing the next cohort of Specialties that will be included in the second wave of the NHSI Productivity Work Programme.

DIRECTORATE	Yr1 Target	4Yr Target	Yr 1 Plan v Target		Yr 1 Delivery v Target		Yr 1 Recurrent Delivery		4 Yr Plan v Target			Overall Financial Risk	Governance Risk
	£0	£0	%	Risk	%	Risk	%	Risk	%	Risk	Total Score		
WOMENS HEALTH	2	3	46%	HIGH	27%	HIGH	23%	HIGH	44%	HIGH	12	HIGH	LOW
SPECIALIST MEDICINE	3	7	53%	HIGH	39%	HIGH	24%	HIGH	46%	HIGH	12	HIGH	LOW
RADIOLOGY	2	3	49%	HIGH	43%	HIGH	28%	HIGH	57%	HIGH	12	HIGH	MEDIUM
GS&U	2	5	61%	HIGH	50%	HIGH	28%	HIGH	92%	HIGH	12	HIGH	MEDIUM
CHILD HEALTH	1	2	83%	HIGH	52%	HIGH	30%	HIGH	60%	HIGH	12	HIGH	LOW
GEN MED SCARBOROUGH	1	2	71%	HIGH	53%	HIGH	34%	HIGH	74%	HIGH	12	HIGH	LOW
AHP & PSYCHOLOGICAL MEDICINE	1	3	70%	HIGH	58%	HIGH	32%	HIGH	53%	HIGH	12	HIGH	LOW
EMERGENCY MEDICINE	1	5	61%	HIGH	61%	HIGH	29%	HIGH	33%	HIGH	12	HIGH	LOW
TACC	3	7	105%	MEDIUM	48%	HIGH	42%	HIGH	69%	HIGH	11	HIGH	LOW
GEN MED YORK	1	6	101%	MEDIUM	64%	MEDIUM	25%	HIGH	91%	HIGH	10	HIGH	LOW
HEAD AND NECK	1	2	108%	MEDIUM	73%	MEDIUM	42%	HIGH	104%	MEDIUM	9	MEDIUM	LOW
MEDICINE FOR THE ELDERLY	1	3	101%	MEDIUM	78%	LOW	8%	HIGH	60%	HIGH	9	MEDIUM	LOW
SEXUAL HEALTH	1	1	100%	MEDIUM	86%	LOW	43%	HIGH	102%	MEDIUM	8	MEDIUM	LOW
COMMUNITY	0	1	103%	MEDIUM	64%	MEDIUM	62%	LOW	152%	LOW	6	LOW	LOW
OPHTHALMOLOGY	1	3	119%	LOW	88%	LOW	25%	HIGH	112%	LOW	6	LOW	MEDIUM
LAB MED	1	3	125%	LOW	112%	LOW	96%	LOW	73%	HIGH	6	LOW	MEDIUM
PHARMACY	0	1	156%	LOW	136%	LOW	45%	MEDIUM	115%	LOW	5	LOW	MEDIUM
ORTHOPAEDICS	1	3	158%	LOW	155%	LOW	105%	LOW	120%	LOW	4	LOW	MEDIUM
CORPORATE													
OPS MANAGEMENT YORK	0	1	15%	HIGH	15%	HIGH	0%	HIGH	12%	HIGH	12	HIGH	LOW
ESTATES AND FACILITIES	2	6	65%	HIGH	26%	HIGH	20%	HIGH	73%	HIGH	12	HIGH	LOW
SNS	0	1	103%	MEDIUM	41%	HIGH	8%	HIGH	90%	HIGH	11	HIGH	HIGH
CHIEF NURSE TEAM DIRECTORATE	0	1	100%	HIGH	72%	MEDIUM	5%	HIGH	57%	HIGH	11	HIGH	LOW
CHAIRMAN & CHIEF EXECUTIVES OFFICE	0	0	165%	LOW	165%	LOW	40%	HIGH	67%	HIGH	8	MEDIUM	LOW
MEDICAL GOVERNANCE	0	0	111%	LOW	111%	LOW	78%	LOW	61%	HIGH	6	LOW	MEDIUM
FINANCE	0	1	194%	LOW	194%	LOW	94%	LOW	71%	HIGH	6	LOW	LOW
HR	0	1	132%	LOW	122%	LOW	53%	LOW	115%	LOW	4	LOW	LOW
LOD&R	0	1	235%	LOW	227%	LOW	80%	LOW	137%	LOW	4	LOW	MEDIUM
TRUST SCORE	**23**	**63**	**91%**	HIGH	**65%**	MEDIUM	**32%**	HIGH	**91%**	HIGH	**11**	HIGH	LOW

APPENDIX 2

YTD Directorate CIP Progress - December 2017

DIRECTORATE	Annual Target	YTD Budget	April Achieved	May Achieved	June Achieved	July Achieved	August Achieved	September Achieved	October Achieved	November Achieved	December Achieved	YTD Achieved	YTD Variance	% YTD Target Achieved
	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	(£000)	%
SPECIALIST MEDICINE	2,818	1,916	1	15	69	117	109	75	99	142	175	802	-1,114	42%
TACC	2,662	1,810	1	31	178	175	45	63	259	86	151	989	-821	55%
GS&U	1,952	1,328	33	19	51	103	83	77	83	181	134	763	-565	57%
RADIOLOGY	1,863	1,267	3	21	29	74	66	93	72	102	200	661	-606	52%
GEN MED YORK	1,801	1,260	1	11	48	84	245	47	133	39	81	689	-571	55%
WOMENS HEALTH	1,654	1,124	4	21	30	63	26	36	35	37	76	328	-796	29%
AHP & PSYCHOLOGICAL MEDICINE	1,257	855	1	25	28	77	39	209	34	110	104	627	-228	73%
MEDICINE FOR THE ELDERLY	1,225	833	11	30	30	33	49	28	83	249	142	656	-177	79%
EMERGENCY MEDICINE	865	552	0	6	36	44	44	28	27	280	65	529	-23	96%
CHILD HEALTH	849	577	4	0	49	61	103	23	20	59	64	383	-194	66%
OPHTHALMOLOGY	826	562	0	17	190	5	16	156	7	22	288	699	137	124%
HEAD AND NECK	717	487	0	55	108	1	10	69	3	142	69	456	-31	94%
GEN MED SCARBOROUGH	696	474	2	5	25	60	34	23	37	37	37	259	-215	55%
ORTHOPAEDICS	682	464	21	37	308	155	68	41	184	42	98	954	490	206%
LAB MED	551	374	3	40	60	183	54	36	41	40	42	499	125	133%
SEXUAL HEALTH	540	368	9	19	84	87	45	46	41	38	36	406	38	110%
COMMUNITY	438	298	0	1	4	11	18	-3	30	128	23	212	-86	71%
PHARMACY	431	293	1	7	19	55	58	215	12	41	108	517	224	176%
CORPORATE														
ESTATES AND FACILITIES	2,101	1,429	18	28	28	100	53	109	37	35	40	449	-980	31%
FINANCE	465	316	0	28	52	93	162	80	81	133	90	718	402	227%
SNS	433	295	0	7	75	0	5	62	3	3	10	166	-129	56%
CHIEF NURSE TEAM DIRECTORATE	351	239	0	10	21	0	14	91	0	0	104	240	1	101%
HR	256	174	18	10	8	13	75	14	51	78	20	287	113	165%
CHAIRMAN & CHIEF EXECUTIVES OFF	192	130	0	0	42	34	14	36	48	40	36	248	118	190%
OPS MANAGEMENT YORK	171	116	0	0	8	3	1	1	1	1	8	22	-94	19%
LOD&R	169	115	19	14	33	27	59	25	39	50	81	347	232	302%
MEDICAL GOVERNANCE	117	80	0	22	-13	12	1	5	4	65	9	104	24	130%
TRUST SCORE	**26,082**	**17,736**	**151**	**479**	**1,599**	**1,669**	**1,496**	**1,683**	**1,462**	**2,181**	**2,291**	**13,011**	**-4,725**	**73%**

Public Performance Report

January 2018

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

Performance Report
Chapter Index

Chapter	Sub-Section
Performance	Trust Performance Index
	STF Trajectory
	Trust Unplanned Care - Emergency Care Standard
	Trust Unplanned Care - Adult Admissions
	Trust Length of Stay & Delayed Transfers of Care
	Trust Paediatric Admissions
	Trust Planned Care Outpatients
	Trust Planned Care - Elective Activity & Theatre Utilisation
	Diagnostics & 18 Weeks RTT Incomplete
	Cancer

Activity Summary: Trust

Operational Performance: Unplanned Care	Monthly Target/ Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Emergency Care Attendances		14524	13560	15695	16099	16834	16330	17438	17134	15979	16570	15158	16236
Emergency Care Breaches		3168	2519	1680	1144	2018	1328	2268	2033	2697	2222	1263	2766
Emergency Care Standard Performance	95%	78.2%	81.4%	89.3%	92.9%	88.0%	91.9%	87.0%	88.1%	83.1%	86.6%	91.7%	83.0%
ED Conversion Rate: Proportion of ED attendances subsequently admitted		39.2%	38.8%	38.9%	37.9%	37.0%	36.8%	35.9%	36.5%	37.7%	37.7%	39.0%	40.8%
ED Total number of patients waiting over 8 hours in the departments		1076	842	319	136	378	158	323	274	528	371	152	791
ED 12 hour trolley waits	0	45	6	9	0	3	0	2	1	1	2	0	5
ED: % of attendees assessed within 15 minutes of arrival		57.8%	61.3%	73.6%	79.7%	72.8%	72.9%	70.7%	68.8%	67.9%	66.7%	69.3%	57.1%
ED: % of attendees seen by doctor within 60 minutes of arrival		37.5%	41.9%	48.2%	51.8%	40.1%	43.3%	36.6%	43.6%	34.7%	35.5%	42.1%	40.5%
Ambulance Handovers waiting 15-29 minutes	0	473	448	430	211	272	335	360	446	469	745	649	823
Ambulance handovers waiting >30 minutes	0	330	289	183	68	164	150	215	258	331	368	172	537
Ambulance handovers waiting >60 minutes	0	379	303	67	35	92	75	96	106	207	257	55	548
Non Elective Admissions (excl Paediatrics & Maternity)		4216	3872	4574	4204	4378	4476	4420	4412	4266	4433	4320	4585
Non Elective Admissions - Paediatrics		745	659	791	675	664	607	616	495	673	792	801	935
Delayed Transfers of Care - Acute Hospitals		967	949	1089	875	908	902	806	1238	965	932	958	865
Delayed Transfers of Care - Community Hospitals		244	401	488	442	313	298	352	234	445	312	439	506
Patients with LoS >= 7 Midnights (Elective & Non-Elective)		1175	981	1079	1047	1109	1013	1063	1015	1052	1067	1070	1042
Ward Transfers - Non clinical transfers after 10pm	100	138	98	111	79	90	60	110	70	84	67	57	113
Emergency readmissions within 30 days		721	693	798	707	800	814	771	743	704	732	2 months behind	2 months behind

Operational Performance: Planned Care	Monthly Target/ Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Outpatients: All Referral Types		17455	16415	18972	15684	17599	18560	17683	16966	16582	17988	17354	14077
Outpatients: GP Referrals		9259	9029	10707	8431	9207	10096	9387	9133	9029	9682	9488	7242
Outpatients: Consultant to Consultant Referrals		2318	2134	2302	1985	2208	2281	2285	2230	1999	2288	2173	1792
Outpatients: Other Referrals		5878	5252	5963	5268	6184	6183	6011	5603	5554	6018	5693	5043
Outpatients: 1st Attendances		12856	11296	13892	10352	12318	12517	11979	11741	11721	12812	12930	10100
Outpatients: Follow Up Attendances		27681	24908	29563	23150	27794	27820	26708	26558	26826	28301	29618	24023
Outpatients: 1st to FU Ratio		2.15	2.21	2.13	2.24	2.26	2.22	2.23	2.26	2.29	2.21	2.29	2.38
Outpatients: DNA rates		7.1%	6.8%	6.6%	6.8%	7.1%	7.2%	7.0%	6.7%	6.6%	6.1%	6.1%	6.1%
Outpatients: Cancelled Clinics with less than 14 days notice	180	185	175	222	151	163	147	147	140	203	197	190	133
Outpatients:Hospital Cancelled Outpatient Appointments for non-clinical reasons		883	877	912	906	891	942	834	823	817	862	780	702
Diagnostics: Patients waiting <6 weeks from referral to test	99%	99.0%	99.0%	99.0%	97.2%	98.1%	98.8%	98.9%	99.1%	98.9%	98.3%	98.5%	97.5%
Elective Admissions		699	631	787	610	749	758	715	720	685	794	790	598
Day Case Admissions		6154	5822	6800	5447	6216	6364	5896	6048	5848	6262	6126	5183
Cancelled Operations within 48 hours - Bed shortages		191	117	53	4	57	10	23	12	38	27	2	74
Cancelled Operations within 48 hours - Non clinical reasons		246	169	122	46	154	57	64	57	84	91	65	169
Theatres: Utilisation of planned sessions		85.9%	85.7%	90.4%	90.5%	86.9%	89.3%	88.4%	89.6%	89.2%	88.4%	92.5%	86.4%
Theatres: number of sessions held		669	617	706	531	621	633	629	590	619	704	718	542
Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)		30	55	65	70	84	71	72	56	77	57	54	76

Activity Summary: Trust

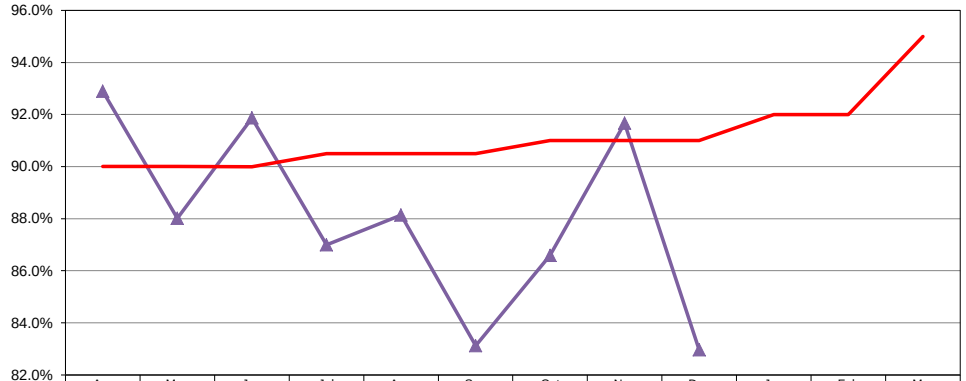
18 Weeks Referral To Treatment	Monthly Target/ Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Incomplete Pathways	92%	89.0%	89.2%	89.5%	88.9%	89.6%	89.1%	88.2%	87.5%	86.9%	87.4%	87.2%	85.8%
Waits over 52 weeks for incomplete pathways	0	0	0	1	0	1	0	1	1	0	1	0	4
Waits over 36 weeks for incomplete pathways	0	152	172	168	159	165	156	152	197	197	199	202	238
Number of patients on Admitted Backlog (18+ weeks)	-	1344	1296	1220	1426	1357	1331	1418	1353	1457	1465	1448	1623
Number of patients on Non Admitted Backlog (18+ weeks)	-	1441	1410	1427	1380	1302	1520	1720	1976	1884	1699	1761	1815

Cancer (one month behind due to national reporting timetable)	Quarterly target	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Cancer 2 week (all cancers)	93%	88.7%	93.9%	90.9%	86.4%	86.2%	87.0%	80.7%	83.4%	84.8%	86.8%	93.4%	1 month behind
Cancer 2 week (breast symptoms)	93%	94.3%	94.7%	94.9%	88.0%	95.0%	95.1%	97.1%	98.2%	98.6%	97.0%	94.5%	1 month behind
Cancer 31 day wait from diagnosis to first treatment	96%	96.7%	97.8%	96.1%	96.6%	96.6%	98.4%	98.3%	97.7%	97.9%	96.8%	98.7%	1 month behind
Cancer 31 day wait for second or subsequent treatment - surgery	94%	95.0%	94.6%	97.5%	92.5%	94.1%	97.2%	95.2%	97.1%	95.7%	82.5%	97.4%	1 month behind
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	100.0%	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%	83.1%	78.0%	82.5%	85.2%	76.8%	80.6%	82.4%	83.2%	76.4%	73.9%	86.3%	1 month behind
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	92.2%	83.3%	86.0%	91.7%	93.5%	96.4%	86.8%	98.5%	93.1%	90.9%	90.6%	1 month behind

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

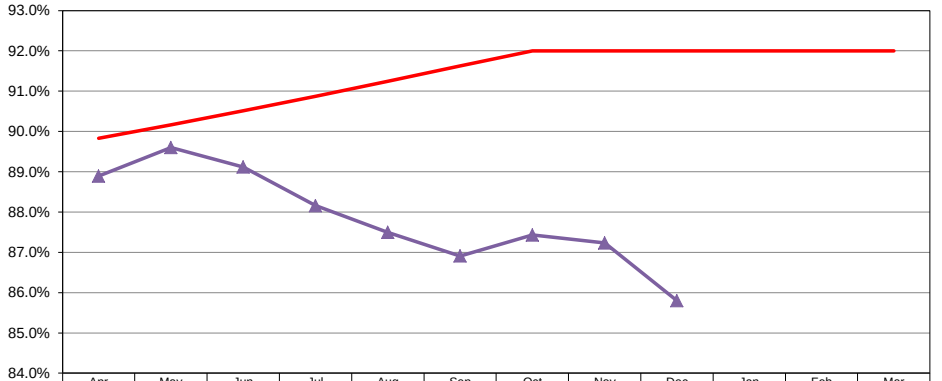
January 2018

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%	91.7%	83.0%			
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

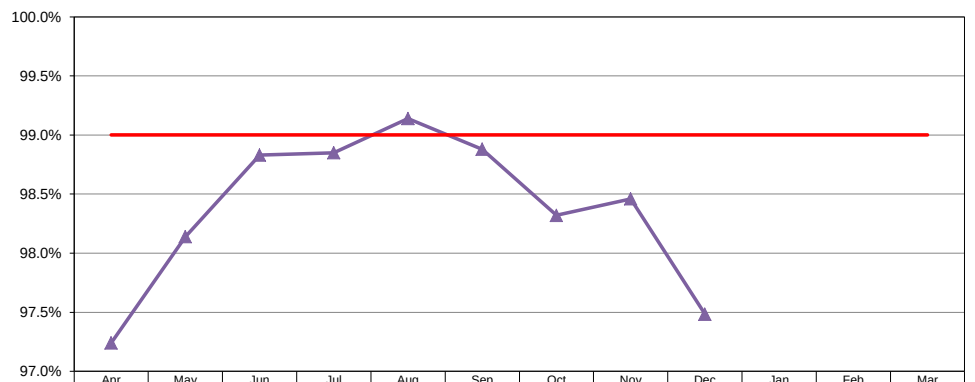


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Incomplete Pathways	88.9%	89.6%	89.1%	88.2%	87.5%	86.9%	87.4%	87.2%	85.8%			
Trajectory	89.8%	90.2%	90.5%	90.9%	91.2%	91.6%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%

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%	73.9%	86.3%				
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

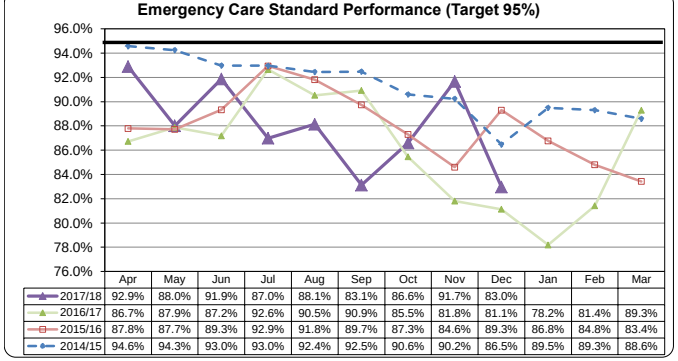


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Performance	97.2%	98.1%	98.8%	98.9%	99.1%	98.9%	98.3%	98.5%	97.5%			
Trajectory	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%

Trust Unplanned Care
Emergency Care Standard

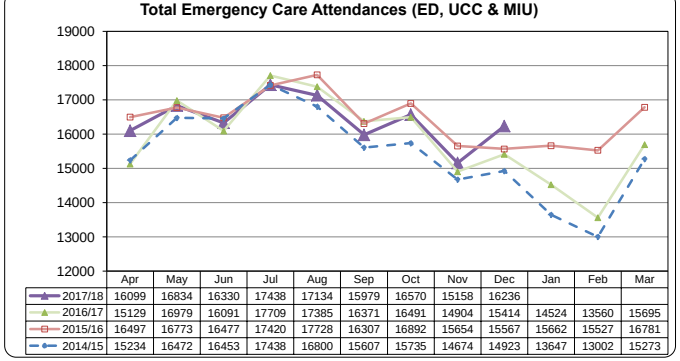
January 2018

Emergency Care Standard Performance (Target 95%)



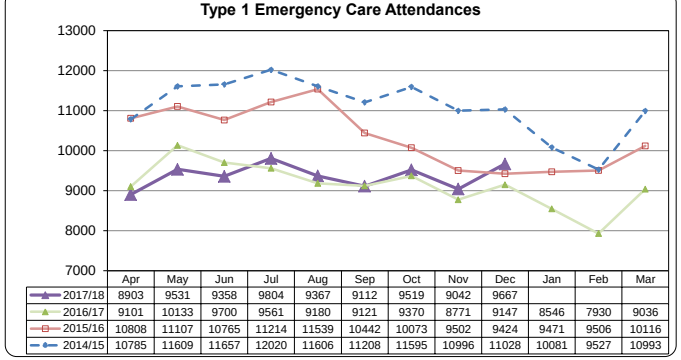
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	92.9%	88.0%	91.9%	87.0%	88.1%	83.1%	86.6%	91.7%	83.0%			
2016/17	86.7%	87.9%	87.2%	92.6%	90.5%	90.9%	85.5%	81.8%	81.1%	78.2%	81.4%	89.3%
2015/16	87.8%	87.7%	89.3%	92.9%	91.8%	89.7%	87.3%	84.6%	89.3%	86.8%	84.8%	83.4%
2014/15	94.6%	94.3%	93.0%	93.0%	92.4%	92.5%	90.6%	90.2%	86.5%	89.5%	89.3%	88.6%

Total Emergency Care Attendances (ED, UCC & MIU)



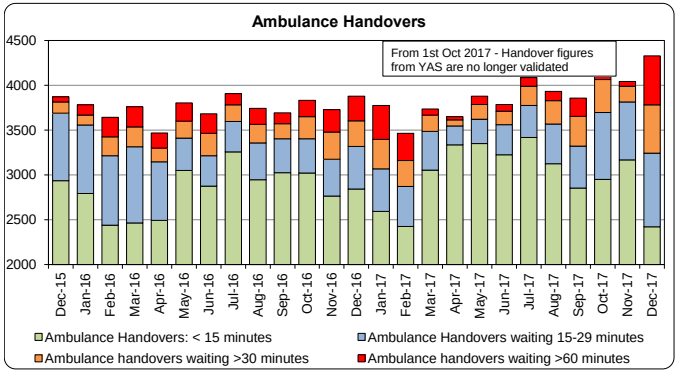
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	16099	16834	16330	17438	17134	15979	16570	15158	16236			
2016/17	15129	16979	16091	17709	17385	16371	16491	14904	15414	14524	13560	15695
2015/16	16497	16773	16477	17420	17728	16307	16892	15654	15567	15662	15527	16781
2014/15	15234	16472	16453	17438	16800	15607	15735	14674	14923	13647	13002	15273

Type 1 Emergency Care Attendances

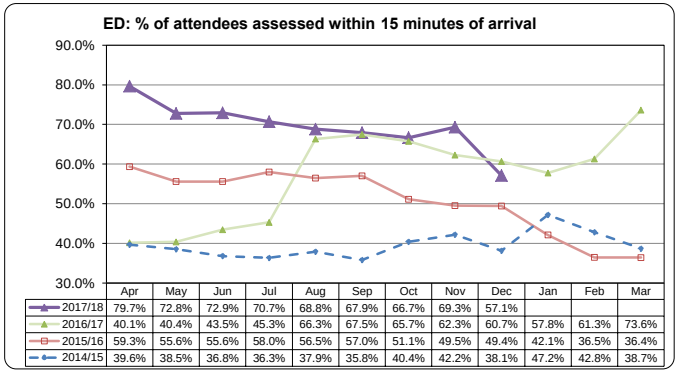


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	8903	9531	9358	9804	9367	9112	9519	9042	9667			
2016/17	9101	10133	9700	9561	9180	9121	9370	8771	9147	8546	7930	9036
2015/16	10808	11107	10765	11214	11539	10442	10073	9502	9424	9471	9506	10116
2014/15	10785	11609	11657	12020	11606	11208	11595	10996	11028	10081	9527	10993

Ambulance Handovers

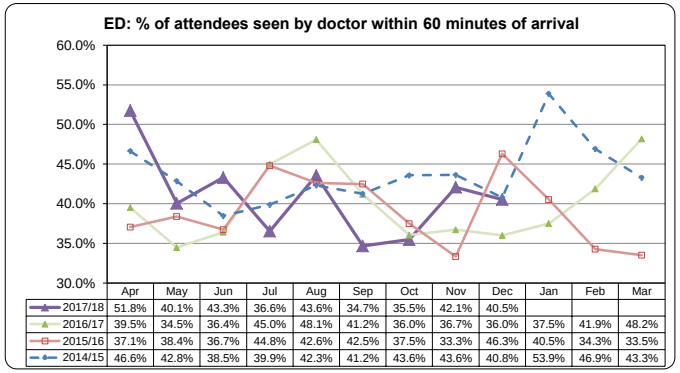


ED: % of attendees assessed within 15 minutes of arrival



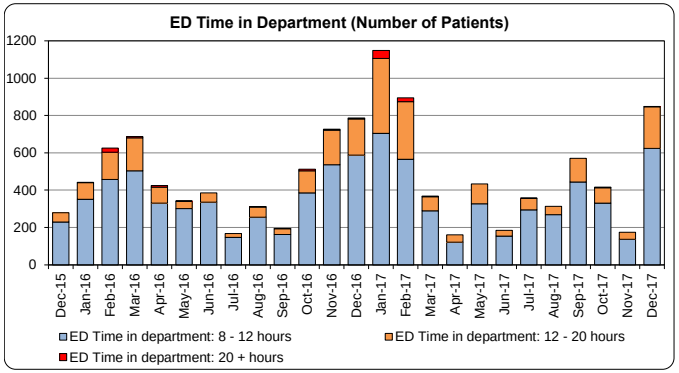
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	79.7%	72.8%	72.9%	70.7%	68.8%	67.9%	66.7%	69.3%	57.1%			
2016/17	40.1%	40.4%	43.5%	45.3%	66.3%	67.5%	65.7%	62.3%	60.7%	57.8%	61.3%	73.6%
2015/16	59.3%	55.6%	55.6%	58.0%	56.5%	57.0%	51.1%	49.5%	49.4%	42.1%	36.5%	36.4%
2014/15	39.6%	38.5%	36.8%	36.3%	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

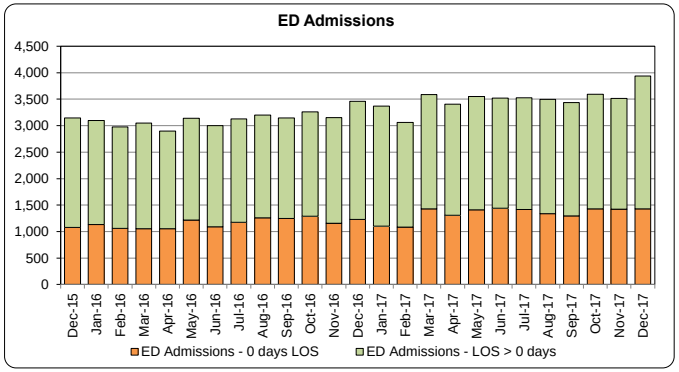


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	51.8%	40.1%	43.3%	36.6%	43.6%	34.7%	35.5%	42.1%	40.5%			
2016/17	39.5%	34.5%	36.4%	45.0%	48.1%	41.2%	36.0%	36.7%	36.0%	37.5%	41.9%	48.2%
2015/16	37.1%	38.4%	36.7%	44.8%	42.6%	42.5%	37.5%	33.3%	46.3%	40.5%	34.3%	33.5%
2014/15	46.6%	42.8%	38.5%	39.9%	42.3%	41.2%	43.6%	43.6%	40.8%	53.9%	46.9%	43.3%

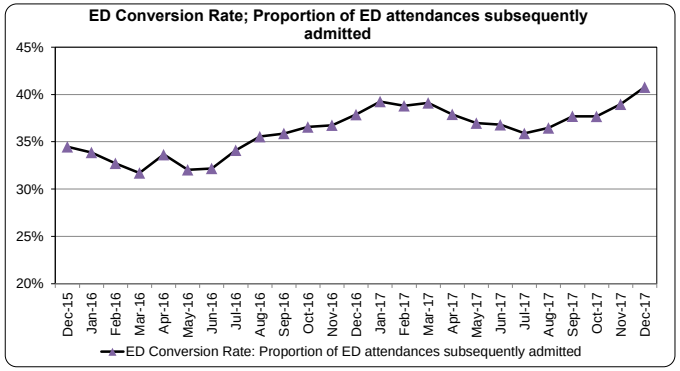
ED Time in Department (Number of Patients)



ED Admissions



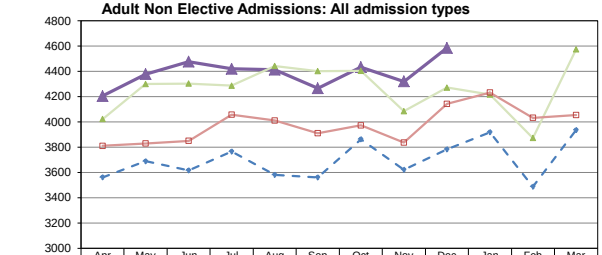
ED Conversion Rate; Proportion of ED attendances subsequently admitted



Trust Unplanned Care
Adult Admissions

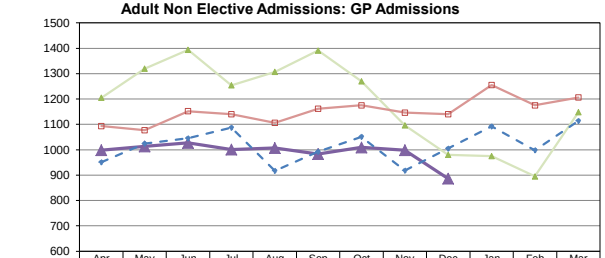
January 2018

Adult Non Elective Admissions: All admission types



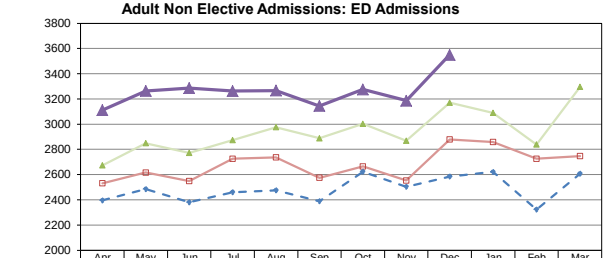
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	4204	4378	4476	4420	4412	4266	4433	4320	4585			
2016/17	4022	4299	4303	4286	4442	4401	4403	4084	4271	4216	3872	4574
2015/16	3810	3829	3850	4057	4010	3910	3972	3836	4142	4232	4032	4054
2014/15	3561	3688	3616	3765	3581	3560	3862	3621	3782	3918	3487	3935

Adult Non Elective Admissions: GP Admissions



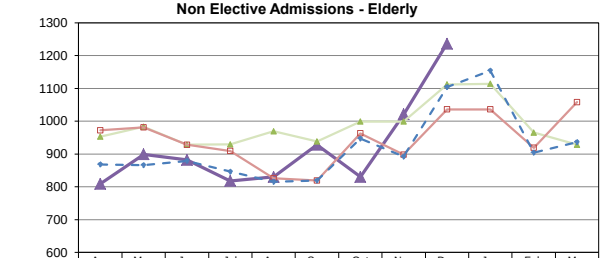
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	998	1013	1027	1001	1007	983	1009	998	886			
2016/17	1205	1320	1394	1254	1307	1391	1270	1096	980	975	895	1148
2015/16	1093	1077	1152	1140	1106	1162	1175	1146	1140	1255	1175	1206
2014/15	951	1024	1045	1087	917	992	1051	918	1005	1092	998	1114

Adult Non Elective Admissions: ED Admissions



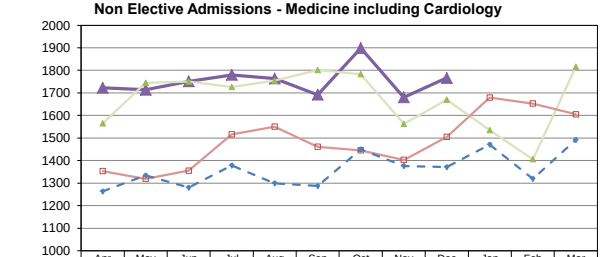
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	3111	3264	3286	3263	3267	3145	3275	3186	3549			
2016/17	2674	2849	2772	2874	2976	2888	3003	2869	3170	3090	2839	3296
2015/16	2532	2616	2549	2726	2737	2575	2665	2553	2879	2859	2726	2747
2014/15	2396	2485	2380	2460	2476	2389	2623	2504	2585	2621	2323	2608

Non Elective Admissions - Elderly



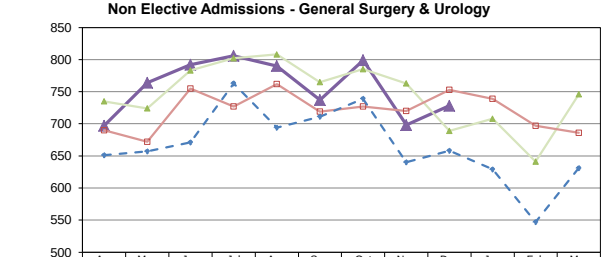
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	809	899	882	818	830	928	830	1021	1236			
2016/17	953	983	928	929	969	938	999	999	1112	1114	965	928
2015/16	972	981	928	909	826	819	963	898	1036	1036	919	1058
2014/15	868	866	879	846	815	819	947	892	1104	1154	904	936

Non Elective Admissions - Medicine including Cardiology



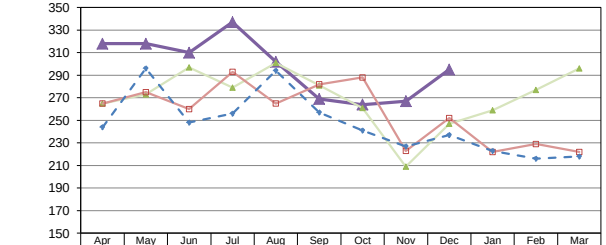
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1723	1714	1751	1780	1764	1692	1899	1680	1766			
2016/17	1565	1745	1750	1726	1754	1801	1783	1563	1670	1535	1406	1816
2015/16	1353	1319	1355	1516	1550	1461	1445	1403	1505	1679	1653	1605
2014/15	1263	1334	1280	1378	1299	1287	1450	1376	1371	1471	1319	1492

Non Elective Admissions - General Surgery & Urology



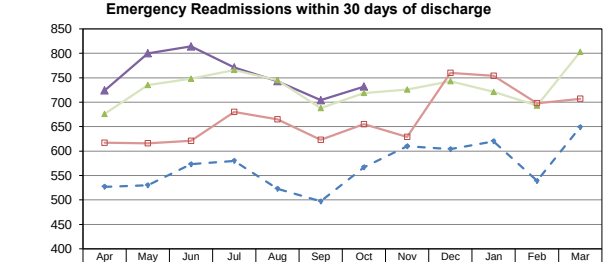
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	697	764	792	806	790	737	799	698	728			
2016/17	735	724	783	802	808	765	785	763	689	708	641	746
2015/16	690	672	755	727	762	719	727	720	753	739	697	686
2014/15	651	657	671	763	694	711	739	640	658	629	547	631

Non Elective Admissions - Trauma & Orthopaedics



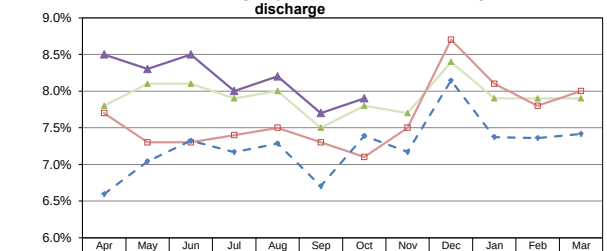
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	318	318	310	337	302	269	264	267	295			
2016/17	265	273	297	279	301	281	261	209	247	259	277	296
2015/16	265	275	260	293	265	282	288	223	252	222	229	222
2014/15	244	296	248	256	294	257	241	227	237	223	216	218

Emergency Readmissions within 30 days of discharge



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	724	800	814	771	743	704	732					
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

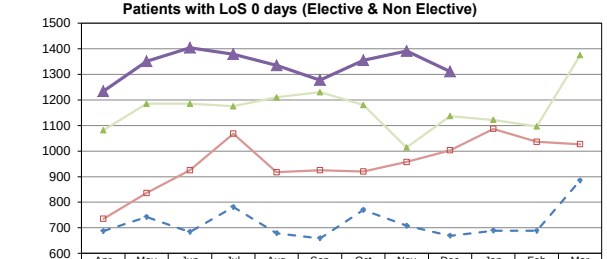


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	8.5%	8.3%	8.5%	8.0%	8.2%	7.7%	7.9%					
2016/17	7.8%	8.1%	8.1%	7.9%	8.0%	7.5%	7.8%	7.7%	8.4%	7.9%	7.9%	7.9%
2015/16	7.7%	7.3%	7.3%	7.4%	7.5%	7.3%	7.1%	7.5%	8.7%	8.1%	7.8%	8.0%
2014/15	6.6%	7.0%	7.3%	7.2%	7.3%	6.7%	7.4%	7.2%	8.1%	7.4%	7.4%	7.4%

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

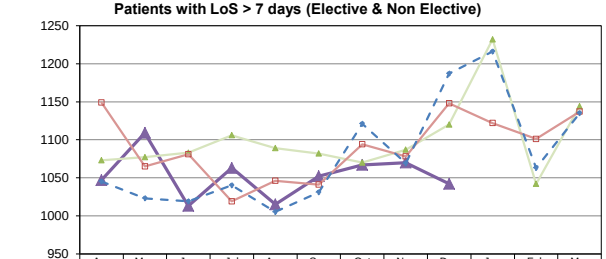
January 2018

Patients with LoS 0 days (Elective & Non Elective)



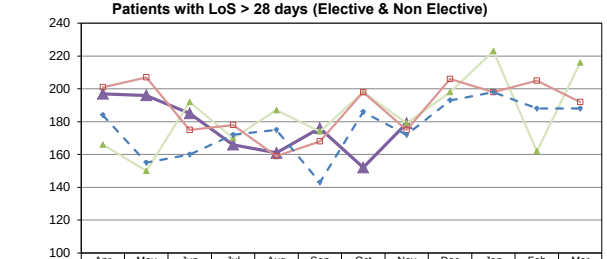
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1234	1351	1404	1379	1335	1278	1355	1391	1311			
2016/17	1081	1185	1185	1175	1210	1230	1180	1014	1137	1122	1096	1375
2015/16	735	836	925	1068	917	925	920	957	1003	1087	1036	1027
2014/15	687	742	684	781	679	659	770	708	669	689	688	885

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	1067	1070	1042			
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

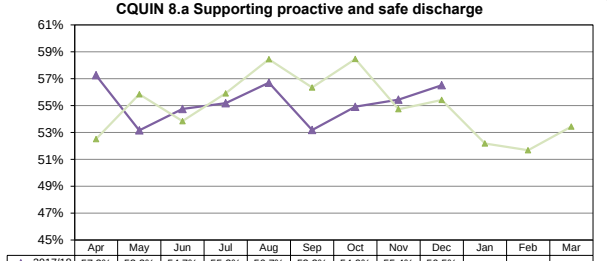
Patients with LoS > 28 days (Elective & Non Elective)



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	197	196	185	166	161	176	152	179				
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

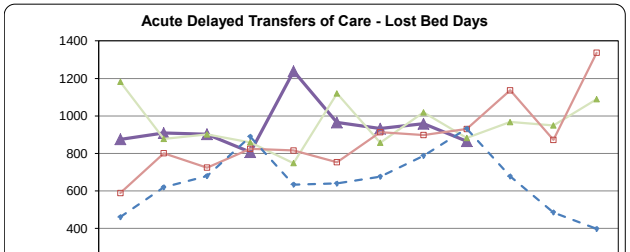
CQUIN 8.a Supporting proactive and safe discharge



	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%	55.4%	56.5%			
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%

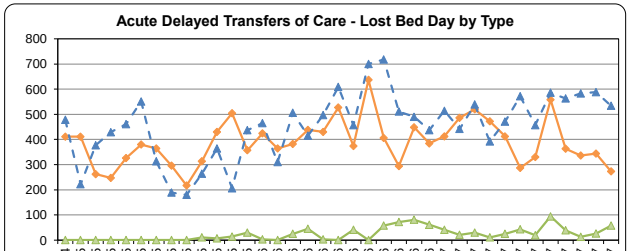
Proportion of patients aged 65+ admitted via non-elective route discharged from acute hospitals to their usual place of residence within 7 days of admission (excluding those with a LoS < 3 days) over

Acute Delayed Transfers of Care - Lost Bed Days

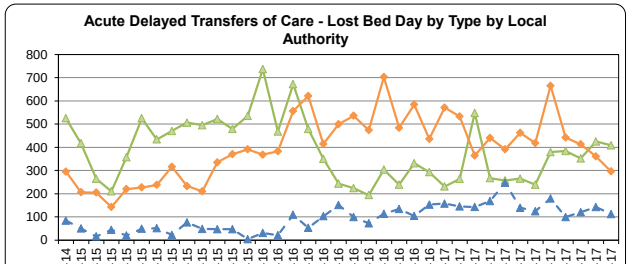


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	875	908	902	806	1238	965	932	958	865			
2016/17	1182	877	901	859	748	1120	857	1019	882	967	949	1089
2015/16	588	801	724	824	815	753	913	898	930	1136	872	1337
2014/15	460	619	679	889	633	639	676	787	931	677	485	397

Acute Delayed Transfers of Care - Lost Bed Day by Type



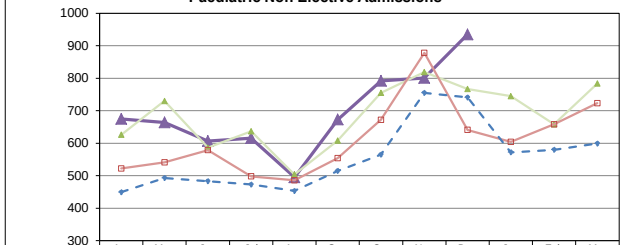
Acute Delayed Transfers of Care - Lost Bed Day by Type by Local Authority



Paediatric Admissions

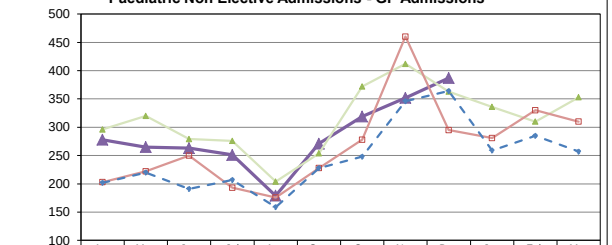
January 2018

Paediatric Non Elective Admissions



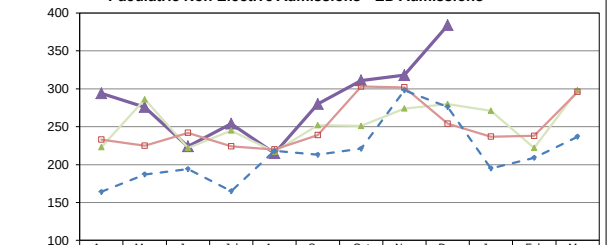
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	675	664	607	616	495	673	792	801	935			
2016/17	626	730	586	637	504	608	755	819	767	745	658	784
2015/16	522	541	579	498	486	554	672	878	641	604	658	723
2014/15	449	493	483	473	453	515	565	755	741	572	580	599

Paediatric Non Elective Admissions - GP Admissions



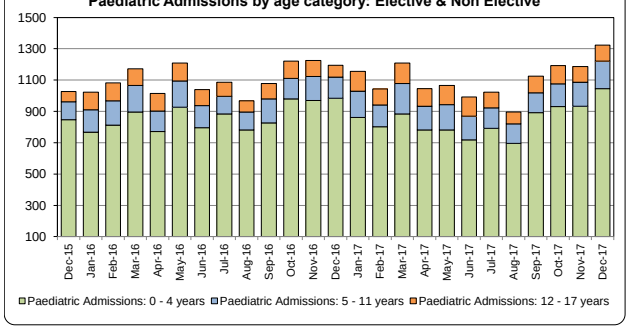
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	278	265	263	251	179	271	319	352	387			
2016/17	296	320	279	276	204	254	372	412	363	336	310	353
2015/16	203	222	250	193	176	228	278	460	295	281	330	310
2014/15	202	220	191	207	159	228	248	346	364	259	285	257

Paediatric Non Elective Admissions - ED Admissions

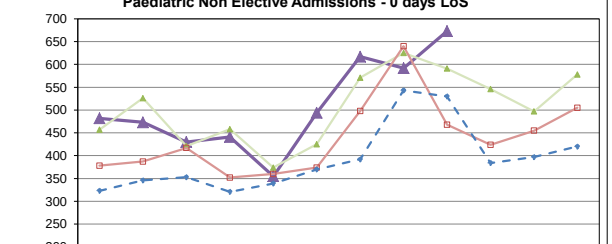


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	294	276	224	254	215	280	311	318	384			
2016/17	223	286	222	245	217	252	251	274	280	271	222	298
2015/16	233	225	242	224	220	239	303	302	254	237	238	296
2014/15	164	187	194	165	218	213	221	298	276	195	209	237

Paediatric Admissions by age category: Elective & Non Elective

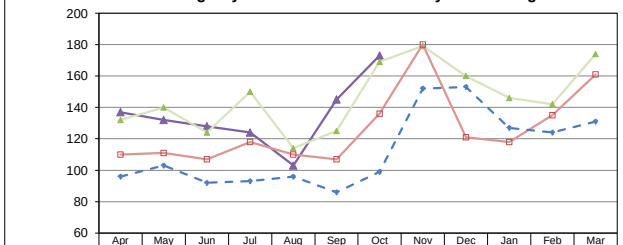


Paediatric Non Elective Admissions - 0 days LoS



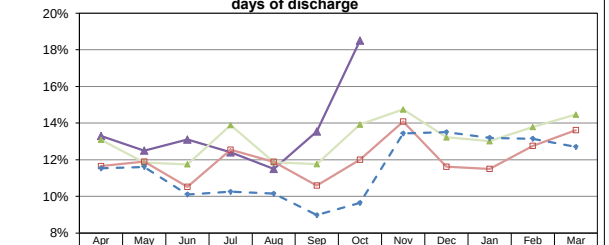
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	482	473	430	441	355	494	617	592	673			
2016/17	457	526	421	458	374	425	571	625	591	546	497	578
2015/16	378	387	417	352	360	374	498	640	468	424	455	505
2014/15	323	346	353	321	339	370	392	543	530	384	397	420

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	145	173					
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

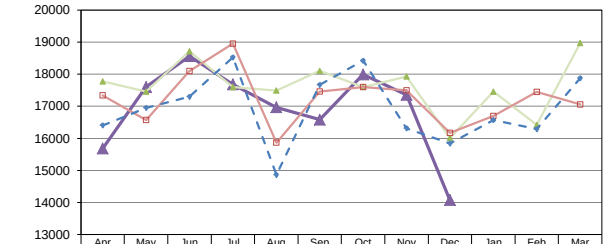


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	13.3%	12.5%	13.1%	12.4%	11.5%	13.5%	18.5%					
2016/17	13.1%	11.9%	11.8%	13.9%	11.9%	11.8%	13.9%	14.7%	13.2%	13.0%	13.8%	14.5%
2015/16	11.7%	11.9%	10.5%	12.6%	11.9%	10.6%	12.0%	14.1%	11.6%	11.5%	12.8%	13.6%
2014/15	11.5%	11.6%	10.1%	10.3%	10.1%	9.0%	9.6%	13.4%	13.5%	13.2%	13.1%	12.7%

Trust Planned Care Outpatients

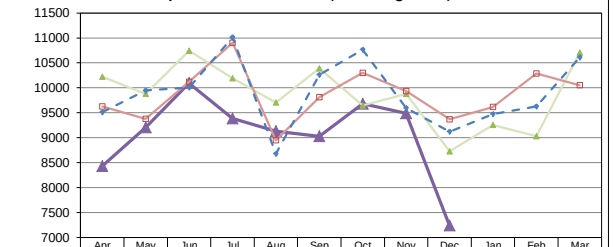
January 2018

Outpatients: All Referral Types (excluding AHPs)



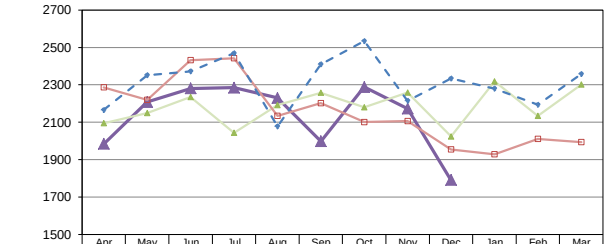
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	15684	17599	18560	17683	16966	16582	17988	17354	14077			
2016/17	17774	17455	18711	17594	17489	18102	17600	17930	16011	17455	16415	18972
2015/16	17337	16572	18098	18950	15864	17459	17599	17492	16169	16696	17445	17056
2014/15	16404	16953	17295	18522	14861	17666	18420	16314	15840	16571	16286	17871

Outpatients: GP Referrals (excluding AHPs)



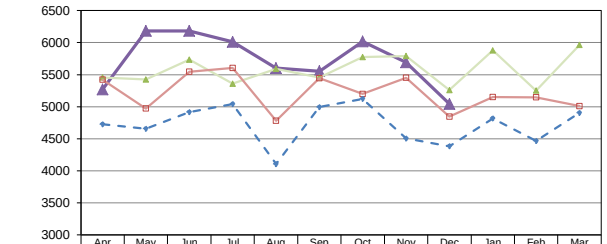
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	8431	9207	10096	9387	9133	9029	9682	9488	7242			
2016/17	10223	9881	10742	10192	9706	10388	9645	9879	8728	9259	9029	10707
2015/16	9628	9379	10119	10903	8949	9812	10299	9934	9369	9616	10287	10052
2014/15	9513	9946	10008	11012	8678	10262	10763	9595	9122	9473	9626	10609

Outpatients: Cons to Cons Referrals (excluding AHPs)



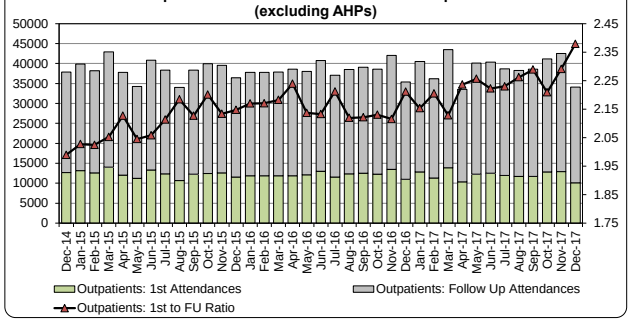
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	1985	2208	2281	2285	2230	1999	2288	2173	1792			
2016/17	2095	2149	2235	2044	2192	2258	2180	2259	2024	2318	2134	2302
2015/16	2287	2220	2432	2442	2134	2202	2101	2106	1955	1929	2011	1994
2014/15	2166	2352	2372	2469	2078	2410	2534	2215	2334	2280	2194	2358

Outpatients: Other Referrals (excluding AHPs)

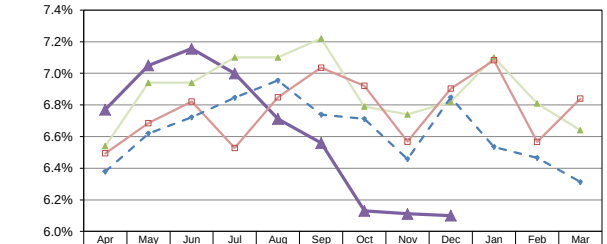


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	5268	6184	6183	6011	5603	5554	6018	5693	5043			
2016/17	5456	5425	5734	5358	5591	5456	5775	5792	5259	5878	5252	5963
2015/16	5422	4973	5547	5605	4781	5445	5199	5452	4845	5151	5147	5010
2014/15	4725	4655	4915	5041	4105	4994	5123	4504	4384	4818	4466	4904

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

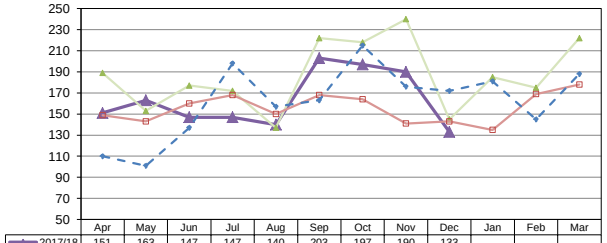


Outpatients: DNA rates



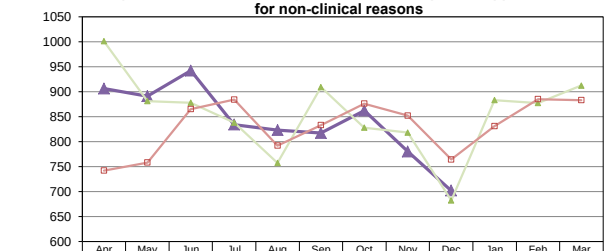
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	6.8%	7.1%	7.2%	7.0%	6.7%	6.6%	6.1%	6.1%	6.1%			
2016/17	6.5%	6.9%	6.9%	7.1%	7.1%	7.2%	6.8%	6.7%	6.8%	7.1%	6.8%	6.6%
2015/16	6.5%	6.7%	6.8%	6.5%	6.8%	7.0%	6.9%	6.6%	6.9%	7.1%	6.6%	6.8%
2014/15	6.4%	6.6%	6.7%	6.8%	7.0%	6.7%	6.7%	6.5%	6.8%	6.5%	6.5%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

Outpatients: Cancelled Clinics with less than 14 days notice



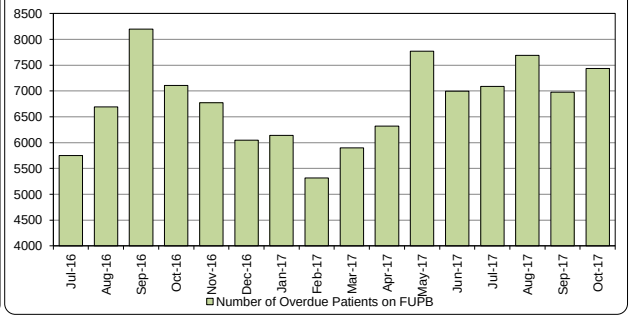
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	151	163	147	147	140	203	197	190	133			
2016/17	189	153	177	172	137	222	218	240	145	185	175	222
2015/16	149	143	160	168	150	168	164	141	143	135	169	178
2014/15	110	101	137	198	157	163	215	176	172	181	145	188

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	780	702			
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

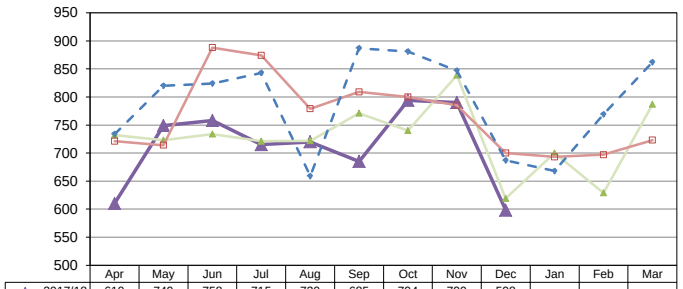
Number of Overdue Patients on FUPB



Trust Planned Care
Elective Activity & Theatre Utilisation

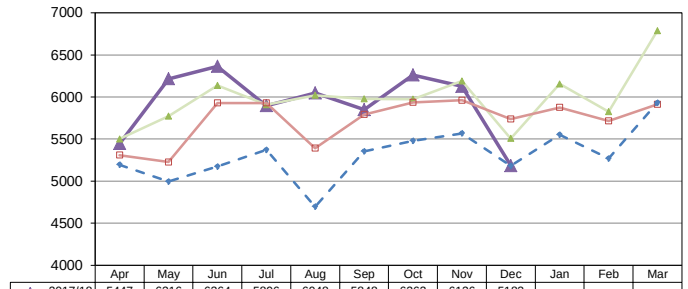
January 2018

Ordinary Elective Admissions



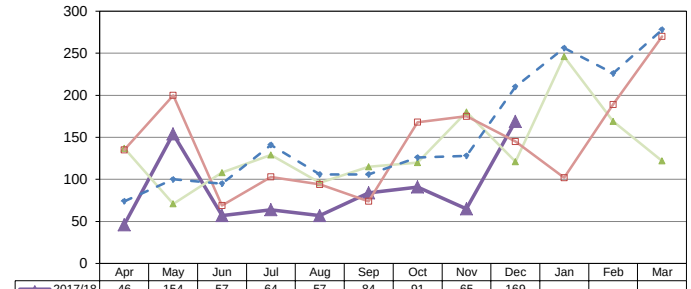
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	610	749	758	715	720	685	794	790	598			
2016/17	732	723	734	721	722	771	740	839	619	700	629	787
2015/16	721	714	888	874	779	809	800	785	700	693	697	723
2014/15	734	820	824	843	659	887	881	847	687	668	769	862

Ordinary Day Case Admissions



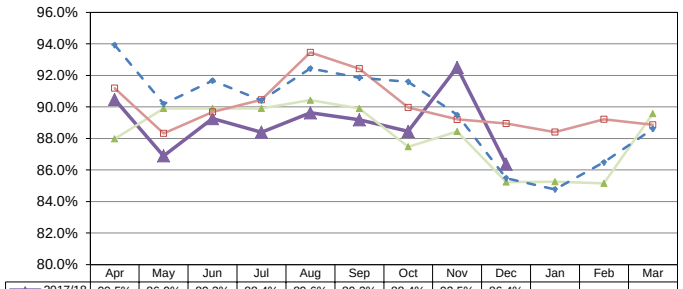
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	5447	6216	6364	5896	6048	5848	6262	6126	5183			
2016/17	5500	5771	6137	5907	6019	5977	5973	6189	5507	6154	5824	6786
2015/16	5309	5226	5929	5929	5392	5792	5936	5960	5737	5876	5715	5912
2014/15	5194	4994	5173	5371	4696	5353	5478	5567	5181	5551	5268	5931

Elective operations cancelled within 48 hours - Non clinical reasons



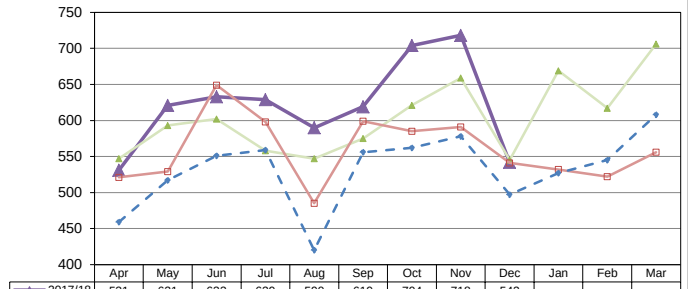
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	46	154	57	64	57	84	91	65	169			
2016/17	137	71	108	129	96	115	120	180	121	246	169	122
2015/16	135	200	69	103	94	74	168	175	145	102	189	270
2014/15	74	100	95	141	106	106	126	128	210	256	226	278

Theatres: Utilisation of planned sessions



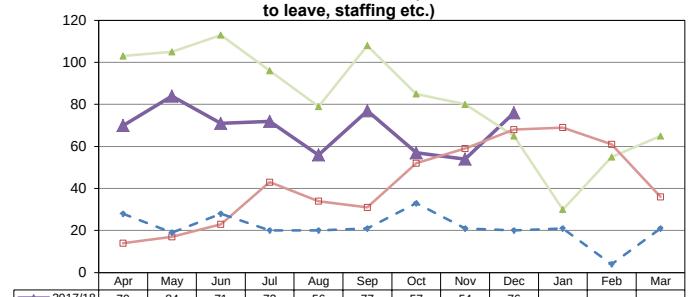
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	90.5%	86.9%	89.3%	88.4%	89.6%	89.2%	88.4%	92.5%	86.4%			
2016/17	88.0%	89.9%	89.9%	89.9%	90.4%	89.9%	87.5%	88.4%	85.2%	85.3%	85.2%	89.6%
2015/16	91.2%	88.3%	89.7%	90.5%	93.5%	92.4%	90.0%	89.2%	89.0%	88.4%	89.2%	88.9%
2014/15	93.9%	90.2%	91.7%	90.4%	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	718	542			
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.)



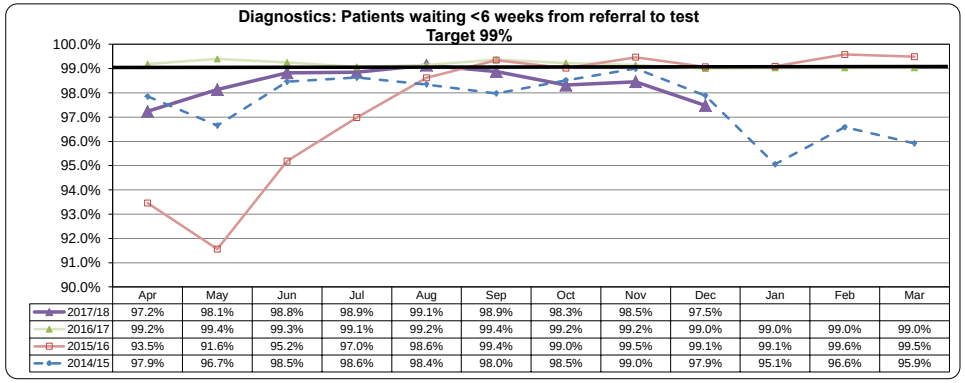
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	70	84	71	72	56	77	57	54	76			
2016/17	103	105	113	96	79	108	85	80	65	30	55	65
2015/16	14	17	23	43	34	31	52	59	68	69	61	36
2014/15	28	19	28	20	20	21	33	21	20	21	4	21

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

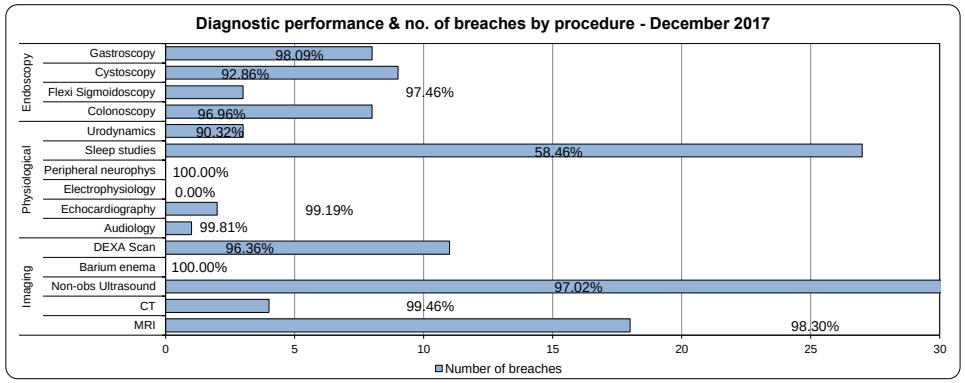
Diagnostics & Referral To Treatment

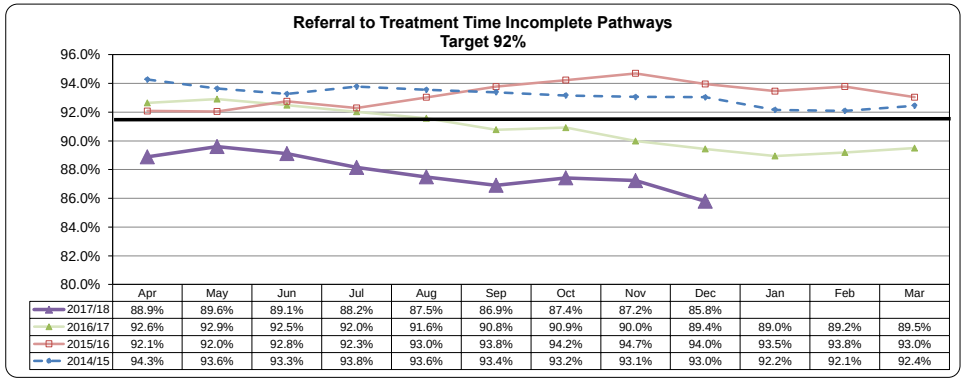
January 2018

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

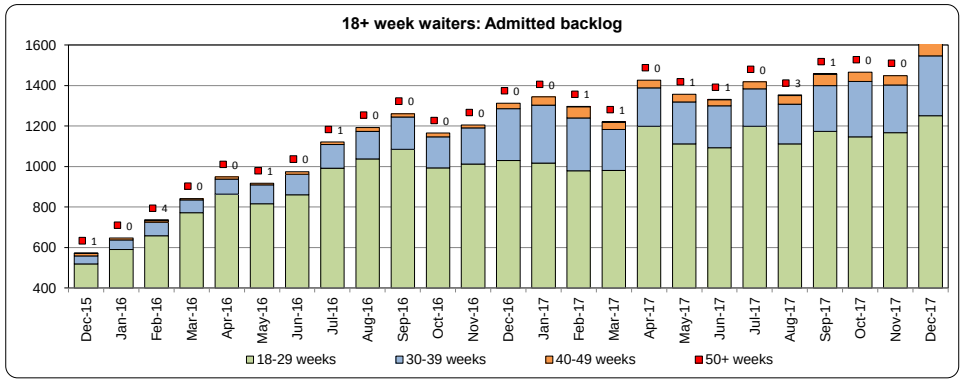


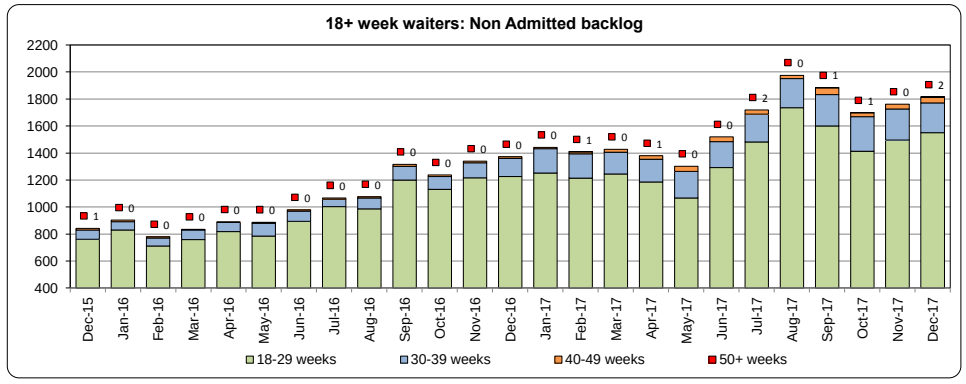
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	97.2%	98.1%	98.8%	98.9%	99.1%	98.9%	98.3%	98.5%	97.5%			
2016/17	99.2%	99.4%	99.3%	99.1%	99.2%	99.4%	99.2%	99.2%	99.0%	99.0%	99.0%	99.0%
2015/16	93.5%	91.6%	95.2%	97.0%	98.6%	99.4%	99.0%	99.5%	99.1%	99.1%	99.6%	99.5%
2014/15	97.9%	96.7%	98.5%	98.6%	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%	87.2%	85.8%			
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%

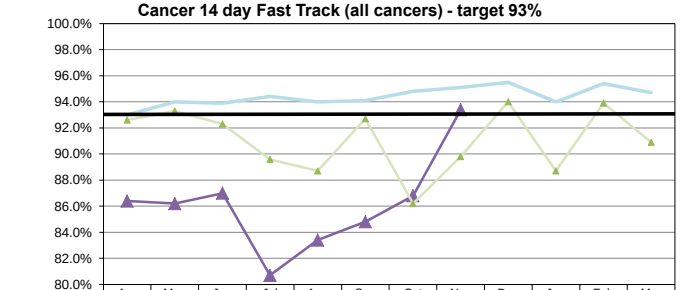




Trust Cancer

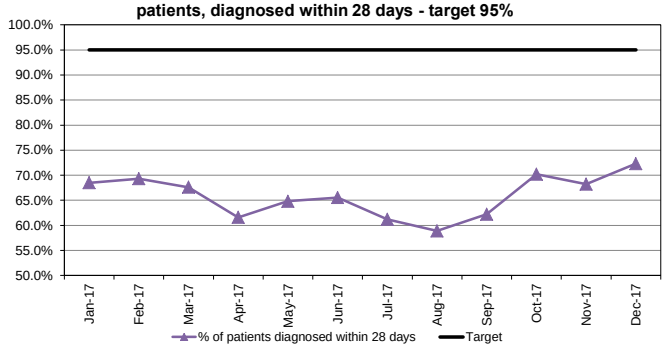
January 2018

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

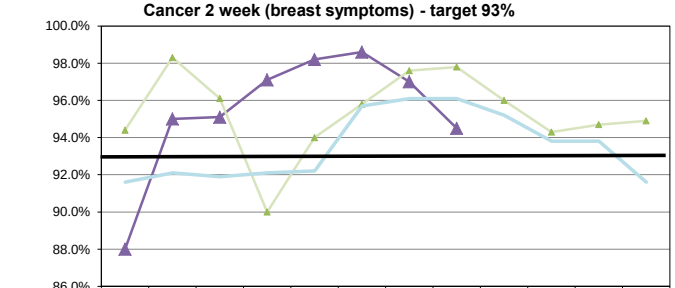


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	86.4%	86.2%	87.0%	80.7%	83.4%	84.8%	86.8%	93.4%				
2016/17	92.6%	93.3%	92.3%	89.6%	88.7%	92.7%	86.2%	89.8%	94.0%	88.7%	93.9%	90.9%
NHSE 16/17	93.0%	94.0%	93.9%	94.4%	94.0%	94.1%	94.8%	95.1%	95.5%	94.0%	95.4%	94.7%

% of Fast Track & Symptomatic Breast referrals, and screening patients, diagnosed within 28 days - target 95%

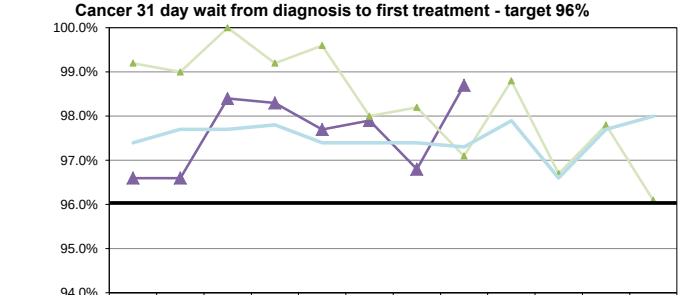


Cancer 2 week (breast symptoms) - target 93%



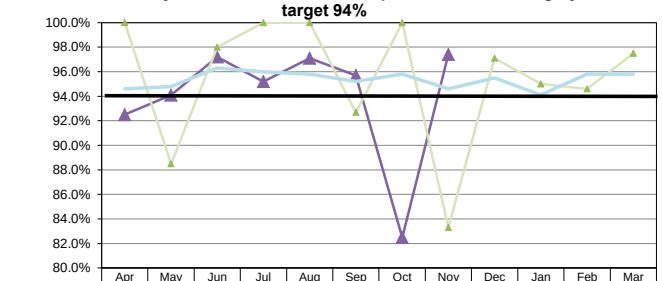
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	88.0%	95.0%	95.1%	97.1%	98.2%	98.6%	97.0%	94.5%				
2016/17	94.4%	98.3%	96.1%	90.0%	94.0%	95.8%	97.6%	97.8%	96.0%	94.3%	94.7%	94.9%
NHSE 16/17	91.6%	92.1%	91.9%	92.1%	92.2%	95.7%	96.1%	96.1%	95.2%	93.8%	93.8%	91.6%

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



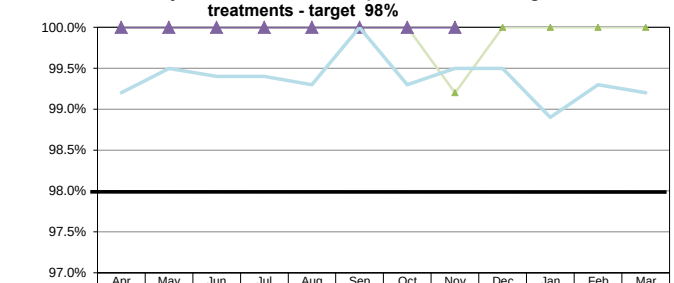
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	96.6%	96.6%	98.4%	98.3%	97.7%	97.9%	96.8%	98.7%				
2016/17	99.2%	99.0%	100.0%	99.2%	99.6%	98.0%	98.2%	97.1%	98.8%	96.7%	97.8%	96.1%
NHSE 16/17	97.4%	97.7%	97.7%	97.8%	97.4%	97.4%	97.4%	97.3%	97.9%	96.6%	97.7%	98.0%

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



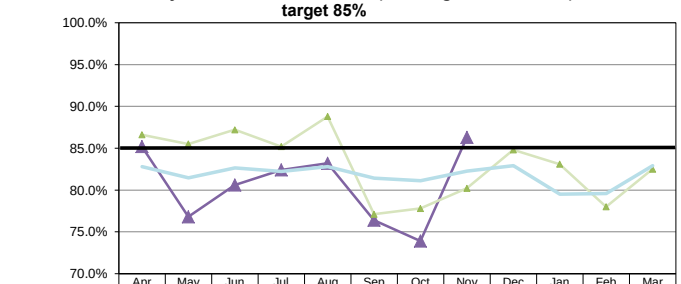
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	92.5%	94.1%	97.2%	95.2%	97.1%	95.7%	82.5%	97.4%				
2016/17	100.0%	88.5%	98.0%	100.0%	100.0%	92.7%	100.0%	83.3%	97.1%	95.0%	94.6%	97.5%
NHSE 16/17	94.6%	94.8%	96.3%	96.0%	95.8%	95.2%	95.8%	94.6%	95.5%	94.1%	95.8%	95.8%

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



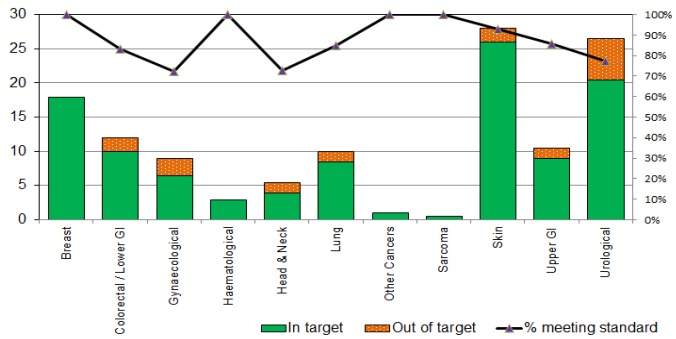
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%	100.0%
2017/18	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
NHSE 16/17	99.2%	99.5%	99.4%	99.4%	99.3%	100.0%	99.3%	99.5%	99.5%	98.9%	99.3%	99.2%

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

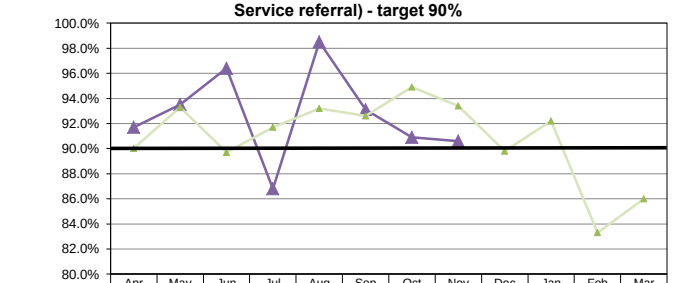


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/18	85.2%	76.8%	80.6%	82.4%	83.2%	76.4%	73.9%	86.3%				
2016/17	86.6%	85.5%	87.2%	85.2%	88.8%	77.1%	77.8%	80.2%	84.8%	83.1%	78.0%	82.5%
NHSE 16/17	82.8%	81.4%	82.7%	82.2%	82.8%	81.4%	81.1%	82.3%	82.9%	79.5%	79.6%	82.9%

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%	90.9%	90.6%				
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%

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31January 2018
Quality and Safety Committee – 12 December 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

The December agenda did not follow the usual structure of the meeting; these notes were taken as a record of the discussion but will not be submitted to the board.

This month the Committee will verbally highlight the following for the particular attention of the Board.

1. JT to highlight winter pressures

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: Liz Jackson, Patient Safety Project Support Officer

Executive sponsor: Jennie Adams, Non-Executive Director

Date: 12 December 2017

Quality & Safety Committee Minutes – 12 December 2017

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

Apologies: Lynda Provins and Fiona Jamieson

The Committee had agreed to have a shortened meeting for December with no papers being provided.

Minutes of the meeting held on the 21 November 2017

The notes from the meeting held on the 21 November were approved as a true and accurate record. JT raised concern that the robust, challenging conversations that take place at the meeting are not always captured in the minutes. The Committee agreed and added that the new format of the minutes loses some of the assurance.

Action Log Items

Items 44 and 48 – The Committee agreed to remove items 44 and 48 as the Maternity SI's will be reviewed regularly through a new quarterly Maternity Report and the SI's in the Medical Directors Report.

Item 53 – A robust discussion around role classification has taken place and the Committee agreed to remove this item.

Item 60 – LP advised that a robust discussion around duty of candour has taken place at the Audit Committee and will be discussed at Board in January. The Committee noted that the data is not currently included in the Performance Report and agreed to review the data pack for accuracy in January.

Item 65 – BG confirmed that the Trust have now vaccinated 64% of front line staff, with a target of 70% by the end of February. Drop-in flu clinics have commenced in Ellerbys this week.

DP advised the Committee that the seven day service data has now been validated and a paper will be submitted to the Committee in January.

Highlights from the Chief Nurse and Medical Director

For attention to Board: JT to raise at Board
The Committee discussed the national financial and political position, the possible merger of NHSI and NHSE and the national view of winter plans. JT advised the Committee that the winter pressures are now starting to be seen in the organisation, with significant flow and capacity issues. DP added that there have been two twelve hour breaches and any cases of patients being in the Emergency Department for a period of time are being reviewed in detail. In one case in particular, the patient's time in ED would not have affected their outcome, yet flow was a contributing factor.

NHS England is releasing a national staffing plan and BG advised that a meeting with Margaret Kitching, Chief Nurse for the North of England, has been arranged for discussions to take place. There is some concern that lower numbers of registrants are applying through UCAS and the programme at Coventry University (Scarborough Campus) has not been as popular as anticipated.

Patient Safety Strategy

The Committee reviewed the first draft of the 2018 – 2022 Patient Safety Strategy and queried who had contributed to its development. DP confirmed that she had worked closely with JT and had also taken some guidance from Donald Richardson to produce this early draft, which is yet to be discussed at Patient Safety Group. This is a strategy document, including both national and international direction and a lot in relation to culture and development.

JA queried if the documents should include an overarching mission. She also felt that there was a case for a more detailed examination of what progress had been made in achieving the key objectives of the first patient safety strategy. BG felt the appropriate key areas of work had been selected and advised that a strategy document should give direction but also include a work plan to accompany it. It is required to be dynamic and triangulate with other strategies.

The Committee suggested that to demonstrate the board level focus on patient safety the strategy should start with 'Patient Safety is the overarching objective of the Trust'. Areas of work have been reviewed and we continue to work on our key areas. Appendices could include an operational work plan, similar to the Nursing Strategy, with specific items for the near future and aspirations for longer term.

The Committee felt that the leadership section required additional focus to include Board leadership and commitment and the monitoring section should include a wider group. DP advised that she had only included Patient Safety Group as they would be responsible for delivering the strategy but can include their reporting structure.

LR shared with the Committee illustrations from the WAD strategy and suggested that the Patient Safety Strategy could take a similar approach. LP added that a standardised Trust format for strategy documents is currently being developed.

The Committee noted the mention of technology in the information governance section and felt that this could further be expanded throughout the document. DP advised that DR had suggested expanding an earlier paragraph to include further technology; however, this is largely aspirational at the moment. The Committee discussed the opportunities and challenges around technologies including; electronic records, and the impact of EPMA.

DP advised that the Patient Safety agenda is relatively new and culture must be the key focus. The Committee agreed the high level priorities. The strategy must align with the workforce strategy and the nursing and midwifery strategy in terms of organizational pressures, capacity and demand and workforce. Workforce remains a key challenge and there must be a skill set in place for care to be safe. The Committee agreed to send any comments to DP and JT. DP will draft a work plan, which will need to be agreed through Patient Safety Group.

Action: JT will bring the updated strategy to the February meeting.

CQUIN Programme

The Committee reviewed the progress and anticipated outcomes of the Quality and Safety Related CQUINs.

CQUIN 2 – All items under CQUIN 2 are managed by the Medical Director with 2a to 2c relating to sepsis and 2d to overall reduction of antibiotic usage.

CQUIN 2a – DP explained that this CQUIN is in relation to sepsis screening and includes two samples. 90% compliance is required to receive full payment and 50% receives partial payment. The first sample requires direct admission patients with a NEWs of five or more to be screened for sepsis. The Emergency Departments are achieving above 90%, and the focused work undertaken has shown a consistent and sustained improvement. The second sample is in relation to inpatient screening, which is around 90%-compliant, although there is consistent work with the ward areas the improvement is not yet sustained and may change, therefore the RAG rating remains at amber for Q3 and Q4.

CQUIN 2b – This CQUIN is again in relation to ED patients and Inpatients and requires 90% compliance for full payment and 50% for partial payment. Patients must receive their anti-biotics within 60 minutes. Compliance is currently not beyond 60% as it is affected by patient flow. As patients that are already on antibiotics can't be included in the sample, the inpatient sample is relatively small which has led to improvement work being agreed, sepsis trolleys have been rolled out and work is being undertaken around timely blood cultures. An action plan and audit have been put in place, although it was difficult and required a lot of resource, actions have been achieved and the same is predicted for Q3 and Q4.

CQUIN 2c – This CQUIN focusses on the review of anti-biotics in 24-72 hours, who undertook the review and if the anti-biotic is changed. The payment is in relation to how many have been reviewed and if antibiotic usage is reducing. The Target for Q3 is 75% and the Trust is confident this will be achieved.

CQUIN 2d – This CQUIN has three elements regarding reducing the use of anti-biotics in total, of piz/taz and of carbapenem by 1% and JT highlighted that the Trust is already a low user. Q1 and Q2 have both seen a reduction, and the Trust is now down to 99.7% of usage. Use of pip/taz has reduced significantly and the use of carbapenem is fluctuating; however, guidelines have been produced. EPMA may be able to monitor usage.

CQUIN 4 – Improving services for people with mental health needs who present to A&E has been achieved for Q1 and Q2. Q3 and Q4 are amber as, although there is a good working relationship with the mental health provider the Q3 and Q4 targets require a reduction in attendances of frequent users in ED and this is, challenging.

CQUIN 9 - The cluster of items that are attributed to CQUIN 9 are around prevention, health education and promotion. The aim is to train staff to sign post patients to the relevant information. An electronic assessment has been developed and e-learning is being trialed in the community.

CQUIN 10 – Community wound assessment – this includes all of the national work that is taking place in the community including the react to red initiative.

CQUIN CA2 – It is anticipated that the implementation of the nationally standardised dose banding principles will be achieved.

CQUIN GE2 – This CQUIN around supporting patient with long term conditions in the community will be achieved.

The Committee took assurance from the document and the understanding of the risk areas.

Quality Priorities

The CQUINs have fed in to the Quality Priorities in previous years; however, CQUINs are now all nationally agreed. The Committee noted the inclusion of the priorities for 2017/18 in the papers and discussed the priorities for 2018/19 under the three sections of Patient Safety, Clinical Effectiveness and Patient Experience, with the aim to agree what should be included.

BG advised that an infection prevention item will be identified for inclusion. JT confirmed that learning from deaths is going well, falls and pressure ulcers reduction are embedded and recognition of the deteriorating patient is improving. SAFER remains a challenge and focused work is required, the project is very operational, involves patient flow and social care provision is part of the challenge. The Committee queried if a priority around Maternity should be included and BG agreed to liaise with Liz Ross. Sepsis will remain a CQUIN for 2018/19 and should remain a priority, as should the 7 day service work.

The Committee queried if Mental Health provision remains a CQUIN, BG highlighted the focused work discussed under CQUIN 4. Reducing variation of the different practices around wound assessment in the community is a very large piece of work and could be included as a clinical effectiveness priority.

The Patient Experience portfolio has moved on considerably this year and the Committee discussed; PLACE assessments, Dementia/AMTS screening, disabled access, end of life care. Dementia may be reinstated as a priority, along with volunteering which is strategically important for the Trust and the Night Owl initiative which has a cultural impact. The complaints team have seen a lot of change over the year and some directorates are better than others at completing actions, this will however be monitored and addressed through Q&S PMMs so would not need to be included in the priorities.

The Committee highlighted that one of the priorities should be selected by the Governors. LP will add this to the agenda for the Governor forum in February.

The Committee agreed the following draft priorities with further discussion to take place in March, when there will be more certainty about the CQUINS for the year;

- Infection Prevention
- Sepsis
- 7 day service

- Volunteering
- Dementia
- Night owl initiative
- Maternity?
- SAFER

Action: LP to discuss at the Governors Forum in February
Action: BG to liaise with Liz Ross regarding Maternity

Any other business

The Committee discussed concerns around an item of discussion at the Lord Carter Board Session around all over 70s receiving cemented hips. JT advised that as part of the GIRFT project anyone over 65 would receive a cemented hip, which the evidence are suggests are suitable and last longer.

The Committee highlighted that Estates had raised a data quality issue with the reporting of falls being inconsistent with Datix data. DP advised that this was regarding the data in the publication, Nevermore, and the date of the data extraction was not recorded. Datix is a live system that is constantly changing therefore figures can alter minute by minute.

This was Diane Palmers final Committee meeting before leaving the Trust. The Committee thanked her for her work and commitment to the Trust, Patient Safety and the Quality and Safety Committee.

Time and Date of the next meeting

Next meeting of the Quality and Safety Committee: 23 January 2017, Ophthalmology Seminar Room, York Hospital

Quality & Safety Committee – Action Plan – December 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	Completed
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	
65	Oct 17	BG to update on the Flu Vaccination programme monthly	Chief Nurse	Monthly update	

67	Dec 17	Committee to review the Duty of Candour data in the Performance report for accuracy.	Committee	Jan 18	
68	Dec 17	JT to bring amended Patient Safety Strategy	Medical Director	Feb 18	
69	Dec 17	Quality Priorities to come for sign off.	Chief Nurse / Foundation Trust Secretary	March 18	

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
Quality and Safety Committee – 23 January 2018

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 Clinical cover at nights and weekends
2. BG to update on flu and infection prevention
3. BG to highlight assurance on agency spend and risk assessment
4. JT and BG to provide assurance on patient safety during severe winter pressures

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: Charlotte Craig, Patient Safety Admin Assistant

Executive sponsor: Jennie Adams, Non-Executive Director

Date: 23 January 2018

Quality & Safety Committee Minutes – 23 January 2018

Attendance: Jennie Adams, Libby Raper, James Taylor, Beverley Geary, Fiona Jamieson, Donald Richardson, Katrina Blackmore and Charlotte Craig

Observing: Susan Symington

Apologies for Absence: Lynda Provins and Liz Jackson

Minutes of the meeting held on the 21 December 2017

The notes from the meeting held on the 21 December were approved as a true and accurate record. JT intends to bring the Patient Safety Strategy to the February meeting. The Committee will agree the final version of Quality Priorities in March.

Action Log Items

Item 36 – Patient Consent Limited Assurance Internal Audit: JT to meet with Internal Audit and feedback next month.

Item 50 – Assurance on Clinical Effectiveness: – FJ, JA and JT are looking at a small number of national clinical audits (NCAA, SSNAP, NCEPOD Reports) and some key areas from the Getting it Right First Time (GIRFT) initiative. JT advised that Tim Briggs, the national lead, visited the Trust in December to update on the initiative; and to discuss a national pilot to convert to hot and cold sites for orthopaedics. JA is keeping Jenny McAleese updated, as Chair of the Audit committee, to ensure that this work is line with the individual roles of the two committees.
Action: To be a standing item on the agenda and built into the annual work programme of the committee.

CRR Ref: CN15 Item 65 – The Committee requested an update on the influenza vaccination campaign. BG advised that 69.5% of front line staff have been vaccinated last week, today's figure is 72%. The CQUIN is to achieve 70% by the end of February. We have been asked to remove staff who have left from the calculations, BG is confident we will still be at 70%. Though numbers of flu patients are high we are not at epidemic levels. There was a brief discussion on the limited effectiveness of the vaccine against some strains and type of vaccine used within the NHS.
For attention to Board: BG to raise at Board.

Item 67 Duty of Candour Limited Assurance Audit: – JA noted the information was still missing from the Dashboard. FJ stated our overall Trust performance for verbal and written apologies given is 41.9%. We have identified struggling areas and expect improvement. The data will be included in the February dashboard – fulfilling the statutory requirement to inform the Board of levels of compliance.

All additional action log items were included on the agenda.

Risk Register for the Medical Director and Chief Nurse

CRR Ref: MD2a and MD2b. The Committee was pleased with the separation of medical staffing risks to show the additional and specific risk in Scarborough. The Committee discussed if current winter pressures were adequately reflected in the corporate risk register and where this would be most usefully incorporated. LR suggested adding a separate risk on Winter Pressures. SS to raise the issue at Corporate Risk Group

Patient Safety

Chief Nurse Report

For attention to Board: BG to assure the Board regarding the effect of reduction in nursing agency spend on patient safety.

BG highlighted that nurse recruitment continues and inpatient ward fill rates are holding up. Wards 25 and 26 will have significant vacancies in the spring as nurses are moving posts within the Trust. AMU on both sites has vacancies. RN vacancies continue to increase nationally.

A cohort of 17 Associate Practitioners start in post in January; and 86 newly qualified nurses started in the autumn.

The University of Coventry has advised there will not be a February intake on their BSc Adult Nursing; however September's intake is healthy. Recent nurse recruitment numbers on the East coast are poor.

The Committee expressed some concern around the sharp increase in unfilled nursing shifts that is evident from the dashboard HR data. In particular the low RN fill rates on many of the acute medical wards in Scarborough was highlighted. They were keen to establish that the considerable reduction in nurse agency spend seen in the last few months had not been at the expense of patient safety – particularly given the extreme levels of admissions and bed occupancy being experienced.

BG explained that the reduction in agency spend had been largely achieved by focused work to reduce specialising on key wards. Ward 37 for example, has significantly reduced agency costs and special staffing requests but care has been maintained through: increasing volunteers; using the Dementia Café; using diversional therapy; and using cohorting more frequently.

BG highlighted that less than half the shifts advertised over Christmas and New Year were filled. Last week, 700 out of 1000 shift requests were filled. It is difficult to attract nurses to work on the acute medical wards due to the workload.

Serious Incidents and Never Events

CRR Ref: MD8

The Committee raised concern about the number of SIs that originated from Scarborough ED over the past months and queried if the recommendations addressed the issues.

JT highlighted that the SI report does not always fully explain the context of the stressful situations, or capture the human factors that influenced these events. JT and CC have spent time making the narratives cohesive, however due to time pressure were unable to give as much attention to the recommendations. JT is considering limiting recommendations to 3, and summarising or consolidating the others. The messages need to be sharp to engage with staff and ensure the main messages are not lost. The SI report will look at things that are possible to fix. For example, stating that we need more clinical staff is not always a practical recommendation in the moment.

The Committee expressed a concern that the organisation did not become tolerant to these significant lapses in care and retained its ability to resist acceptance of poor practice.

The Committee discussed the Never Event report. JT advised that he believes this is not a Never Event and will apply to de-escalate.

JA highlighted the SI report on infant hypoglycemia due to failure of breast feeding and the similarities with a previous case; BG advised that there has since been a lot of guidance on breast feeding published and additional midwife training provided.

Clinical Effectiveness

Infection Prevention

CRR Ref: CN7 and CN8

For attention to Board: BG to raise at Board.

The Trust had reported some ward closures due to Norovirus, however there were no transmissions from ward to ward this year.

There have been no surgical site infections reported for Quarter 3.

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 meets on a monthly basis. The team will look at how they report to the Board, and the annual work plan.

BG has chased Brian Golding for an update on the isolation facilities. The flu outbreak has been difficult to manage given the lack of isolation facilities – especially on the York site.

There has been one death due to a patient contracting flu within the hospital.

Action: JA to raise isolation issue with BG at next EE Committee.

Maternity services annual report

BG reported that strategies are in place to reduce the risk of Post-Partum Haemorrhage, third and fourth degree tears and smoking in pregnancy.

The risk of post-partum haemorrhage over 1.5 litres is generally well managed however the need to reduce occurrences is recognised. The obstetric haemorrhage guideline has been updated with the introduction of a different drug.

The purchase of 'epicissors-60' will hopefully reduce the numbers of serious tears. Their use and impact will be reviewed.

Smoking at time of delivery rate remains much higher on Scarborough than York site, despite targeted work in place to reducing smoking in pregnancy. SRCCG has a focused meeting on this topic last week and BG will feedback any actions.

Breast feeding initiation rates are good at York site; however the rates are much lower at Scarborough. The low rates at Scarborough are considered to be a reflection of the culture, as both sites have the same training, guidance and support in place.

There were 9 serious incidents declared in maternity services in 2017, there were no lapses in care identified in 6 of the 9 cases (4 have been de-logged as SIs by the CCG). Mandatory training has been changed with a focus on neonatal hypoglycemia, and the detection of the unwell baby.

The Committee commented on the good work of: transitional care introduced in May 2017 with support from SCBU to keep mothers and babies together on postnatal wards; elective caesarean section pathway; and provision of flu vaccine.

There have been 6 cases of brain injury from York maternity reported to NHSR since April 2017 – the Committee expressed some concern at this number and queried how this compared to our peers.

The Midwifery Led Unit closed in March 2017; women can continue to choose midwifery led care provided in Scarborough on the Labour Ward or in the woman's home.

LR questioned the definition of a hot debrief – a quick and immediate review of incident, reflect on what happened and what can be learned. A chance to make sure everyone understands what happened and make sure everyone is alright. This is useful for the wider team, as an incident affects so many staff members.

The Committee was pleased to see that the recommendations that have been made following a series of national reports are being adopted by the team and they noted the strong regional cooperation that has developed. They also took assurance from the new Healthcare Safety Investigation Board initiative to investigate all maternity incidents nationally using a common methodology.

Clinical cover at nights and weekends in York Hospital

For attention to Board: JT to raise at Board.

JT has been looking into how to make the hospital safer at night. Acuity of patients and admissions are increasing year on year, while the workforce remains static. At a meeting with the HEE Deanery all 3 northern deaneries said they had problems recruiting junior doctors. The Deanery may be able to be more flexible with funding, so we may plug junior doctor vacancies with locums. JT has gathered intelligence from the junior doctors and is

considering what can be done to improve the position. Bleep filtering is trying to be re-established to filter and distribute tasks to the correct staff. Some reallocation of tasks could be considered, but other staff are also in short supply out of hours. Poor satisfaction with working conditions can feed back to the Deanery who can, ultimately, withdraw posts from the Trust if issues remain unresolved – exacerbating the situation.

BTS Smoking Cessation National Audit 2016

The Committee agreed this was an interesting audit and starkly illustrated the lack of progress on the East Coast. The link was underlined between smoking in pregnancy and stillbirth rates. The Trust strategy is to signpost patients to smoking cessation services but these are in very short supply and not funded by the Trust.

BTS National Adult Asthma Audit 2016

The Committee noted the positive contents of the audit - that our Trust is doing well compared to our peers. Making this a quality priority and the excellent work of our specialist nurses has achieved success.

Patient Experience

Patient Experience Quarterly Report

Making the Complaints System more responsive

Complaints were being logged formally when; the best outcome would have been achieved through a timely meeting. The Complaints Team is now working differently, allowing until the end of the next working day for directorates to contact potential complainants, before logging the complaint. Conversations are invaluable where the issues raised may be simply resolved, or the answers to the questions are already known. Complaints will be a standing item on future PMM agendas. A significant number of complaints are not being dealt with within the 30 day target – the PE team are doing focused work with departments that are struggling.

Results of the National Maternity Survey 2016

The Committee noted the positive contents of the audit from our maternity users. Closure of the MLU Unit in Scarborough has not resulted in a deterioration of the survey results.

Seven day services in hospitals: clinical standards audit results December 2017

The Committee noted that senior review by site would be a more useful data review given the widely different standards achieved between York and Scarborough on our own internal figures.
The patient being seen and assessed within 14 hours of admission was introduced as a Keogh standard and thought it would improve standards. This is now seen as a minimum standard of care.

Additional Items

EPMA

The Committee notes a spike in prescribing errors in December. DR explained that this is due to the EPMA's rollout, and the numbers will go up as it is now easier to record and identify errors.

Patient Safety Group

This will be discussed at February's meeting. FJ will add clinical guidelines to our website.

Board Assurance Framework

The Committee was asked to review the scoring of the BAF. The Committee had a discussion around the Q & S item 5 including all the initiatives implemented during the last year. It was highlighted that this was about emergency care and not just ED, and that item 3 in Finance and Performance element was linked to achievement of national targets. There was also discussion about item 1and whether this could be green in light of item 5 being red, as surely item 5 was a part of item 1. It was agreed that the gaps and controls needed to be refreshed for item 5. It was agreed that currently the RAG ratings should stay the same, but further discussion would take place in February.

Post Meeting Note

Following the meeting JA contacted BG and JT to request that they bring an additional item to the Board's attention regarding assurance on patient safety during extreme winter pressures.

Time and Date of the next meeting

Next meeting of the Quality and Safety Committee: 20 February 2018, Ophthalmology room, York Hospital

Quality & Safety Committee – Action Plan – January 2018

No.	Month	Action	Responsible Officer	Due date	Completed
36	Mar 17	Foundation Trust Secretary to liaise with Medical Director for the Patient Consent Audit report	Foundation Trust Secretary	May 17, Jun 17, Jul 17, Aug 17, Sept 17, Jan 18, Feb 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	
48	Sept 17	Maternity SI investigation process proposal	Chief Nurse Team	Oct 17	

50	Sept 17	FJ to develop work plan and reports around Clinical Effectiveness	Fiona Jamieson	Feb 2018	
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	
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	
67	Dec 17	Committee to review the Duty of Candour data in the Performance report for accuracy.	Committee	Jan 18, Feb 18	
68	Dec 17	JT to bring amended Patient Safety Strategy	Medical Director	Feb 18	
69	Dec 17	Quality Priorities to come for sign off.	Chief Nurse / Foundation Trust Secretary	March 18	

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Patient Safety and Quality Performance Report

January 2018

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

Patient Safety & Quality Performance Report
Chapter Index

Chapter	Sub-Section
Quality & Safety	Quality & Safety Chapter Index
	Quality & Safety Index
	Quality & Safety Summary
	Litigation
	Patient Experience
	Care of the Deteriorating Patient
	Measures of Harm
	Never Events
	Drug Administration
	Safety Thermometer
	Mortality
	Patient Safety Walkrounds
	Maternity Dashboards
	Community Hospitals Summary
	Quality and Safety Miscellaneous

Quality and Safety Summary: Trust

Patient Experience	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Litigation - Clinical Claims Settled	-	-	2	3	5	1	10	7	6	2	5	2	5	2
Complaints	-	-	43	32	38	34	46	36	51	43	50	38	37	27

Care of the Deteriorating Patient	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
14 hour Post Take - York	85%	Q1 82% Q2 82% Q3 85% Q4 90%	89%	91%	89%	90%	91%	91%	91%	89%	91%	92%	89%	92%
14 hour Post Take - Scarborough	70%	Q1 52% Q2 60% Q3 70% Q4 80%	80%	72%	75%	72%	63%	79%	80%	74%	74%	73%	73%	72%
Acute Admissions seen within 4 hours	80%	80%	87%	92%	87%	85%	83%	86%	93%	86%	92%	86%	90%	87%
NEWS within 1 hour of prescribed time	90%	90%	**86.5%**	**87.1%**	**87.9%**	**89.4%**	**87.2%**	**89.2%**	**89.0%**	**88.8%**	**88.2%**	90.2%	90.3%	**89.0%**
All Elective patients to have an Expected Discharge Date (EDD) recorded within 24 hours of admission	93%	93%	**87%**	**89%**	**87%**	**87%**	**86%**	**86%**	**84%**	**88%**	**84%**	**87%**	**84%**	**84%**

Measures of Harm	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Serious Incidents	-	-	28	18	10	9	20	19	14	12	8	16	10	12
Incidents Reported	-	-	1402	1262	1380	1236	1192	1242	1319	1206	1251	1250	1222	1268
Incidents Awaiting Sign Off	-	-	963	1059	1129	828	698	746	868	832	766	733	684	892
Patient Falls	-	-	271	216	222	225	228	231	218	216	268	223	257	292
Pressure Ulcers - Newly Developed	-	-	140	111	137	131	133	109	113	97	107	103	102	133
Pressure Ulcers - Transferred into our care	-	-	94	64	88	74	67	77	82	59	77	68	58	64
Degree of harm: serious or death	-	-	9	6	10	6	1	9	2	2	8	3	5	4
Degree of harm: medication related	-	-	162	173	174	151	127	158	159	128	128	160	166	163
VTE risk assessments	95%	95%	98.3%	98.4%	98.6%	98.5%	97.9%	98.3%	97.6%	97.9%	97.7%	98.3%	98.7%	98.2%
Never Events	0	0	0	0	0	0	**1**	0	**1**	**1**	0	**1**	0	0

Drug Administration	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Insulin Errors	-	-	8	4	6	12	11	10	12	9	11	11	9	15
Omitted Critical Medicines	-	-	15	17	18	18	16	13	9	6	16	19	15	11
Prescribing Errors	-	-	50	35	36	28	33	34	39	24	32	43	63	68
Preparation and Dispensing Errors	-	-	11	15	13	20	14	27	24	7	13	18	16	8
Administrating and Supply Errors	-	-	58	86	75	66	49	58	58	62	54	68	53	59

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	Dec-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	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	Jul 16 - Jun 17
Summary Hospital Level Mortality Indicator (SHMI)	100	100	101	101	99	99	99	100	99	98	97	97	98

Infection Prevention	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Clostridium Difficile - meeting the C.Diff objective			10	5	5	2	2	5	2	3	5	7	4	3
CDIFF Cumulative Threshold	48 (year)	48 (year)	40	45	48	4	8	12	16	20	24	28	32	36
Clostridium Difficile -meeting the C.Diff objective - cumulative			36	41	46	2	4	9	11	14	19	26	30	33
MRSA - meeting the MRSA objective	0	0	0	0	0	0	1	0	0	3	1	0	0	0
MSSA	30	2	5	5	5	3	3	7	5	6	3	3	3	4
MSSA - cumulative			42	47	52	3	6	13	18	24	27	30	33	37
ECOLI			9	8	5	6	8	9	4	7	3	8	8	13
ECOLI - cumulative			72	80	85	6	14	23	27	34	37	45	53	66
MRSA Screening - Elective	95%	95%	87.7%	88.4%	88.1%	89.1%	84.7%	88.3%	85.2%	87.9%	81.7%	87.8%	89.6%	84.6%
MRSA Screening - Non Elective	95%	95%	86.0%	86.7%	87.4%	87.4%	84.3%	85.9%	88.2%	89.5%	88.3%	89.6%	90.2%	86.5%

Stroke (one month behind due to coding)	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Proportion of patients who experience a TIA who are assessed & treated within 24 hrs	75%	75%	95.2%	80.0%	100.0%	87.5%	83.3%	100.0%	62.5%	62.5%	73.7%	94.7%	92.3%	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%	91.7%	100.0%	1 month behind
	SSNAP Scores		Aug - Nov 16	Dec - Mar 17	Apr - Jul 17	Aug-17	Sep-17	Oct-17	Nov-17					
Proportion of patients spending >90% on their time on stroke unit	85%	85%	87.1% (B)	87.5% (B)	83.4% (C)	87.1% (B)	90.1% (A)	88.9% (B)	95.7% (A)					
Scanned within 1 hour of arrival	43%	43%	44.4% (B)	44% (B)	44.2% (B)	43.8% (B)	55.4%(A)	60.0% (A)	48.3% (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)	94.3% (B)	94.8% (B)					

AMTS	Target/ Threshold 2017/18	Monthly Target/ Threshold	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
AMTS Screening	90.0%	90.0%	90.1%	88.3%	88.9%	86.7%	79.3%	85.1%	81.7%	80.5%	82.0%	82.8%	83.4%	80.3%

Patient Experience
(Patient Experience Team)

Friend and Family Test (FFT) Latest Results – October 2017
The Trust inpatient response rate has slightly dropped, with the latest (December 2017) response rate 23.9% against a latest national average (November 2017) of 25.5%. The Patient Experience Team continues to link with the matrons and sisters for areas with low response rates to engage staff and increase the number of returns. The November inpatient satisfaction of 97.1% was the highest for 12 months, and this was achieved again in December.

The December ED response rate was 17.3% against a national average (November 2017) of 12.9%. In November and December the York % recommend was 91% and 89% and Scarborough was 91% and 87%. This is significantly above our Trust average for each site and, in the light of winter pressures, is an achievement to be celebrated with staff.

Complaints and Concerns
The number of complaints received dropped in December 2017. Where de-escalation may be appropriate, working within the existing Trust Policy on Complaints and Concerns and the NHS Complaint Regulations, directorates now have greater opportunity to contact potential complainants before logging the complaint. 16 cases were handled in this way in November and December 2017, with 13 being deescalated.

Measures of Harm

No Never Events were declared in December 2017.

12 Serious Incidents were declared; 5 at York, 5 at Scarborough and 2 in Community.

Infection Prevention

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

In December 2017 the Trust reported 3 cases of CDIFF, all at York. The yearly threshold for 2017/18 remains at 48, monthly allocation allows for 5 cases.

4 cases of MSSA were reported in December, 3 in York and 1 at Scarborough.

13 cases of ECOLI were reported in December. 6 cases were reported at York, 5 at Scarborough and 2 in Community.

Quality and Safety - Miscellaneous

Stroke (reported 1 month behind due to coding)
In November the Trust achieved a 'A' rated SSNAP target for the proportion of patients scanned within 1 hour of arrival and patients spending > 90% of their time on a stroke unit. The Trust achieved a 'B' rating for patients scanned within 12 hours of hospital arrival. The 75% target was met for TIA patients assessed within 24 hours (92.3%)

Cancelled Operations
74 operations were cancelled within 48 hours of the TCI date due to lack of beds in December. This is an increase on December 2016 when 71 operations were cancelled.

Cancelled Clinics/Outpatient Appointments
133 clinics were cancelled with less than 14 days notice; this figure is an 8% decrease on December 2016 and is less than the monthly threshold of 180. 702 outpatient hospital appointments were cancelled for non clinical reasons which is a 3% increase on December 2016.

Ward Transfers between 10pm and 6am
113 ward transfers between 10pm and 6am were reported in December (Scarborough - 30, York - 83), the highest number reported since January 2017 and above the 100 threshold. In December 2016 there were 97 transfers.

AMTS
The Trust failed to achieve the 90% target for AMTS screening in December, performance was 80.3%. The Trust has

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 December. York achieved 92% against the 85% target for Q3 and Scarborough achieved 72% against the 70% target for Q3.

89.0% of patients had their NEWS scores completed within 1 hour in December against the Trust's internal target of 90%, failing its target for the firt time in 3 months. Scarborough continue to consistently achieve target with performance of 92.8% in December, York achieved 86.7%.

84% of Elective patients had their Expected Date of Discharge recorded within 24 hours of admission across the Trust in December. The target of 93% has not been achieved, and this remains consistent with previous months.

Drug Administration

15 insulin errors were reported in December, including 6 for York, 2 for Scarborough and 7 for Community.

68 prescribing errors were reported across the Trust in December, 76.5% were attributed to York. The reason for December's increase in prescribing errors is being investigated.

8 dispensing errors were reported across the Trust in December. The number of dispensing errors is the 2nd lowest in the last 12 months, with 4 at York, 3 at Scarborough and 1 Community.

Mortality

The latest SHMI report indicates the Trust to be in the 'lower than expected' range. The July 2016 - June 2017 SHMI saw York remain the same, a 1 point increase for Scarborough and a 1 point increase for the Trust. Trust - 98, York 93 and Scarborough 106.

180 inpatient deaths were reported across the Trust in December; 101 were reported at York and 71 were reported at Scarborough.

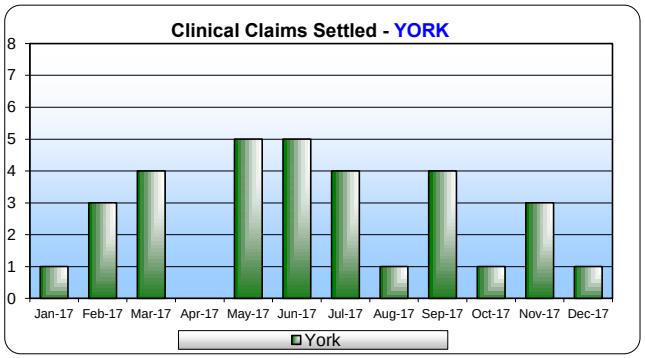
17 deaths in ED were reported in December; 10 at York and 7 at Scarborough.

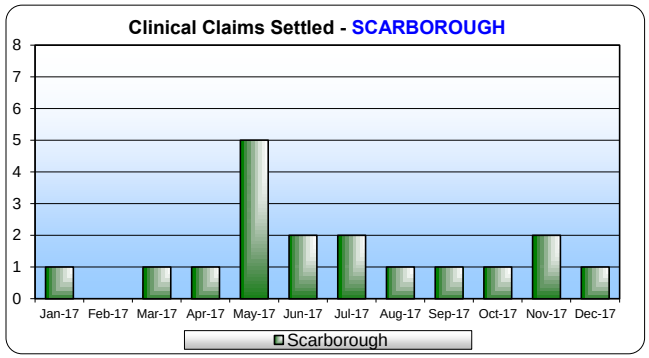
CQUINS update (Operations Team)

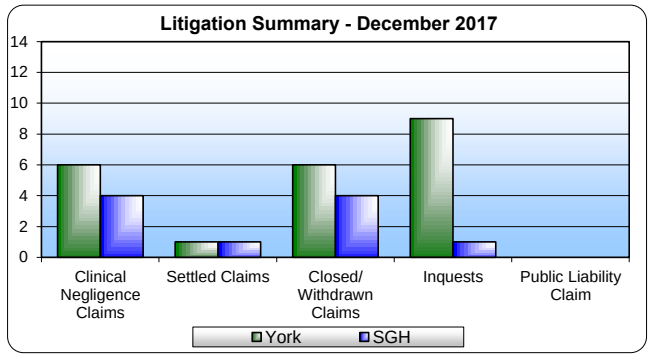
The Trust is currently collating evidence reports to show compliance against 2017/18 Q2 CQUINs, please refer to CQUINS page 4 for details.

Litigation

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







Patient Experience

PALS Contacts
There were 173 PALS contacts in December.

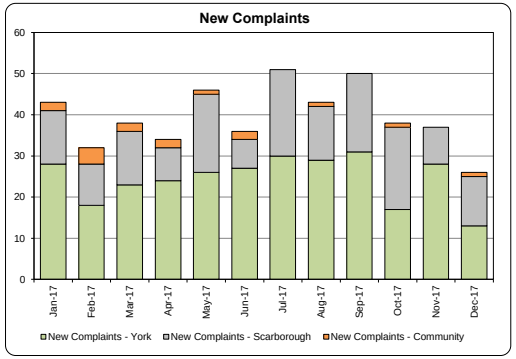
Complaints
There were 37 complaints in December.

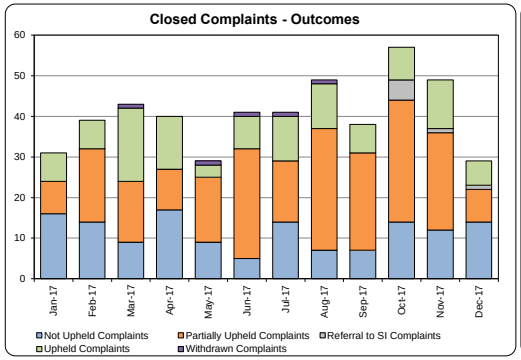
New Ombudsman Cases
There were no New Ombudsman Cases in December.

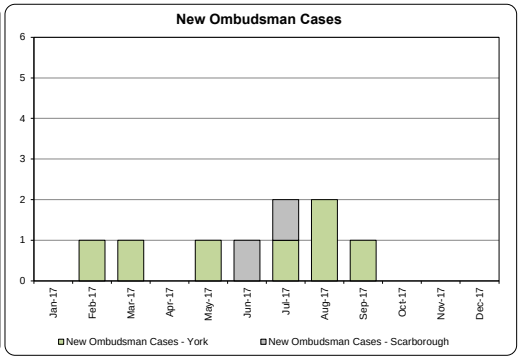
Compliments
723 compliments were received in December 2017. There has been an increase in compliments received in the latter part of 2017, with over 3,600 being received between September & December.

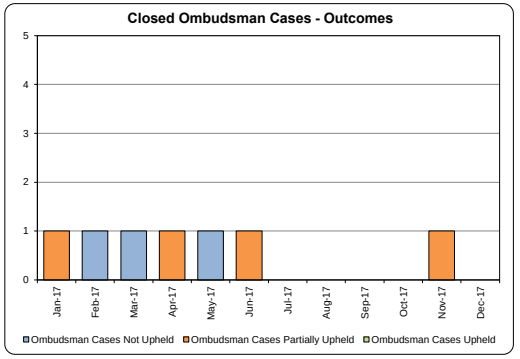
Patient Experience

Jan-18



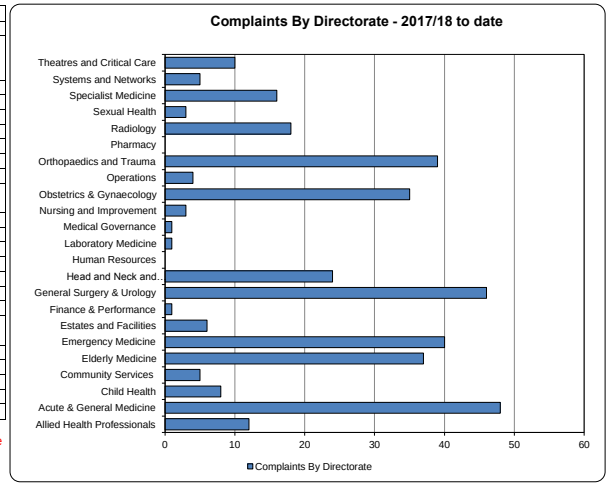






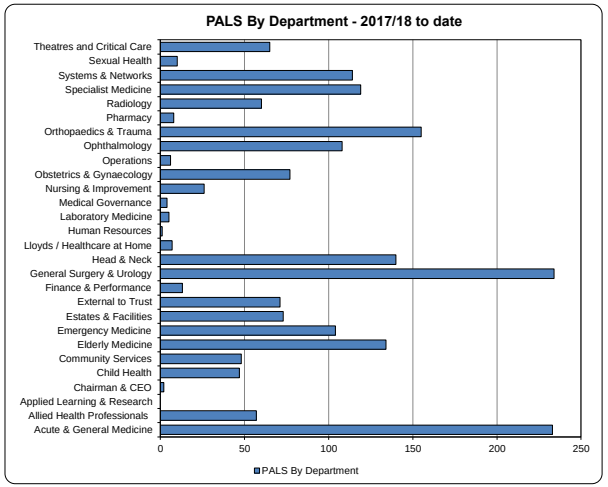
Complaints By Subject	Dec-17	YTD
Access to treatment or drugs	0	7
Admissions, Discharge and Transfer Arrangements	6	52
All aspects of Clinical Treatment	18	241
Appointments, Delay/Cancellation	4	52
Commissioning	0	0
Comms/info to patients (written and oral)	6	100
Complaints Handling	0	0
Consent	1	4
End of Life Care	0	2
Facilities	2	14
Mortuary	0	0
Others	0	0
Patient Care	9	122
Patient Concerns	0	2
Prescribing	1	26
Privacy and Dignity	2	29
Restraint	0	1
Staff Numbers	0	3
Transport	0	0
Trust Admin/Policies/Procedures	1	27
Values and Behaviours (Staff)	9	105
Waiting times	1	10
TOTAL	**60**	**797**

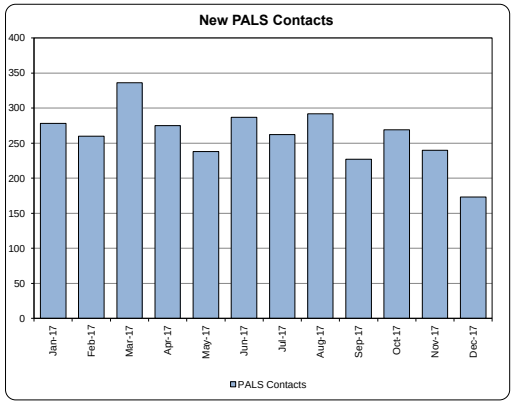
Due to new reporting the number of complaints/PALS contacts by subject is greater than the total number of complaints because each subject within the complaint can be identified as opposed to just the one deemed to be the 'primary'.

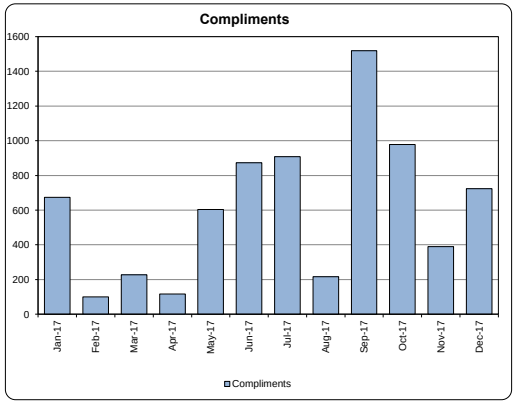


PALS By Subject	Dec-17	YTD
Access to Treatment or Drugs	6	126
Admissions and Discharges (Excluding Delayed Discharge due to absence of care package)	10	123
Appointments	24	403
Clinical Treatment	24	192
Commissioning	0	6
Communication	43	564
Consent	0	4
End of Life Care	1	15
Facilities	12	70
Integrated Care (including Delayed Discharge Due to Absence of a Care Package	0	0
Mortuary	0	1
Patient Care	13	137
Patient Concerns	6	83
Prescribing	3	28
Privacy, Dignity & Respect	2	30
Staff Numbers	0	3
Transport	0	9
Trust Admin/Policies/Procedures Inc. pt. record management	5	96
Values and Behaviours (Staff)	20	275
Waiting Times	4	98
Total	**173**	**2263**

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.

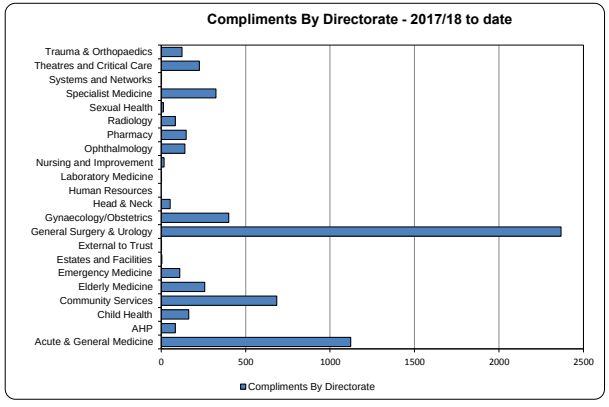






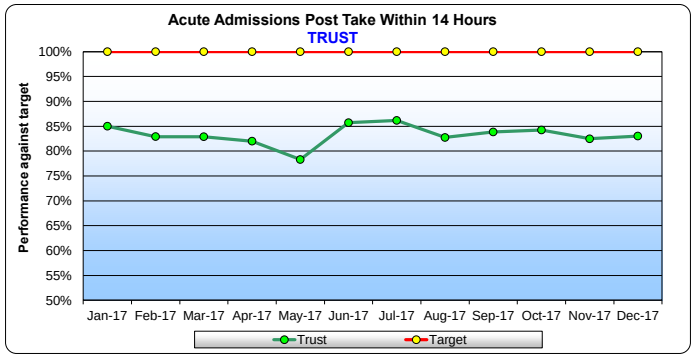
Compliments By Directorate	Dec-17	YTD
Acute & General Medicine	63	1123
AHP	30	84
Child Health	26	163
Community Services	218	685
Elderly Medicine	68	257
Emergency Medicine	19	110
Estates and Facilities	0	4
External to Trust	0	2
General Surgery & Urology	44	2367
Gynaecology/Obstetrics	67	401
Head & Neck	0	53
Human Resources	0	0
Laboratory Medicine	1	2
Nursing and Improvement	0	18
Ophthalmology	72	140
Pharmacy	15	147
Radiology	0	83
Specialist Medicine	19	325
Systems and Networks	0	2
Theatres and Critical Care	62	225
Trauma & Orthopaedics	6	124
Total	**723**	**6328**

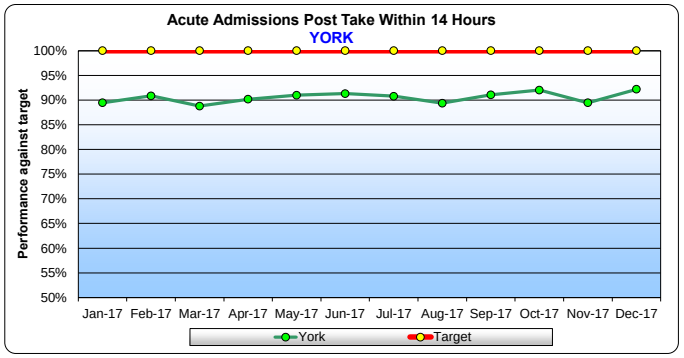
Up until December 2016 compliments reported were only those received directly by the Chief Executive and PALS. From January 2017 numbers from wards and departments are included

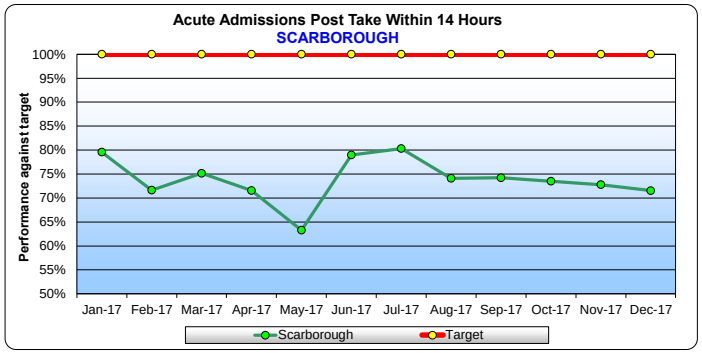


Quality and Safety: Care of the Deteriorating Patient

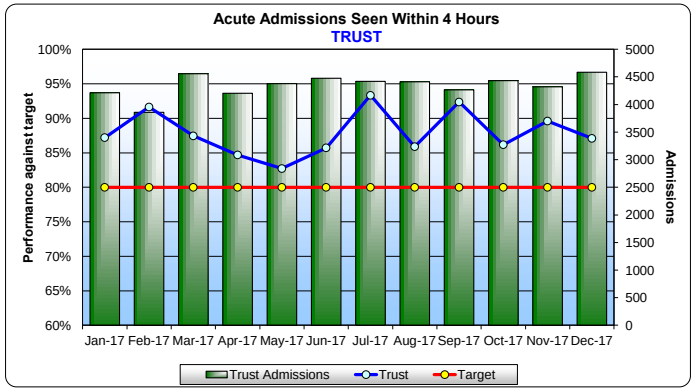
Indicator	Consequence of Breach (Monthly unless specified)	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Oct	Nov	Dec
Care of the Deteriorating Patient on Acute Medical Assessment Units. Admissions - senior review within 14 hours of arrival (SCARBOROUGH) - Royal College Standard - 100%	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	91%	90%	91%	90%	92%	89%	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%	73%	73%	72%

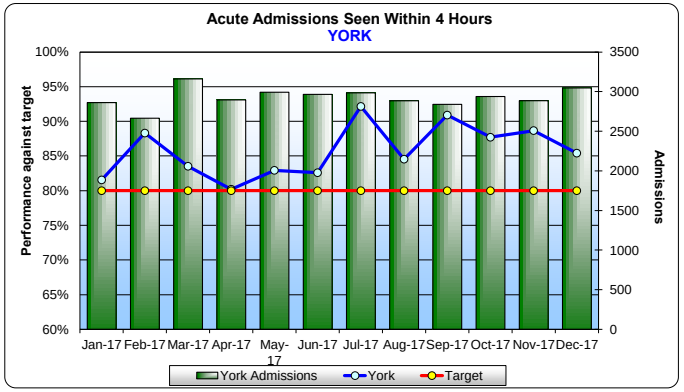


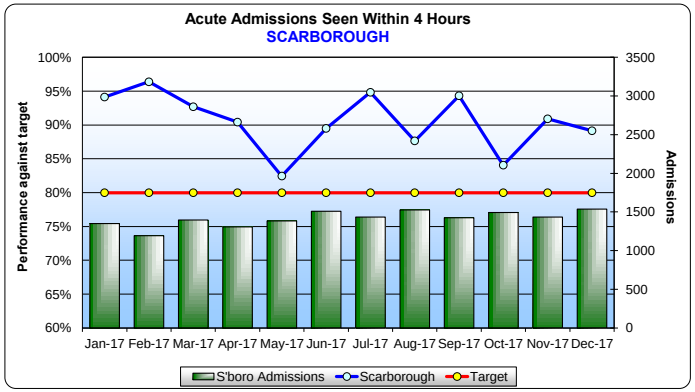




Care of the Deteriorating Patient: All acute medical, elderly medical and orthogeriatric (FNoF) admissions through AMU to be seen by a senior decision maker (registrar or nurse)	Monitoring only - Consultant post take ward round is no longer a CQUIN or contractual KPI	**80% by site**	81.7%	88.7%	84.4%	90.5%	86.2%	89.6%	87.1%

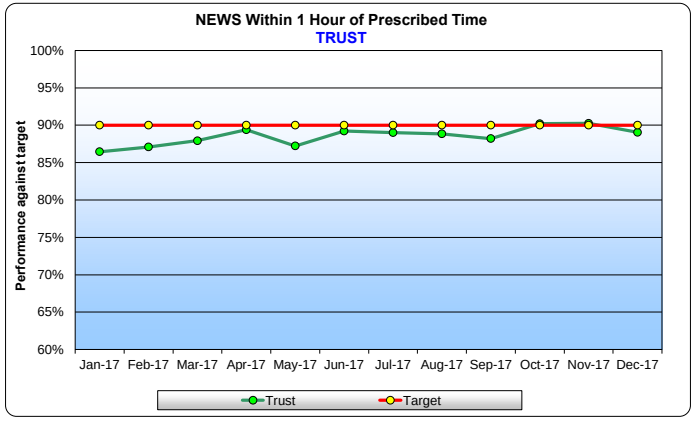


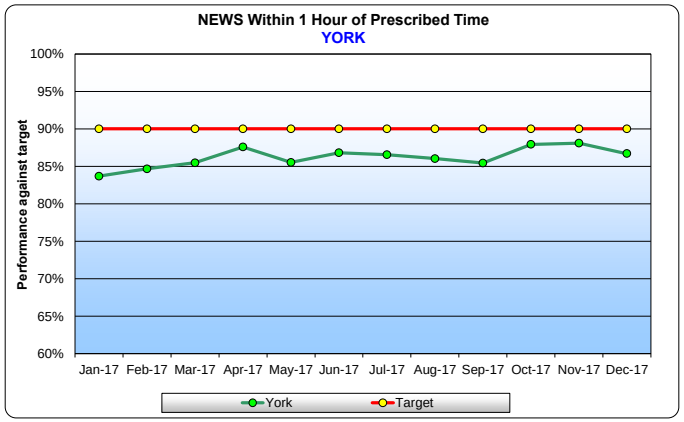


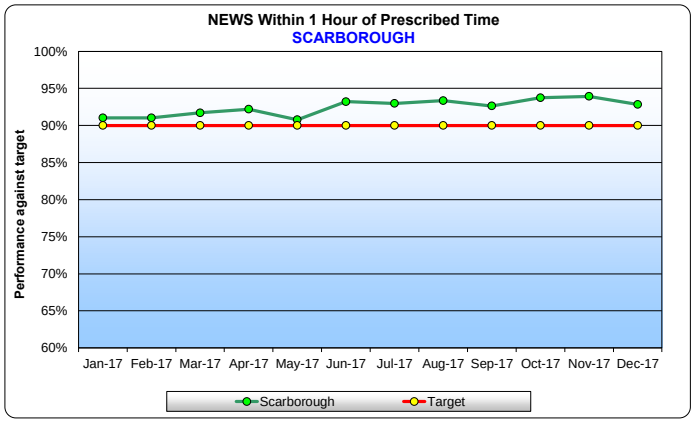


Quality and Safety: Care of the Deteriorating Patient

Indicator	Consequence of Breach (Monthly unless specified)	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Oct	Nov	Dec
NEWS within 1 hour of prescribed time	None - Monitoring Only	87.6%	87.2%	88.7%	88.7%	90.2%	90.3%	89.0%







Measures of Harm

Serious Incidents (SIs) declared (source: Datix)
There were 12 SIs reported in December; York 5, Scarborough 5 Community 2

Patients Falls and Found on Floor (source: Datix)
Reduction in the number of patients who incur a fall while in hospital remains a priority for the Trust. During December there were 183 reports of patients falling at York Hospital, 71 patients at Scarborough and 38 patients within the Community Services (292 in total).

Number of Incidents Reported (source: Datix)
The total number of incidents reported in the Trust during December was 1,268; 729 incidents were reported on the York site, 361 on the Scarborough site and 178 from Community Services.

Number of Incidents Awaiting Sign Off at Directorate Level (source: Datix)
At the time of reporting there were 892 incidents awaiting sign-off by the Directorate Management Teams.

Pressure Ulcers (source: Datix)
During December 55 pressure ulcers were reported to have developed on patients since admission to York Hospital, 44 pressure ulcers were reported to have developed on patients since admission to Scarborough and 34 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.

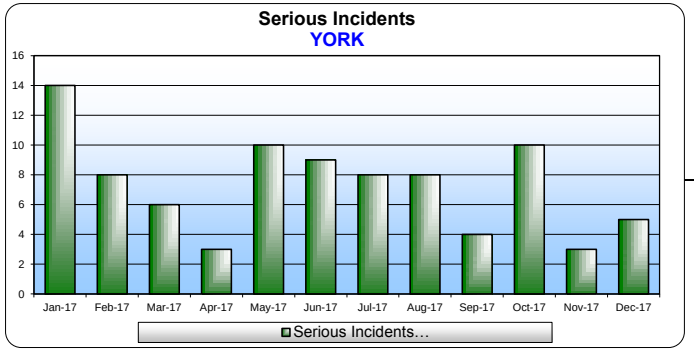
Degree of Harm: Serious/Severe or Death (source: Datix)
During December 4 patient incidents were reported which resulted in serious or severe harm or death. Numbers are subject to change as levels of harm are reviewed and investigations are completed.

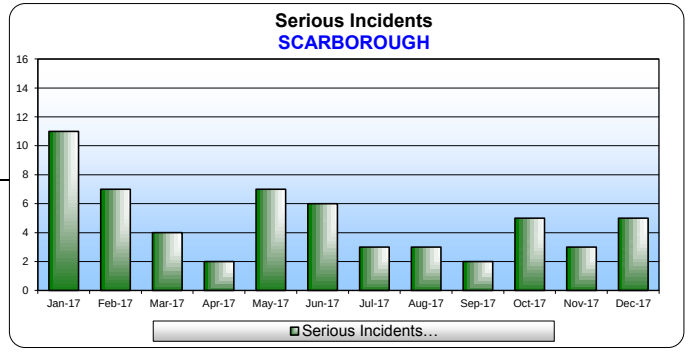
Medication Related Issues (source: Datix)
During December there were a total of 163 medication related incidents reported although this figure may change following validation.

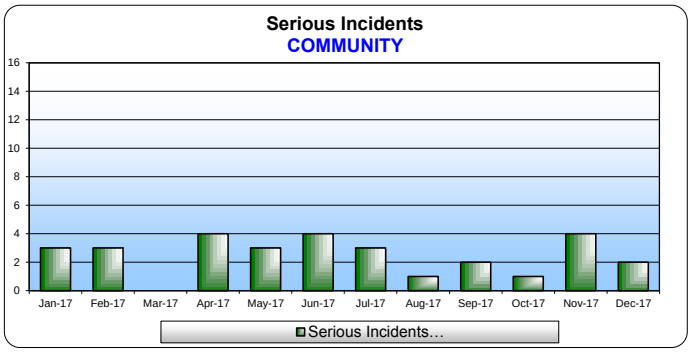
Never Events – No Never Events were declared during December.

Measures of Harm

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

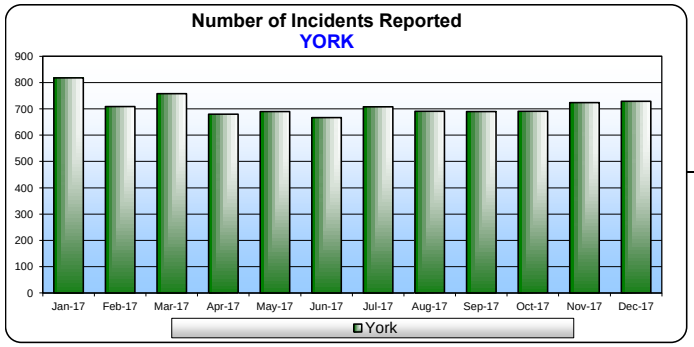


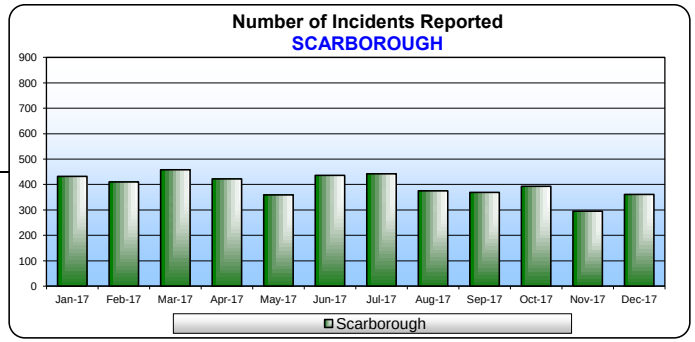


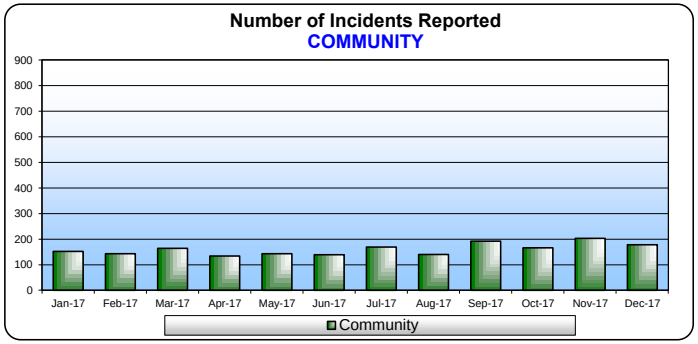


Note - 12 Hour breaches are listed as Operations for the Directorate Investigating (although the location is ED).

Indicator		Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Number of Incidents Reported source: Risk and Legal	York	818	709	758	680	690	667	708	691	690	691	724	729
	Scarborough	432	410	458	422	359	436	442	375	369	393	295	361
	Community	152	143	164	134	143	139	169	140	192	166	203	178
Number of Incidents Awaiting sign off at Directorate level		963	1059	1129	828	698	746	868	832	766	733	684	892

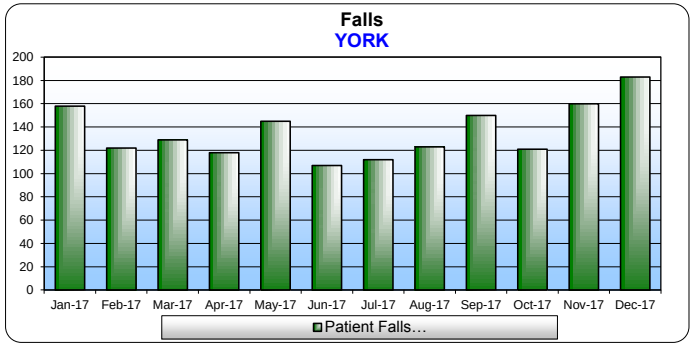


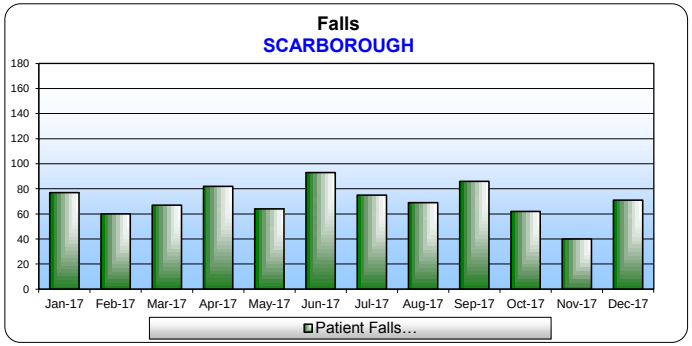


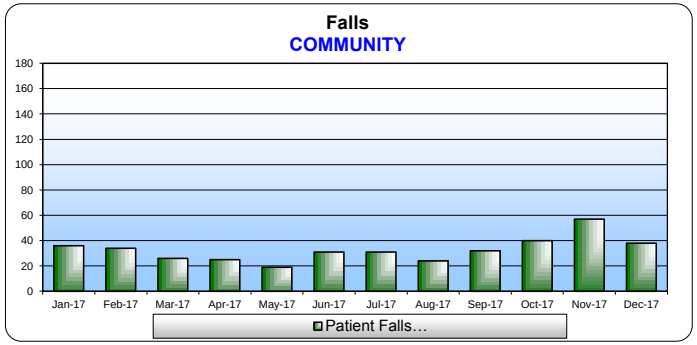


Measures of Harm

Indicator		Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Patient Falls source: DATIX	York	158	122	129	118	145	107	112	123	150	121	160	183
	Scarborough	77	60	67	82	64	93	75	69	86	62	40	71
	Community	36	34	26	25	19	31	31	24	32	40	57	38

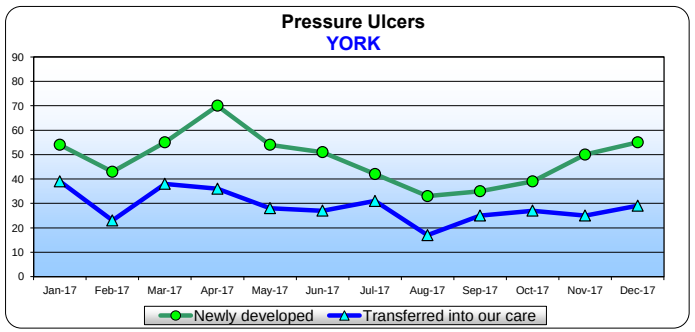


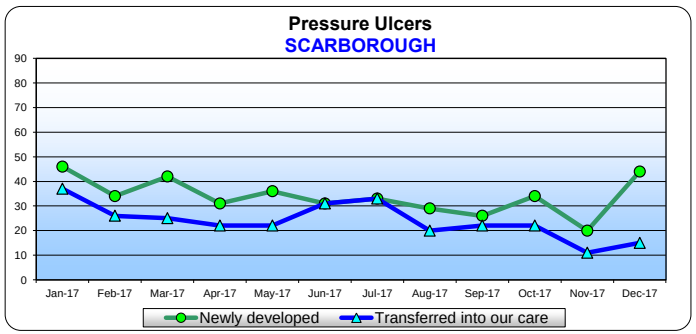


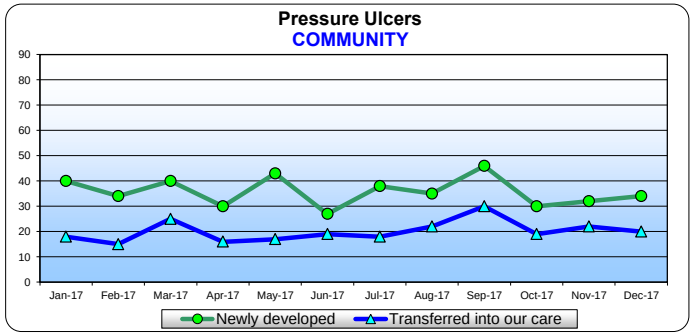


Note - Falls are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, and incidents which have been 'Rejected' are excluded.
Increases in January reflect the increase in the number 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			Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Pressure Ulcers source: DATIX	York	Newly developed	54	43	55	70	54	51	42	33	35	39	50	55
		Transferred into our care	39	23	38	36	28	27	31	17	25	27	25	29
	Scarborough	Newly developed	46	34	42	31	36	31	33	29	26	34	20	44
		Transferred into our care	37	26	25	22	22	31	33	20	22	22	11	15
	Community	Newly developed	40	34	40	30	43	27	38	35	46	30	32	34
		Transferred into our care	18	15	25	16	17	19	18	22	30	19	22	20



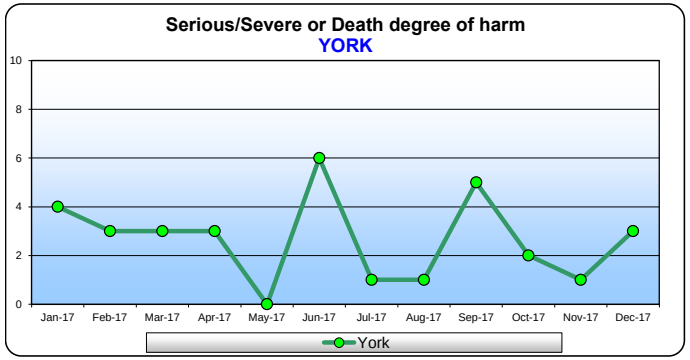


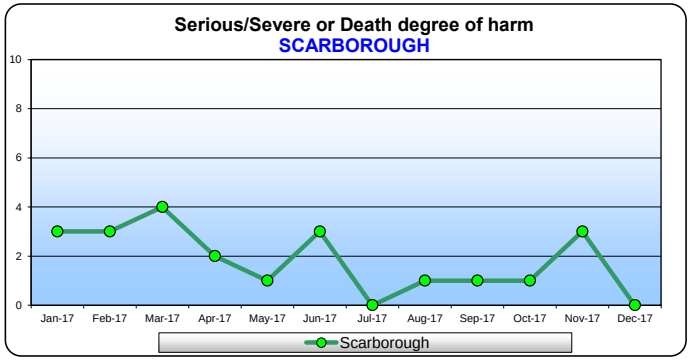


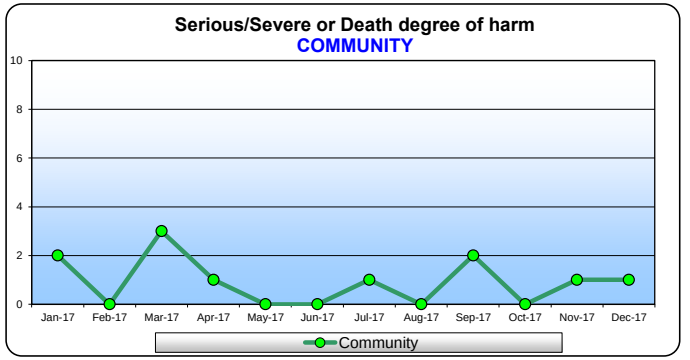
Note - Pressure Ulcers are reviewed retrospectively therefore totals will change month on month. Monthly figures will be refreshed each time the report is updated.
Totals include all degrees of harm, incidents which have been 'Rejected' are excluded as are pressure ulcers which have been categorised 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		Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Degree of harm: serious/severe or death source: Datix	York	4	3	3	3	0	6	1	1	5	2	1	3
	Scarborough	3	3	4	2	1	3	0	1	1	1	3	0
	Community	2	0	3	1	0	0	1	0	2	0	1	1



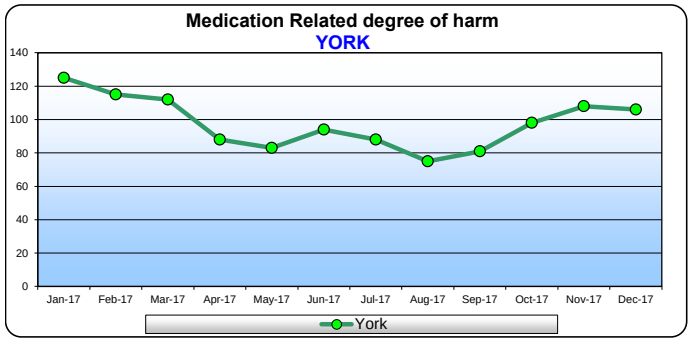


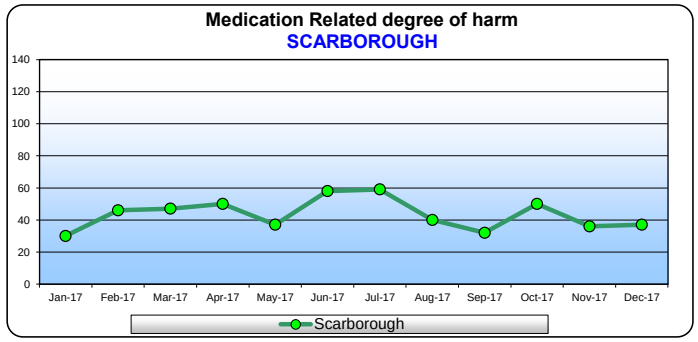


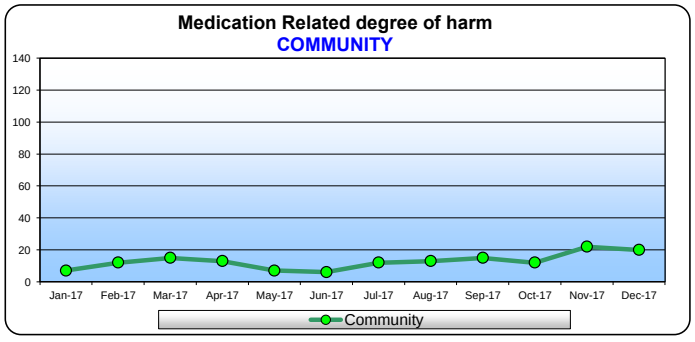
Note: data from October 2016 onwards all subject to ongoing validation

Indicator		Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Degree of harm: Medication Related Issues source: Datix	York	125	115	112	88	83	94	88	75	81	98	108	106
	Scarborough	30	46	47	50	37	58	59	40	32	50	36	37
	Community	7	12	15	13	7	6	12	13	15	12	22	20

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.

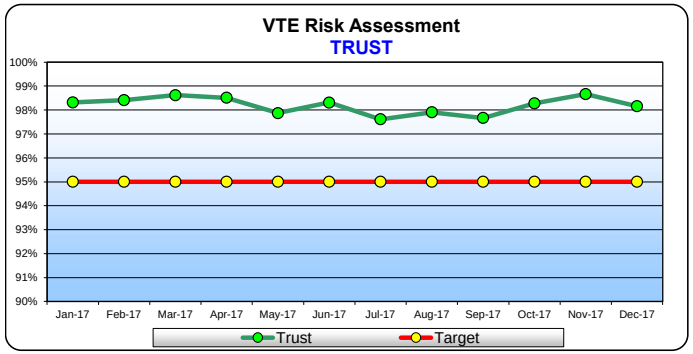


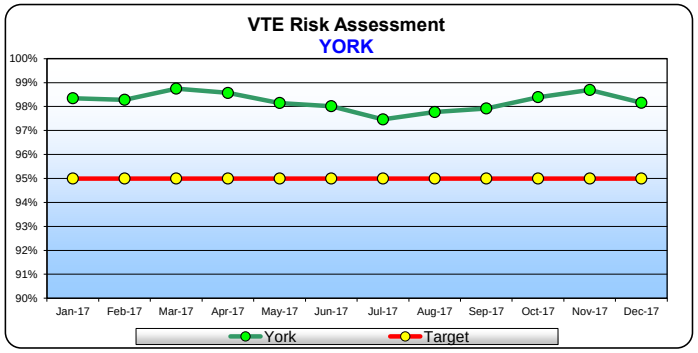


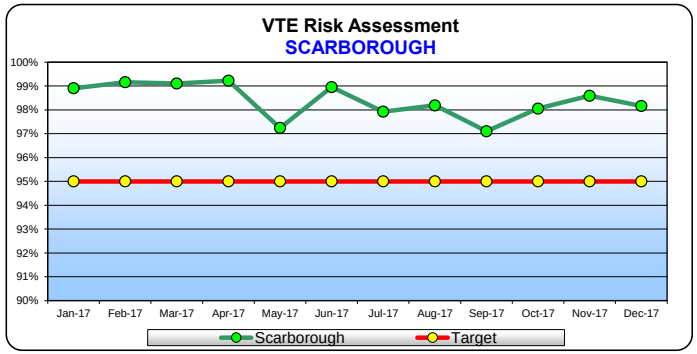


Measures of Harm

Indicator	Consequence of Breach	Site	Threshold	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Oct	Nov	Dec
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%	98.3%	98.7%	98.2%
		York	95%	98.5%	98.5%	98.2%	97.7%	98.4%	98.7%	98.2%
		Scarborough	95%	98.9%	99.1%	98.1%	97.7%	98.1%	98.6%	98.2%







Never Events

Indicator	Consequence of Breach	Threshold	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Oct	Nov	Dec
SURGICAL									
Wrong site surgery	As below	>0	0	0	0	2	0	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	1	0	0
Severe scalding of Service Users		>0	0	0	0	0	0	0	0
	MATERNITY								
Maternal death due to post-partum haemorrhage after elective caesarean section	As above	>0	0	0	0	0	0	0	0

Drug Administration

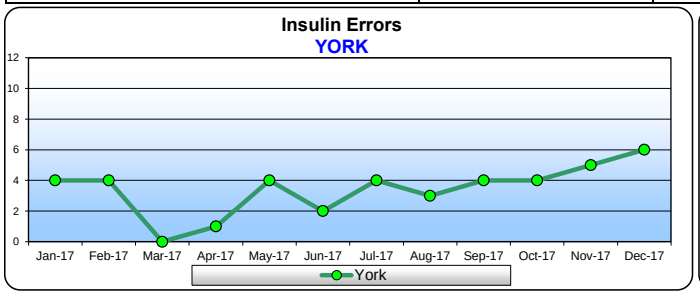
Prescribing Errors
There were 68 prescribing related errors in December; 52 from York, 12 from Scarborough and 4 from Community.

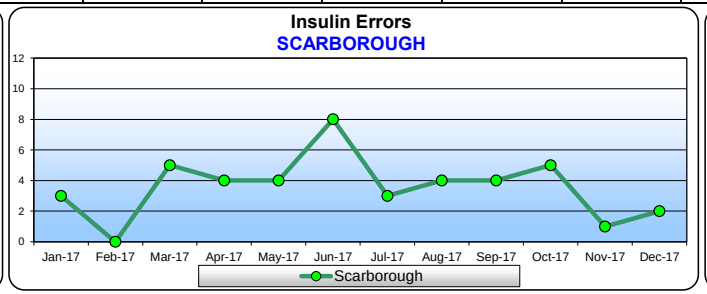
Preparation and Dispensing Errors
There were 8 preparation/dispensing errors in December; 4 from York, 3 from Scarborough. and 1 from Community.

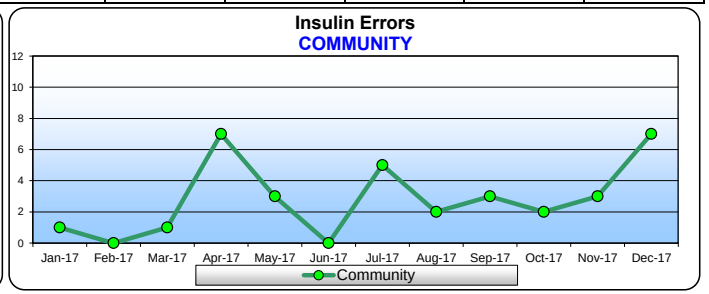
Administrating and Supply Errors
There were 59 administrating/supplying errors in December; 30 were from York, 18 from Scarborough and 11 from Community.

Drug Administration

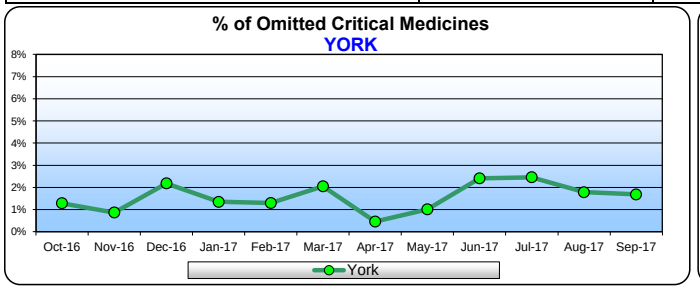
Indicator		Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Insulin Errors source: Datix	York	4	4	0	1	4	2	4	3	4	4	5	6
	Scarborough	3	0	5	4	4	8	3	4	4	5	1	2
	Community	1	0	1	7	3	0	5	2	3	2	3	7

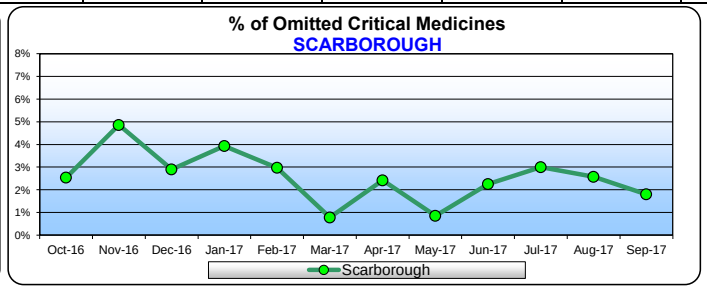


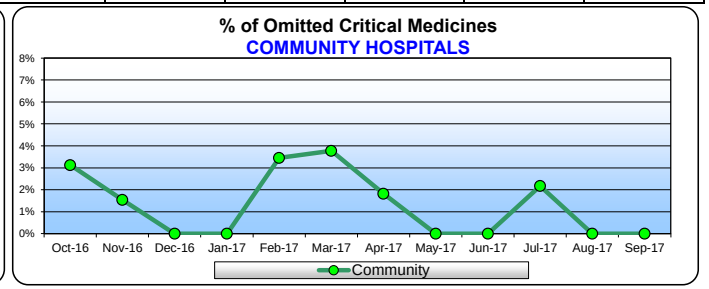




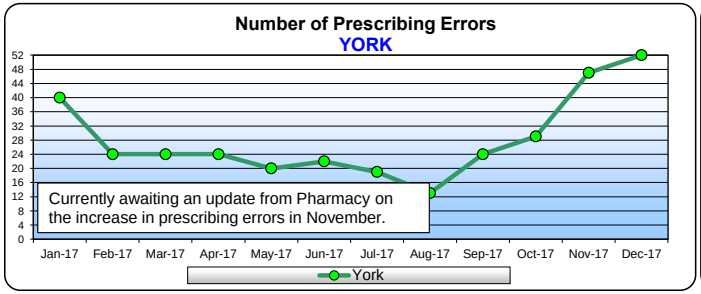
Indicator		Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17
Number of Omitted Critical Medicines source: Datix. *Safety Thermometer was discontinued from Oct 2017 therefore this metric is no longer provided*	York	6	4	10	7	6	9	2	4	10	11	8	7
	Scarborough	7	12	8	11	8	2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

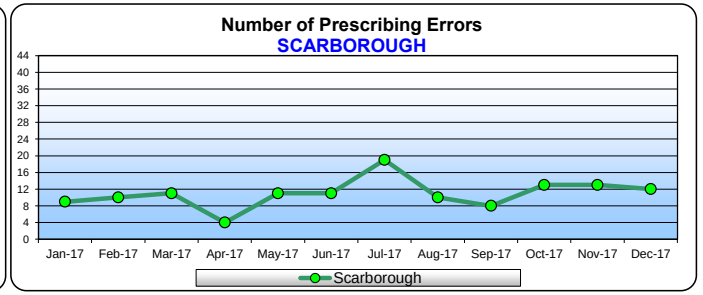


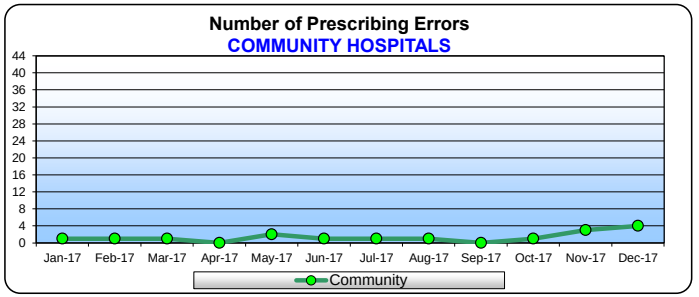




Indicator		Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Number of Prescribing Errors source: Datix	York	40	24	24	24	20	22	19	13	24	29	47	52
	Scarborough	9	10	11	4	11	11	19	10	8	13	13	12
	Community Hospitals	1	1	1	0	2	1	1	1	0	1	3	4

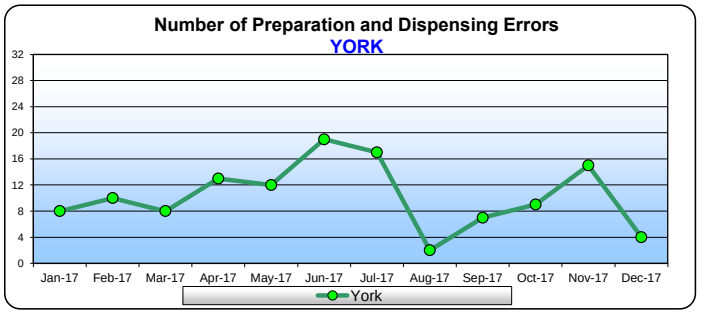


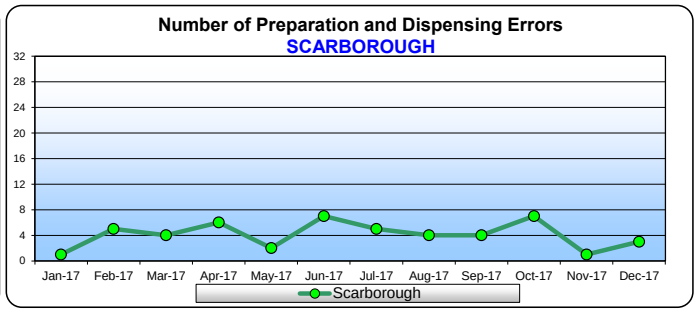


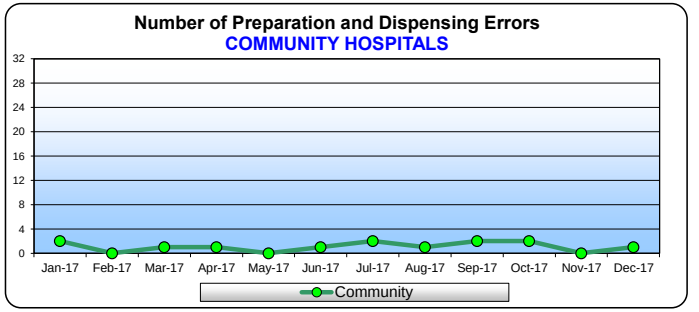


Drug Administration

Indicator		Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Number of Preparation and Dispensing Errors source: Datix	York	8	10	8	13	12	19	17	2	7	9	15	4
	Scarborough	1	5	4	6	2	7	5	4	4	7	1	3
	Community Hospitals	2	0	1	1	0	1	2	1	2	2	0	1

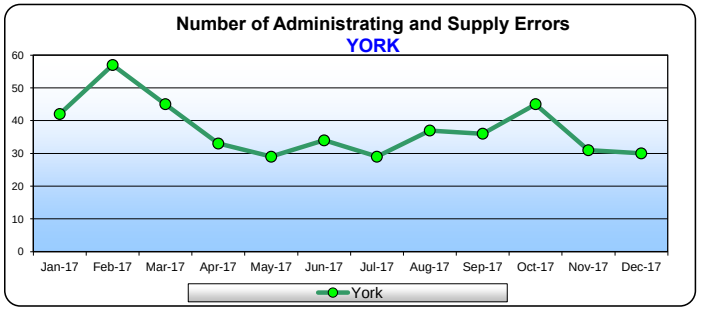


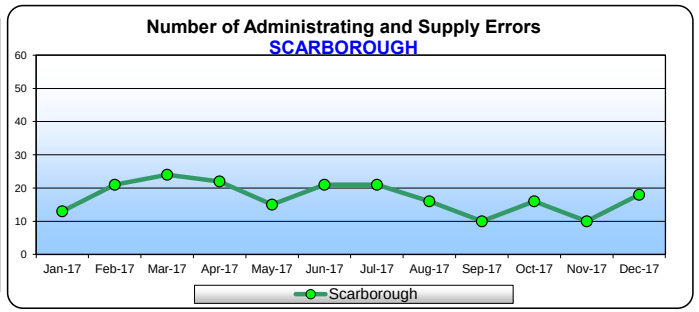


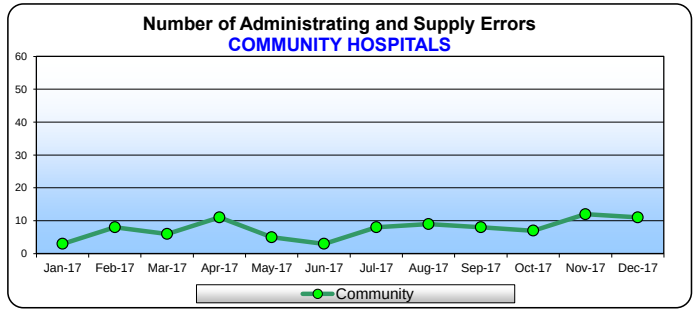


Note re increase in Dispensing Errors - Healthcare at Home have recently experienced a high turnover of staff which has contributed to the increase in errors as the service has mostly been delivered by locums. The vacancies are currently being recruited to and a new manager has been appointed. Trust 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		Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Administrating and Supply Errors source: Datix	York	42	57	45	33	29	34	29	37	36	45	31	30
	Scarborough	13	21	24	22	15	21	21	16	10	16	10	18
	Community Hospitals	3	8	6	11	5	3	8	9	8	7	12	11







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.

Mortality

Indicator	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	Jul 16 - Jun 17
SHMI – York locality	99	97	96	95	93	94	95	96	94	94	93	93
SHMI – Scarborough locality	109	107	108	107	107	108	107	106	106	104	105	106
SHMI – Trust	**103**	**101**	**101**	**99**	**99**	**99**	**100**	**99**	**98**	**97**	**97**	**98**

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 July 2016 - June 2017 SHMI saw York remain the same, a 1 point increase for Scarborough and a 1 point increase for the Trust. Trust - 98, York 93 and Scarborough 106.

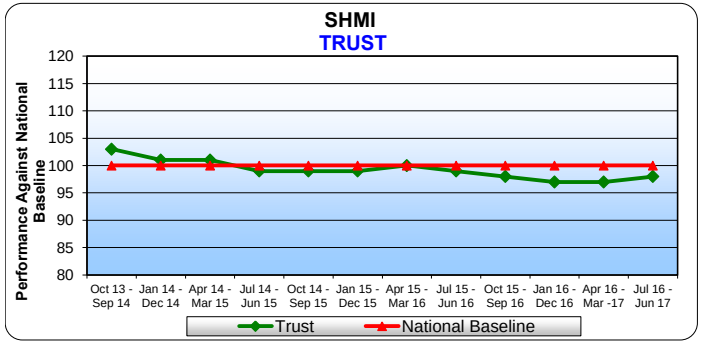
180 inpatient deaths were reported across the Trust in December. 101 deaths were reported at York Hospital, this is lower than December 2016 (23% decrease). 64 deaths were reported at Scarborough, an 11% increase on December 2016. The Trust saw a total of 8 deaths across the Community sites in December 2017, down on the 19 recorded in December 2016.

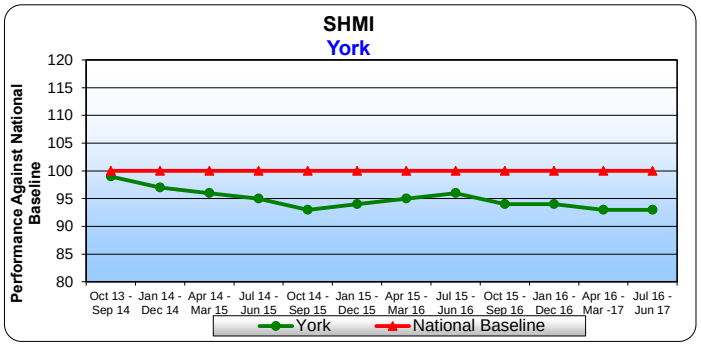
17 deaths in ED were reported in December; 10 at York and 7 at Scarborough. This is a decrease on December 2016 (30 deaths in total; 18 at York and 12 at Scarborough).

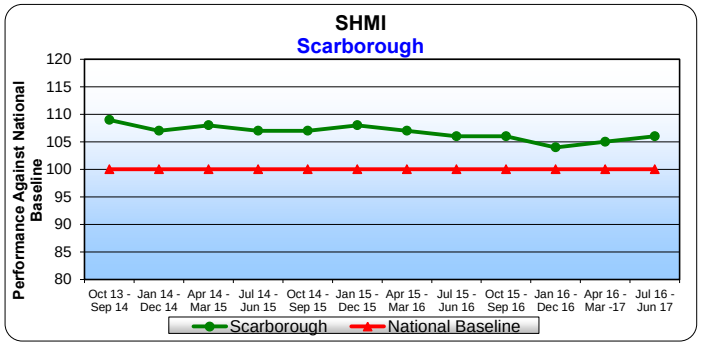
Mortality

York Teaching Hospital NHS
NHS Foundation Trust

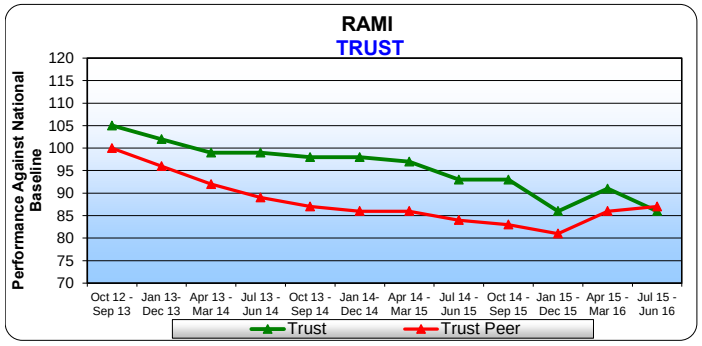
Indicator	Consequence of Breach (Monthly unless specified)	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Jan 16 - Dec 16	Apr 16 - Mar -17	Jul 16 - Jun 17
Mortality – SHMI (TRUST)	**Quarterly:** General Condition 9	99	100	99	98	97	97	98
Mortality – SHMI (YORK)	**Quarterly:** General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

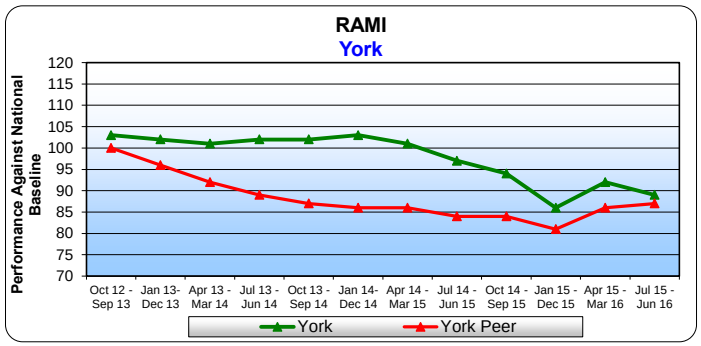


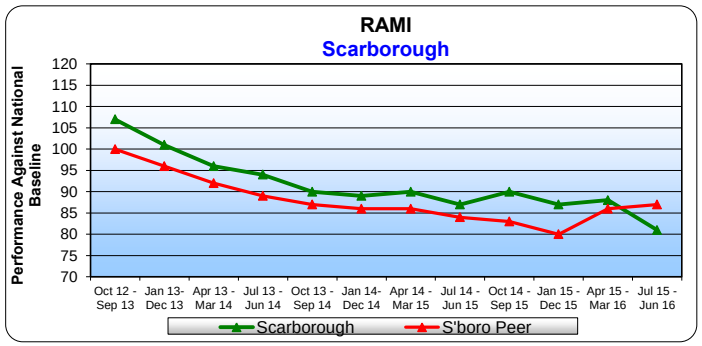




Indicator	Consequence of Breach (Monthly unless specified)	Jan 15 - Dec 15	Apr 15 - Mar 16	Jul 15 - Jun 16	Oct 15 - Sep 16	Jan 16 - Dec 16	Apr 16 - Mar -17	Jul 16 - Jun 17
Mortality – RAMI (TRUST)	**none - monitoring only**	86	91	86	94	93	90	84
Mortality – RAMI (YORK)	**none - monitoring only**	86	92	89	97	96	93	85
Mortality – RAMI (SCARBOROUGH)	**none - monitoring only**	87	88	81	86	84	84	82



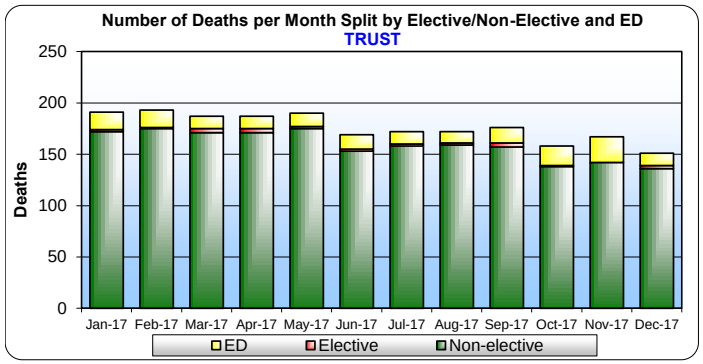


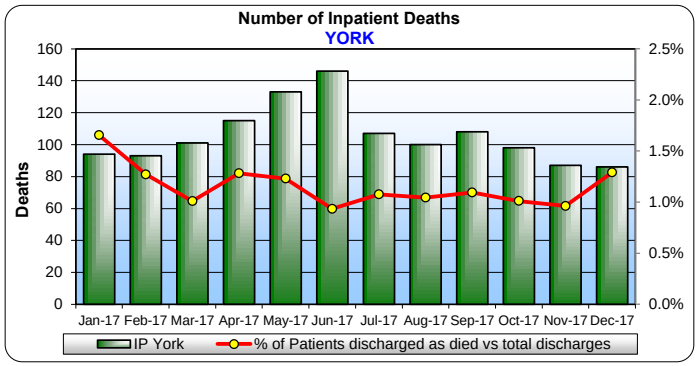


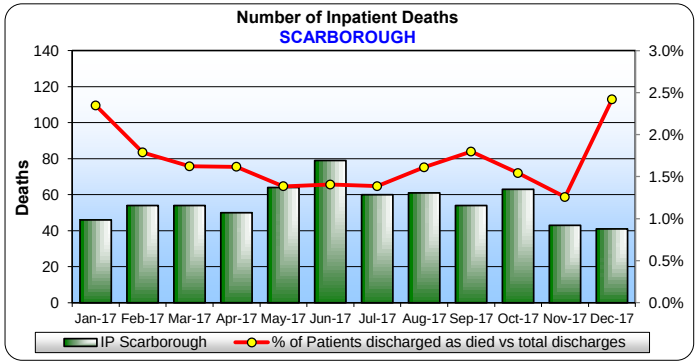
Mortality

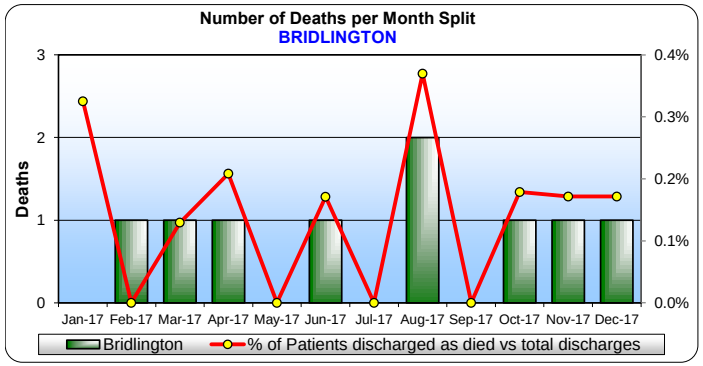
York Teaching Hospital NHS
NHS Foundation Trust

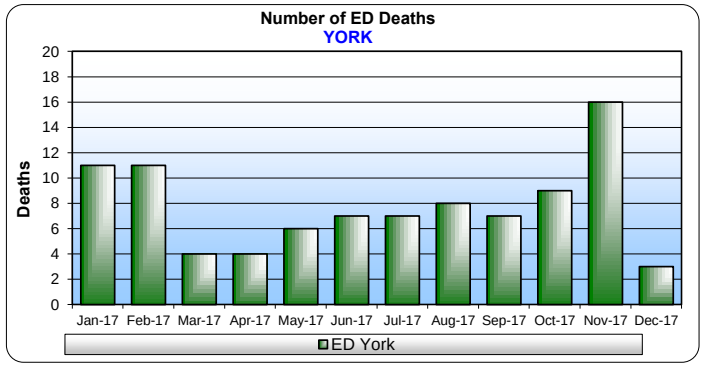
Indicator	Consequence of Breach (Monthly unless specified)	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Oct	Nov	Dec
Number of Inpatient Deaths	None - Monitoring Only	628	525	507	482	139	142	139
Number of ED Deaths	None - Monitoring Only	77	46	39	38	19	25	12

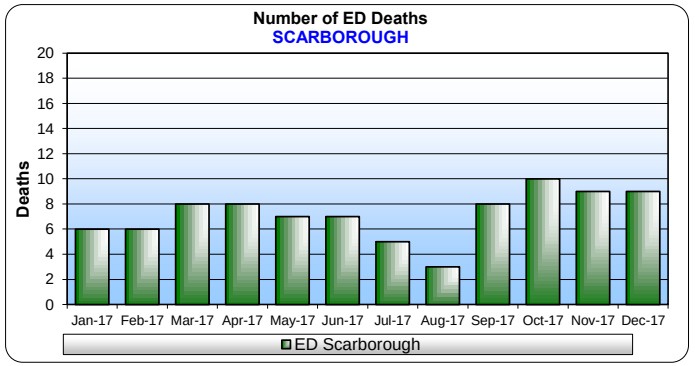


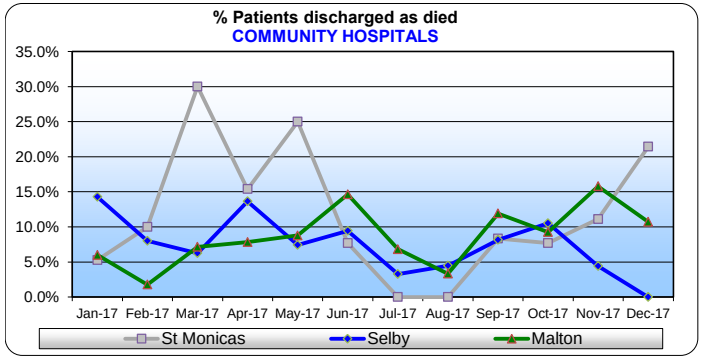


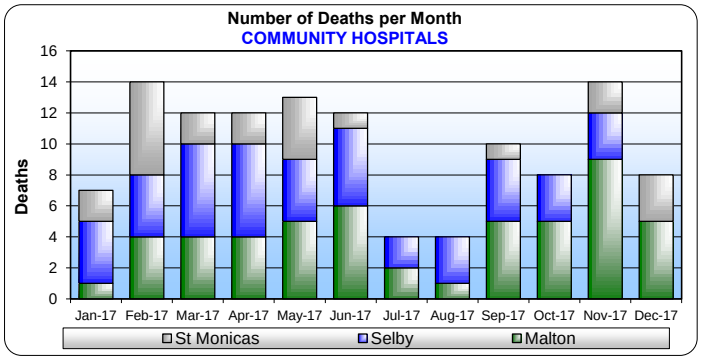












Month	Malton	Selby	St Monicas	Brid
Jan-17	1	4	2	0
Feb-17	4	4	6	1
Mar-17	4	6	2	1
Apr-17	4	6	2	1
May-17	5	4	4	0
Jun-17	6	5	1	1
Jul-17	2	2	0	0
Aug-17	1	3	0	2
Sep-17	5	4	1	0
Oct-17	5	3	0	1
Nov-17	9	3	2	1
Dec-17	5	0	3	1

Patient Safety Walkrounds – December 2017

Date	Location	Participants	Actions & Recommendations
01/12/2017	Phlebotomy, Anticoagulation department, Dermatology OPD, MES, Bereavement, Neurology, Haematology/ Oncology	Diane Palmer – Deputy Director of Patient Safety Mark Quinn – Clinical Director Karen Cowley – Directorate Manager Jenny McAleese - Non Executive Director	**Phlebotomy** Tourniquets used as standard in the hospital do not meet all requirements for patients. Action – Diane Palmer to discuss with ICT. **Anticoagulation Department** CCG QUIP scheme very slow and inconsistent. Potential risk to patients. .Action – Karen Cowley to send risk and issue logs etc. to Diane to be discussed at Q&S meeting. **Dermatology OPD** Small department maximising all space within the department. No room for growth despite being one of the directorates fasting growing services. Action – Use of first floor space admin block once endoscopy moves. This would accommodate all specialist medicine staff freeing vital space within the department for clinical use as well as Ward 35 and Ward 38. **MES** Very limited space and lift too small to accommodate trolleys. Not working consistently sometimes have to run downstairs to send lift up to MES. Action – Lift refurbishment on Estates plan to upgrade. On directorate risk register still no time scale. **Bereavement** Risk due to contaminated clothing coming down to bereavement from wards. Personal items e.g. jewellery stacking up in safe not claimed. Action – Kath Sartain briefing soiled clothing issue at PNLF. Kath to discuss safe items and timescale that we can dispose of unclaimed items. **Neurology** Endoscopy build will impact on clinical space during build and post construction.. Action – Working with estates to manage decant prior to work starting. **Haematology/Oncology** Space limited in chemotherapy treatment rooms with all equipment. Action – Maximise use of mobile chemo unit. Consider relocating one day per week from SGH to Malton, Easingwold or Selby.
Out of hours Walkround 05/12/2017	ED, AMU, Ward 29 and Ward 26, York Hospital.	Patrick Crowley – Chief Executive Diane Palmer – Deputy Director of Patient Safety Ruwani Rupesinghe – Chief Registrar	**ED** The department was busy and functioning well. A divert from Scarborough was just finishing. Flow of patients needing admission was slow but progressing. There is frequently a wait for beds and then a cluster become available. Action – request bed managers to advise ED as soon as a bed becomes available. **AMU** The unit was busy and functioning well. There are often patients on the unit who have a high acuity and require telemetry and critical care outreach support and a high dependency/observation facility may facilitate easier and safer cohort monitoring of these patients. Action – a business case is being developed to consider options for a high observation bay. EPMA is yet to be rolled out to the unit but it was suggested that additional laptop computers would be needed for prescribers to use during ward rounds and bed-side assessments. Action – feedback to EPMA Group the requirement for additional portable computers. **Ward 29** The ward was calm with some patients still to return from theatre. No patient safety concerns were raised. **Ward 26** The ward was calm. All of the patients on the ward were deemed at risk of falls incidents and a significant number also had dementia. One of the falls sensors was alarming frequently for no obvious reason. Action – request Patient Safety Manager to review the falls sensor.

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	301	294	186
		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%	85.1%	91.4%	92.2%	82.3%
		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%	5.3%	4.4%	5.9%
		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%	68.80%	76.90%	54.50%
		Births	No. of babies	CPD	≤295	296-309	≥310	269	244	264	244	267	259	273	269	302	272	264	253
		No. of women delivered	No. of mothers	CPD	≤295	296-310	≥311	264	240	261	237	263	253	269	262	297	269	261	250
	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	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	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	0	0
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	0	0	0	0	0	1	0	0	0	0
		SCBU at capacity (since May 2017)	No of times	SCBU								0	0	0	2	0	0	0	0
		SCBU at capacity of intensive cots	No. of times	SCBU				9	15	7	2	2	0	1	3	0	2	1	0
		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	1	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	34	31
		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%	73.1%	86.4%
		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%	68.0%	84.0%
		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	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%	61.4%	59.2%
		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%	14.6%	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%	23.8%	24.4%
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	2	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	0	1	0	1	1	1	1	2	1	1	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	9	11
		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	3	6
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	1	0	0	0	2	0	0	0	2	1	0	0
		NHS Resolution cases	No of cases		0	1	2 or more				0	2	0	0	0	2	0	0	0
	Morbidity	Neonatal Death	No of babies	Risk team- EBC	0		1 or more	0	0	0	2	1	0	0	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	0	1
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	0	0	1	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%	74.2%	72.5%	73.6%	71.7%	77.6%	75.5%	73.6%	77.1%	75.8%	77.7%	80.8%	76.4%
		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%	6.5%	8.8%
		SI's	No. of Si's declared	Risk Team	0		1 or more	0	0	0	2	4	1	0	1	0	1	0	0
		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	7	5
		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%	2.7%	2.0%
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	0	0	3	6	2	2	3	6	1	1	3	4
		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%	2.5%	5.7%
	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	0	1
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	5	0	2	3	2	2	2	1	2	0	0	2

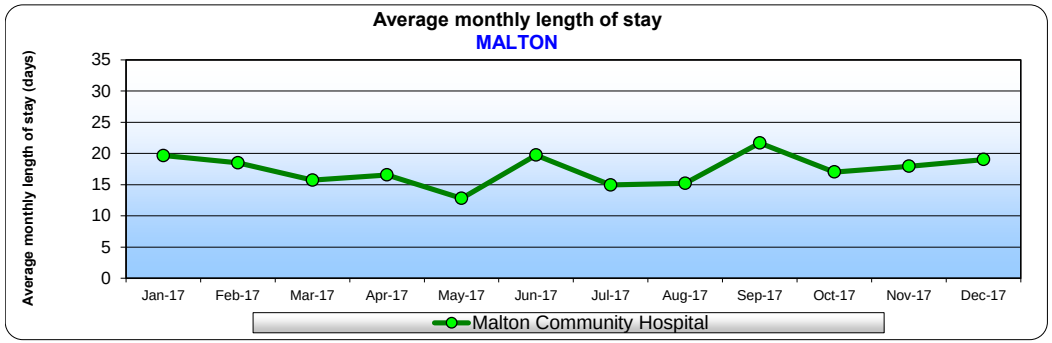
Maternity Dashboard metrics were reviewed on 01.08.2017

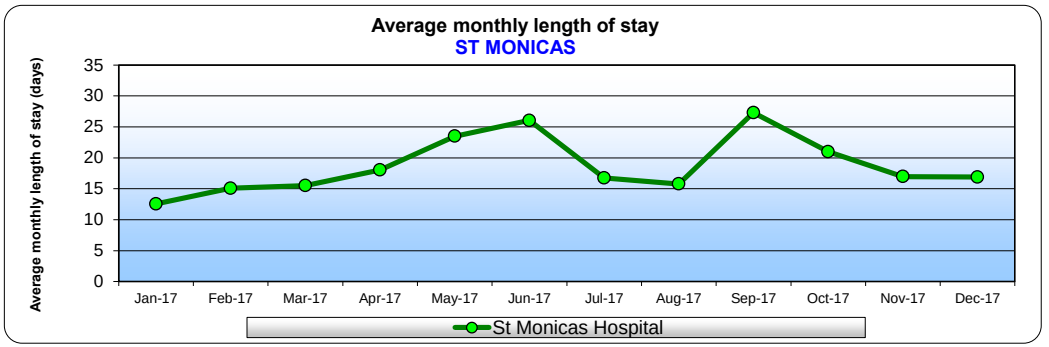
SCARBOROUGH - MATERNITY DASHBOARD			Measure	Data source	No Concerns (Green)	Of Concern (Amber)	Concerns (Red)	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Activity	Births	Bookings	1st m/w visit	CPD	≤210	211-259	≥260	217	194	217	154	206	171	177	188	185	163	196	135
		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%	90.3%	88.3%	87.8%	88.9%
		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%	8.1%	9.8%	9.7%	5.2%
		Bookings ≥ 13wks seen within 2 wks	No. of mothers	CPD	≥90%	76%-89%	≤75%	73%	83%	100%	100%	82%	82%	75%	92%	100%	94%	89%	86%
		Births	No. of babies	CPD	≤170	171-189	≥190	124	138	128	112	121	108	127	118	145	117	114	125
		No. of women delivered	No. of mothers	CPD	≤170	171-189	≥190	122	137	127	111	120	108	127	116	145	115	110	124
	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	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	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	0	0
		Maternity Unit Closure	No. of closures	Matron	0		1 or more	0	0	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	6	2
		SCBU at capacity of intensive care cots	No. of times	SCBU				0	0	0	1	4	1	5	2	0	0	2	1
		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	3	3
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	25	26
		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%	87.0%	88.2%	87.9%
		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%	73.3%	68.0%
		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	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%	77.1%	63.2%	72.8%
		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%	6.1%	10.9%	8.1%
		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%	15.7%	27.3%	19.4%
		Eclampsia	No. of women	CPD	0		1 or more	0	0	0	0	0	0	0	0	0	0	0	0
		Undiagnosed Breech in Labour	No. of women	CPD	2 or less	3-4	5 or more	0	1	1	1	0	0	1	0	3	1	0	0
		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	2	4
		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	0	4
		Diagnosis of HIE	No. of babies	SCBU Paed	0	1	2 or more	1	0	0	0	0	0	1	0	1	0	0	1
		NHS Resolution cases	No of cases		0	1	2 or more				0	0	1	0	0	0	0	0	1
	Morbidity	Neonatal Death	No of babies	Risk team- EBC	0		1 or more	0	0	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	1	1
		Intrapartum Stillbirths	No. of babies	Risk Team	0		1 or more	0	0	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%	59.1%	59.1%	58.1%
		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%	25%	18%
		SI's	No. of Si's declared	Risk Team	0		1 or more	0	0	0	0	0	1	0	0	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	2	4
		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	1.8	3
		Shoulder Dystocia	No. of women	CPD	2 or less	3-4	5 or more	2	1	2	1	0	2	1	1	0	1	2	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%	2.0%	1.2%	2.0%
	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	0	0
		Formal	No. of Formal complaints	Risk Matrix	0	1-4	5 or more	0	2	2	0	0	0	0	1	1	0	2	1

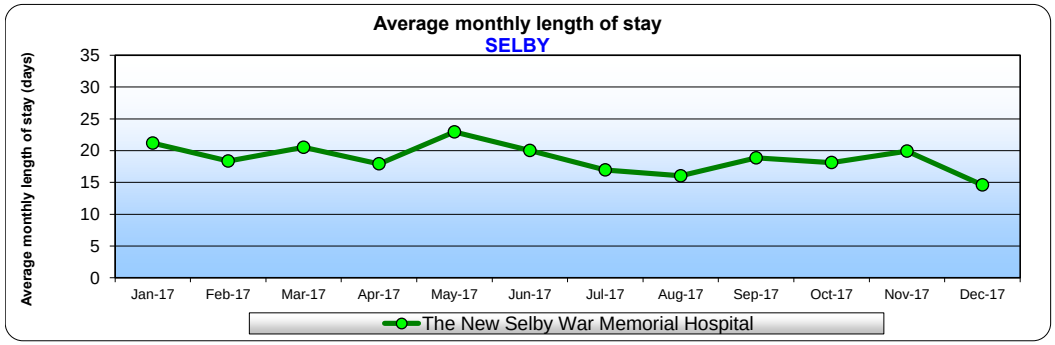
Maternity Dashboard metrics were reviewed on 01.08.2017

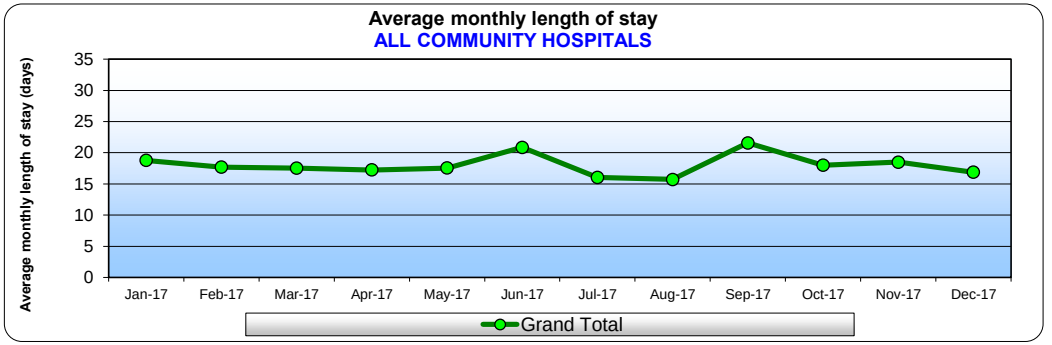
Community Hospitals

Indicator	Hospital	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Oct	Nov	Dec
Community Hospitals average length of stay (days) Excluding Daycases	**Malton Community Hospital**	18.2	17.9	16.0	17.4	17.0	17.9	19.0
	St Monicas Hospital	17.2	14.4	22.6	19.6	21.0	17.0	16.9
	The New Selby War Memorial Hospital	17.7	20.2	20.4	17.2	18.1	19.9	14.6
	Total	17.8	18.0	18.5	17.6	18.0	18.5	16.9



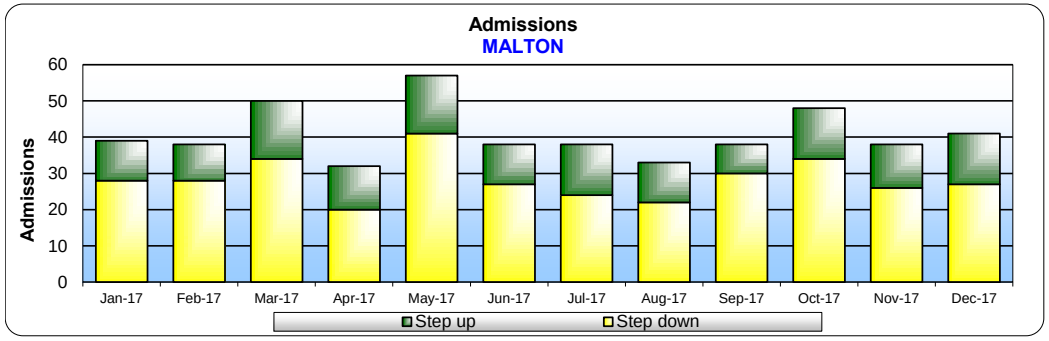


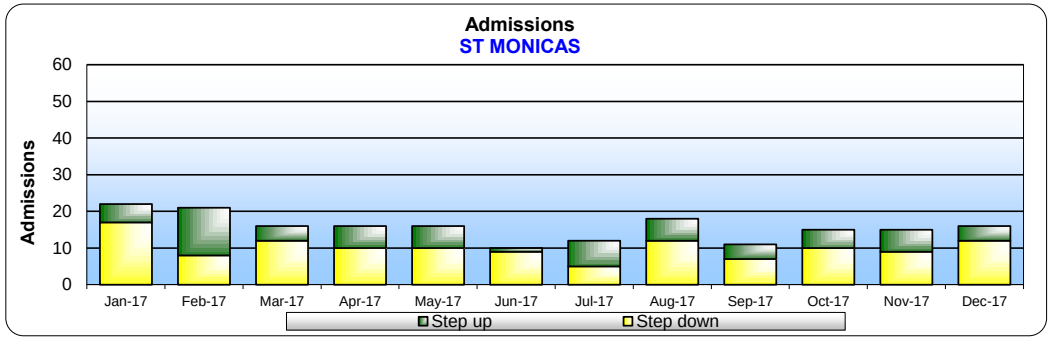


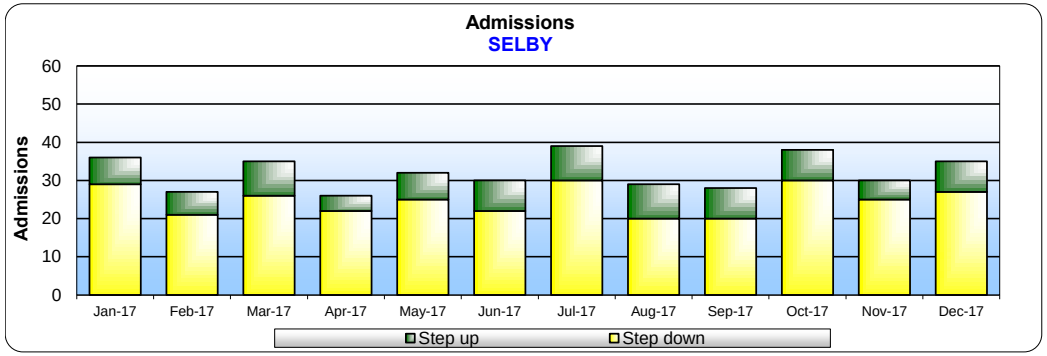


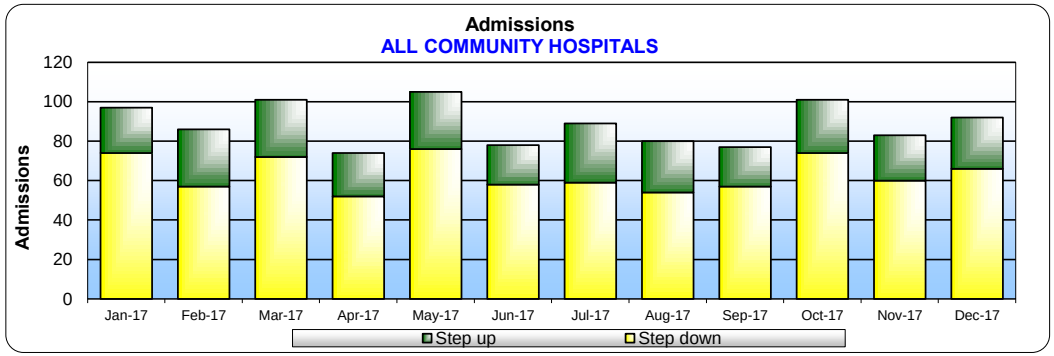
Community Hospitals

Indicator	Hospital		Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Oct	Nov	Dec
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	14	12	14
		Step down	76	90	88	76	34	26	27
	St Monicas Hospital	**Step up**	26	22	13	17	5	6	4
		Step down	32	37	29	24	10	9	12
	The New Selby War Memorial	**Step up**	24	22	19	26	8	5	8
		Step down	75	76	69	70	30	25	27
	Total	**Step up**	91	81	71	76	27	23	26
		Step down	183	203	186	170	74	60	66









Quality and Safety: Misc

Indicator	Consequence of Breach (Monthly unless specified)	Threshold	Q3 16/17	Q4 16/17	Q1 17/18	Q2 17/18	Oct	Nov	Dec
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	1	1	3
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%	99.6%	99.7%	99.9%	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%	97.2%	97.7%	98.2%	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%	6.9%	5.3%	4.4%	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%	92.6%	95.6%	100.0%
Stroke Performance against Sentinel Stroke National Audit Programme (SSNAP)	As set out in Service Condition 3 and General Condition 9	**Best Practice Standards**	Quarterly summary of performance against SSNAP indicators as submitted to RCP. Stroke service exception action plan to be produced and tabled at sub CMB quarterly.						
Number/Percentage women who have seen a midwife by 12 weeks and 6 days (as per IPMR definition)	General Condition 9	**90%**	99.8%	100.0%	100.0%	100.0%	90.5%	90.4%	85.0%
Number/Percentage of maternity patients recorded as smoking by 12 weeks and 6 days that are referred to a smoking cessation service subject to patient consent	General Condition 9	**95%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
All Red Drugs to be prescribed by provider effective from 01/04/15, subject to agreement on list	Recovery of costs for any breach to be agreed via medicines management committee	**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

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Complaints and PALS												
New complaints this month	43	32	38	34	46	36	51	43	50	38	37	27
Top 3 complaint subjects												
All aspects of Clinical Treatment	32	16	39	26	36	22	37	26	29	21	26	0
Communications/information to patients (written and oral)	16	2	16	6	10	18	15	17	6	11	11	0
Patient Care	35	17	23	15	11	19	20	17	18	5	8	0
Top 3 directorates receiving complaints												
Acute & General Medicine	8	4	7	8	7	3	4	11	8	2	3	0
Emergency Medicine	8	1	6	4	4	5	5	5	4	5	4	0
General Surgery & Urology	6	5	4	1	7	3	7	1	6	8	11	0
Number of Ombudsman complaint reviews (new)	0	1	1	0	1	1	2	2	1	0	0	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	1	0	0	1	0	1	0	0	0	0	1	0
New PALS queries this month	278	260	336	275	238	287	262	292	227	269	240	173
Top 3 PALS subjects												
Communication issues	50	56	62	63	56	90	91	60	54	54	53	0
Any aspect of clinical care/treatment	24	28	30	26	17	18	16	19	18	25	29	0
Appointments	40	29	46	57	53	55	42	48	30	51	43	0

Serious Incidents												
Number of SI's reported	14	28	18	10	9	20	19	14	12	8	17	10
% SI's notified within 2 working days of SI being identified	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	94%	100%
* 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	3	2	2	5	0	6	8	5	5	2	3	1
-Given Final Report (If Requested)	2	2	2	2	1	2	3	0	3	5	2	5

Pressure Ulcers**												
Number of Category 2	74	91	67	94	91	79	69	68	61	53	74	67
Number of Category 3	2	4	6	2	5	7	3	5	2	4	3	4
Number of Category 4	1	0	0	2	2	2	2	1	2	1	0	2
Total number developed/deteriorated while in our care (care of the organisation) - acute	86	99	74	97	101	89	82	78	60	68	74	69
Total number developed/deteriorated while in our care (care of the organisation) - community	29	41	37	40	30	44	27	35	37	39	29	33

Falls***												
Number of falls with moderate harm	2	4	0	3	6	2	3	1	1	5	1	2
Number of falls with severe harm	2	4	3	2	1	1	1	2	0	4	0	2
Number of falls resulting in death	1	0	0	0	0	0	0	0	0	0	0	0

Monthly Quantitative Information Report

York Teaching Hospital NHS
NHS Foundation Trust

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Safeguarding												
% of staff compliant with training (children)	87%	87%	85%	85%	85%	85%	84%	84%	83%	83%	83%	83%
% of staff compliant with training (adult)	88%	87%	85%	86%	86%	86%	86%	86%	85%	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	11	10	8	9	14	15	17	13	16	10	12	12
Number of Claims settled per Month	2	7	3	5	1	10	9	6	2	5	2	5
Amount paid out per month ****	£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	£243,733
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 – 31 January 2018
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
- Clinical cover at night and weekends at York
- Smoking cessation audit
- Adult asthma audit
- Antibiotic prescribing audit results
- Annual report from the Chief Coroner
- 7 day services audit results.

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: Charlotte Craig, Patient Safety Admin Assistant

Executive sponsor: Mr James Taylor, Medical Director

Date: January 2018

1. Introduction and Background

In the report this month:

Clinical Effectiveness-

- consultants new to the Trust
- clinical cover at night and weekends in York
- smoking cessation audit
- adult asthma audit

Patient Experience-

- antibiotic prescribing audit results
- annual report from the Chief Coroner
- 7 day services audit.

2. Clinical Effectiveness

2.1 Consultants new to the Trust

The following consultant joined the Trust in December:

Muhammad Naveed
Consultant Haematologist
York

2.2 Clinical cover at night and weekends in York Hospital

The junior doctors are facing the below:

1. Clerking and initiating treatment (inc. operative intervention) for new admissions (it's the sheer number of patients coming in, particularly at this time of year)
2. Responding to urgent requests in a timely manner; such as cardiac arrests or the deteriorating patient
3. Covering the post-take ward round as well as clerking admissions, completing tasks handed over and reviewing deteriorating patients on AMU/ AMB
4. Managing tasks from the wards i.e. writing drugs cards, review of patients who have fallen, taking bloods, referrals, eDNs etc.
5. Somewhere to rest mid-shift, or after their shift when they're too tired to drive home. Would YSJU be able to provide bedrooms?
6. And their anxiety that the situation will deteriorate further.

2.3 BTS Smoking Cessation National Audit 2016 (A7173)

Smoking cessation is one of the cornerstones of the British Thoracic Society (BTS) strategic plan which focusses on improvements in respiratory care.
It is intended that the audit will help hospitals to recognise service deficiencies and provide both impetus and justification for healthcare providers to create an environment that is more conducive to helping smokers quit.

The audit is based upon the following National Guidance:

- NICE Smoking Cessation in Secondary Care (PH48)
- NICE Smoking Cessation: Supporting people to stop smoking (QS43)
- BTS recommendations for hospital smoking cessation services (BTS)

Audit Aims
The audit aimed to examine whether a properly led and staffed hospital smoking cessation service was present, with adequate training for staff, and that smoking status was asked, and recorded for all patients, referral for smoking cessation treatment was made, pharmacotherapy for temporary abstinence was prescribed and that smoke-free hospital grounds were enforced. The key objectives are:

1. To examine smoking cessation treatment across all hospital services and age groups.
2. To determine the number of patients with smoking status recorded in their hospital notes and whether the use of other substances or devices was recorded (e.g. e-cigarettes, marijuana, and shisha).
3. To determine the number of smokers who were asked if they would like to stop smoking, whether they were actually referred, to who they were referred referral pathways available and how this was communicated in the medical records.

Findings

		Scarborough	York	National
PATIENT CHARACTERISTICS				
Age	Median (IQR)	60 (38-75)	72 (46-83)	67 (49-79)
Gender	Male	44.6%	41.6%	49.3%
	Female	55.4%	58.4%	50.7%
Route of Patient Contact	Emergency Admission	70.5%	89.6%	76.8%
	Elective Inpatient	29.5%	10.4%	23.2%
SMOKING STATUS				
Is smoking status documented in the notes?	Yes	68.8&	70.8%	72.5%
	No	31.3%	29.2%	27.5%
Is non-cigarette smoking documented in the notes?	Yes	2.7%	1.3%	2.2%
	No	97.3%	98.7%	97.8%
Is the patient a current smoker?	Yes	29.9%	19.3%	25.4%
	No	70.1%	78.9%	73.8%
	Not Documented	0%	1.8%	0.8%
SMOKING CESSATION INTERVENTIONS				
Evidence that current smokers were asked if they would like to stop smoking	Yes	17.4%	14.3%	28.%
	No	82.6%	85.7%	72.0%
If NO, is there evidence that nicotine products were offered to help them abstain?	Yes	0%	0%	4.3%
	No	100%	100%	95.7%
If YES is there evidence of referral to cessation service	Hospital Service	0%	0%	20%
	Community Service	0%	0%	7.5%
	GP Service	25%	0%	2.8%
	Self-Referral Information Given	0%	0%	2%
	Other	0%	0%	2.3%
	Declined by patient	50%	66.7%	47.5%
	Not Documented	25%	33.3%	17.9%

Conclusion
This is the first National Audit undertaken by the BTS on Smoking Cessation.

Current smoking prevalence in patients admitted to Scarborough Hospital is substantially higher (29.9%) than the national average (25.4%), whilst in York Hospital the smoking prevalence is somewhat lower (19.3%).

Both sites perform substantially worse than the national average in terms of documenting whether patients were asked if they would like to stop smoking.

Of all the case notes of current smokers across both sites, not one contained evidence that nicotine replacement products were offered to the patient.

Neither site has a dedicated Hospital Smoking Cessation Practitioner or is able to refer to either in-house or community-based smoking cessation support. However responsibility for funding such posts is the responsibility of local councils, meaning that referral pathways for patients vary according to postcode.

2.4 BTS National Adult Asthma Audit 2016 A7190

The aim of the BTS audit programme is to drive improvements in the quality of care and services provided for patients with respiratory conditions across the UK.

The National Adult Asthma Audit focussed on the initial assessment, management and follow-up of patients admitted for acute asthma, and sought to identify areas where improvements could be made with the aim of reducing re-admissions and improving patient care.

National Improvement Objectives from this BTS audit is for all hospitals to have in place before re-audit in 3 years' time:

a) To have a specialist asthma service with a named medical lead
b) 95% of patients to receive a dedicated asthma discharge care bundle
c) 95% of patients to have a recorded peak expiratory flow performed on admission including post bronchodilator peak flow
d) 95% of patients admitted to hospital with an asthma attack to be discharged on inhaled corticosteroids

The NICE Quality Standard for Asthma (QS25) and the BTS/SIGN British Guideline for the management of asthma (2014) are the basis against which Trust's performance is measured:

a) Patient Assessment & Management
- Length of stay
- O2 saturation on admission
- Best PEF in 24 hours prior to discharge
- Lowest PEF in 24 hours prior to discharge

b) Discharge and Follow Up
- Asthma Care Bundle used

- Percentage of patients receiving each Care Bundle element
- Hospital follow up arranged

The audit included all Adult patients (16yrs and over) admitted for acute asthma during 01 September to 31 October 2016 included, who were admitted to hospital.

2. Findings

Patient Characteristics, Assessment and Management				
		York	**S'Boro**	**National**
Length of stay (median)		2 days	1 day	2 days
O2 saturation on admission		96	95	96
Treatment with systemic steroids				
Within 1 hour of arrival		33%	55%	34%
Between 1-4 hours of arrival		30%	31%	36%
More than 4 hours of arrival		19%	15%	12%
Not given		18%	-	18%
Best PEF in 24 hours prior to discharge		350 IQR	350 IQR	320 IQR
Lowest PEF in 24 hours prior to discharge		270 IQR	270 IQR	250 IQR

Discharge and Follow Up				
		York	**S'Boro**	**National**
Asthma Care Bundle used	YES	94%	54%	28%
	NO	8%	46%	72%
% patients receiving each Care Bundle element				
Inhaler Technique		86%	38%	49%
Medication review		86%	69%	54%
Written action plan		81%	46%	31%
Triggers considered		97%	69%	59%
Community review		28%	92%	46%
Hospital follow up arranged	YES	83%	69%	64%
	NO	17%	31%	36%

Conclusion
It has been 4 years since the last BTS National Adult Asthma Audit and the outcomes nationally appear to be largely unchanged despite the availability of easy to access national guidelines and the report of the National Review of Asthma Deaths in 2014.

This is the first year that the Trust's participation in the BTS National Adult Asthma Audit has been registered with the Clinical Effectiveness Team, and as a result it we have not obtained site specific reports from the BTS in order to make comparison with our previous performance against the audit criteria.

In York asthma care bundles are used in 94% of patients compared to 28% nationally, hence significant improvement in elements of bundle, but despite improvement on previous year's performance the compliance with ensuring community review is undertaken post-discharge remains lower than National average.

The audit report also identified that in York only 33.3% of patients were receiving steroids within 1 hour of admission which is comparable to the 33.6% nationally, but is an area for ongoing improvement. Therefore there is a need to address medication compliance and reduce the time to steroids.

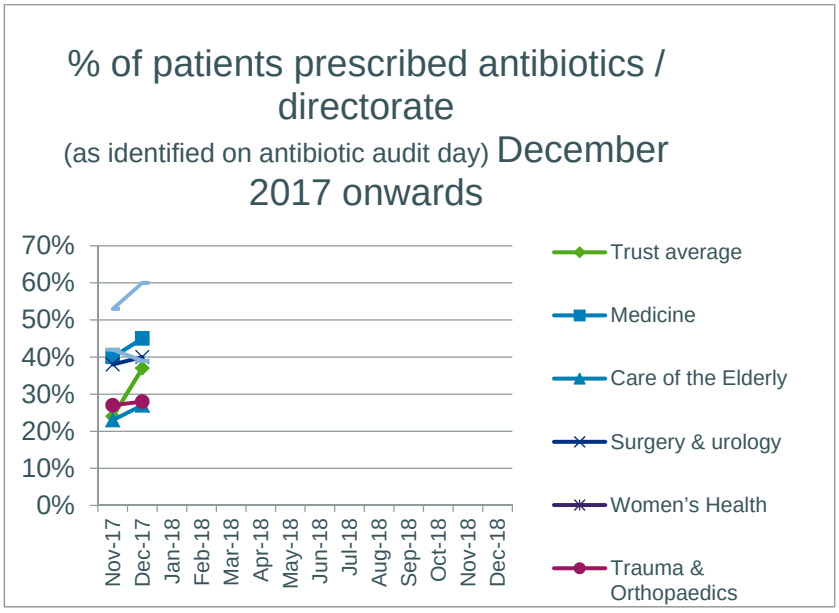
In Scarborough asthma care bundles are used in 54%, which although is better than national figure of 28%, but not as many as we would like and as a result actions have been put in place to improve medication compliance and to ensure that specific triggers are addressed with patients.

Discharge of patients from Scarborough prior to assessment by the Respiratory Nurse Team has also been identified as requiring improvement, to increase the percentage of patients discharged hospital follow-up arranged.

Higher than national PEFR variability prior to discharge (28% vs 20%) where also identified by the audit report for Scarborough, which implies that are some patients being discharged too early and this is reflected in the exceptionally short median length of stay. It is likely that bed pressures are influencing discharge decision-making.

3. Patient Experience
3.1 Antibiotic prescription audit results

The summary of the antibiotic prescriptions from the December prescription audit are presented below.



Percentage of patients prescribed antimicrobials Only two data points are included on this graph however in future this will be presented with a year on year comparison. There is an

increase in the numbers of patients prescribed antibiotics in December, which is to be expected as there is a seasonal variation is antibiotic usage.

Table summarising the key indicators from prescribing audit.

better/worse/no change vs last month?			better (less than previous month)		no change (no greater than 2% more than previous month)		worse (greater than 2% more than previous month)		not recorded	x								
Indicators December 2017	Trust average	better/worse/no change vs last month?	Medicine	better/worse/no change vs last month?	Care of the Elderly	better/worse/no change vs last month?	Surgery & urology	better/worse/no change vs last month?	Women's Health	better/worse/no change vs last month?	Trauma & Orthopaedics	better/worse/no change vs last month?	Theatre, Anaesthetic & Critical Care	better/worse/no change vs last month?	SpMed	better/worse/no change vs last month?	Head and Neck	better/worse/no change vs last month?	Paediatrics	Other
% pts Rx Abx	37%		45%		27%		40%		x	x	28%		x	x	60 %		39%		x	x
% IV	50%		39%		45%		66%		100%		72%				62 %		80%			
% indication recorded **YDH**	*ePMA mandates that an indication is recorded therefore these results are no longer reported as this will always be 100%.*																			
% indication recorded **SGH**	82%		83%		79%		84%		x	x	80%		x	x	x	x	x	x	x	x
% duration recorded **YDH**	64%		57%		73%		36%		x		88%		x		45 %		45%			
% duration recorded **SGH**	79%		81%		83%		77%		x		60%		x		x		x			
% Rx with duration (**Trust**)	65%		66%		70%		52%		100%		76%		x	x	54 %		20%		x	x

The Trust average percentage of patients prescribed antibiotics is 37%. As there is seasonal variation in antibiotic prescribing this has increased compared to November. In future we aim to present this as a graph with two years' worth of data to allow comparison with the same month of the previous year. The percentage of antibiotics prescribed as IV depends on whether antibiotics are used as prophylaxis or treatment, but also whether there is a suitable oral switch.

The numbers of prescriptions in York including "duration" of treatment has fallen away since the introduction of EPMA. However it is worth noting that the total volume of antibiotic consumption has fallen cumulatively by 2% since April 2017. This means that at the moment though the duration of treatment is not being added to the prescriptions, teams are being very assiduous in reviewing their patients and preventing course lengths from being unnecessarily long. This will need to be monitored going forwards. In Scarborough the duration is recorded almost always over 80% of the time.

The indication is a mandatory field in York which means it is meaningless to collect this data in York as it will always be 100 %. In Scarborough only surgery and urology have improved their position compared to the previous month.

More relevant retailed reports should be possible once the ePMA reporting module is functional. This should release more time to perform audits targeted on specific areas such vancomycin prescribing.

3.2 Fourth annual report of the Chief Coroner

The report details an overview of the coroner's service in 2016-17, the Chief Coroner's concerns about the operation of the service and his recommendations for the future. It's His Honour Judge Mark Lucraft QC's first report since he was appointed in November 2016.

Of roughly 500,000 deaths in England and Wales:

- 241,211 were reported to coroners in 2016 – the highest figure to date;
- 40,504 of the reported cases required investigation –much higher than other comparable jurisdictions;
- 11,300 involved a deceased subject to Deprivation of Liberty Safeguards (automatic referral no longer needed since 3 April 2017, which will reduce this statistic in future); and
- 576 inquests held with juries – a 26% increase since 2015.

375 Reports to Prevent Future Deaths were issued. An analysis of reports of deaths in prison identified some common themes around: awareness and consistency in application of procedures, failure to pass on information, estate issues and training.

A number of concerns are carried forward from the third annual report of 2015-16, including: the need for clear statutory guidance for medical practitioners on reporting deaths to the coroner; lack of control, funding and oversight of pathology services; and the impact of the proposed system of Medical Examiners ("MEs").

Key recommendations:

- Consideration of exceptional funding for legal representation for families where the state has agreed to provide separate representation for one of more interested persons.
- Extending a coroner's power to discontinue an inquest to situations where there's no post mortem examination, if the cause of death is discovered by other means, for example medical records.
- Inquests to be concluded without a hearing in appropriate circumstances and a written ruling given.
- Extending the High Court's powers when quashing an inquest to include amending the record of the inquest.

The upward trend in inquests continues and reflects our own experience of the last few years. We have noticed this consequential increased burden on the coroners' support services resulting in less organised/ part-heard hearings in many areas, which in turn increases resourcing pressures on organisations and their staff to attend inquests on more than one occasion.

To a large extent, the Chief Coroner's concerns and recommendations mirror those in the second and third annual reports. He remains concerned about the implications of the ME system. We await further guidance, and whether the concerns raised by the Chief Coroner will be allayed.

The Chief Coroner also reiterates his predecessor's recommendation for the Exceptional Funding Guidance (Inquests) to be amended. Whether this repetition results in the changes sought remains to be seen. In the current economic climate, we suspect the government is unlikely to see addressing this as a priority despite this being the second request for the change.

3.3 Seven day services in hospitals: clinical standards Audit results – update December 2017

A series of clinical standards for seven-day services in hospitals were developed in 2013 by a group chaired by Sir Bruce Keogh. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. Ten standards were agreed and are now being rolled out across in-patient acute hospitals.

Four of these were identified as priority clinical standards on the basis of their potential to positively affect patient outcomes.

They are:

- Standard 2 – Time to first consultant review and (more recently extended to include) the overall proportion of patients made aware of diagnosis, management plan and prognosis within 48 hours of admission
- Standard 5 – Access to diagnostic tests
- Standard 6 – Access to consultant-directed interventions
- Standard 8 – Daily review by consultant - twice daily if high dependency.

The purposes of the standards are to:

- deliver safer patient care
- improve patient flow through the acute system
- enhance patients' experience of acute care
- reduce the variation in appropriate clinical supervision at weekends
- potentially to mitigate the excess mortality that has been shown in large studies to be associated with weekend admission to hospital.

All acute trusts in England are required to undertake self-assessment surveys to measure compliance with the four priority standards for seven-day services in hospitals.

The most recent survey was in September 2017, but the audit only considered Standard 2 and patient's awareness of the management plan. The most recent results for this Trust are summarised below.

Standard 2 – Time to first consultant review
The requirement in the recent audit was to measure the time from admission to hospital to consultant review, with the standard being within 14 hours. There was also a requirement to review the medical notes for documented evidence that the patient and/or relatives were aware of the management plan within 48 hours of admission.

Results from September 2017 audit
Proportion of patients reviewed by a consultant (based on day of admission)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
83%	83%	83%	84%	68%	76%	80%

The overall proportion of patients seen and assessed by a suitable consultant within 14 hours of admission was **80%**.

The overall proportion of patients made aware of diagnosis, management plan and prognosis within 48 hours of admission was **68%**.

Results from March 2017 audit
Proportion of patients reviewed by a consultant (based on day of admission)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
57%	100%	75%	91%	73%	92%	60%

The overall proportion of patients seen and assessed by a suitable consultant within 14 hours of admission was **81%**.

Results from September 2016 audit
Proportion of patients reviewed by a consultant (based on day of admission)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
67%	66%	57%	75%	64%	56%	71%

The overall proportion of patients seen and assessed by a suitable consultant within 14 hours of admission was **65%**.

The audits in 2017 considered entries both on CPD and in the paper case-notes, whilst the September 2016 audit data was taken solely from CPD and this may be contributory to the lower results reported in September 2016. A comparison during the September 2017 audit identified that 15% of the sample did not report the consultant review on CPD although it was reported in the paper case-note record.

The next audit data collection period (one consecutive seven day period) is between 21 March to 18 April with a cut off data submission date of 30 May 2018. It is anticipated that all four of the priority standards will be reviewed during the next audit.

4. Recommendations

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

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
Chief Nurse Report – January 2018

Recommendation

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

Current approval route of report

Quality & Safety Committee – 23 January 2018
Board of Directors – 31 January 2018

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 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

- Risks associated with increasing numbers of RN vacancies on elderly ward.
- Quality impact assessment to provide assurance (appendix 2) on the reduction of agency spend does not impact on the safety of patient care.

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: Beverley Geary, Chief Nurse

Executive sponsor: Beverley Geary, Chief Nurse

Date: January 2018

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 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

2.1 Experience and Communications

The quarterly patient experience report is a separate paper to the Board this month.

2.2 Workforce

2.2.1 Nursing Dashboards

The nursing dashboards for Bridlington, Scarborough and York sites, as well as the Trustwide position for the period ending 31st December 2017 is available at appendix 1.

2.2.2 Vacancy Position

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

The Chief Nurse team continues to work with the recruitment team on attracting both experienced and newly qualified nurses into the Trust as well as developing new roles, such as the Associate Practitioner role.

Due to RN's leaving (in the vast majority of cases this is to take up posts within the organisation (see attrition data) a number of areas will have an increased risk in terms of fill rates. ADN's are working with the Matrons to put plans in place to mitigate risk; including moving of staff in the medium term and block booking of agency staff, however this will continue to be a significant challenge given the current RN vacancy rate across the region. In addition, the strategic aim to reduce agency spend will also potentially be compromised.

A cohort of 17 Associate Practitioners will commence in post on 29th January 2018. Recruitment of Associate Practitioners is continuing with the current campaign focusing primarily on the Scarborough site. These recruits are expected to commence in post in April 2018 but will be super-numery in the first instance.

2.2.3 BSc Adult Nursing at University of Coventry

The University of Coventry has advised the Trust that the majority of applicants have been interested in starting in September 2018 and unfortunately the number of suitable applicants for a February start has not been sufficient to create a viable cohort for 2018.

Throughout the following months, we will continue to work hard to convert expressions of interest in the Nursing degree into applications, to ensure we secure a full cohort for September 2018. All successful applicants from the first set of interviews in 2017 will be offered a place for September. We also have 4 interview days planned for January and February with more to follow.

2.3 Safe, Quality Care

2.3.1 Implementation of SafeCare

As previously reported, the Trust has procured additional safe staffing software which is aligned to the existing electronic roster system. This additional software, known as SafeCare, is designed to enable organisations to have enhanced oversight of nurse staffing, providing sensitive data based on acuity and dependency of patients rather than basing staffing ratios solely on numbers. The process will be operationally led by the senior nurse team and managed through the use of tablet devices.

Implementation commences in early February once a number of preparatory actions have been completed. There are 4 pilot wards across York and Scarborough hospitals, and implementation is expected to be concluded within 6 months.

2.3.2 Safeguarding Update

The adult safeguarding team continue to address a number of themes in respect of experience and communications

1) Completion of documentation
2) Evidence of communication with care home
3) Discharge planning and information
4) Documentation in respect of care delivered in the Discharge Lounges

The Matron and Assistant Director of Nursing are aware and have been asked for comment to prepare support/action planning and mitigation

There has been a significant improvement with Deprivation of Liberty applications from areas where expectation would be high. Administration is up-to-date and a robust monitoring process is in place.

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.

The Trust continues to work in partnership with multi-agencies as per the Multi-agency safeguarding adults policy and procedures.

The Safeguarding Adults Team had experienced reduced capacity during recent months due to a successful recruitment campaign this will soon be resolved.

2.4 Partnerships & Efficiency

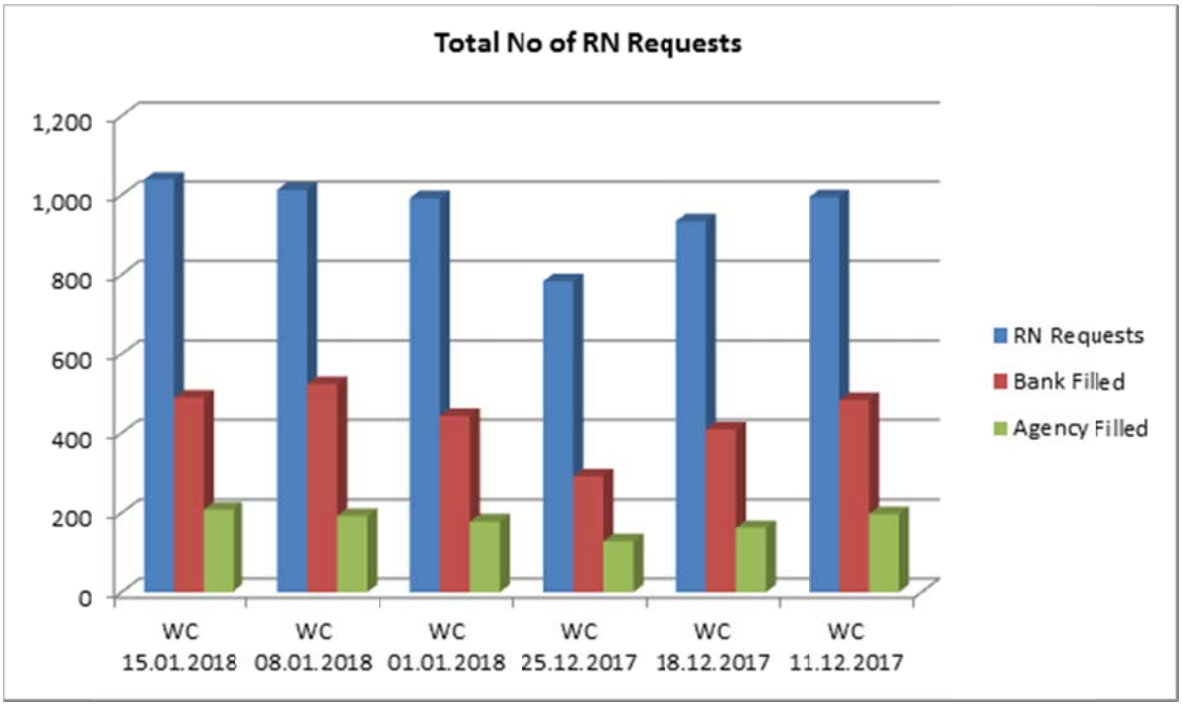
During the last few months, the Chief Nurse team has been exploring options to reduce agency spend and some of these have now been implemented and the impact of recruitment to posts has also contributed to this.

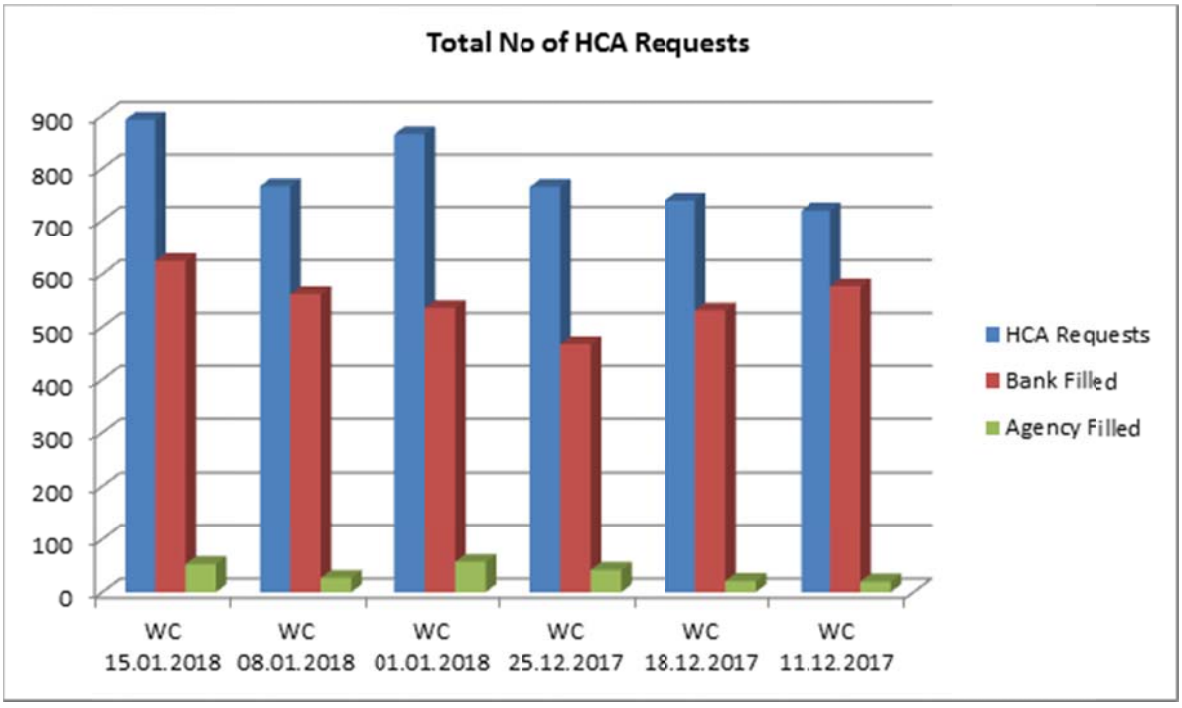
A quality impact assessment has been undertaken on the work to reduce spend which has included greater scrutiny of requests for enhanced supervision. This has been signed off by the FD and CEO and presented to Quality and Safety committee for oversight.

Successful recruitment as well as the introduction of a new system to provide a greater overview by the Chief Nurse Team of the staffing on a daily basis to assess risk and target the use of bank and agency staff to where it is most needed have enabled the significant reduction in spend over recent months.

However, the majority of spend has been reduced by a significant piece of work undertaken to examine the use and effectiveness of 1:1 supervision, high numbers of which is typically seen on the York site. A number of elderly wards were identified as pilot wards, in particular ward 37 give the very high usage of additional staff. The introduction of new strategies in particular the use of specially trained volunteers to staff the dementia café has had a significant impact on the request for 1:1's. Moreover we have seen a marked reduction in falls with harm. A weekly review and evaluation of the work is being undertaken and a detailed report will come to Board in March.

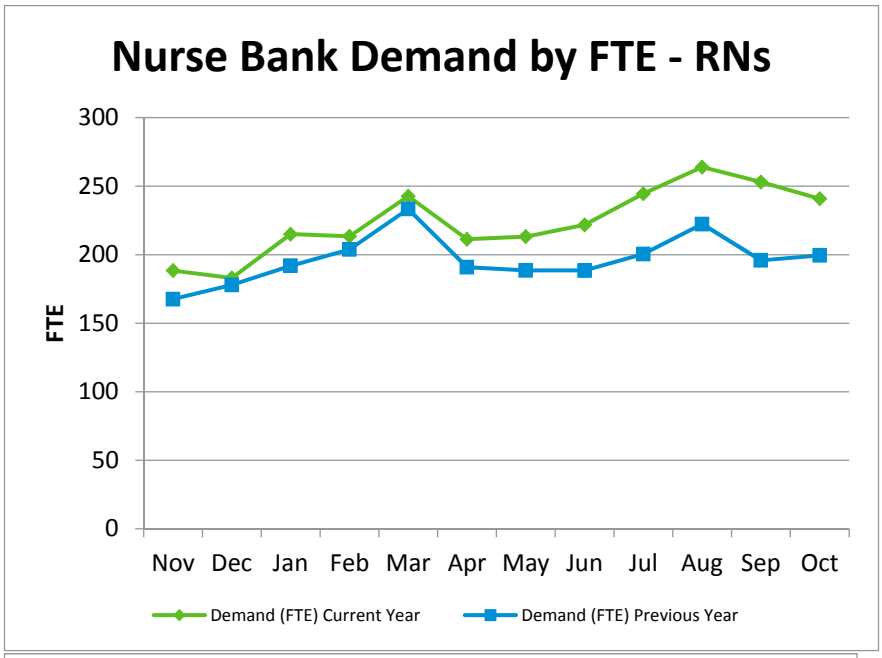
In order to offer further assurance to the board regarding the priority of safe patient care and the importance of ensuring front line staffing numbers are not compromised the table below illustrates the number of bank and agency requests over the past weeks. Whilst bank uptake is encouraging, particularly for HCA shifts the availability of RN's is much more challenging. This is highly likely to be reflective of the challenging regional and national (deteriorating) picture of RN vacancies.

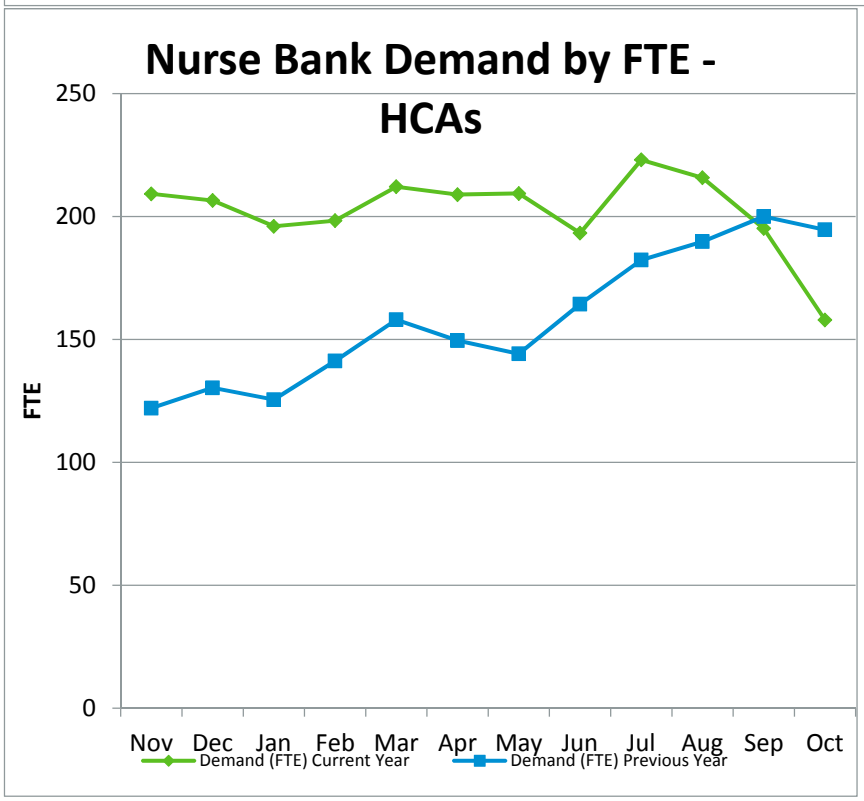




Whilst the current downward trend in nursing agency spend provide some evidence that the new measures being implemented are having a positive impact and, therefore supporting the Trust's financial recovery position, given the increase in demand for winter – i.e. opening escalation areas, the sustained reduction is unlikely in the coming months.

The graphs below illustrate the increased demand for registered and non-registered workforce, whilst the demand has increased for both there was a significant reduction starting in august but rapid decrease from September which was the start of the changed practice in enhanced supervision.





During the Autumn the Trust has seen the arrival of 86 newly qualified nurses commencing at the Trust. All of the nurses based on the hospital sites have completed their supernumerary periods and are now working 'within the numbers'. The Trust's RN turnover remains stable at 8% compared to national average for turnover for RNs of @ 12% the same period, with leavers over the autumn period as follows:

	August	September	October	November
RN Leavers	10.25	9.48	15.41	13.94

In addition, the Trust has continued to recruit to the role of Associate Practitioner with 28.8fte currently in post. Of these, 8.6fte have now completed their required competencies and are now also working within the numbers. Two further cohorts are expected to commence in January 2018 and April 2018, initially working through their competencies for a period of 3-6 months.

3. Recommendation

The Committee is asked to note the Chief Nurse Report for January 2018

Nursing Dashboard - York

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	January	February	March	April	May	June	July	August	September	October	November	December
Patient Safety	Drug Errors	Drug Errors		Datix				121	112	106	82	80	91	86	74	76	93	108	99
	NEWS	Compliance with NEWs (inpatient wards only)		Signal				78.78%	84.49%	85.70%	85.54%	84.17%	86.38%	87.89%	88%	87.42%	81.50%	82.57%	81.16%
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team				68.28	79.96	86	86.58	92.95	96.13	109.43	120.39	100.74	84.76	73.91	0.86
		Inpatient area vacancies - HCA	Number	CN Team				26.86	27.68	13.87	34.05	22.7*	21.52%	20.01	27.49	31.35	16.82	37.65	38.21
	Vacancy Rate	Inpatient area -RN	%	CN Team							17.89%	18.80%	19.86%	22.55%	24.34%	20.40%	13.14%	14.98%	17.34%
		Inpatient area- HCA	%	CN Team							10.96%	7.39%	6.97%	6.46%	9.15%	10.45%	5.47%	12.52%	12.71%
	Sickness	Sickness (In Patient Areas)	%	Workforce Info				4.24%	4.40%	4.25%	4.44%	4.27%	4.26%	4.54%	4.11%	3.98%	3.97%	4.50%	
	Maternity Leave	Inpatient nursing / HCA	%	Workforce Info				3.46%	3.59%	3.63%	3.62%	3.27%	2.90%	3.09%	3.07%	3.47%	3.29%	2.59%	2.40%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info	95%			69.01%	65.28%	64.15%	61.46%	63.14%	63.31%	63.14%	66.16%	69.95%	71.65%	77.27%	76.78%
		Healthcare Assistants (Ward Areas)	%	Workforce Info	95%			74.09%	73.67%	71.96%	70.87%	68.83%	66.50%	60.76%	63.67%	67.73%	71.04%	74.76%	74.06%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			93.30%	93.80%	91.20%	91.0%	91.50%	90.8%	89.10%	85.20%	87.6%	89.50%	89.80%	90.20%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			99.50%	96.40%	94.90%	92.6%	96.35	96.3%	95.50%	94.60%	94.0%	92.80%	92%	93.10%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			104.80%	106.70%	108.40%	110.8%	109.90%	113.1%	112%	109.10%	107.8%	121.20%	104%	99.40%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			118.80%	118.60%	117.10%	119.6%	117.60%	116.5%	118.80%	115.90%	109.5%	108.20%	104.80%	100.80%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return				3.7	3.8	3.8	3.8	3.7	3.7	3.6	3.6	3.7	3.8	3.9	3.7
		Healthcare Assistants		Safer Staffing Return				2.6	2.7	2.9	3.0	2.8	2.9	2.8	2.9	2.8	3.1	2.8	2.5
		Total		Safer Staffing Return				6.3	6.5	6.7	6.8	6.5	6.6	6.4	6.6	6.5	6.9	6.7	6.2
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				42.10%	43.50%	46.80%	46.40%	46.50%	47.30%	46.00%	46%	50.40%	54.20%	61.30%	53.30%
	Agency Fill Rate	Fill Rate	%	Workforce Info				37.10%	39.10%	36.80%	33.80%	33.80%	33.60%	33.20%	30.90%	28.80%	24.80%	16.60%	15.90%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team	0		3	0	0	0	0	1	0	0	0	2	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%			66.83%	62.11%	65.97%	61.52%	86.78%	92.15%	86.22%	91.10%	88.59%	92.05%	87.89%	88.24%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%			77.57%	78.44%	78.53%	78%	79.43%	82.41%	86.24%	88.02%	82.12%	88.71%	92.51%	85.31%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	48		3	5	4	2	0	2	0	0	1	4	6	4	3
	MSSA	MSSA Bacteraemia	Cummulative	IC Team			11	3	3	3	2	5	0	4	0	2	2	0	3
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			8	4	4	2	5	0	0	3	0	1	3	6	6
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance				14	8	6	3	10	9	8	8	4	10	3	5
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance				10	3	3	1	5	6	4	5	3	6	1	4
	Never Events	Never Events declared	Number	Datix - Healthcare Governance				0	0	0	0	0	0	1	1	0	1	0	0
Patient Experience	Friends and Family	Inpatient Friends & Family Test	%Recommend	Signal				95.17%	96.16%	95.70%	95.30%	96.23%	96.27%	96.26%	95.24%	95.23%	94.40%	96.39%	
			%Not Recommend	Signal				1.18%	0.60%	1.25%	1.04%	1.15%	0.79%	0.98%	1.23%	1.13%	0.82%	0.82%	
		A&E Friends and Family Test	% Recommend	Signal				84.90%	81.84%	85.75%	85.40%	85.89%	84.71%	82.39%	82.44%	85.46%	81.45%	91.26%	
			% Not Recommend	Signal				9.38%	10.34%	7.48%	7.20%	7.18%	7.28%	10.41%	10.38%	5.98%	12.43%	5.28%	
		Maternity (Ante Natal)	% Recommend	Signal				93%	100%	94.34%	95.30%	96.85%	98.47%	96.90%	94.75%	96.45%	96.89%	95.80%	
			% Not Recommend	Signal				0%	5%	3.78%	0%	0%	0%	0.78%	1.51%	0%	0.78%	1.39%	
		Birth	% Recommend	Signal				99%	98.80%	94.45%	98.50%	100%	97.67%	97.28%	99.19%	96.83%	99.22%	97.84%	
			% Not Recommend	Signal				0%	1.20%	1.12%	0%	0%	0.58%	1.82%	0.82%	0.79%	0.78%	2.15%	
		Maternity (Post Natal)	% Recommend	Signal				95%	94.74%	94.29%	96.60%	97.20%	97%	95.37%	82%	100%	100%	100%	
			% Not Recommend	Signal				0%	1.68%	3%	2.38%	2.77%	0%	3.71%	2.44%	0%	0%	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team				26	15	20	11	15	15	18	21	22	16	27	13
		Staff Attitude	Number	PE Team				2	2	3	20	1	3	4	1	4	1	2	3
		Patient Care	Number	PE Team				5	5	3	0	3	6	1	1	2	2	3	1
		Privacy & Dignity	Number	PE Team							0	0	0	2	4	1	1	0	0
		Communication	Number	PE Team				2	0	1	0	2	0	0	3	1	1	3	1

Assistant Director Narrative

Nursing Dashboard - Scarborough

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trust Trajectory	Cum Total	January	February	March	April	May	June	July	August	September	October	November	December
Patient Safety	Drug Errors	Drug Errors		Datix			26	40	40	41	34	51	53	37	31	44	37	37
	NEWS	Compliance with NEWs (inpatient wards only)		Signal			83.46%	83.47%	84.62%	86.48%	85.25%	87.30%	87.23%	87.75%	86.99%	87.22%	88.10%	86.60%
Workforce	Vacancies	Inpatient area vacancies -RN	Number	CN Team			47.84	52.61	57.54	58.46	62.92	65.14	67.14	69.21	62.05	69.83	61.53	64.02
		Inpatient area vacancies - HCA	Number	CN Team			8.98	3.68	0.88	7.16	8.06	9.47	5.26	7.83	6.89	-2.37	3.4	7.58
	Vacancy Rate	Inpatient area -RN								22.19%	24.30%	25.16%	25.98%	26.78%	24.46%	22.80%	24%	25.10%
		Inpatient area - HCA								4.26%	4.76%	5.58%	3.10%	4.64%	4.07%	-2.25%	2.01%	4.44%
	Sickness	Sickness (In Patient Areas)	%	Workforce Info			5.27%	4.42%	4.17%	3.98%	5.21%	5.21%	4.88%	5.08%	5.47%	5.28%	5.32%	
	Maternity Leave	Inpatient nursing / HCA	%	Workforce Info			2.77%	3.16%	3.24%	3.17	3.39%	3.05%	3.21%	3.15%	3.24%	3.04%	2.74%	2.75%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info	95%		71.10%	72.85%	74.94%	74.79%	75.61%	76.8%	72.39%	77.33%	77.68%	77.62%	80.04%	81.29%
		Healthcare Assistants (Ward Areas)	%	Workforce Info	95%		64.91%	69.81%	71.96%	75.79%	76.35%	82.3%	81.22%	84.85%	77.87%	80.57%	82.60%	81.40%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%		86%	83.30%	81.40%	82.7%	83.90%	82.8%	81.40%	77.90%	78.6%	80.10%	82.40%	79.10%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%		93.50%	91.10%	92.40%	88.1%	90.30%	82.8%	88.80%	83.90%	85.6%	89.60%	89.40%	87.90%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%		98%	99.20%	103.50%	106.7%	102.60%	102.2%	103.90%	101.30%	102.2%	107%	105.50%	105.20%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%		104.30%	102.80%	104.50%	105.5%	105.10%	106.7%	111.50%	106.90%	109.0%	110.90%	110.40%	107.50%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return			3.8	3.7	3.7	3.8	3.8	3.9	3.8	3.8	3.7	3.8	3.9	3.5
		Healthcare Assistants		Safer Staffing Return			2.6	2.7	2.7	2.9	2.9	3	3.1	3.2	3	3.1	3.2	2.9
		Total		Safer Staffing Return			6.4	6.4	6.4	6.7	6.7	6.9	6.9	6.9	6.7	6.9	7.1	6.4
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info			66%	62.30%	61.30%	58.80%	58.70%	53.90%	52.90%	50.10%	50.90%	60.40%	65.50%	59.90%
	Agency Fill Rate	Fill Rate	%	Workforce Info			13.60%	14.70%	15.30%	17.70%	17.70%	16.70%	18.60%	14.60%	18.50%	18.90%	11.40%	8.30%
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%**		42.86%	40.20%	43.09%	30.58%	75.81%	65.69%	78%	75.86%	53.57%	66.67%	76%	71.43%
		MRSA Screening - Non-Elective	Compliance %	Signal	**95%**		87.50%	88.95%	90.73%	88.55%	92.36%	90.50%	90.23%	90.96%	91.70%	90.05%	93.11%	90.05%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team	**48**	**3**	3	1	2	2	1	0	0	0	1	0	0	0
	MSSA	MSSA Bacteraemia	Cummulative	IC Team	**<30**	**5**	1	4	2	1	3	0	1	0	1	1	3	1
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team		**0**	5	1	3	0	0	0	0	0	2	5	1	4
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance			10	7	4	1	3	5	3	3	2	4	3	5
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance			7	5	3	0	3	4	2	3	2	3	3	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	January	February	March	April	May	June	July	August	September	October	November	December
Patient Experience	Friends and Family Test	Inpatient Friends and Family Test	%Recommend	Signal			98.23%	97.40%	97.75%	98.04%	80.82%	98.32%	97.44%	95.56%	97.59%	95.32%	97.75%	
			%Not Recommend	Signal			0.18%	1.04%	0.75%	0.30%	5.48%	0.79%	0.51%	0.85%	0.85%	1.08%	0.45%	
		A&E Friends and Family Test	% Recommend	Signal			80.82%	79.31%	76.19%	85.23%	97.37%	83.70%	80.35%	79.47%	78.52%	78.41%	88.46%	
			% Not Recommend	Signal			10.96%	15.52%	13.10%	0%	0.72%	12.37%	13.29%	13.25%	10.07%	14.77%	4.81%	
		Maternity (Ante Natal)	% Recommend	Signal			96%	100%	97.00%	98.76%	100%	100%	100%	97%	96.43%	100%	96.55%	
			% Not Recommend	Signal			0%	0%	2.36%	0%	0%	0%	0%	2.41%	0%	0%	0%	
		Birth	% Recommend	Signal			92%	100%	100%	100%	100%	100%	100%	95.07%	100%	97.67%	100%	
			% Not Recommend	Signal			0%	0%	0%	0%	0%	0%	0%	2.47%	0%	0%	0%	
		Maternity (Post Natal)	% Recommend	Signal			98%	100%	100%	100%	98.90%	100%	96%	100%	100%	92.69%	96.87%	
			% Not Recommend	Signal			1.96%	0%	0%	0%	0%	0%	0.80%	0%	0%	5.06%	0%	
	Complaints *new DATIX system reporting not yet available. Will be populated asap.	Complaints Total	Number	PE Team			10	9	8	9	11	5	10	8	10	18	8	12
		Staff Attitude	Number	PE Team			1	2	3	3	1	0	1	1	2	5	1	3
		Privacy & Dignity	Number	PE Team						0	0	0	1	0	0	0	0	0
		Patient Care	Number	PE Team			3	2	0	0	0	0	0	1	3	1	2	2
		Communication	Number	PE Team			0	0	1	1	1	0	1	0	1	0	3	1

Assistant Director Narrative

Nursing Dashboard - Bridlington

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	CummTotal	January	February	March	April	May	June	July	August	September	October	November	December
	Drug Errors	Drug Errors		Datix				4	4	1	7	1	3	4	3	2	1	7	0
	NEWS	Compliance with NEWs (inpatient wards only)		Signal				90.77%	91.40%	93.31%	90.34%	86.55%	88.58%	94.33%	93.82%	92.88%	92.20%	92.40%	80.52%
Workforce	**Vacancies**	Inpatient area vacancies -RN	Number	CN Team				5.33	-0.33	0.44	0.6	1.4	1.33	2.13	2.33	3.29	3	4.89	6.53
		Inpatient area vacancies - HCA	Number	CN Team				8.43	7.63	7.83	7.03	7.03	6.36	4.9	6.13	5.09	5.69	6.69	5.69
	Vacancy Rate	Inpatient area -RN									1.49%	3.48%	3.30%	5.28%	5.78%	8.16%	11.80%	12.12%	16.19%
		Inpatient area - HCA									18.41%	18.41%	16.60%	12.77%	15.40%	13.28%	17.46%	17.46%	14.85%
	Sickness (In Patient Areas)	Sickness	%	Workforce Info				12.24%	13.02%	8.83%	9.92%	12.23%	10.73%	11.37%	10.56%	9.96%	10.67%	11.58%	
	Maternity Leave	inpatient nursing / HCA	%	Workforce Info				3.46%	3.46%	3.46%	3.47%	3.53%	3.72	3.86%	2.51%	0.25%	0%	0%	0%
	Appraisals	Registered Nurses (Ward Areas)	%	Workforce Info	95%			79.76%	77.68%	78.16%	78.16%	79.30%	72.87%	56.73%	65.55%	76.83%	77.28%	76.55%	81.56%
		Healthcare Assistants (Ward Areas)	%	Workforce Info	95%			95.83%	95.83%	93.75%	87.50%	86.93%	86.93%	72.16%	74.78%	82.80%	82.80%	90.97%	87.40%
	Safer Staffing Return	Qualified Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%			89.20%	85.20%	87.60%	80.1%	75%	74.4%	72.30%	49.10%	74.4%	88.80%	86.80%	83.10%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%			76%	79.90%	76.10%	95.5%	71.70%	61.9%	65%	57.60%	58.4%	72.50%	64.70%	61.50%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%			93.80%	84.30%	99.90%	74.5%	91.30%	85.6%	90.10%	83.30%	83.5%	79%	81.90%	80.50%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%			164.50%	158.90%	140.30%	175.0%	146.80%	156.7%	188.70%	195.20%	185.0%	225.80%	230%	209.70%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return				3.1	3	3.2	2.9	3.4	3.3	3.5	2.8	3.4	3.6	3.8	3.5
		Healthcare Assistants		Safer Staffing Return				3	2.9	3.2	3.1	3.6	3.6	4.1	2.4	3.8	3.2	3.4	3.2
		Total		Safer Staffing Return				6.2	5.6	6.5	6.1	7	6.9	7.6	7.1	7.2	6.9	7.3	6.8
	Internal Bank Fill Rate	Fill Rate	%	Workforce Info				74.20%	82.60%	81.50%	75.50%	75.60%	71.30%	73.47%	78.82%	89.14%	93%	94.80%	92%
	Agency Fill Rate	Fill Rate	%	Workforce Info				9.40%	4.20%	3.30%	10%	10%	4.60%	1.40%	1.52%	0.89%	0%	0%	1.34%
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%**			100.00%	67.89%	99.40%	100%	100%	95%	90.63%	96.77%	100%	93.75%	91.89%	93.33%
		MRSA Screening - Non-Elective	Compliance %	Signal	**95%**			100%	75%	100%	100%	100%	100%	100%	75%	66.67%	100%	100%	100%
	C.Difficile	C DIF Toxin Trust Attributed	Accumulated number of patients	IC Team	**48**	Green	0	0	0	0	0	0	0	0	0	0	0	0	0
	MSSA	MSSA Bacteraemia	Accumulated number of patients	IC Team	**<30**	Green	0	0	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	1
Risk Management (Trust wide)	**Serious Incidents**	SI's declared	Number	Datix - healthcare governance				1	0	0	1	4	1	0	0	0	1	0	0
	Clinical Incidents	CI's reported	Number	Datix - healthcare governance				0	0	0	0	2	1	0	0	0	1	0	0
	Never Events	Never Events declared	Number	Datix - healthcare governance				0	0	0	0	1	0	0	0	0	0	0	0

		Metric	Measure	Data Source	Trajectory	RAG	Cum.Total	January	February	March	April	May	June	July	August	September	October	November	December
Patient Experience	**Friends and Family**	Inpatient Friends and Family Test	%Recommend	Signal				100%	98.60%	98.01%	98.14%	99.66%	99.34%	98.72%	99.04%	98.64%	99.17%	99.74%	
			%Not Recommend	Signal				0%	0%	0.00%	0%	0%	0%	0.64%	0.24%	0.34%	0%	0%	
	Complaints	Complaints Total	Number	PE Team				2	0	1	0	1	0	1	1	1	2	0	1
		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	0	0
		Patient Care	Number	PE Team				1	0	0	0	0	0	0	0	1	0	0	0
		Communication	Number	PE Team				0	0	0	0	0	0	0	0	0	0	0	0

Assistant Director Narrative

Nursing Dashboard - Trustwi

York Teaching Hospital NHS
NHS Foundation Trust

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year	January	February	March	April	May	June	July	August	September	October	November	December
Patient Safety	**Drug Errors**			Datix				159	168	163	141	121	152	155	127	125	147	167	156
	NEWS			Signal				86.30%	86.72%	87.90%	98.40%	87.20%	89.20%	89%	88.80%	88.20%	90.20%	90.30%	89%
Workforce	**Vacancies**	Inpatient area vacancies -RN (month end)	Number	CN Team				125.88	138.05	149.79	152.05	162.81	171.34	185.05	198.99	173.94	167.85	149.58	164.93
		Inpatient area vacancies - HCA (month end)	Number	CN Team				47.56	42.78	26.97	51.99	41.37	41.83	34.66	45.97	45.4	21.48	52.08	57.02
	Vacancy Rate	Inpatient area -RN (month end)	%	CN Team							18.03%	18.78%	20.39%	22.01%	23.40%	20.59%	19.82%	17.68%	19.49%
		Inpatient area - HCA (month end)	%	CN Team							--	8.21%	7.29%	6.03%	7.72%	8.36%	3.82%	9.22%	10.16%
	Turnover	Registered Nurses & midwives	%	Workforce Info				9.65%	11.07%	9.03%	9.72%	9.59%	9.40%	9.24%	9.12%	8.59%	8.94%	8.80%	9.33%
		Healthcare Assistants	%	Workforce Info				7.40%	7.11%	8.12%	8.47%	8.36%	8.10%	8.24%	8.11%	8.86%	9.20%	10.35%	9.50%
	Sickness	Trustwide nursing / HCA sickness	%	Workforce Info				4.76%	4.43%	4.08%	4.13%	4.31%	4.41%	4.54%	4.69%	4.47%	4.45%	4.69%	
	Maternity Leave	Trustwide nursing / HCA	%	Workforce Info				2.82%	2.79%	2.76%	2.79%	2.82%	2.68%	2.75%	2.83%	2.84%	2.82%	2.85%	2.75%
	Appraisals	Registered Nurses	%	Workforce Info		95%		71.16%	74.50%	73.22%	72.07%	74.27%	75.44%	75.09%	82.94%	78.79%	78.97%	80.07%	80.11%
		Healthcare Assistants	%	Workforce Info		95%		77.93%	78.49%	77.52%	76.03%	76.21%	74.85%	72.78%	78.31%	78.29%	79.44%	77.42%	78.13%
	Safer Staffing Return	**Qualified** Fill Rated - Day	%	Safer Staffing Return	Between 80 - 100%	Green		90.84%	90.00%	88.20%	88.21%	88.61%	87.67%	86.19%	82.94%	84.49%	86.95%	87.56%	86.56%
		Qualified Fill Rated - Night	%	Safer Staffing Return	Between 80 - 100%	Red		88.45%	93.78%	93.14%	90.41%	93.00%	92.38%	91.83%	89.08%	89.17%	90.90%	90.29%	90%
		Unqualified Fill Rates - Day	%	Safer Staffing Return	Between 80 - 100%	Green		101.19%	102.08%	105.59%	106.95%	105.25%	106.44%	106.45%	103.69%	103.66%	106.90%	102.48%	100.34%
		Unqualified Fill Rates - Night	%	Safer Staffing Return	Between 80 - 100%	Red		11452.00%	114.04%	113.65%	115.29*%	113.68%	113.56%	117.08%	114.58%	111.34%	110.42%	107.82%	104.05%
	Care Hours per patient Day	Registered Nurses		Safer Staffing Return				3.6	3.6	3.6	3.7	3.6	3.7	3.3	3.6	3.6	3.6	3.8	3.5
		Healthcare Assistants		Safer Staffing Return				2.7	2.7	2.9	3	2.9	3	3	3	3.2	2.8	2.9	2.7
		Total		Safer Staffing Return				6.2	6.3	6.5	6.7	6.5	6.7	6.3	6.6	6.8	6.6	6.7	6.20%
	Bank & Agency	**Overall** Fill Rate	%	Workforce Info				80.36%	82.02%	82.16%	80.05%	79.20%	78.36%	77.68%	74.11%	77.16%	79.67%	78.68%	70.37%
		Bank Fill Rate RN	%	Workforce Info				50.10%	49.13%	49.63%	48.25%	49.57%	44.57%	42.79%	40.08%	41.16%	46.37%	54.03%	47.11%
		Bank Fill Rate HCA	%	Workforce Info				54.60%	56.25%	60.13%	57.80%	59.04%	62.16%	61.77%	62.60%	70.35%	77.22%	81.68%	72.88%
		Bank - RN FTE filled	Number of Hours	Workforce Info				107.72	104.83	120.45	101.91	105.67	98.85	104.65	105.78	104.17	111.67	109.54	100.12
		Bank - HCA FTEfilled	Number of Hours	Workforce Info				107.01	111.55	127.53	120.74	123.60	120.13	137.79	135.11	137.27	121.88	112.17	119.28
		Agency Fill Rate RN	%	Workforce Info				28.31%	30.98%	28.54%	26.31%	26.69%	27.14%	27.85%	25.48%	28%	27.31%	20.89%	18.82%
		Agency Fill Rate HCA	%	Workforce Info				27.91%	27.92%	26.60%	27.80%	23.46%	23.53%	23.40%	21.97%	17.19%	11.58%	2.54%	3.24%
		Agency - RN FTE filled	Number of Hours	Workforce Info				60.86	66.11	69.27	55.58	56.25	60.78	68.10	67.26	70.87	65.78	42.34	39.99
		Agency - HCA FTE filled	Number of Hours	Workforce Info				54.70	55.17	56.43	58.07	49.12	45.46	52.72	47.40	33.54	18.25	3.48	5.3

		Metric	Measure	Data Source	Trajectory	RAG	Cumm. Total (Financial Year	January	February	March	April	May	June	July	August	September	October	November	December
Stat & Mand Training	Statutory & Mandatory Training	Statutory Training		CLAD	75%			59.72%	84.73%	89.05%	87.68%	88.39%	89.96%	88.57%	88.92%	88.55%	87.96%	86.24%	86.69%
		Mandatory Traiing		CLAD	75%			73.12%	85.11%	85.55%	89.78%	90.10%	88.42%	88.54%	88.90%	87.75%	86.31%	85.17%	85.44%
Infection Prevention	MRSA	MRSA Bacteraemia	Cummulative	IC Team		Red	4	0	0	0	0	1	0	0	2	1	0	0	0
		MRSA Screening - Elective	Compliance %	Signal	95%	Red		71.77%	67.89%	69.36%	62.56%	85.98%	81.69%	85.34%	88.57%	82.40%	86.66%	89.81%	86.84%
		MRSA Screening - Non-Elective	Compliance %	Signal	95%	Red		81.11%	82.01%	82.62%	81.59%	84.12%	81.63%	87.74%	89.16%	87.62%	89.25%	89.83%	87.17%
	C.Difficile	C DIF Toxin Trust Attributed	Cummulative	IC Team		Green	33	10	5	5	2	2	5	2	3	5	7	4	3
	MSSA	MSSA Bacteraemia	Cummulative	IC Team		Red	37	5	6	4	3	3	7	5	5	4	3	3	4
	E-Coli	E-Coli Bacteraemia	Cummulative	IC Team			66	9	8	5	6	8	9	4	7	3	8	8	13
	Hand Hygiene	Hand Hygiene Compliance 95%	Compliance %	IC Team	95%	Green		94%	95%	94%	94%	95%	93%	93%	97%	96%	96%	96%	96%
Risk Management (Trust wide)	Serious Incidents	SI's declared	Number	Datix - Healthcare Governance Team				28	18	10	9	20	19	14	12	8	16	10	12
	Clinical Incidents	CI's reported	Number	Datix - Healthcare Governance Team				17	10	6	1	11	11	7	8	5	10	4	7
	Never Events	Never Events declared	Number	Datix - Healthcare Governance Team				0	0	0	0	1	0	1	1	0	1	0	0
Patient Experience	Friends and Family	Inpatient Friends and Family Test	%Recommend	Signal				96.51%	96.81%	96.40%	93.34%	94.96%	95.05%	96.63%	95.81%	96.26%	96.68%	97.12%	
			%Not Recommend	Signal				0.79%	0.60%	1.00%	0.72%	1.89%	1.78%	0.88%	1.00%	0.96%	0.67%	0.64%	
		A&E Friends and Family Test	% Recommend	Signal				84.25%	81.49%	84.18%	85.37%	85.13%	84.48%	81.96%	81.89%	83.87%	80.64%	90.81%	
			% Not Recommend	Signal				9.63%	11.06%	8.40%	7.65%	6.92%	8.25%	11.02%	10.92%	6.91%	13.02%	5.21%	
		Maternity (Ante Natal)	% Recommend	Signal				94.45%	100%	95.65%	97.58%	97.53%	98.60%	98%	95.37%	96.45%	97.75%	95.93%	
			% Not Recommend	Signal				1.82%	0%	2.90%	0%	0%	0%	0.68%	1.86%	0.00%	0%	0%	
		Labour & Birth	% Recommend	Signal				97.56%	99.19%	98.61%	98.97%	100%	97.80%	97.64%	97.55%	97.78%	98.83%	98.21%	
			% Not Recommend	Signal				0%	0.81%	0.00%	0%	0%	0.54%	1.58%	1.47%	0.56%	0.58%	1.79%	
		Maternity (Post Natal)	% Recommend	Signal				99.11%	99.13%	96.03%	97.62%	98.94%	97.26%	96^	97.55%	94.94%	92.70%	95.31%	
			% Not Recommend	Signal				0%	0%	0.79%	2.38%	0%	0%	3.20%	1.47%	2.25%	1.69%	0.58%	
		Community Post Natal	% Recommend	Signal				97.17%	96.72%	98.15%	97.83%	98.72%	100%	98.92%	97%	100%	100%	100%	
			% Not Recommend	Signal				0%	1.64%	0.93%	0%	1.28%	0%	0%	1%	0%	0%	0%	
	Complaints	Complaints Total	Number	PE Team				39	27	30	31	29	21	29	31	33	37	37	27
		Staff Attitude	Number	PE Team				3	5	6	5	4	4	5	2	6	7	3	6
		Privacy & Dignity	Number	PE Team							0	0	0	2	1	1	1	0	0
		Patient Care	Number	PE Team				9	8	4	0	3	6	2	5	6	3	5	3
		Communication	Number	PE Team				2	0	2	1	3	0	1	3	2	1	3	2

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
Environment & Estates Committee minutes – 6 December 2017

Attendance: Michael Sweet (MS) (Chair), Jennie Adams (JA), Andrew Bennett (AB), David Biggins (DB), Jane Money (JM), Colin Weatherill (CW), Lynda Provins (LP), Jacqueline Carter (JC) (Minutes)

Apologies for Absence: Brian Golding (BG)

Minutes of last meeting held on 4th October 2017

The minutes of the last meeting held on 4th October 2017 were agreed as a correct record subject to removing a sentence on page 8 of the minutes under BAF which asked that we ensure that our Estate Strategy aligns with the STP and other public body documentation.

Matters Arising

Estates Condition survey – a decision requires to be made on how the survey work will be delivered. JA is keen to ensure this delay does not impact on the Capital Programme agenda. AB assured the Committee this was not the case but will agree a way forward with the Director of Estates & Facilities and feedback at the next meeting. **Action: AB/BG to meet and discuss.**

Internal Audit Report on Car Parking Y1801 – there were a number of recommendations raised at the last meeting that required to be progressed. CW asked whether the Audit report has been considered by the Chief Executive or Director of Finance following receipt of the limited assurance rating. **Action: LP agreed to check with CE/DoF.**

Internal Audit Reports - CW explained to the Committee that the Internal Audit online portal had been offline for some time which had impacted on managers not being able to close off and evidence completion of actions. This was noted

HSE Sharps inspection surveillance visit, 3/10 – the Trust is awaiting receipt of a formal letter to the Chief Executive however, CW assured the Committee that action planning had commenced in the areas identified for improvement. This was noted.

Improvement to children's facilities in ED (Carter visit) - AB provided an update on the current position. In terms of making better provision he was seeking to upgrade the front entrance area and by accessing some charitable monies he hopes to also expand this refurbishment out further to the reception areas. He explained a Business Case was being produced which would capture both Scarborough (SGH) and York sites and he was

anticipating approval through the Capital Programme Executive Group (CPEG) this financial year. The Committee thanked AB for this update.

Action Log

The action log was discussed and will be updated in line with the meeting discussion.

Residential accommodation

Following discussion at the April meeting AB provided an update to the Committee on the current provision of staff accommodation as follows:

Scarborough

A new contract has been negotiated and implemented for medical students which has reduced costs by £70k per annum. Student satisfaction remains high with the current arrangements and the Trust (HYMS) now only pays for the actual time that students are accommodated rather than an annual charge which was the case previously.

The Business Case looking at options for Cherry Tree Avenue has been produced and is with the Finance team for completion. The case will be submitted to CPEG as soon as possible; the recommendation being to dispose of the 28 residences but with agreement to retain access to some 20 units. The new "owner" will undertake a series of refurbishments over a number of years. **Action: AB/JM to discuss utility arrangements.**

York

Medical students are now accommodated in the private rented sector in units close to the York Hospital site. This is working well but will be kept under review. An opportunity to consult with local developers will be explored early in 2018 as further student accommodation is developed in the city.

The Archways building remains a real prospect for meeting on call and locum accommodation, which will allow other units to be vacated (City Residences). Archways however, is currently in use as decant accommodation for the Physiotherapy department whilst the Trust constructs the new endoscopy unit, following this Archways will become available for short term Trust operated residential accommodation.

Bridlington

The Trust has 8 houses on the site; some are used for short term medical accommodation and about half are empty. Once a clearer direction for the BDH site is known an opportunity may exist to use the residences for other purposes or dispose of.

Beck House (Scarborough town centre) is being sold as a residential development opportunity and the Notice of Sale has been agreed and the property is expected to be disposed of by late January 2019.

The EEC thanked AB for this update.

Work Programme

The Work Programme was discussed and will be updated in line with the meeting discussion.

Board Assurance Framework

Following discussion at the last meeting LP has updated section 4.1 of the Board Assurance Framework (We fail to work as part of our overall community to provide the very best health outcomes, in the most appropriate setting) and has included PLACE (TAPE) as a further source of evidence for evaluation within the controls/assurance column. This was noted.

It was agreed at the last meeting that the latest National in-patient survey results would be considered as a means of providing further evidence as to how privacy & dignity could be evaluated and included. Taking this into account and still following the previously discussed scoring mechanism, she was pleased to recommend that the score rating for 4.2 (We fail to respect the privacy and dignity of all our patients) remained green. This was noted.

In relation to the scoring of item 4.3 (We fail to positively manage our impact on the wider environment and keep our own environment clean and tidy) LP confirmed it is proposed that she again use the National in-patient survey, PLACE (TAPE) and the Sustainable Development GCC scores to determine what evidence could be evaluated and included. It was noted that a new tool was replacing the GCC (Sustainable Development Assessment Tool – SADT) and, therefore, it was felt that using arrows as a trend indication to identify improvement would help with interpreting the scoring whilst this tool was going through a transition phase. However, it was felt this would not affect the rating position of 4.3. It was noted that PLACE (TAPE) could act as a trend mechanism and indicate more clearly where we are at as this method of scoring is consistent with other governance documentation. LP recommended to the Committee that the score remain green subject to obtaining wider clarification on the replacement of GCC. This was accepted.

LP reported to the Committee that the Audit Committee is considering using more focused risks to measure assurance as it is considered that the present measures are often too generalised and need to be more specific. This was noted.

In relation to section 4.4 (We fail to develop our facilities and premises to improve our services and patient care) JA was concerned that we would be at high risk of not achieving this objective because of the Trust's Capital position and this rating conflicted with the Risk Register rating for EF01. AB acknowledged this but assured the Committee that whilst the Capital Programme funding position has deteriorated, capital building works are still on-going e.g. the York endoscopy build and it was his view that if the position deteriorated further in 2018/19 then the Committee should review the BAF rating at that point. This was noted. **Action: LP to discuss further with AB subject to Audit Committee recommendation.**

The Committee thanked LP for this update and:

- noted the amendment to the gap in assurance around 4.1,
- approved that 4.2 remains a green rating,

- discussed the scoring proposed for 4.3 which was green and agreed to look towards the TAPE process and the new model to replace the GCC as further evidence.
- will continue to review and refine the BAF to identify further controls, assurance or gaps and explore the use of a scoring mechanism for each element. Any amendments to the BAF will be forwarded to the BoD for endorsement.

Directorate Risk Register

The EEC received the latest copy of the DRR and reviewed the red and amber risks only in line with agreed Committee arrangements.

The following item was highlighted:

EF01 Red – Estates Capital/Estates. Action: BG to discuss further at next meeting.

E&F Policy & Procedure programme

The latest schedule was received by the Committee.

E&F Structure Chart

A simple chart was received by the Committee. It was noted that operationally, re-structuring was still underway within the Directorate. A full chart will be brought to the next meeting. **Action: BG/JC.**

Financial Recovery Plan

Car Parking

A paper reviewing car parking was received by the Committee. It was noted the BoD are receiving a further paper at the end of January.

Sustainable Development

SD assessment tool and SD update

JM presented a Sustainable Development update to the Committee and highlighted the following:

The new Sustainable Development Assessment Tool replaces the former GCC with a more streamlined system. SDAT is an online self-assessment tool to allow the Trust to review its SD work, measure progress and help create the focus of action plans for their SD work. The assessment tool is divided into 10 modules. A new module has been added for carbon/greenhouse gases which brings together a number of statements from other modules that relate to carbon/GHGs. The assessment tool has been designed to be more functional and provides users with an overall score as a percentage to benchmark against subsequent assessments. A score will be produced for each module to enable progress to be tracked and identify areas for focus.

The SD section of the Trust's Annual Report is assessed by the SDU for NHS England and Public Health England. This year the Trust was recognised as having excellent sustainability reporting.

WRM have been engaged to undertake a review of the extent to which sustainability is integrated throughout the organisation and to recommend how we can achieve a further 3% reduction in carbon emissions. Their report is anticipated to provide a short list of recommendations. The final WRM report will be brought to the EEC for approval and consideration of their recommendation as to priorities.

The Trust's waste management plan is being reviewed and action plans are being developed that will allow new targets to be set. Opportunities are being explored within wards and departments to reduce offensive waste and increase recycling. CW suggested that offensive waste could be disposed of in a different way than is currently happening and agreed to contact the Trust's Environmental, Portering and Linen Services Manager to explore further. **Action: CW to contact HS.**

Significant progress has been made in seeking to ensure that sustainability and sustainable models of care become embedded as part of the clinical care pathway, for example, by using technology to reduce the need for travel either to appointments or by clinical staff offering telephone support and telephone follow up appointments. Steve Reed who is the work stream lead for this area will be asked to attend the next EEC meeting to discuss further.

JA was pleased to receive this overview however, she asked that going forward some data analysis be included to show trending information to see at a glance where improvements or otherwise have taken place. This was noted.

MS thanked JM for this update. The Committee noted the recommendations in the report including:

- the introduction and use of the new SDAT,
- the implementation and assurance process for Sustainable Development set out in section 2.4 of the report.

Property and Capital

No property and capital issues were discussed at this meeting.

Premises Assurance Model (PAM)

Quarterly Report

The EEC received the latest quarterly report and the following was highlighted to the Committee:

The population of the PAM model has seen little improvement since the last meeting. There are some overdue assessments relating to design and layout of premises which DB is working with the Capital team in order to improve the position. The latest Premises Assurance Group (PAG) meeting was held in November and limited progress had been made on a number of key critical policies around pressure systems and lifts and

equipment. He has been assured that these will be produced following the completion of the operational management restructure that is currently taking place.

DB was pleased to report that the Ventilation Steering Group is now scheduled to meet this year and the first meeting of the SGH Site Facilities Operational Group SGH is due to be set.

Focused work at Bridlington is continuing and any gaps in compliance are monitored through production of action plans which are costed and progressed and where necessary the risks are escalated to appropriate risk registers.

Work for the next quarter will include:

working with multi-disciplinary teams to introduce a signage strategy and produce a report on our access/disability requirements,
ensuring that the SGH site facilities operational group is in place and seeing the development of ventilation and pressure systems policies and procedures,
continuing to build relationships with patient groups/Healthwatch York through engagement exercises and regular meetings.

MS thanked DB for this update and noted that whilst a lot of improvements had been identified previously the Committee acknowledged the limited progress made this quarter and noted the recommendations in the report including:

- All those assessing and populating the NHS PAM model continue to ensure that action plans for any gaps in compliance are prepared, submitted, costed and reviewed with relevant Heads of Dept.
- Trust Ventilation Steering Group meets as soon as possible.
- Scarborough site implement the SGH Site Facilities Operational Group meetings.
- Responsible officers start on the development of any outstanding policies or procedures.

PLACE/TAPE

DB provided an update to the Committee following receipt of the PLACE results. Action plans are now in place to improve the outcome of future PLACE Assessments and E&F teams are working on plans for the next 12 months which will include having senior walk rounds and additional monitoring through Site Facilities Operational Group meetings.

Following discussion at the last meeting DB presented to the Committee a draft monitoring form which has been produced (Trust Assessment of the Patient Environment (TAPE)) seeking comments prior to launching this documentation in the new year as an additional monitoring process to the PLACE assessments. There are also some areas that are not covered in PLACE that he has included in TAPE such as passenger lifts and communal areas.

DB intends to ensure that staff are not duplicating effort if other systems are already in place and where we have scored low in PLACE he will look at how we can capture this work and identify an alternative method of seeking assurance.

The EEC welcomed the document and would expect to see any actions/issues arising from the quarterly assessment process reported back through to this Committee should

they arise. Subject to some minor changes the Committee endorsed the document. **Action – EEC to formally review position in 6 months.**

Attention to the Board.

Carter Report

Quarterly Report

The EEC received the latest update report and the following highlighted to the Committee:

The Trust is operating with 36.2% non-clinical space against a target of 35% and approximately 3.6% vacant and/or under utilised space against a target of 2.5%. The Trust has a plan to operate within the set targets via the existing robust estate strategy work led by the Head of Capital Projects and DB is undertaking some focused work particularly around Bridlington (BDH) to improve that data which should give us a more informed position of what our under utilised non-clinical space is.

JA queried the figures reported in relation to the under utilised space as it differed to what was previously reported. DB recognised there were some anomalies in the data and he assured the committee that he was striving to improve the position.

MS suggested that following a recent meeting with NHSI (Monitor) there was an opportunity for DB to work closely with that team to bring together any actions and as a way of benchmarking progress. This was noted.

The Committee noted the recommendations in the report.

Health, Safety & Security

Quarterly Report (Q3)

The EEC received the latest quarterly report for noting and discussion by the Committee. Items that were brought to the attention of the committee were as follows:

Section 1.1 showed an overview of the Trust Monitoring systems, the number of Airs forms logged has increased however, it was felt this was due to a more open reporting culture which is considered positive.

Section 4.1 showed the summary of non-clinical accidents and incidents reports. It was noted that the number of fire related and equipment related incidents had dropped.

Section 1.5 showed the number of accidents and incidents reported under RIDDOR regulations which had reduced considerably.

CW suggested there was a discrepancy in the figures within the patient experience data and felt some areas were under reporting in some Datix categories. Following discussion the Committee expressed concern over the apparent inconsistency of figures between the data it uses and other committees. He agreed to set up a meeting with relevant colleagues to discuss further, review the data sources and categories clearly. **Action: CW to contact FJ and DP.**

H&S/NCRG Terms of Reference

The Terms of Reference were received for consideration and approval in line with the H&S/NCRG governance arrangements.

The Committee discussed the ToR and approve the document subject to minor changes as discussed in the meeting.

H&S Strategy review

Not discussed at this meeting.

Fire Safety Policy

Item deferred.

Out of Hospital Care

Quarterly Report

Paper received for information only - item to be discussed at next meeting.

Any Other Business

Trust Assessment of patient environment

See Item 13.

Future Meeting dates

Next meeting – 7 February 2018.

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
Workforce & Organisational Development Committee - 23 January 2018

Attendance: Libby Raper, Non-executive Director (Chair) (LR)
Dianne Willcocks, Non-executive Director (DW)
Jenny McAleese, Non-executive Director (JM)
Michael Proctor, Deputy Chief Executive (MP)
Polly McMeekin, Deputy Director of Workforce (PM)
Brian Golding, Director of Estates & Facilities (BG)
Melanie Liley, Deputy Director of Out of Hospital Care (ML)
Lynda Provins, Foundation Trust Secretary (LP)
Tracy Astley, PA to Workforce Directorate (Minutes)

Apologies for Absence: None

Minutes of the meeting held on the 12th December 2017

The minutes of the last meeting held on 12th December 2017 were agreed as a correct record.

Action Log

"Developing People - A Strategic Approach" strategy - due to unforeseen circumstances and winter pressures MP has not progressed this as much as he would have liked and asked for the committee's patience whilst he pushes forward with this and will email the committee with progress and ask for their comments as an ongoing piece of work.
DW asked if PM/MP had met yet with regard to the Carter work.

Action: Set up meeting between PM/MP to discuss Carter work linking in with the Developing People strategy.

Risk Registers

LR stressed the need to ensure the risk registers appropriately reflect the current position.

PM advised that the she had not added any new risks to the HR risk register but had updated the mitigation column. With regard to staff sickness absence PM was reticent to add it to the risk register at the moment but will need to if it does not reduce. She advised

there were measures being put in place at the moment and HR is working with directorates to reduce sickness absence.

JM highlighted that this had been a concern of the committee's for a while and asked for it to be put on the risk register as a low score.
DW commented that aside from flu the proportion of staff sickness was due to stress, anxiety, mental health issues and it is increasing with this month standing at 23%. PM agreed that it had increased rapidly from 19% in June.

PM commented that one aspect that probably would not come to this committee was the lack of parking facilities that is causing anxiety and affecting staff turnover. Staff are vocal about this anxiety and it may impact staff retention.

BG commented that people are expected to choose to do something different, for instance car share, use public transport. PM highlighted that public transport was not sufficiently supporting staff working lifestyles and for many it is not an option.

JM highlighted HR1/HR2 regarding risk to patient safety and asked if this is through lack of staff to provide services. MP advised that services are continuing but they may be located elsewhere. He advised that the Trust does everything they can to maintain patient safety but not quality. There is no doubt that staff shortages have an impact on quality.

Action: PM to add sickness absence to HR Risk Register.

Workforce Board Report

PM advised that the cumulative annual sickness absence rate stood at 4.5%**.** Short term sickness has remained consistent but the long term sickness rate has increased to 2.93% in November 2017.

There is a clear policy where staff who are off work for 4 weeks or more are referred to Occupational Health. 31 referrals have been made throughout December relating to Stress, anxiety or depression. With the exception of one all related to personal stress, etc., which doesn't feel accurate as it is known that staff pay and staff shortages are generally causing staff the most anxiety. Details of the numerous measures being undertaken to help reduce absence are noted on page 22/23 of the report.

BG noted that from the graph showing the number of sickness absence by staff group, E&F had a downward trend over the year and highlighted that this was due to the work Liz Vennart, HRBP, had put in with Andy Betts, Head of Estates & Facilities.

It was also noted that the highest absence rates were in the lower band staff.

PM stated that the BMA were reluctant to ratify the new sickness policy. It has been perceived as supportive from managers and staff. Feedback will be sought from staff who have gone through the process including how it could be improved. Various measures are also being implemented to capture sickness absence of doctors including pro-active management of this.

Flu campaign stands at 71.9% of front line staff having been vaccinated. Vaccination programme will continue until 28th February. As the Trust has exceeded 70% target the whole CQUIN funds should be received. Lessons learnt will be taken forward for next year's campaign. ML praised the vaccination team in achieving target. She informed that at A&E Board last week the Trust was the only organisation who had not incentivised staff to have the vaccine and felt that this approach was best.

PM advised that from 1st December a new employee assistance programme contracted by Occupational Health provides a 24/7 confidential professional service to staff and their immediate family. It is extensively being promoted at the moment. DW commented that it is well known people living in poverty are in paid employment and know that shift patterns impact on family life. She asked for a modest amount of research to be carried out to see if any of this applies? PM advised that this is being carried out at the moment. Some people don't feel comfortable talking to their managers. Some staff may feel more confident in speaking to Occupational Health.

PM advised of the various initiatives in place for staff wellbeing:-

- Headspace mindfulness app available. Purchased 1000 licences last year and 739 have been given out to staff.
- Schwartz rounds are being implemented this quarter
- A number of wellbeing workshops are being run
- External provider coming in during the People's Health Empowerment Week to support staff to have a healthier lifestyle.

From the 2017 staff survey, staff who have accessed services speak very highly about it. A lot more work with the communication team is being carried out to target the less engaged staff to let them know what is available.

With regard to the three questions in the staff survey attached to the CQUIN, there had to be a 5% shift for each. In relation to the wellbeing question the Trust has seen a 7% positive shift. There was a 3% shift regarding MSK and a deterioration with stress, anxiety, depression. We have negotiated part payment with the CCG and so anticipate receiving 50% of the payment.

In relation to temporary medical staffing, nurse bank fill rate was at 58% in December with agency fill rate at 12%. This is being closely monitored. An analysis was undertaken in relation to the impact stopping the winter incentive had to increasing the uptake of the bank. This year without the incentive the uptake is fairly consistent.

LR questioned whether the reduction in agency requests was to do with reducing specialing. PM advised that there was no reduction but staff are managing their resources more effectively. Bev Geary is to report to the Board on this.

PM advised that the Trust is working closely with our STP Trusts in order to support the nursing workforce plan for the next 10 years. There is a 2% increase in nursing establishment across the organisation in comparison to this time last year. 6% have received an internal promotion.

Staff survey had a slight increase in completion at 49%.

JM asked if costs are provided on how much the Trust spends on sick pay each month. PM advised that the directorates are advised of this but it makes a number of assumptions such as staff being entitled to the full sickness pay plus if there is a need to backfill. JM stated that it can be a good way of getting people on board with the agenda to see the cost of sickness and to think it can go into resourcing. She also questioned whether referral to Occupational Health could not be sooner than the 4 weeks stated in the policy.

Action: PM to provide amount paid out on sick pay.

Attention to the Board: Discuss sickness rates incl. new sickness policy.

Monthly Information Pack

LR noted the encouraging commercial level attached to research.

DW highlighted that turnover is still rising despite the strategies and effort to retain staff. PM agreed that over the year it had rose slightly.

LR asked about the discipline and grievance procedures regarding clinicians being quite visible/vocal in the media. PM advised that the Trust had a social media policy using the directives from the GMC/NMC along the lines of the Trust does not expect staff to use social media to vent their opinions. She advised that in relation to the latest incident involving a locum doctor an analysis was undertaken to ascertain whether he was on a shift or not and could not rule out whether he was on a break. The Assistant Medical Director for SGH spoke to him and put him in contact with the Trust's Freedom to Speak Up/Safer Working Guardian but he did not feel the need to speak to her. He is due to leave the Trust's employment later this month.

MP confirmed that the doctor involved had not been gagged but had merely been asked to go through the communications team to seek advice before speaking to the media. In this way the messages could be conveyed in a way which avoided causing offense to staff working alongside him. The Committee were also asked to note how the organisation had encouraged and facilitated one of our Consultants taking a very visible role in the national media to express concerns about patient safety through the current operational pressures.

DW commented that this situation highlighted the merits and challenges the Trust faces and praised the senior staff who had dealt with the matter. She suggested encouraging staff to think about different ways of inspiring the media.

Medical Staffing Report

PM gave succinct points from the report.

- Successful relations have been built with BTR who assist doctors from overseas to settle in the UK. One doctor who has been recruited has fed back that they have had a good experience. This should help to retain individuals.

- The Trust has been chosen by the HEE to be a "Fast Follower" pilot site for trainee doctors. The Medical Director will speak to the Board about this and the pressures faced by junior doctors. Through the LNC the Trust is trying to implement measures highlighted from the Junior Doctors Forum.

- A successful Ophthalmology recruitment campaign led to three Ophthalmology consultants being appointed which will reduce future locum spend.

- Two applications for General Anaesthetists at Scarborough Hospital (SGH) have been received but none for Intensivists. The vacancy will be re-advertised. Combining General with Intensive may be an option. SGH consultants may be compelled to participate in the YH work and vice versa.

DW concerned about some of the figures in the report, specifically the actual number of vacancies. However, she was encouraged by the fact that the Trust had recruited more staff than had left.

Attention to the Board: Discuss medical vacancies and recruitment update.

Apprenticeship Update

BG gave succinct points:-

(a) Since the last report there have been significant changes in the management team who manage the apprenticeship programme. Anne Devaney is now leading this.

(b) 27 apprentices are now in post. 14 learners are due to start shortly with a further 63 by the end of this financial year.

(c) In house provision is continuing to be developed. There is an issue with HCA training as there is a large number due to start who need to be trained so they can pass their assessment. Discussions are ongoing on how to facilitate this.

(d) At present the Trust is not able to access apprenticeship funding until registration is complete through ESRA.

(e) The financial position of the Trust is hindering the recruitment process, especially the non-medical positions. There are large gaps in the non-registered nursing workforce. Plans in place to reach the 200 apprenticeship target by the next financial year.

BG has identified risks attached to the project which includes staff shortages to provide training and assessments, financial pressures, and not being able to run employer provider courses.

BG will bring back next quarter with a breakdown by groups which should identify where progress is being made and where improvement is required.

Overall, given pressures with management and finance BG is pleased with progress and is confident that the 200 target will be made.

MP commented about the National Apprenticeship Week in March. DW suggested having a marketplace event in the foyer of the hospital.

Attention to the Board: Discuss apprenticeship risks/register.

GMC Report

MP/JT/AD/ES had met with HEE in relation to the issues within the report to discuss some of the difficulties the Trust is facing. They were very understanding and wanted to assist the Trust in developing opportunities to attract trainees. For SGH the HEE are allowing the Trust to develop a different type of experience for junior doctors to give them a broader experience in emergency medicine. Some of the new rules about restrictions on travel for trainees will cause a problem for SGH.

DW enquired how this triangulates with data from HYMS, the Teaching National Framework and the National Student Survey. It would be good to look what the Trust does well and where improvements are required.

The committee agreed that the February time out would be a good time to discuss this in more detail.

Attention to the Board: Discuss training experience of junior doctors.

Extra Contractual Payments (ECPs) and Waiting List Initiatives (WLIs)

PM explained the main reason behind revising the ECP was to aid the Trust's financial recovery. There are pockets of inequitable local agreements and this is an opportunity to harmonise arrangements.

Two letters went out and some criticism has been received with regard to the rates as they do differ slightly depending on grades and specialties. The bank rates correctly reflect market forces. A long standing arrangement is in place where the Trust is serving a three months' notice but all rates will be aligned by the 1st April 2018.

Directorates that are not affected at the moment are Emergency Medicine, Radiology and Pathology.

ERG Minutes

Due to the late submission of the minutes the Committee asked for the minutes to be brought back at the next meeting.

BAF Action Plan / Review of Health & Wellbeing

The committee discussed point 4 "We fail to care for the wellbeing of our staff" and suggested changing it to amber given the rise in the sickness rate and the related type of sickness, ie. stress, anxiety and mental health issues.

PM insisted that there were a variety of health and wellbeing initiatives available to the workforce and a senior lead has been appointed to lead on the revised Health & Wellbeing Strategy. She also mentioned the NHS England Project that the Trust took part in during 2016/17. Work is also ongoing with the Comms Team to reach a wider audience.

JM suggested that the wording be changed within the BAF. LR suggested taking it to Board. It was agreed to leave point 4 green for now until Board discussion.

Attention to the Board: Discuss BAF wording regarding Workforce pt 4.

Attention to the Board

1. Sickness rates including new sickness policy.
2. Medical vacancies and recruitment update.
3. Apprenticeship risks / register.
4. Training experience of junior doctors.
5. BAF wording regarding Workforce point 4.

Time and date of next meeting

The next meeting will be held on 20th February 2018, 16:00 – 17:30, YH Boardroom.

Action Log: Workforce & Organisational Development

Month	Action	Responsible Officer	Due date	Completed
Jan	Give update on “Developing People – A Strategic Approach” strategy	MP	February meeting	On agenda
Jan	Give apprenticeship update on a quarterly basis including statistics.	BG	March meeting	
Jan	Set up meeting between PM/MP to discuss Carter work linking in with the Developing People Strategy	PM	Immediately	Meeting arranged for 30/01/18.
Jan	Add sickness absence to the HR Risk Register	PM	Immediately	Sickness absence added to risk register with a score of 12.
Jan	Provide amount paid out on sick pay.	PM	February meeting	

Board of Directors – 31 January 2018
Workforce Report – January 2018

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 December 2017).

Key points for discussion

- The monthly sickness absence rate in November was 4.69%, a decrease from 4.75% in October but significantly higher than in the same month of the previous year;
- There are a number of actions being taken by the Trust to help support staff and work towards a reduction in levels of sickness absence;
- The Trust has exceeded the 70% target for number of frontline staff vaccinated against flu in line with the CQUIN. In order to achieve the CQUIN target, the vaccination rate needs to be maintained until the end of February 2018;
- The medical and nurse banks have responded positively to demand for temporary staffing in December. Agency fill rates reduced in line with the Christmas holiday period;

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: January 2018

1. Introduction and Background

January's Workforce Report details a number of key workforce metrics, with commentary around: the Trust's current sickness absence levels and details on work within the organisation to reduce the increasing sickness absence rates. It also covers the current levels of temporary medical and nurse staffing utilisation within the Trust and provides an update on a number of campaigns, including flu vaccination; 2017 Staff Survey and Recruitment Focus Groups conducted by Jupiter.

2. Detail of Report and Assurance

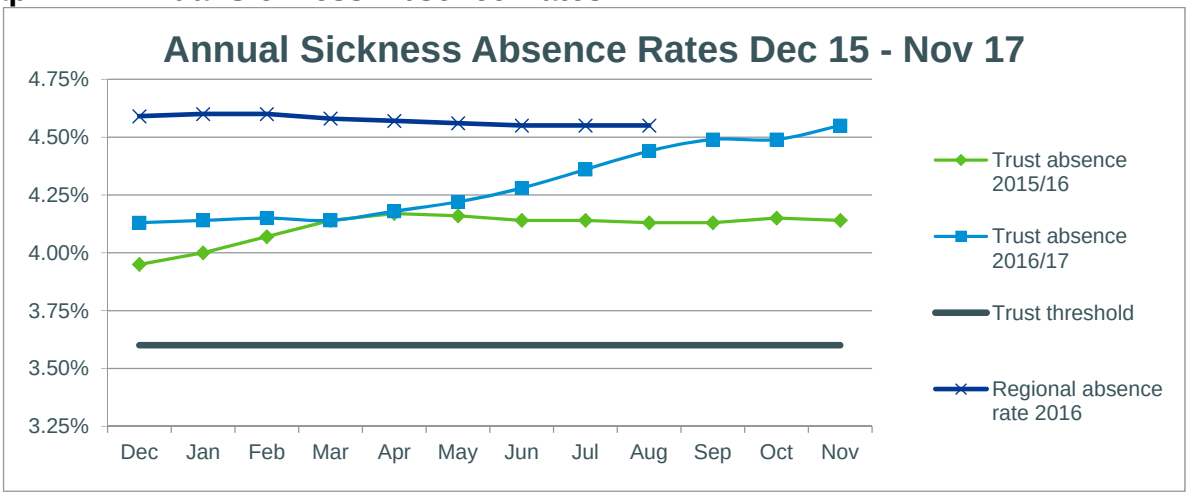
The work referred to in the report forms part of regular discussions around workforce, including at Staff Side and Workforce and Organisational Development Committees. It is informed by a number of key performance indicators which underpin directorate-level workforce plans, and link to the Trust's overall 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 November 2017 the Trust's cumulative annual absence rate was 4.55%. The Trust's annual absence rate has increased month on month since March.

Based on data available up to August 2017, the gap between the Trust's rate and the regional average has been narrowing since the start of the 2017/18 financial year. Regionally, cumulative absence rates have been relatively static over a nine-month period (October 2016 – August 2017) and in the year to August 2017 the regional annual absence rate was 4.55%.

Graph 1 – Annual Sickness Absence Rates

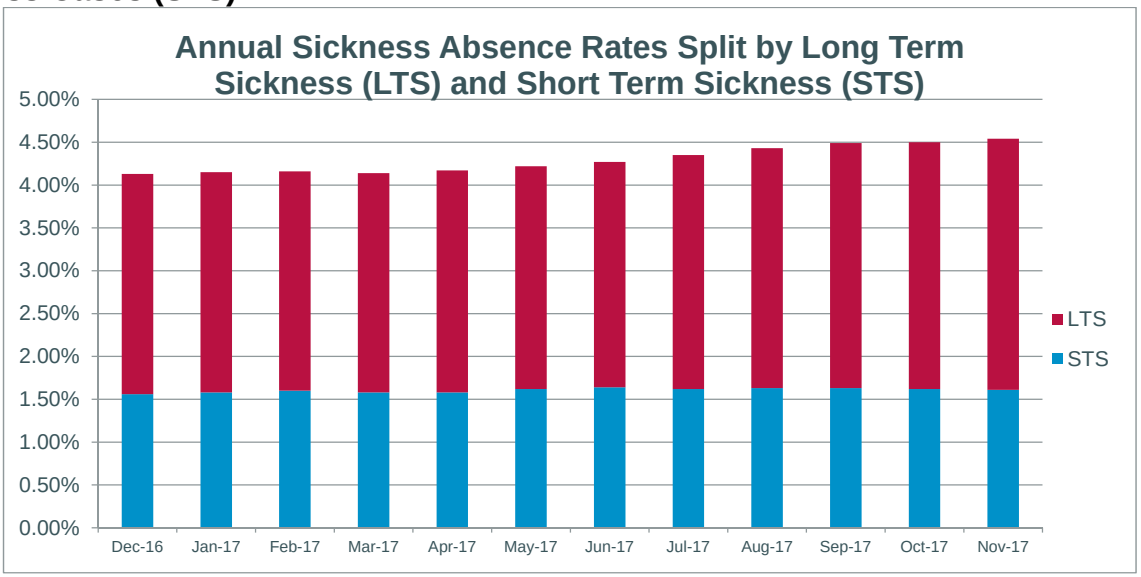


Source: Electronic Staff Record and NHS Digital

Graph 2 breaks down the annual sickness absence rate into long term and short term sickness cases over the last year. Short term sickness has remained consistent at around 1.6% in the last 12 months. Long term sickness however has increased over the same period. In December 2016, 2.57% of the overall annual absence rate was long term (defined as 4-weeks continuous or more); however this has increased month on month

since the start of the 2017/18 financial year, reaching an annual rate of 2.93% in November 2017.

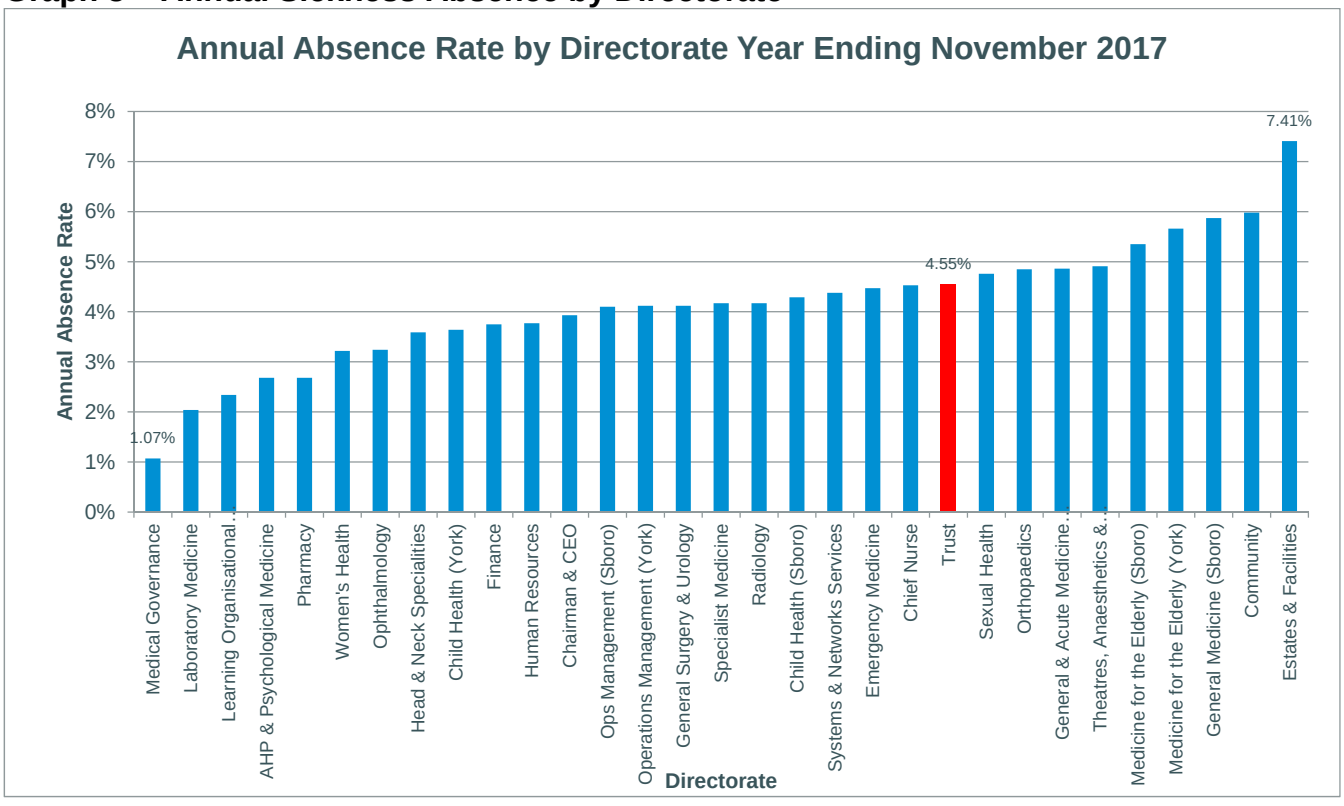
Graph 2 – Annual Sickness Absence by Long Term Sickness (LTS) and Short Term Sickness Cases (STS)



Source: Electronic Staff Record

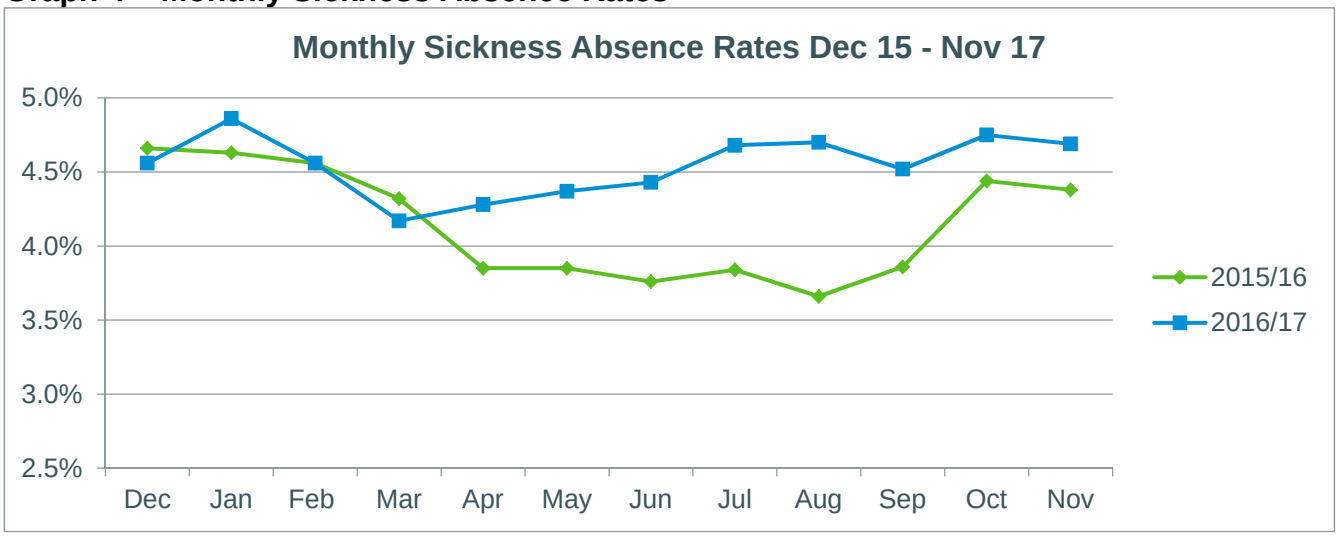
By directorate, Estates & Facilities has the highest annual sickness absence rate in the year to November 2017. This directorate also had the highest proportion of long term sickness cases in November (18.9% of all long term sickness cases were in this directorate).

Graph 3 – Annual Sickness Absence by Directorate



Graph 4 shows the monthly absence rates from December 2015 to November 2017. The monthly absence rate of 4.69% in November 2017 was a small decrease from the previous month's peak of 4.75% but still considerably higher than the sickness absence rate in the same month of the previous year (the absence rate in November 2016 was 4.38%). 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 4 – Monthly Sickness Absence Rates



Source: Electronic Staff Record

Sickness Absence Reasons

The top three reasons for sickness absence in the year ending November 2017 based on both days lost (as FTE) and numbers of episodes are shown in table 1 below:

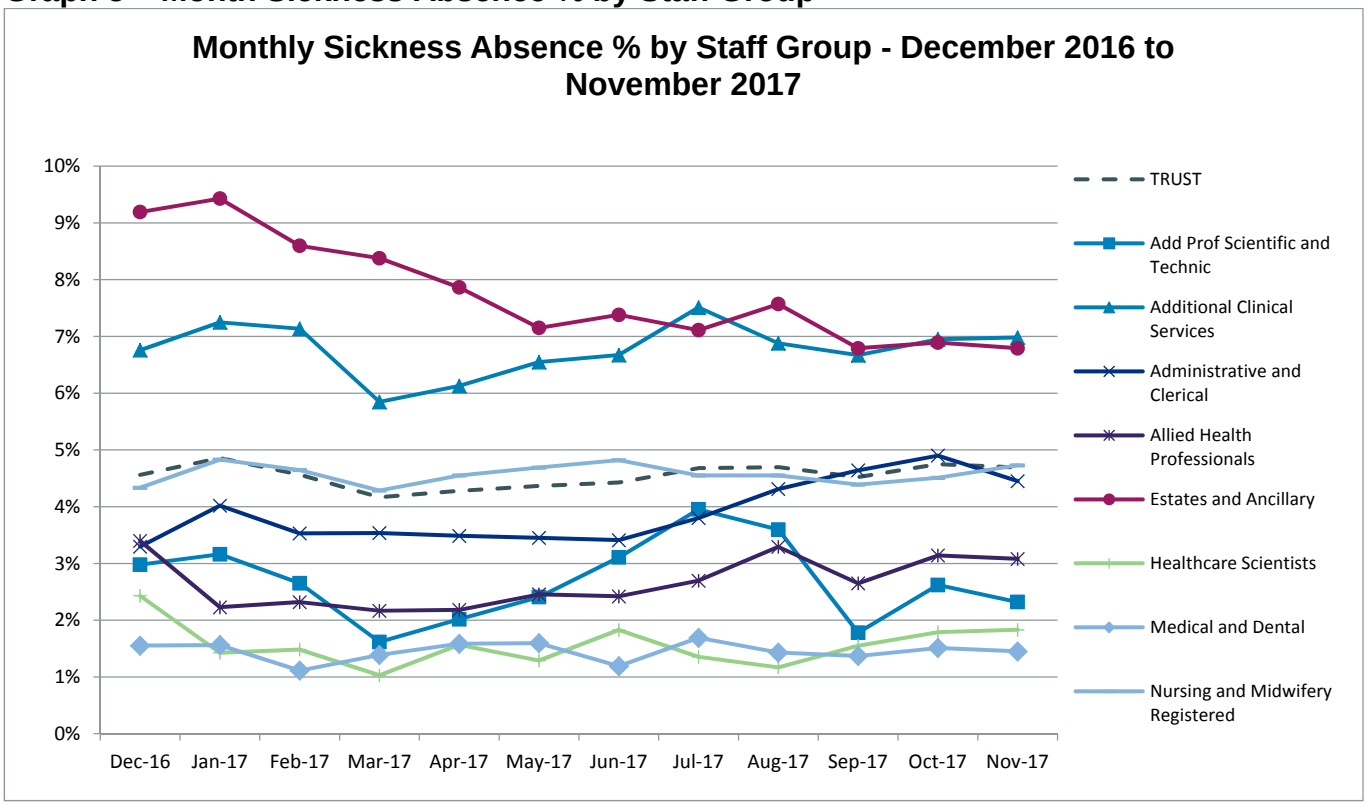
Table 1 – Sickness Absence Reasons for November 2017

Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
Anxiety/stress/depression – 23.05% of all absence days lost	Gastrointestinal – 19.69% of all absence episodes
MSK problems, inc. Back problems – 17.45% of all absence days lost	Cold, cough, flu – 17.02% of all absence episodes
Gastrointestinal – 9.44% of all absence days lost	MSK problems, inc. Back problems – 11.11% of all absence episodes

The sickness reason of Anxiety / Stress / Depression remains the top sickness reason based on FTE days lost followed by MSK problems. The majority of long term sickness cases are predominantly due to these reasons.

By staff group, Additional Clinical Services and Estates and Ancillary, have the highest sickness absence rates (as per graph 5).

Graph 5 – Month Sickness Absence % by Staff Group



Source: Electronic Staff Record

There are numerous actions being undertaken to help reduce absence within the organisation. These include:

- New Sickness Absence Policy and Procedure, Supporting and Managing the Wellbeing of Staff - the new policy was ratified by the Non-Medical Trade Union Forum (JNCC) in October and is being rolled out across the Trust. A number of communication drop-in sessions, arranged in partnership with Staff Side, have taken place at York, Scarborough and Bridlington sites;
- Directorate action planning in hotspot areas - all Directorates where absence relating to Mental Health and/or MSK is in excess of 20% of their absence have a bespoke action plan in place. Directorates are supported by HR in ensuring these are progressed and up to date;
- Sickness Absence Training for Managers - HR currently run regular training sessions for managers on managing sickness absence. To complement the roll out of the new Sickness Absence Policy and Procedure and to re-energise the programme, this is being reviewed and relaunched in Quarter 4 of 2017/18;
- Standardising sickness procedures for Doctors in Training - following the results of an internal audit report in November 2017, work is now ongoing to improve and standardise sickness reporting and Return To Work (RTW) processes for Junior Doctors. This includes improving and streamlining notification processes, better centralised recording and the provision of guidance to Directorates to allow greater flexibility around RTW meetings;
- Employee Assistance Programme provider - a new provider commenced on 1st December 2017 (see 2.3 below). Health Assured provide a 24 hour helpline for staff and their relatives on a range of issues to support staff mental wellbeing and also counselling;

- Flu Campaign - Occupational Health are actively promoting the flu vaccination each year and as at 10 January 2018, 70.04% of frontline staff have had the 2017 flu vaccination;
- Occupational Health; - our in-house team support staff in managing their absence and returning to work. They also proactively support staff, for example with self-referral for physiotherapy and support with mental health concerns;
- Headspace App - all staff are able to access the Headspace mindfulness app to support their mental wellbeing. To date we have provided 739 licenses to staff;
- Schwartz Rounds - the first of these events will take place in York Hospital in February 2018 and in Scarborough Hospital in March 2018. Evidence from other Trusts show these events are highly valuable for staff in supporting their emotional wellbeing and resilience;
- New Wellbeing Workshops - the Wellbeing Team are running a programme of wellbeing workshops in January and February 2018 for all staff with 'Eat Well'; 'Be Active' and 'Relaxation' themes. Further workshops are to be scheduled;
- Health Checks - a free one-hour health check is available to all staff. These provide baseline health indicators (such as blood glucose, blood pressure, cholesterol etc) and advice on improving health and lifestyle. They have had extremely positive feedback.

In addition to the above, there are further actions planned in Quarter 4:

- New Health & Wellbeing Strategy - work is underway to revise and relaunch the Trust's Health and Wellbeing Strategy, incorporating sickness absence management as one of its key themes;
- Reinforcing the Trust's sickness threshold of 3.6% - HR to proactively support managers at Directorate level to identify and address sickness issues at local level to meet this target;
- People's Health Empowerment Week - to promote and support new initiatives which will provide opportunities to actively support staff to make healthier choices (w/c 26 February);
- Review and relaunch of the Trust's Managing Stress in the Workplace Policy;
- Communications - whilst feedback from individuals accessing many of the health and wellbeing activities suggest that they find them valuable, early feedback from the Staff Survey indicates that we need to reach a wider audience. The Health and Wellbeing Steering Group will prioritise this in Quarter 4 and into 2018/19.

2.2 Health and Wellbeing and Flu CQUINs

Staff perception of the Trust's proactive approach to employee health and wellbeing and absences relating to Musculoskeletal (MSK) and mental health form part of the Health and Wellbeing CQUIN for 2017/18. A comparison of responses to questions in the 2017 Staff Survey against the baseline 2015 results will be used to determine payment of the CQUIN. Over this period of two years, the Trust is required to achieve a 5% improvement in two out of three questions relating to the health and wellbeing of staff in order to achieve the CQUIN.

The 2017 Staff Survey has now closed and the Trust is awaiting the responses to these questions (see 2.9 below) to discover whether the targets have been achieved.

Meanwhile in regards to flu vaccination of frontline staff, following a busy program of vaccinations in the three-month period October – December 2017, the Trust reported on 10 January that 70.04% of frontline staff had been vaccinated. The Trust is required to maintain a 70% vaccination rate until the end of February in order to achieve the 'Flu CQUIN. As staff who have received the vaccination will leave the Trust before the 28 February cut-off, and with the concurrent arrival of new frontline staff during this period, the Trust will be continuing to make the vaccine available to staff across the organisation via drop-in clinics.

2.3 Employee Assistance Programme (EAP) – new provider

Following a competitive tendering process, the Trust has recently awarded a new contract for the provision of an Employee Assistance Programme (EAP) to Health Assured Limited. Health Assured will provide a counselling and advice service to Trust staff from 1 December 2017. The contract is overseen by the Occupational Health and Wellbeing Service.

During the procurement process, the Trust was impressed by the quality of Health Assured's provision and their added value, including a health "app" called 'health e-hub' and onsite support to promote the EAP to staff. Health Assured have an extensive portfolio of clients including 24 NHS Trusts and 112 other healthcare organisations and this, along with comprehensive business continuity plans, offers reassurance that they will provide an excellent service to staff for the duration of the three-year contract.

2.4 Temporary Medical Staffing

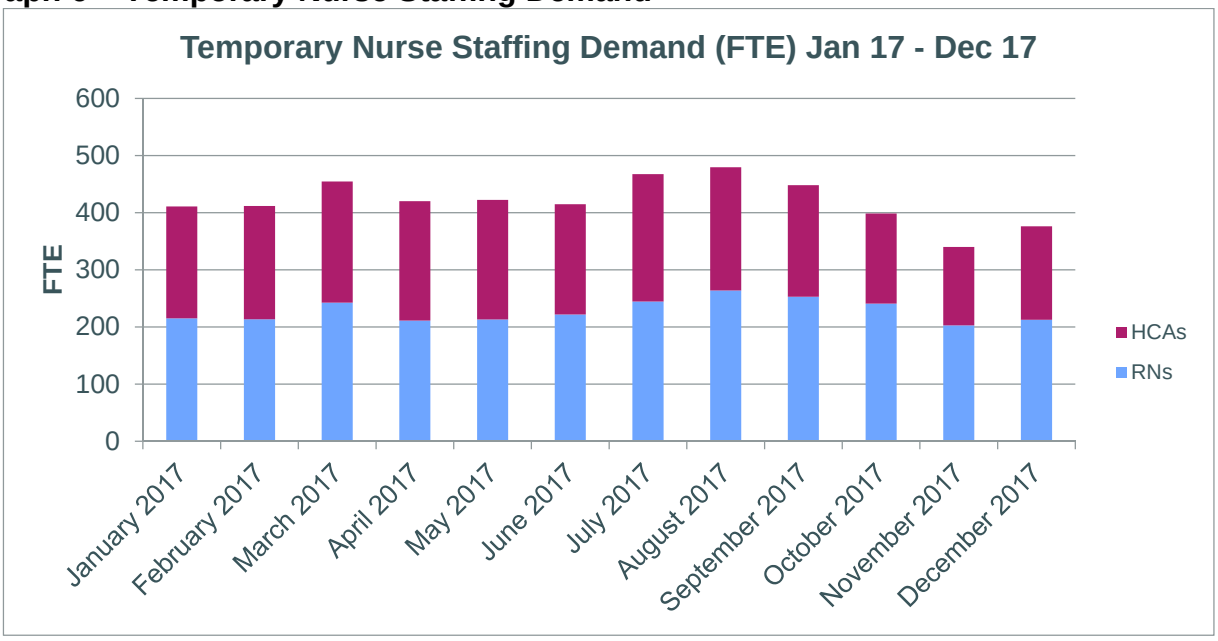
In December, 90.91 Full Time Equivalent (FTE) medical locums were requested at the Trust across both York and Scarborough Hospital. In total, 98% of the shifts were filled (88.73 FTE). 41% (37.03 FTE) were filled via Bank, the highest reported Bank fill-rate since records began seven months ago.

NHS Improvement has advocated the use of technology by Trusts to increase their medical bank fill-rates. Accordingly, the Trust is currently studying the market for specialist software and has identified a number of providers who offer products on a 'pay per shift' basis. The software has been shown to have a positive effect on bank fill-rates in other NHS organisations and is something that the Trust may choose to trial in future.

2.5 Temporary Nurse Staffing

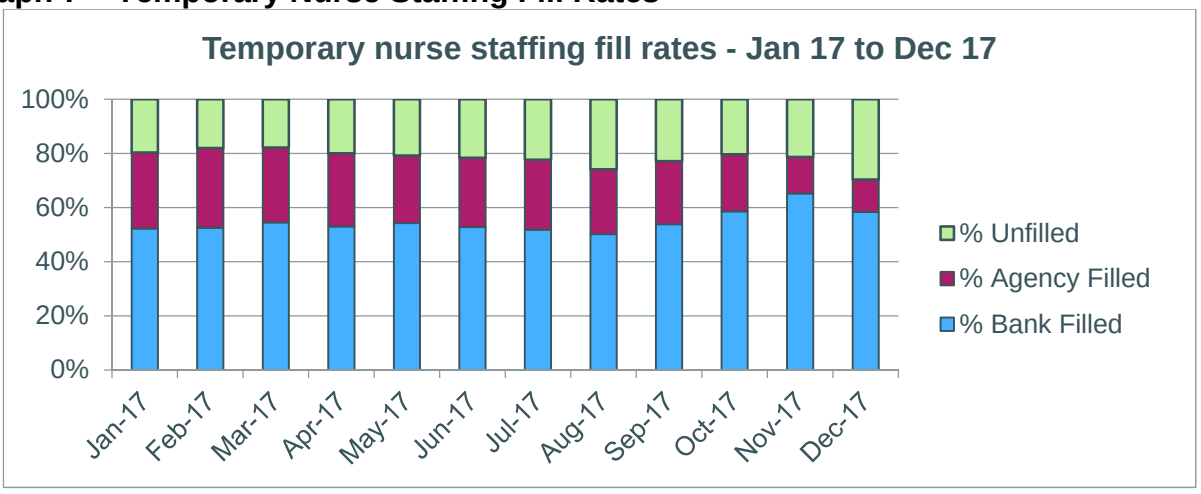
Demand for temporary nurse staffing (RNs and HCAs) in the last year has equated to an average of 420 FTE staff per month. Demand in December equated to 376.16 – this was slightly lower than demand in the same month of the previous year (demand in December 2016 was 389.55 FTE).

Graph 6 – Temporary Nurse Staffing Demand



Graph 7 shows the proportion of all shifts requested that were either filled by bank, agency or were unfilled. Overall, bank fill rates made up 58.33% of all requests in December. The agency fill rate was 12.04% in December, the lowest rate since the in-house Nurse Bank was established.

Graph 7 – Temporary Nurse Staffing Fill Rates



2.6 Nurse Workforce

The Trust is currently undertaking a piece of work with Hull and East Yorkshire NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust to understand the nursing workforce requirements within the Humber Coast and Vale STP up to 2028. As part of this work, the HR Team has undertaken an analysis of movements within the Trust's nurse workforce (including trained and untrained staff) between November 2016 and October 2017. This identified a number of encouraging occurrences during this period, including:

- A net 2% increase in establishment (52 FTE);

- 208 FTE staff recruited into trained roles at Band 5 vs 164 FTE leavers, providing for a net increase of 44 FTE at Band 5;
- 186 FTE staff were promoted, equating to 6% of the nursing workforce having a promotion.

The next stages of the work will focus on anticipated changes to activity levels over the next 10-years, and modelling the STP's acute workforce requirements accordingly.

2.7 Health and Care Workforce Strategy

Health Education England has drafted a Health and Care Workforce Strategy to 2027. This is the first national health and care workforce strategy for 25 years and sets out the challenges the NHS will face in meeting increased demand over the next decade.

The strategy aims to grow capacity and capability in order to move towards self-sustainability in its workforce, build on the NHS's global reputation as a centre of excellence in healthcare education and training, and meet service requirements in the future through prevention, new technology and flexibility.

It builds on the NHS Five Year Forward View and sets out six key principles for all future workforce interventions and planning:

- Securing the supply of staff that are needed to deliver high quality care;
- Training, educating and investigating in the workforce;
- Providing career pathways for all staff rather than just 'jobs';
- Ensuring that people from all backgrounds have the opportunity to contribute to, and benefit from, healthcare;
- Ensuring that the entire NHS is a modern model employer with flexible working patterns, career structures, and reward mechanisms;
- Ensuring that in the future service, financial and workforce planning are intertwined.

Consultation on the draft strategy is open until 23 March 2018. It is anticipated that the final agreed strategy will be published in July 2018.

2.8 Recruitment Update - Jupiter

As part of the Trust's aim to improve its approach to recruitment, Jupiter (recruitment communications experts) has been commissioned to support the development of the organisation's employee value proposition (EVP). Jupiter facilitated a number of focus groups in December in York, Scarborough, Bridlington, Malton and Selby and these were attended by just short of 200 people across the organisation.

Jupiter is analysing the information they collected from staff and will shortly be sharing their findings with the Trust. This will provide the organisation with a clear understanding of how it is perceived as a place of employment and will provide a basis for recruitment marketing and employee engagement campaigns.

2.9 Staff Survey 2017

The 2017 Staff Survey closed to responses on 1 December. 49% of eligible staff (4,115) completed the Survey. This response rate is the highest that the Trust has recorded since 2013. The results of the Survey are expected to be released to the Trust and public in March.

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. Recommendation

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

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
Freedom to Speak Up 1st Annual Report

Recommendation

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

Current approval route of report

This report has been written for the Audit Committee and Board of Directors.

Purpose of report

This is the first annual report of the Freedom to Speak up Guardian (FTSUG) which summarises the number and nature of concerns being raised to the FTSUG, the continued development of the role and the impact it has had over the last twelve months within the organisation.

It discusses the required outcomes and learning from themes of concerns being raised over a 12 month period from December 1 2016 – November 31st 2017.

Key points for discussion

To discuss the key themes, learning and outcomes.

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.
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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)

Freedom to Speak Up forms part of the CQC well-led domain.

Version number: 1

Author: Lisa Smith, Freedom to Speak Up Guardian

Executive sponsor: Patrick Crowley, Chief Executive

Date: January 2018

1. Introduction

The Guardian role was issued in April 2016, it is novel and challenging. It has proactive, reactive, strategic and tactical elements and requires excellent partnership working. Above all, the person in the role needs to gain the trust of workers throughout the organisation so that everyone feels supported and empowered to speak up. It also requires both independence and the skills to work in partnership with an organisation's leadership team so that senior leaders are fully engaged in the agenda and lead from the top.

The Guardian for the Trust was appointed in September 2016 via an external recruitment process. The role is full time – split between the Freedom to Speak up Guardian role and the Guardian of Safe Working role. This is the first annual report produced by the Guardian.

2. National Picture

The National Guardian's Office (NGO) is an independent body sponsored equally by the Care Quality Commission, NHS Improvement, and NHS England, with a remit to lead culture change in the NHS so that speaking up becomes business as usual. Dr Henrietta Hughes, the National Guardian for the NHS, took up post in October 2016.

Guardians are appointed by their Trusts and lead the culture change within their own organisations. This involves supporting workers who wish to speak up, ensuring that they are thanked for speaking up, that the issues they raise are responded to, and making sure that they receive feedback on the actions taken as a result of them raising an issue. Guardians also work proactively to tackle barriers to speaking up and to promote openness and transparency.

The National Guardian Office has now published two quarters dataset on speaking up information. York remains in the top 10 of highest number of speak up contacts per quarter.

Trust outliers compared to some national data:

	Monthly contacts	Anonymous cases	Bullying/Behaviours	Patient Safety/Quality	Doctors Speaking Up
Trust Data	11	None	49%	24%	18%
National Data	2.5	170	37%	33%	8%

The bullying and harassment data is explained in more detail below. It is positive that no cases were raised to the Guardian anonymously, this in part may be due to the personal approach made by the Guardian (for example personal email address as opposed to a generic FTSU address).The significantly higher number of doctors speaking up locally may be attributed to the dual role held by the Guardian.

3. Promoting the Role

Communications and marketing of the role is vital to ensure all staff are aware of the Guardian, the first 12 months has seen a great deal of effort made to ensure the role has credibility both nationally, regionally and within our own organisation. Freedom to speak up literature has been published in the form of posters, leaflets and screen savers to promote the role throughout the Trust. The Guardian attended staff meetings, professional meetings as well as all corporate inductions.

An updated 'Raising Concerns/ Whistle-blowing' policy was written in March to incorporate national standards and reflect the role and revised again in November.

3.1 Nationally

The Trust Guardian has been involved in a number of national projects to support the work of the NGO, namely:

- Developing the criteria for case reviews
- Developing the criteria for CQC assessments
- Developing guidelines for board reports
- Membership of the pan-sector speaking up group
- Hosting a visit by NGO
- Facilitating a workshop at the national guardian day
- Providing a 'buddy' support for several other Guardians

In addition to this a case study was also produced for NHS Employers as part of their 'share and learn' project. This attracted far reaching interest and the Guardian has been asked to write a number of national articles as a follow up.

3.2 Regionally

- In March the Guardian gave a presentation on 'speaking up' to the regional Audit Committee.
- In July the Guardian and the Chief Nurse gave a joint presentation along with Dr Henrietta Hughes to the Deputy Chief Nurse Congress in Leeds on 'whistle-blowing – what have we learned'.
- The Trust Guardian is the vice chair of the Yorkshire and Humber Regional FTSU network.

3.3 Locally

- The Guardian attends every corporate and junior doctor's induction to introduce the role to all new starters. A video message has also been produced which was part of the CEO staff brief in April in response to the NHS staff survey results.
- The Guardian also now has a formal presentation slot on both the band 2 and band 4 staff induction programme.
- Additional questions about the FTSU role were added to this year's local NHS staff survey. 48% of all respondents said they were aware of the role and 51% said they felt more confident about speaking up knowing there was a FTSU role.

- The value the Trust places on the role was demonstrated by the Guardian being asked by the CEO to present the 'Living the Trust Values' award at this year's staff celebration of achievement awards.
- The Guardian contributed to the CQC 'well led' inspection

4. Assurance

In July Internal Audit completed the review of raising concerns and whistle blowing.

Audit testing included the walkthrough of an anonymised case where a concern had been raised. We were able to confirm that the Trust's Freedom to Speak up Guardian had appropriately recorded the concern and relevant dates as well as updates being fed back to the individual. We also confirmed a three month well-being check was scheduled to be carried out. The on-going investigation was being undertaken by an appropriate, independent individual. An opinion of Significant Assurance on the effectiveness of the processes in place to enable staff to raise concerns and whistle blow.

5. Supporting Staff to Speak Up – 'Business as usual'

It became clear from the Mid-Staffordshire inquiries and the Freedom to Speak Up review that poor standards of care can proliferate unless both patients and staff are listened to by the leaders of our health services and their concerns welcomed and acted upon. A crucial part of the change of culture required to ensure that this happens is that all who work in the service accept their responsibility to raise issues of concern and to support others who do so. Speaking up should be the norm, not a dangerous exception to a general practice of keeping one's head down. Every healthcare leader from ward to board level has to promote a culture where speaking up about legitimate concerns can occur without fear of harassment, bullying or discrimination.

It is easy to say that this should be the position, but it can be more challenging for those whose jobs and personal well-being may be in jeopardy to act in this constructive way. It is for that reason that the Freedom to Speak up Guardian plays a vital role in this cultural change.

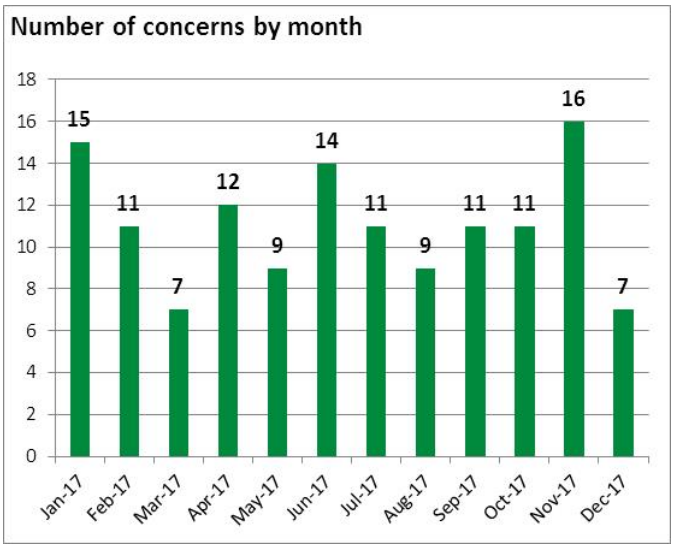
NHS England set minimum standards for whistle-blowing / raising concerns and the expectation of the National Guardian is that these are incorporated into trusts own local policies. As a result, the Trust policy was amended and updated to reflect these standards and is currently being reviewed for an update.

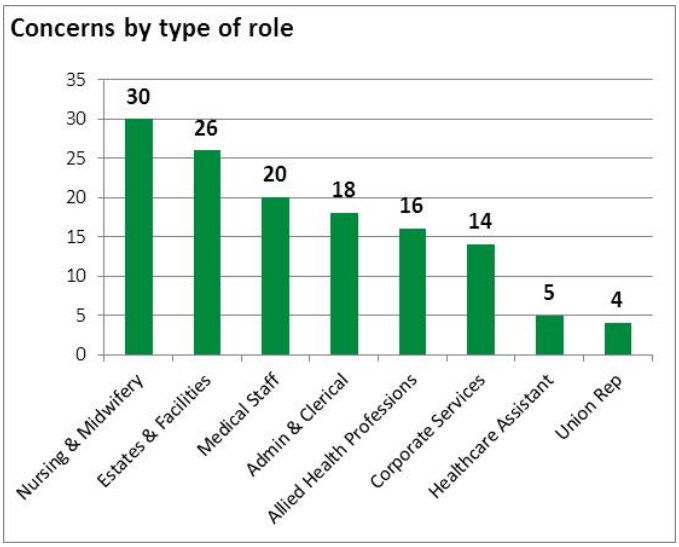
Throughout the summer the Guardian led a trust wide recruitment campaign to develop a network of volunteer 'champions'. The role of a champion is to support the freedom to speak up agenda, help us to promote fairness, raise concerns and challenge behaviour which is inconsistent with the Trust values, it is hoped these roles will play a key part in tackling the issues highlighted in the last staff survey. To date 34 new fairness champions have been recruited.

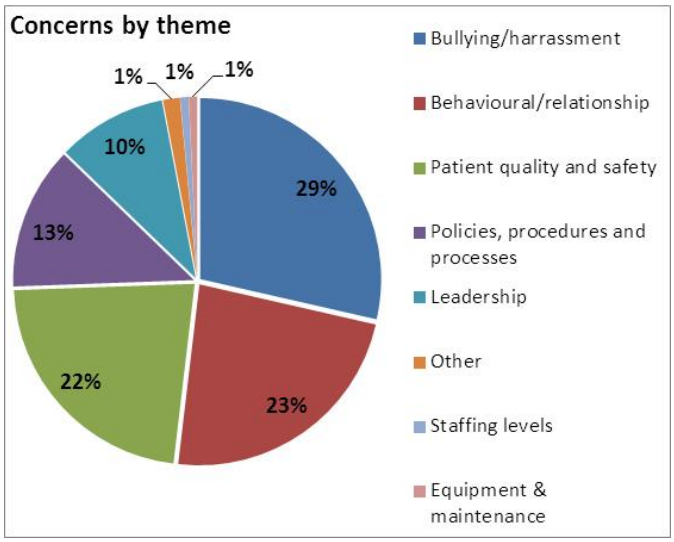
5.1 Concerns January 2017 – December 2017.

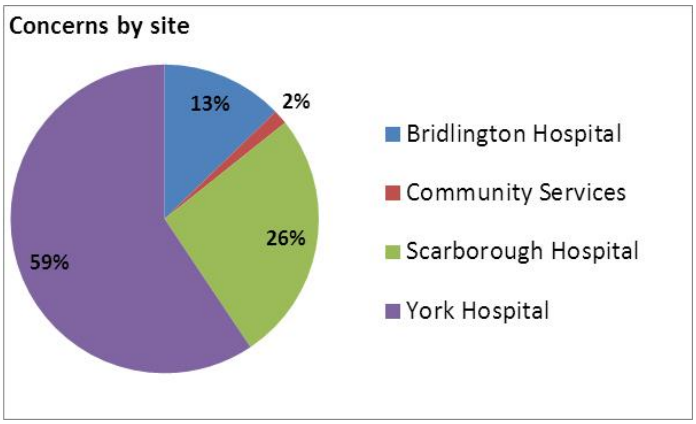
The total amount of concerns raised during this 12 month period is 133. This does not count individual staff that have raised concerns collectively, for example several staff from one ward raising the same concern. NGO advice re counting is to count individual staff as opposed to collective concerns as each individual will have a different experience of speaking up, even if they are raising the same concern.

The following information charts the number of concerns, the theme of the concern, the role of the person raising the concern and the Trust site.









5.2 Themes

Whilst the themes of bullying/harassment, behavioural/relationship and leadership have been broken down into sub –themes, collectively this amounts to 50% of the overall concerns raised which contribute to the overall staff experience and the culture of the organisation.

Within estates and facilities 15 out of the 26 concerns raised were by domestic services staff for bullying and harassment. This is being addressed through some work now commissioned by the Director of estates and facilities.

17 concerns came from Bridlington Hospital. Over half of these were also in relation to bullying / harassment / behavioural issues, the cultural concerns at Bridlington are being addressed at a senior level in the Trust through the organisational structure work.

Due to the national incentive to tackle bullying and harassment in the NHS, the Trust actively sought feedback via:

- The Corporate Question on the Staff Friends and Family Test
- Data analysed from the Staff Survey
- The Freedom to Speak Up Guardian
- Our Staff Side colleagues
- Exit Interviews/questionnaire data

The outcomes of the feedback led to the creation of or focus on the following initiatives:

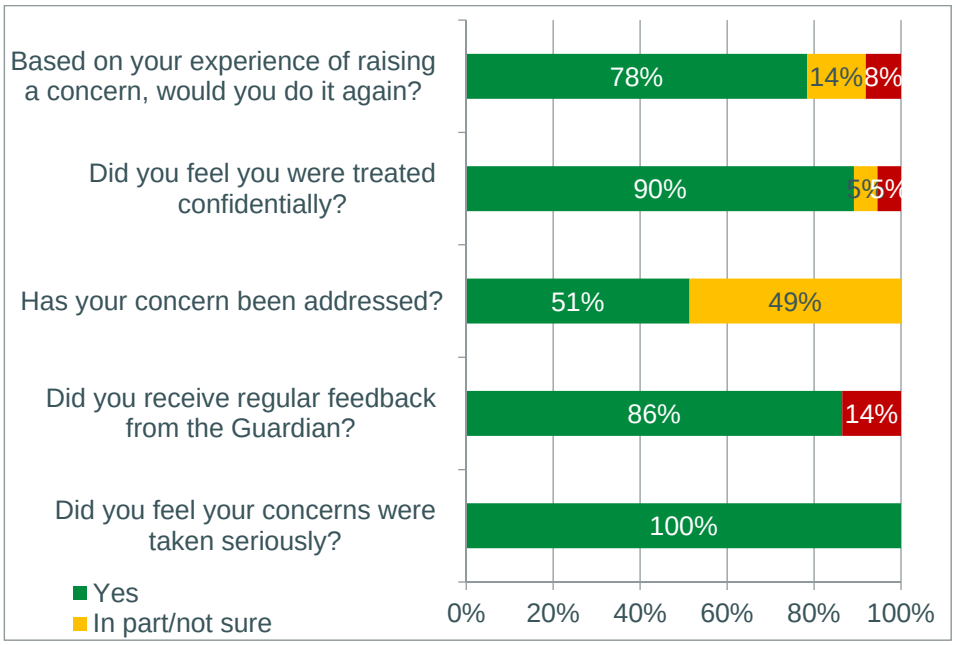
- Rewriting both our Bullying and Harassment and our Grievance policy, using the restorative practice approach to encourage employees to resolve concerns and behaviours amongst themselves at the time when things occur.
- In the process of writing a management training course focussing on empowering managers to make appropriate employee based decisions
- Appointed a Challenging Bullying and Harassment champion to work alongside the Freedom to Speak up Guardian and our Staff Side colleagues
- Appointed 34 Fairness Champions across the trust to advocate our values, model desired behaviours and to signpost staff with any concerns accordingly
- Relaunched our Personal Responsibility Framework
- In the process of writing a Culture and Engagement Strategy

Expected outcomes from the project include:

- A decrease in Bullying and Harassment concerns
- Lessons learned from any concerns raised
- Increase in staff engagement
- People-centred approach to management

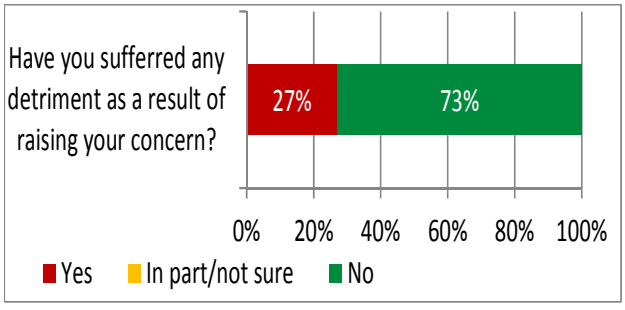
5.3 Survey results following closure of a concern

An anonymous survey monkey is sent to those staff, where appropriate, following the closure of the concern by the Guardian. A concern is only closed by the Guardian has assurance that the concern has been addressed and due process has been followed. Results of the survey are shown below;



There were no further details from the 49% that responded 'in part' to the question 'has your concern been addressed'. Whilst this may appear alarming it is a subjective question and the Guardian can give assurance that no concern is closed (and therefore this survey is not sent) until it has been addressed to the Guardian's satisfaction. Often individuals will have been expecting a particular outcome from raising a concern that doesn't meet their expectation and this may be an explanation for this response.

The chart below details those staff reporting detriment as a result of speaking up. Following feedback, this question has now been changed for all new concerns from 2018 to ask **'do you feel you have suffered unfair treatment since speaking up'** which may help define detriment, as some comments below – such as 'I have now had a meeting with HR and my union' could also be viewed supportive and procedural as opposed to detrimental but is not unfair.



Of the 27% that answered 'yes' the following addition comments were made:

- I now have to attend an meeting with HR and my union
- Just stressful having the courage to 'speak up'
- Senior nursing team feel the safer working guardian role overlaps with normal nursing business

- Not sure yet
- Ignored by the subject of the complaint etc
- I think my relationship with my clinical director has been adversely affected
- Management not speaking to me being difficult
- I became very unwell and was admitted to hospital with a stress-induced physical condition. After the incident I decided to move jobs for my own wellbeing and have found a new position outside of the Trust.

5.4 Challenges

- Investigations into concerns taking too long when a formal process is required
- Pessimism that anything will change as a result of speaking up
- Worries about repercussions
- The important of responding to issues as soon as possible after they are raised – this gives confidence to workers that they are being listened to and taken seriously- giving and receiving timely feedback is crucial and usually appreciated by all involved

5.5 Priorities for Year 2

- Launch the Culture and Engagement Strategy
- Launch and further develop the role of the Fairness Champion
- Develop a module of 'handling concerns' as part of the Leadership Programmes
- Produce a mangers handbook, containing tips and tools for 'concerns and how to handle them' to run alongside the new management training programme.
- Regular presentation on 'speaking up' at all staff induction programmes and on the nurse preceptorship development days.
- Produce business cards to distribute to staff
- Be more visible at community hospital sites
- Ensure the Executive Board continue to support and work alongside the FTSU Guardian
- Triangulate intelligence to ensure best learning etc.

6. Conclusion

Our organisational culture, along with our strong Trust values – 'the way we do things around here' is what shapes the behaviour of everyone in the organisation, affects staff morale and directly affects the quality of care we provide. Poor standards of care can proliferate unless both patients and staff are listened to by the leaders of our health service and their concerns welcomed and acted upon.

It is widely acknowledged that what happened in Mid Staffordshire NHS Foundation Trust was caused by a range of factors, not least allowing a culture of fear and poor style of leadership to take hold. Sir Robert Francis highlighted the dangers of losing sight of human concerns in healthcare, the importance of engaging with patients and staff, and the risks to patients when the delivery of care becomes depersonalised. He insisted on the urgent importance of transforming the culture of NHS organisations away from one that is fearful and defensive and towards one that is open, honest and willing to listen.

A crucial part of the culture change required to ensure this happens is that all who work in the service accept their responsibility to raise issues of concern and to support others who do so. Speaking up should be the norm, not a dangerous exception to a general practice of keeping one's head down.

7. Recommendations

The Board of Directors are asked to:

1. Consider the impact the FTSU Guardian role has had in the Trust
2. Support the proposed priorities for 2018
3. Receive bi-annual reports from the FTSU Guardian

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
Guardian of Safe Working 1st Annual Report (January 2018)

Recommendation

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

Current approval route of report

This report has been written for the Board of Directors.

Purpose of report

This is the first annual report of the Guardian of Safer Working (GSW) which was introduced into the Trust in 2017 as part of the 2016 Terms and Conditions for Junior Doctors and aims to provide a summary of the work the GSW has been involved in over the first 12 months from 1st January 2017 – 31st December 2017.

Key points for discussion

The impact the role is having on safe working and engaging with junior doctors and plans for 2018.
The culture change required to make this 'business as usual'
The challenge regarding rota gaps and recruitment.

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)

There are no direct references to CQC outcomes.

Version number: 1

Author: Lisa Smith, Guardian of Safe Working

Executive sponsor: Patrick Crowley, Chief Executive

Date: January 2018

1. Introduction

The Guardian role was issued in 2016, it is novel and challenging. It has proactive, reactive, strategic and tactical elements and requires excellent partnership working. Above all, the person in the role needs to gain the trust of all medical staff working in the organisation so that junior doctors feel valued, safe and heard, and consultants are supported in an organsiation that puts safety first.

The Guardian for the Trust was appointed in September 2016 via an external recruitment process. The role is full time – split between the Freedom to Speak up Guardian role and the Guardian of Safe Working role. This is the first annual report produced by the Guardian.

2. National Picture

The GSW attended the national conference in the summer and was asked by HEE and NHS England to run and facilitate 3 workshops at the conference in recognition of the pro-active work being undertaken by the Trust to promote the role and culture required to make exception reporting acceptable practice. The GSW was also invited to speak at the National Association of Medical Personnel Specialists annual conference in November.

3. Regional Update

The GSW attends the Yorkshire and Humber Regional networks and is required to submit data to HEE on a quarterly basis. Our numbers for exception reporting are comparable to other Trusts within the region and a number of Trusts have levied fines for breaches of safe working.

4. Local Update

All of the Trust's doctors in training posts have now transitioned to the 2016 terms and conditions. Additionally, all 'Trust Grade' doctors being contracted from August 2017 onwards will fall under the new 2017 Trust terms which include the provision to exception report and receive work schedules.

The GSW attends all junior doctor induction days and promotes the Forum as well as discussing the desired Trust culture around exception reporting – which is to have an open culture where trainees feel safe to raise exception reports without fear of reprisals.

The GSW also attends the Junior Doctor Safety Improvement Group.

In July Dr Steve Lord joined the GSW as the 'exception reporting champion' in a unique model to support and encourage the culture of safe working amongst junior doctors and consultant colleagues.

4.1 Junior Doctors Forum

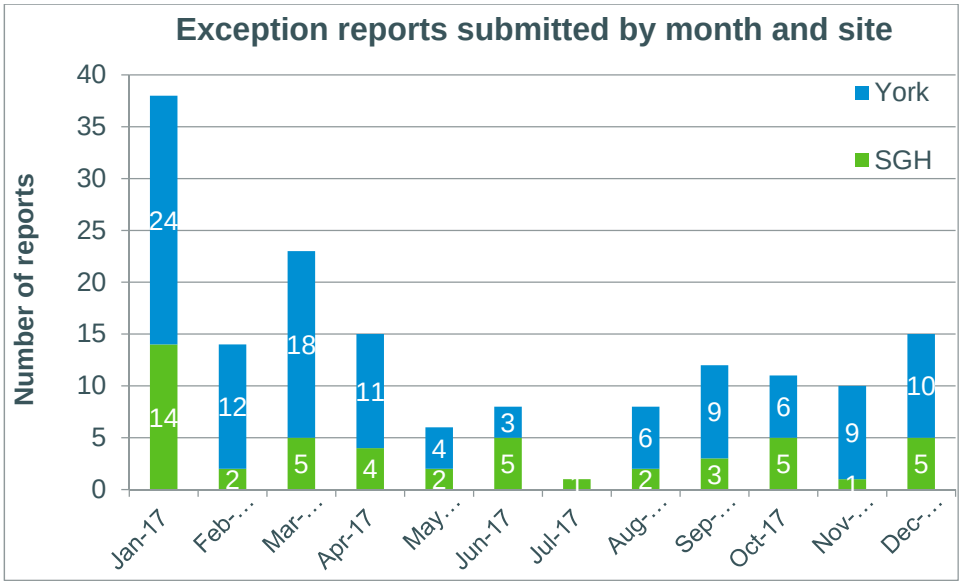
The Junior Doctors forum was established in December 2017. Like many other Trusts nationally, membership has been a challenge and will always be fluid due to the transient nature of junior doctors.

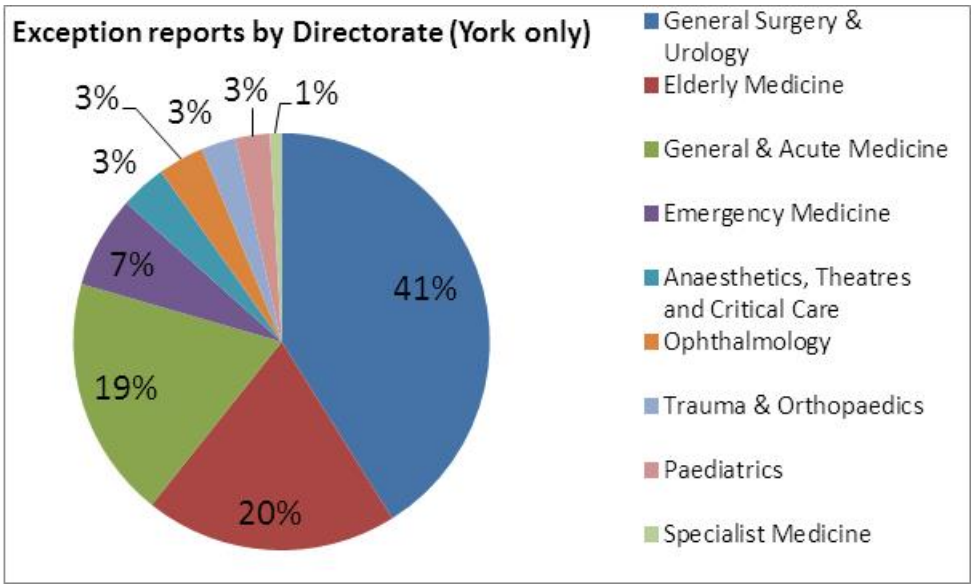
Having established a reasonably successful forum with a junior doctor as the Vice-Chair and produced our first newsletter at the end of July, membership and momentum had to be re-established after the August rotation. We currently have a good diverse membership from junior doctors and a new vice chair. The BMA regularly attend a hold the Trust up as a model of good practice.

4.2 Exception Reporting and Guardian Fines

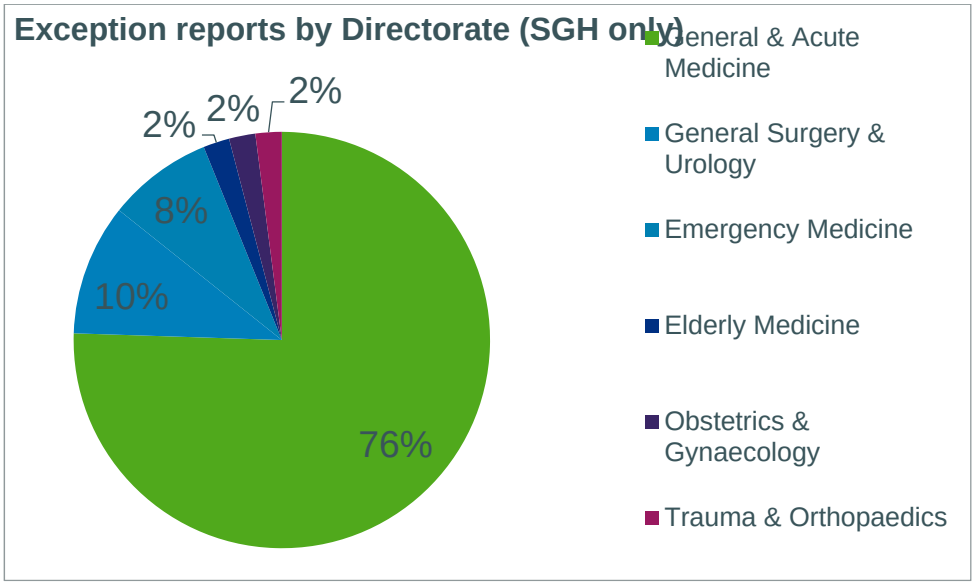
Over the 12 month period we received a total of 167 exception reports from 45 individual doctors. The highest number received in any one month was 38, which was January.

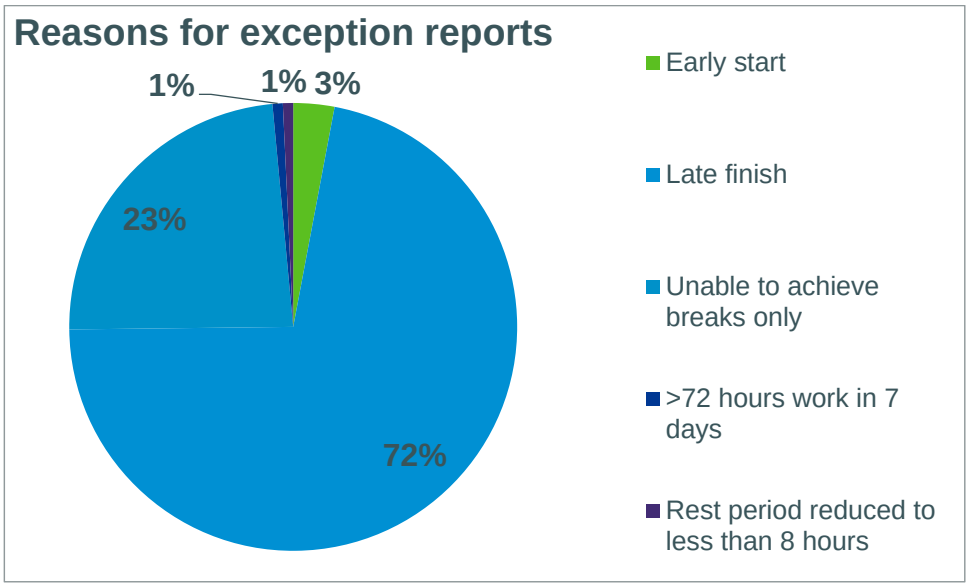
The charts below show reports submitted by month and site breakdown and the reason for the report. Whilst the terms and conditions state it is the educational supervisor (ES) that needs to close reports, this is often delegated to the clinical supervisor (CS) as this is deemed more appropriate. In the Trust 38% were closed by CS, 53% by ES and 9% by other which would include the GSW and the DME.





There is a notable difference between hospital sites, with 41% of reports coming from surgery for York and the majority of reports (76%) coming from general medicine and acute at Scarborough.

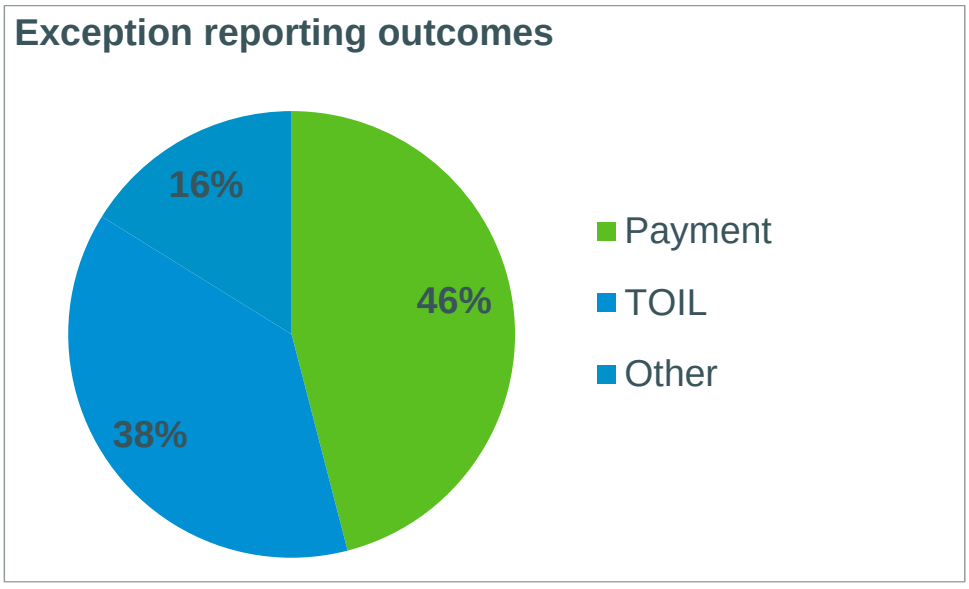


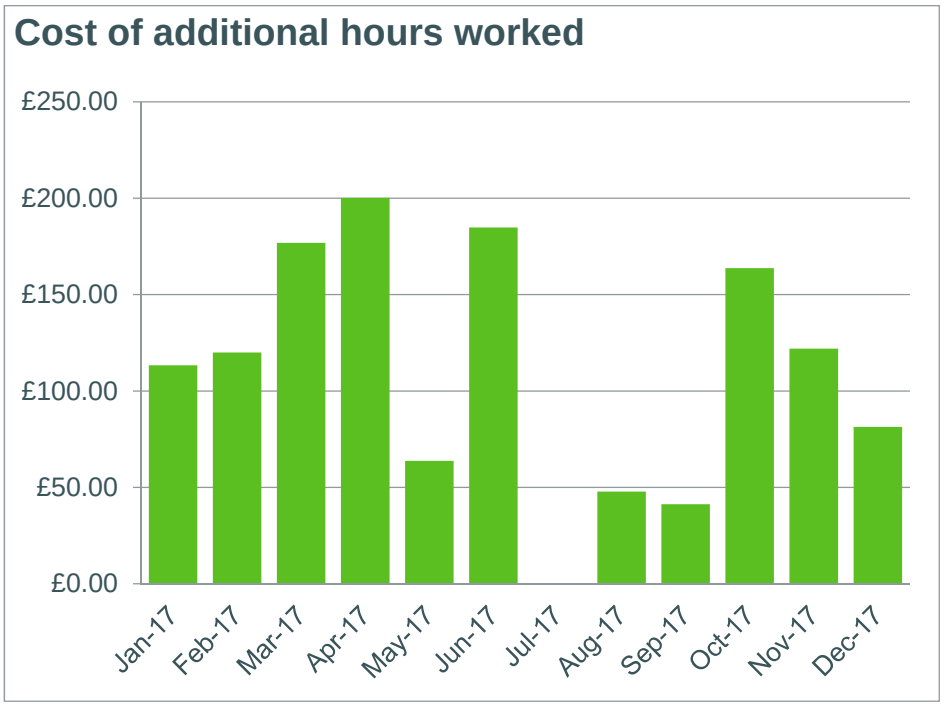


The most common reason for exception reporting across all sites is for finishing later than they are rostered to. Trainees often report that complex cases and emergency situations often arise just before or during the time when they are due to end their shift and that it would be unsafe to leave their patients during these periods. There have also been some cases where handovers were happening too close to the start/finish times of shifts which often ran over their official start times. Where this has been identified the Rota's have been amended accordingly.

The second most common reason for exception reporting is for missing breaks. If an individual misses more than 25% of their breaks over a four-week period then this triggers a Guardian fine. This has happened once since January 2017 and was the reason for one of the three Guardian Fines levied to date. Trainees report that workload is the most common reason for missing their breaks.

The outcome has to be agreed between the supervisor and the trainee.





The total cost to the Trust in additional hours over worked for the year is £1,315.06 and a total of 76 hours were awarded in TOIL.

4.3 Guardian Fines

Three fines have been levied against the Trust for breaches of safe working amounting to a total of £413.02, of which £291 was Guardian funds and the remainder was paid to the individual doctors as compensation as stated in the TCS.

- 1 fine has been levied against the Elderly Medicine Directorate. This is because one trainee was unable to achieve more than 75% of their breaks over two, four week reference periods.

- 1 fine has been levied against the General Surgery and Urology Directorate. This is because one trainee was rostered to work for a total of 72.75 hours within a 7-day period (the 'safe' limit is 72 hours). The trainee also worked an additional 2.25 hours during that period meaning that the total was taken to 75 hours

- 1 fine has been levied against the Ophthalmology Directorate. This is because one trainee worked more than an average of 48 hours per week over the relevant reference period. The trainee worked one hour over the allowed maximum.

4.4 Disbursement of Guardian Budget

As per the TCS it is the JDF who vote and decide on how to spend the budget accrued by fines. In 2017 the JDF voted to spend the budget on buying a small gift for each of the 73 junior doctors working on Christmas day. All the gifts were individually wrapped and left in sacks on both the York and Scarborough site for Christmas Day. The GSW received lots of personal emails thanking the JDF for the thought.

4.5 Positive outcomes from exception reports / Guardian interventions

- Change of ward (and therefore Clinical Supervisor) for one trainee due to relationship issues
- Avoiding a breach: time off in lieu (TOIL) arranged directly by Guardian for one Trainee to ensure adequate rest before a breach of the 72 hour in 7-day period rule
- Rota Changes
- Additional PC's on a ward
- Review of locum cover
- Junior doctor involvement in finding solutions (Chestnut Ward)

5. Challenges

Whilst it is still early days and there has been much achieved in the first year, there remain a number of challenges.

5.1 Culture and engagement

Engagement remains a challenge in terms of junior doctors themselves, educational and clinical supervisors and wider management teams in respect of their responsibilities and understanding around exception reporting. Some of this is being addressed through attending each junior doctor induction and training events for consultants (such as clinical governance meetings, grand round, etc.) plus meetings with management teams. A new link to resources has been established on the Learning Hub for all supervisors. Concerns remain from junior doctors about reprisals and this was indicated in a peer survey run via the JDG last year. We are intending to undertake some work during 2018 to challenge these perceptions after repeating the survey early in this year.

5.2 Summary of Rota gaps for doctors currently on 2016 (new) terms and conditions

The board has received quarterly updates throughout the year on the gaps in each rota for both York and Scarborough.

The Trust has seen a significant number vacancies in training posts on both sites. As of 31st December 2017, the overall vacancy rate is 10.5% which is made up of 15.8% at Scarborough and 7.9% at York.

Medical Staffing and Rota Co-ordination have faced issues with the flow of information from the Deanery with limited details being received from Round One of recruitment, then no information being received until after Rounds 2 and 3 which then leaves very little time to amend or re-write rota, or for parallel recruitment to be completed in time for changeover.

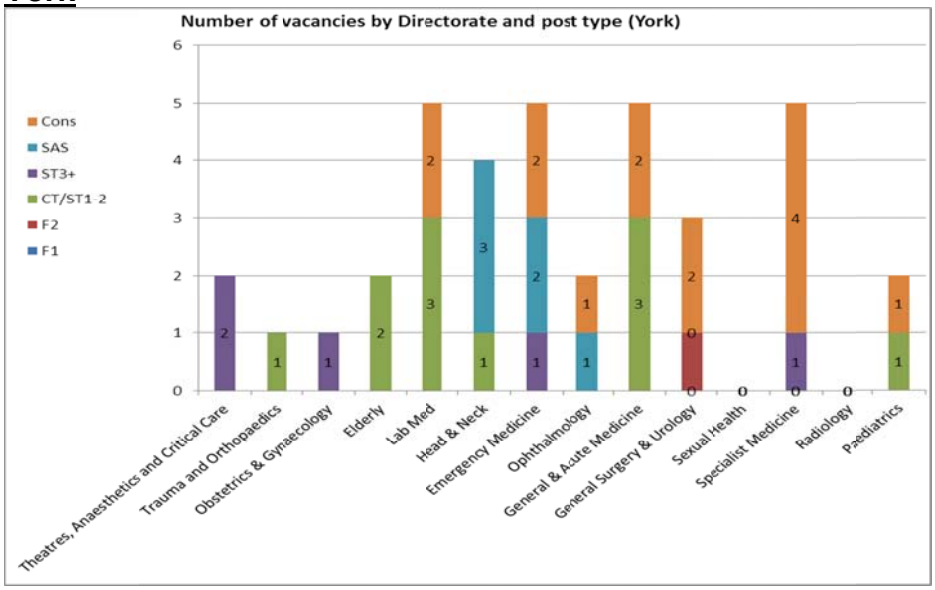
To compound this we have experienced issues with Juniors Doctors who unexpectedly leave the Trust shortly after commencing and long term sickness has also impacted on cover and rota gaps

We have also experienced a number of trainees who we expected to join us on a full-time basis and then we are informed very late that they have been granted Deanery approval to become Less Than Full time trainees, leaving us with unexpected gaps in cover, which are difficult to cover.

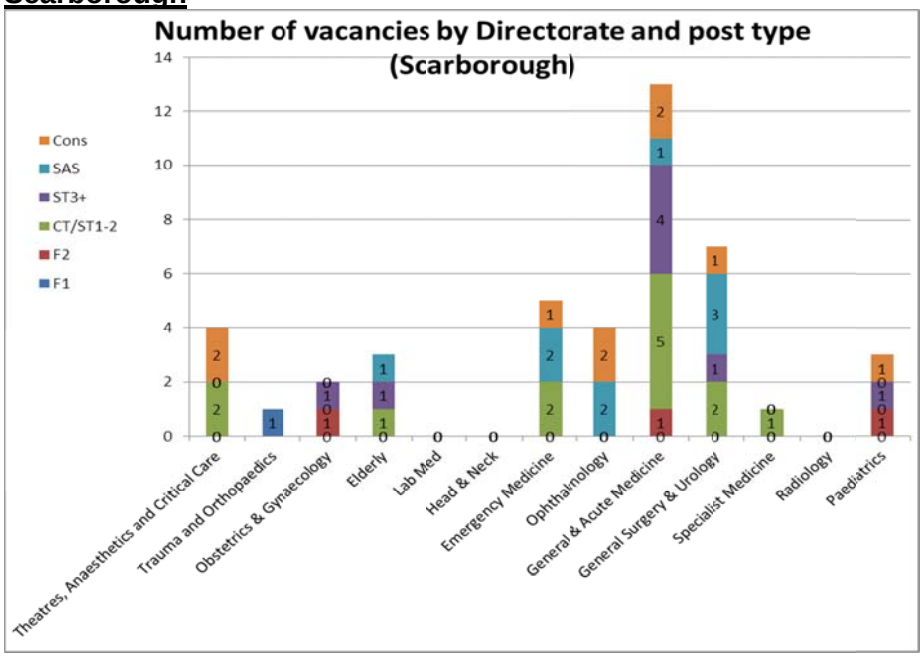
Directorates all manage their vacancies differently. In areas where numerous vacant posts could potentially affect the compliance and cover, these posts are covered with full time locums, whereas in other areas it is possible to seek locum cover for just the out of hour's element of the rota pattern. (Exception reports would indicate if this approach has had the knock-on effect of loss of training opportunities though).

The graphs below indicate the specialty vacancies and grade per hospital site.

York



Scarborough



6. Feedback on GSW role

As part of the 2016 TCS it is recognised as good practice for the GSW to gain feedback on the role from both junior doctors and consultant supervisors of trainees on their experience. In July the GSW sent out an anonymous survey to all members of the JDF and LNC, with a response rate of 80%. There was strong support for the role and a majority response that indicated the GSW was a positive advocate on behalf of junior doctor and that the role was making a difference to safe working. The survey will be repeated in the summer of this year.

7. Priorities for 2018

The GSW and the Vice Chair of the JDF are keen to ensure that the Forum is a focus for improvement and not just about the new contract. There is a significant programme of work planned for 2018 including:

- Exception reporting to be seen as normal business – even if no TOIL or payment is requires, it can be used as a reporting mechanism.
- Better communication – produce a second newsletter with 'myth busters' around exception reporting and publish the results of the peer survey
- Ensure all supervisors undertake the required HEE training.
- Via the JDF, lead a project action plan which implements each of the NHS 8 high impact changes on improving the working environment for Junior Doctors
- Making York FT a place of choice for junior doctors

8. Conclusion

Exception reporting has been active for 12 months now. We have made some initial progress and had some good outcomes. We have also encountered some problems. We now have 272 doctors on the 2016 contract which as the new terms and conditions embed we will be able to see the impact exception reporting is having. The key to making this a positive change where both staff and patients benefit is engagement from the junior doctors themselves and support from the educational and clinical supervisors.

Exception reporting must be seen throughout the Trust as a positive thing which keeps staff and patients safe by highlighting problems that the Trust can then address. Trainees must not be fearful of submitting them.

Training and raising awareness of this with consultants is vital to the culture change. Despite a significant push and several reminders from the DME and the Medical Director, records indicate that only 35 Supervisors have undertaken the HEE training on dealing with exception reports.

9. Recommendation

The Board of Directors are asked to:

1. Consider the impact the GSW role has had in the Trust
2. Support the proposed priorities for 2018
3. Continue to receive quarterly reports as per TCS.

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
Standards of Business Conduct Policy

Recommendation

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

Current approval route of report

This report has been to the Executive Board.

Purpose of report

The Board of Directors is asked to approve the attached Standards of Business Conduct Policy.

Key points for discussion

NHSE has published new guidance on managing conflicts of interest in the NHS. The guidance introduces common principles and rules for managing conflicts of interest.

The model policy has been integrated with the Trust's policy.

The revised Trust policy will require additional staff members to submit an annual declaration of interest. Those staff affected will receive a letter and declaration form once the policy has been approved.

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)

Regulation 17 Governance

Version number: v0.01

Author: Lynda Provins, Foundation Trust Secretary

Executive sponsor: Patrick Crowley, Chief Executive

Date: January 2018

York Teaching Hospital NHS
NHS Foundation Trust

Standards of Business Conduct Policy

Author:	Lynda Provins, Foundation Trust Secretary
Owner:	Patrick Crowley, Chief Executive
Publisher:	Healthcare Governance Unit
Date of first issue:	June 2005
Version:	V8.01
Date of version issue:	
Approved by:	Executive Board
Date approved:	
Review date:	5 years
Target audience:	All Trust staff
Relevant Regulations and Standards	See Policy
Links to Organisational/Service Objectives, business plans or strategies	Personal Responsibility Framework Our shared commitment

Executive Summary

This policy describes the expectations of the Trust and methods to be used to declare any conflicts of interest, secondary employment, financial interest, and sponsorship.

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

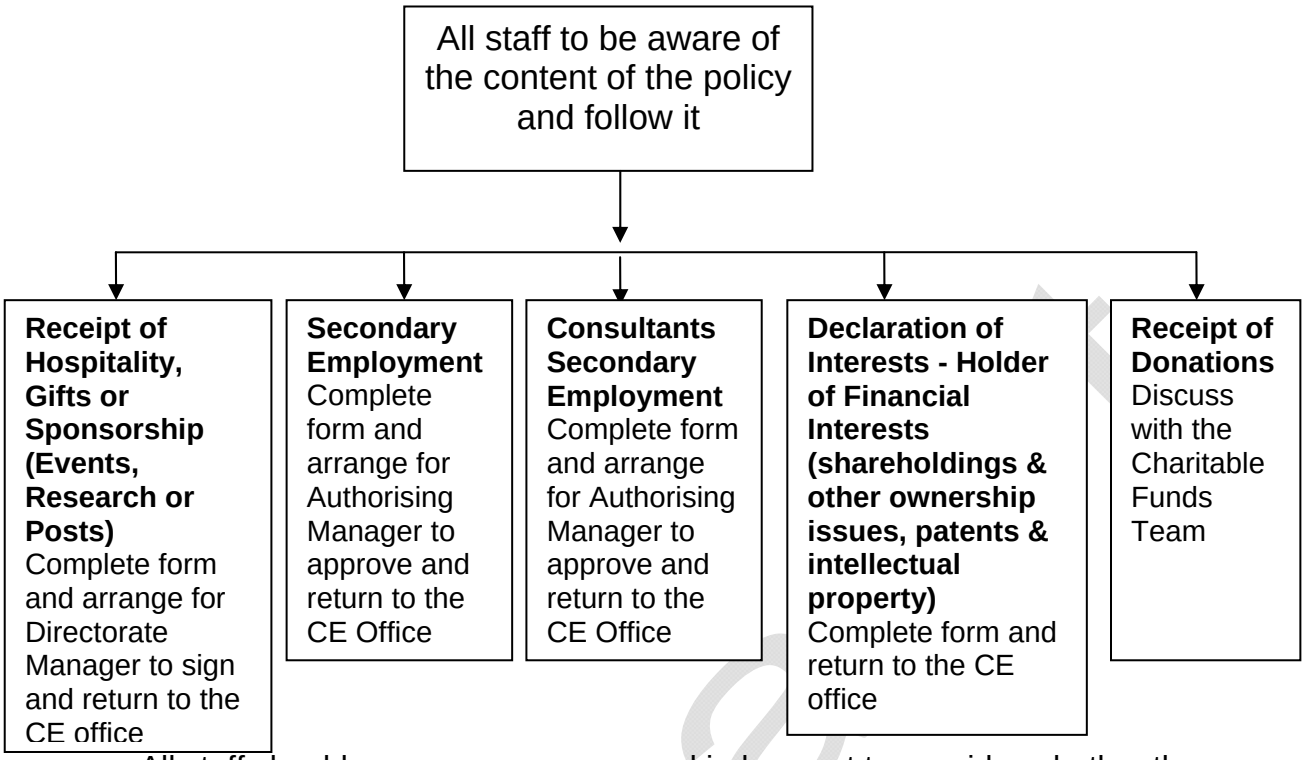
Version History Log

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

Version	Date Approved	Version Author	Status & location	Details of significant changes
7		Anna Pridmore		Re draft of whole policy
8		Lynda Provins		Revision – New NHSE Managing Conflicts of Interest in the NHS Guidance
8.01				Revision – comments received

Contents

Process flowchart



All staff should use common sense and judgement to consider whether the interests you have and declare these as they arise. If in doubt, declare.

Staff should regularly consider what interests you have and declare these as they arise. If in doubt, declare.

Staff should **not** misuse your position to further your own interests or those close to you.

Staff should **not** be influenced, or give the impression that you have influenced by outside interests.

Staff should **not** allow outside interests you have to inappropriately affect the decisions you make when using taxpayers money.

Queries on any areas of this policy should be referred to the Foundation Trust Secretary in the first instance.

If any clarification is required please talk to your Line Manager or the Foundation Trust Secretary.

1 Introduction & Scope

The Trust has in place a framework for personal responsibility and living our values. This framework focuses on promoting personal responsibility through how individuals act within the organisation in relation to the roles, the teams and the behaviours displayed on a daily basis. The impact of these values is felt by everyone who comes into contact with our services. The framework is supported by the Trust's document called *Our shared commitment*.

Following on from the guidance on Standards of Business Conduct in HSG (93)5, legislation has been introduced specifically to address issues of bribery and commercial sponsorship through the Bribery Act 2010. Further guidance has been issued by NHS England on Managing Conflicts of Interest in the NHS in 2017. NHS Foundation Trusts must also comply with the 'NHS Foundation Trust Code of Governance' issued by NHSI, the sector regulator.

The Trust's Constitution and Standing Orders requires conflicts of interest to be declared and a register of interests to be maintained. The requirement to abide by the Trust's Standard of Business Conduct Policy is incorporated into every individual's contract of employment. This policy is designed to guide and protect individual employees in their normal day to day dealings with regard to the acceptance of gifts, hospitality, honaria, charitable donations, financial interests, sponsorship and the award of contracts for goods and/or services.

The principles and conduct of the NHS are summarised as follows:

NHS staff are expected to:

- Ensure that the interest of patients remains paramount at all times;
- Be impartial and honest in the conduct of their official business;
- Use the public funds entrusted to them wisely and to the best advantage of the service, always ensuring value for money.

The Code of Conduct/ Code of Accountability emphasises three crucial public service values which must underpin the work of the health service staff at all times:

Accountability – Everything that is done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.

Probity – There should be an absolute standard of honesty in dealing with the assets of the NHS; integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and any news or information acquired in the course of NHS duties.

Openness – There should be sufficient transparency about NHS activities to promote confidence between the NHS Authority or Trust and its staff, patients and the public.

2 Definitions / Terms used in policy

There are a number of elements that should be taken into account around standards of business conduct. They include:

Financial Interests – where an individual may get direct financial benefit (or avoidance of a loss) from the consequences of a decision they are involved in making.

Non-financial professional interests – where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career.

Non-financial person interests – Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.

Indirect interests – Where an individual has a close association with another individual who has a financial interest or a non-financial interest and could stand to benefit from a decision they are involved in making.

For the purpose of this policy this includes, but is not restricted to:

- Interest in a company by the employee, their partner/ spouse or children which the Trust has commercial dealings with, or whose principal business is healthcare or an allied business associated to healthcare;
- Significant financial or controlling interests or ownership by the employee or a member of their family, of a company which the Trust has a business relationship with. Family members include siblings, direct descendants or ancestors, and their partners/ spouse;
- Secondary employment including the formation of a company that is in the healthcare or healthcare related field;
- Unpaid advisory work for organisations where the Trust has a contractual relationship or is within the healthcare environment.

Sponsorship including commercial sponsorship – Defined as NHS funding from an external source, including funding of all or part of the costs of member(s) of staff, NHS research, staff, training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.

Commercial sponsorship of posts may be offered by companies (for example pharmaceutical or orthopaedic companies). This may be on the basis of whole or partial funding.

Gifts, honoraria and charitable donations – This is defined as something (of value) given voluntarily (for which payment has not been made) from an individual or company to another individual or organisation (the Trust) to mark an occasion, make a gesture and/or as a token of gratitude. The policy does not expect staff to record and report every gift offered, declined or received. If the gift is of a 'low intrinsic value' (below £6) such as calendars, mugs, pens, diaries, note pads, mouse mats, confectionery, etc. it does not need to be declared.

Conflicts of Interest – a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold. It may be:

- **Actual** – there is a material conflict between one or more interests;
- **Potential** – there is the possibility of a material conflict between one or more interests in the future.

Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

Bribery Act 2010 responsibilities – It defines bribery as giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so. This includes seeking to influence a decision-maker by giving some kind of 'gift' to that decision maker rather than buy what can legitimately be offered as part of a tender process. This is a criminal offence, punishable by up to 10 years imprisonment and an unlimited fine. Further information can be found at Attachment A.

Hospitality – Hospitality is often offered by suppliers of goods and services and partner organisations and includes such things as business breakfasts/lunches, educational seminars, travel, overnight accommodation and corporate networking events.

Trust Staff – All individuals who are employed by the Trust including those on permanent, temporary and bank contracts along with agency and locum workers. It also includes those who hold honorary contracts, secondees to the Trust and contractors. Employment means receiving remuneration for hours worked in the Trust.

Decision Making Staff – Some staff are more likely than others to have a decision making influence on the use of taxpayers' money, because of the requirements of their role. Staff should be familiar with the Trust's Reservation of Powers and Scheme of Delegation and the knowledge of what their limits are. These staff are:

- Executive, Non-executive and Corporate Directors or equivalent roles;
- Members of advisory groups which contribute to direct or delegated decision making;
- Those at Agenda for Change band 8d and above;
- Administrative and clinical staff who have the power to enter into contracts on behalf of the organisation;
- Administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions.

3 Policy Statement

The Trust has an obligation to ensure that all employees are able to perform their duties safely and to protect its business interests. Therefore, you may not engage in any employment outside of the Trust and/or any additional secondary employment with the Trust (paid, unpaid or voluntary), without having obtained the prior approval of your manager. Additionally, you must not engage in any employment which may conflict with your Trust employment or be detrimental to it, e.g. private work, or that which may be detrimental to the interests or image of the Trust. In accordance with this policy you must tell your line manager if you think you may be risking a conflict of interest in this area.

General principles of the policy are that all staff working for the Trust under NHS terms and conditions are covered by the policy. The policy applies equally to exchequer and charitable sources of funding. All employees have a responsibility for ensuring that they are not placed in a position, which risks – or appears to risk – a conflict between their private interests and their NHS duties.

4 Identification, Declaration and Review of Interests

4.1 Identification & declaration of interests (including gifts and hospitality)

All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any

doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

- On appointment with the organisation.
- When staff move to a new role or their responsibilities change significantly.
- At the beginning of a new project/piece of work.
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).
- Individuals that are part of a tender evaluation panel should complete a declaration of interest document as required by the tendering checklist.

Declaration forms can be found at Attachment B of this document.

Declarations should be completed, approved by the authorising manager and sent to the Chief Executive's Office.

After expiry, an interest will remain on register(s) for a minimum of 6 months and a record of historic interests will be retained for a minimum of 6 years.

4.2 Proactive review of interests

The Trust will prompt decision making staff annually to review declarations they have made and, as appropriate, update them or make a nil return.

5 Records and publication

5.1 Maintenance

The Trust will maintain the following registers:

- Register of Secondary Employment;
- Register of Pecuniary (Financial) Interests;
- Register of Hospitality, Gifts or Sponsorship.

All declared interests that are material will be promptly transferred to the register by administrative staff in the Chief Executive's Office.

5.2 Publication

The Trust will:

- Publish the interests declared by decision making staff in
    - Register of Secondary Employment;
    - Register of Pecuniary (Financial) Interests;
    - Register of Hospitality, Gifts or Sponsorship.

- Refresh this information annually;
- Make this information available on the Trust's website.

If decision making staff have substantial grounds for believing that publication of their interests should not take place then they should contact the Foundation Trust Secretary to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

5.3 Wider transparency initiatives

The Trust fully supports wider transparency initiatives in healthcare, and encourages staff to engage actively with these.

Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These "transfers of value" include payments relating to:

- Speaking at and chairing meetings
- Training services
- Advisory board meetings
- Fees and expenses paid to healthcare professionals
- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK

- Donations, grants and benefits in kind provided to healthcare organisations

Further information about the scheme can be found on the ABPI website: http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx

6 Management of interests – general

If an interest is declared but there is no risk of a conflict arising then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- restricting staff involvement in associated discussions and excluding them from decision making;
- removing staff from the whole decision making process;
- removing staff responsibility for an entire area of work;
- removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant.

Each case will be different and context-specific, and the Trust will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence.

7 Management of Interests – Common Situations

This section sets out the principles and rules to be adopted by staff in common situations, and what information should be declared.

7.1 Gifts

- Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6[1] in total, and need not be declared.

Gifts from other sources (e.g. patients, families, service users):

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the Trust and information about how such gifts should be received e.g. payment into any charitable fund in existence not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £50 do not need to be declared.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

7.1.1 What should be declared

- Staff name and their role with the organisation;
- A description of the nature and value of the gift, including its source;
- Date of receipt;
- Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy);

7.2 Hospitality

[1] The £6 value has been selected with reference to existing industry guidance issued by the ABPI: http://www.pmcpa.org.uk/thecode/Pages/default.aspx

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement;
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event;
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared;
- Of a value between £25 and £75[2] - may be accepted and must be declared;
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept;
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate);

Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared;
- Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
    - offers of business class or first class travel and accommodation (including domestic travel)
    - offers of foreign travel and accommodation.

[2] The £75 value has been selected with reference to existing industry guidance issued by the ABPI http://www.pmcpa.org.uk/thecode/Pages/default.aspx

7.2.1 What should be declared

- Staff name and their role with the organisation;
- The nature and value of the hospitality including the circumstances;
- Date of receipt;
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

7.3 Outside Employment

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises;
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks;
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment.

7.3.1 What should be declared

- Staff name and their role with the organisation.
- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

7.4 Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation;
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the

general management actions outlined in this policy should be considered and applied to mitigate risks;
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

7.4.1 What should be declared

- Staff name and their role with the organisation;
- Nature of the shareholdings/other ownership interest;
- Relevant dates;
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy);

7.5 Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are on-going, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation;
- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property;
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

7.5.1 What should be declared

- Staff name and their role with the organisation;
- A description of the patent;
- Relevant dates;
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

7.6 Loyalty interests

Loyalty interests should be declared by staff involved in decision making where they:

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role;
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money;
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners;
- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

7.6.1 What should be declared

- Staff name and their role with the organisation;
- Nature of the loyalty interest;
- Relevant dates;
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

7.7 Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and dealt with through the Fundraising Team only. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value;
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the

organisation, or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain;
- Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own;
- Donations, when received, should be made to York Teaching Hospital Charity fund (never to an individual) and a receipt should be issued by the cashiers office or general office (please see the Charity Fundraising Policy and Procedure). All donations over £5 should receive an official acknowledgement in the form of a thank you letter from the Fundraising Team;
- Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

7.7.1 What should be declared

- The organisation will maintain records in line with the above principles and rules and relevant obligations under charity law.

7.8 Sponsored events

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS;
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation;
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied;
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event but they

should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified;
- Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event;
- Staff arranging sponsored events must declare this to the organisation.

7.8.1 What should be declared

- The organisation will maintain records regarding sponsored events in line with the above principles and rules.

7.9 Sponsored research

- Funding sources for research purposes must be transparent;
- Any proposed research must go through the relevant health research authority or other approvals process;
- There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services;
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service;
- Staff should declare involvement with sponsored research to the organisation.

7.9.1 What should be declared

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
    - their name and their role with the organisation.
    - Nature of their involvement in the sponsored research.
    - relevant dates.

- Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

7.10 Sponsored posts

- External sponsorship of a post requires prior approval from the organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

7.10.1 What should be declared

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

7.11 Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises[3] including:

- Where they practise (name of private facility).
- What they practise (specialty, major procedures).
- When they practise (identified sessions/time commitment).

Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.[4]
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

7.11.1 What should be declared

- Staff name and their role with the organisation.
- A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc).
- Relevant dates.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

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[3] Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf

[4] These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf)

8 Management of interests – advice in specific contexts

8.1 Strategic decision making groups

In common with other NHS bodies York Teaching Hospital NHS Foundation Trust uses a variety of different groups to make key strategic decisions about things such as:

- Entering into (or renewing) large scale contracts.
- Awarding grants.
- Making procurement decisions.
- Selection of medicines, equipment, and devices.

The interests of those who are involved in these groups should be well known so that they can be managed effectively. For this organisation these groups are: Board of Directors, Council of Governors and Executive Board

These groups should adopt the following principles:

- Chairs should consider any known interests of members in advance, and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the organisation's register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.

- Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

8.2 Procurement

Procurement should be managed in an open and transparent manner, compliant with the Trust's Procurement Policy and procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage of procurement steps should be taken to identify and manage conflicts of interest to ensure and to protect the integrity of the process.

9 Dealing with breaches

There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.

9.1 Identifying and reporting breaches

Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to their manager.

To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Every individual has a responsibility to do this. For further information about how concerns should be raised see the Raising Concerns and Whistleblowing Policy and Fraud, Bribery and Corruption Policy or contact the Trust's Freedom to Speak Up Guardian.

The organisation will investigate each reported breach according to its own specific facts and merits, and give relevant parties the opportunity to explain and clarify any relevant circumstances.

Following investigation the organisation will:

- Decide if there has been or is potential for a breach and if so the what severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the organisation should be made aware
- Take appropriate action as set out in the next section.

9.2 Taking action in response to breaches

Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the organisation and could involve organisational leads for staff support (e.g. Human Resources), fraud (e.g. Local Counter Fraud Specialists), members of the management or executive teams and organisational auditors.

Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to external auditors, NHS Protect, the Police, statutory health bodies (such as NHS England, NHS Improvement or the CQC), and/or health professional regulatory bodies.

Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong-doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Employment law action against staff, which might include
    - Informal action (such as reprimand, or signposting to training and/or guidance).
    - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

9.3 Learning and transparency concerning breaches

Reports on breaches, the impact of these, and action taken will be considered by the Trust's Audit Committee annually.

To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and made available for inspection by the public upon request.

10 Associated documentation

Freedom of Information Act 2000
ABPI: The Code of Practice for the Pharmaceutical Industry (2014)
ABHI Code of Business Practice

NHS Code of Conduct and Accountability (July 2004)
Trust's Charity Fundraising Policy and Procedure
Procurement Policy
Reservation of Powers and Scheme of Delegation

11 Impact Upon Individuals with Protected Characteristics

In the development of this policy the Trust has considered evidence to ensure understanding of the actual / potential effects of our decisions on people covered by the equality duty. A copy of the analysis is attached at Appendix 1.

12 Accountability

Operational implementation, delivery and monitoring of the policy reside with:

The Trust

The Chief Executive is responsible for ensuring that this policy is brought to the attention of all employees, also that machinery is put in place for ensuring that they are effectively implemented and monitored including periodic examination of the 'gifts and hospitality' registers and declaration of interests register maintained within the directorates or by the Foundation Trust Secretary.

Foundation Trust Secretary

The Foundation Trust Secretary is responsible for the upkeep of the corporate registers and for compiling an annual report which is presented to the Audit Committee.

Directorate Managers/Clinical Directors

The Directorate Managers/Clinical Directors are responsible for ensuring all staff are aware of the policy and for approving/escalating any forms received.

Trust Staff

It is the responsibility of all Trust staff to ensure that they are not placed in a position which risks, or may risk, conflict between their private interests and their NHS duties.

It is the responsibility of all Trust staff to declare the information requested by this policy . Failure to do so may result in disciplinary procedures against individual members of staff..

Attachment A – Bribery Act 2010

The Bribery Act 2010 replaced offences in common law and under the Public Bodies Corrupt Practices Act 1889, the Prevention of Corruption Act 1906 and 1916.

The Act brings into force a new consolidated scheme of bribery offences including:

- Two general offences covering offering, promising or giving an advantage, and the requesting, agreeing to receive or accepting of an advantage
- A discrete offence of bribery of a foreign public official to obtain or retain business or an advantage in the conduct of business;
- A new offence of failure by a commercial organisation to prevent a bribe being paid for or on its behalf. It will be a defence if the organisation has ‘ adequate procedures’ in place to prevent bribery
- A maximum penalty of 10 years imprisonment for all offences and unlimited fines
- Extra-territorial jurisdiction to prosecute bribery committed abroad by persons ordinarily resident in the UK as well as UK national and UK corporate bodies

The Trust is committed to eliminating all level of fraud and corruption within the Trust and the NHS. It is an offence under the Bribery Act 2010 for anyone to receive, be offered or to offer any financial or other advantage to another person in order to induce a person to perform improperly or reward any person for improper performance of a function or activity. The Trust is committed to carry out business fairly, honestly and openly and is committed to a zero tolerance of bribery.

Any staff concerned or requiring further clarification should contact the Foundation Trust Secretary or Head of Procurement.

If you believe any bribery offence has taken place, please report to Steve Moss, Counter Fraud Specialist.

Attachment B – documents and forms

York Teaching Hospital NHS
NHS Foundation Trust

Declaration of interest form – Financial Interest

Name: ……

Position held in the Trust ……

Date……

The Code of Business Conduct requires staff to declare, on an annual basis, when they or their close relatives/associates have any interests, as detailed in the sections below, in an organisation, activity or pursuit which may compete for an NHS contract to supply either goods or services to the Trust:

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).

(b) Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS.

(c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.

(d) A position of Authority in a charity or voluntary organisation in the field of health and social care.

(e) Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.

(f) 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.

If at any time your declaration changes and you are affected by one or more of the above you must complete this form at that time, and in any instance that you feel appropriate.

Business interests relevant to the work of the organisation

Please give details of any relevant business interests held by you or your associates:

Name of organisation: ……

Relationship/role: ……,

When did business interest begin? ……

How is this relevant to the work of the organisation?
……
……
……
……

Declaration:

I have read and understood the Standard of Business Conduct as it relates to conflicts of interest, and declare that the information I have provided on this form is correct and complete. I understand that failure to abide by the code will render me liable for disciplinary action and civil recovery procedures, including termination of employment, and potentially liable to prosecution for any fraudulent actions. I consent to the information on this form being used for the prevention, detection and investigation of fraud.

Signature……..

Print name: ……...

Date: …….. ……

Line manager to complete:

Declaration is Acceptable/Unacceptable (please delete as appropriate)
Comments:
……
……

Signature:……

Print name: ……

Date: …….. ……

York Teaching Hospital NHS
NHS Foundation Trust

Secondary or outside employment

This form is for use during the financial year to advise if you have started any secondary or outside employment

Name……

Position held in the Trust……

Date……..

The Code of Business Conduct requires staff to declare, on an annual basis, when they are undertaking secondary or outside employment

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises;
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks;
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment.

What should be declared

- Staff name and their role with the organisation.
- The nature of the outside employment (e.g. who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Name of secondary or outside employer……

Your post with secondary or outside employer……

Date employment began……..

Hours and time worked……

Declaration:
I have read and understood the Standard of Business Conduct as it relates to secondary or outside employment and I declare that the information I have provided on this form is correct and complete. I understand that failure to abide by the code will render me liable for disciplinary action and civil recovery procedures, including termination of employment, and potentially liable to prosecution for any fraudulent actions. I consent to the information on this form being used for the prevention, detection and investigation of fraud.

Signature…….

Print name……

Line Manager to complete

Declaration is acceptable/ unacceptable (please delete as appropriate)

Comment…….
……

Signature ……

Print Name……Date……..

For Consultants and other practitioners with other interests and employment

This form is for use during the financial year to advise if you have started any secondary or outside employment including private practice and category 2 work.

Clinical private practice

Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises[5] including:

- Where they practise (name of private facility).
- What they practise (specialty, major procedures).
- When they practise (identified sessions/time commitment).

Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.[6]
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

Hospital Consultants should not initiate discussions about providing their Private Professional Services for NHS patients, nor should they ask other staff to initiate such discussions on their behalf.

What should be declared

- Staff name and their role with the organisation.
- A description of the nature of the private practice (e.g. what, where and when staff practise, sessional activity, etc).
- Relevant dates.
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

The form contains a couple of examples of the type of declaration expected.

Name……

[5] Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf

[6] These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf)

Position held in the Trust…….

Date declared	Organisation where interest held	Nature of interest
Example	Smith Pharmaceuticals	Advisor Clinical Trials Lecture fees
Example	Smith Surgery Partnership LLP	Contracted NHS work Partner

Declaration:
I have read and understood the Standards of Business Conduct as it relates to secondary or outside employment including private practice and category 2 work and I declare that the information I have provided on this form is correct and complete. I understand that failure to abide by the code will render me liable for disciplinary action and civil recovery procedures, including termination of employment, and potentially liable to prosecution for any fraudulent actions. I consent to the information on this form being used for the prevention, detection and investigation of fraud.

Signature…….

Print name…….

York Teaching Hospital NHS Foundation Trust – Register of Hospitality, Gifts or Sponsorship

The Standards of Business Conduct Policy requires staff to declare; gifts, benefits, hospitality or sponsorship, which are relevant and material to the Trust. All staff are required to comply with all Trust policies and procedures for procurement.

Please complete the declaration below if your situation satisfies any of the following criteria:

1. **Hospitality over the value of £50**

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement;
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event;
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

Meals and refreshments:
- Under a value of £25 - may be accepted and need not be declared;
- Of a value between £25 and £75[7] - may be accepted and must be declared;
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept;
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate);

Travel and accommodation:
- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared;
- Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non-exhaustive list of examples includes:
    - offers of business class or first class travel and accommodation (including domestic travel)
    - offers of foreign travel and accommodation.

[7] The £75 value has been selected with reference to existing industry guidance issued by the ABPI http://www.pmcpa.org.uk/thecode/Pages/default.aspx

What should be declared

- Staff name and their role with the organisation;
- The nature and value of the hospitality including the circumstances;
- Date of receipt;
- Any other relevant information (e.g. action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

2. Gifts

Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6[8] in total, and need not be declared.

Gifts from other sources (e.g. patients, families, service users):

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the Trust and information about how such gifts should be received e.g. payment into any charitable fund in existence not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £50 do not need to be declared.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

What should be declared

- Staff name and their role with the organisation;
- A description of the nature and value of the gift, including its source;
- Date of receipt;
- Any other relevant information (e.g. circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy);

3. Commercial Sponsorship for Attendance at Courses and Conferences including fees and travel (over the value of £50)

The policy defines commercial sponsorship as including:

[8] The £6 value has been selected with reference to existing industry guidance issued by the ABPI: http://www.pmcpa.org.uk/thecode/Pages/default.aspx

'NHS funding from an external source, including funding of all or part of the costs of a member of staff, NHS research, staff, training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises'.

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS;
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation;
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied;
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified;
- Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event;
- Staff arranging sponsored events must declare this to the organisation.

What should be declared

- The organisation will maintain records regarding sponsored events in line with the above principles and rules.

In all cases, the Directors or Governors of York Teaching Hospital NHS Foundation Trust must publicly declare sponsorship or any commercial relationship linked to the supply of goods or services and be prepared to be held to account for it.

Declarations must be made to the Chief Executive who has overall responsibility for the Public register relating to 'Declaration of Interests and Sponsorship'.

Sponsored research

- Funding sources for research purposes must be transparent;
- Any proposed research must go through the relevant health research authority or other approvals process;
- There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services;
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service;
- Staff should declare involvement with sponsored research to the organisation.

What should be declared

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
    - their name and their role with the organisation.
    - Nature of their involvement in the sponsored research.
    - relevant dates.
    - Other relevant information (e.g. what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

Sponsored posts

- External sponsorship of a post requires prior approval from the organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

What should be declared

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

Name…….

Position held in the Trust…….

Date…….

Is this:

Hospitality
A gift
Commercial sponsorship

Nature of hospitality, gift or
sponsorship…….

By whom…….

Total value £……..

Travel £ ……..

Accommodation £……

Other £ …….. (please specify)

Location of hospitality/ sponsorship if not provided in the Trust premises

……

Declaration

I have read and understood the Standards of Business Conduct Policy as it relates to conflicts of interest, personal activities and hospitality and declare that the information I have provided on this form is correct and complete. I understand that failure to abide by the policy will render me liable for disciplinary action and civil recovery procedures, including termination of employment, and potentially liable to prosecution for any fraudulent actions. I consent to the information on this form being used for the prevention, detection and investigation of fraud.

Signature:……

Print name: ……..

Date: ……..…..

Line manager to complete:

Declaration is Acceptable/Unacceptable (please delete as appropriate)

Comments:
……
……
……
……
……

Signature:……
……

Print name: ……..

Date: ……..…..

Approval by Chief Pharmacist required when the declaration is related to pharmaceuticals

Approval by Chief Pharmacist ……

Date……

NOTES REGARDING THE USE OF THIS INFORMATION

The information you have provided on this form will be recorded in the Trust's Register of Gifts and Hospitality, which will be available to the public, Monitor and will be made available to the Audit Committee on an annual basis.

The Register is held by the Chief Executive and maintained by the Foundation Trust Secretary. Information should be supplied to the Foundation Trust Secretary.

Appendix 1 Equality Analysis

To be completed when submitted to the appropriate committee for consideration and approval.

Name of Policy	Standards of Business Conduct Policy	
1.	**What are the intended outcomes of this work?** **That Staff have clear guidance and understanding of the acceptable standards of business conduct in the Trust**	
2	**Who will be affected? Staff**	
3	**What evidence have you considered?** **Legislation** **National guidance**	
a	**Disability**	
b	**Sex**	
c	**Race**	
d	**Age** .	
e	**Gender Reassignment**	
f	**Sexual Orientation**	
g	**Religion or Belief**	
h	**Pregnancy and Maternity**.	
i	**Carers**	
j	**Other Identified Groups**	
4.	**Engagement and Involvement**	
a.	Was this work subject to consultation?	Yes
b.	How have you engaged stakeholders in constructing the policy	Yes
c.	If so, how have you engaged stakeholders in constructing the policy	A number of stakeholders have been asked to comment on the draft policy
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs Corporate Directors Counter Fraud/ Internal Audit	

	Heads of Service Staff side JNMC	
5.	**Consultation Outcome** *Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups*	
a	Eliminate discrimination, harassment and victimisation	**Not applicable**
b	Advance Equality of Opportunity	Not applicable
c	Promote Good Relations Between Groups	Not applicable
d	What is the overall impact?	None
	Name of the Person who carried out this assessment: Foundation Trust Secretary	
	Date Assessment Completed	
	Name of responsible Director **Patrick Crowley**	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 2 Policy Management

1 Consultation, Assurance and Approval Process

Consultation Process

The policy is based on legislation and guidance supplied by the NHS. Those members of staff involved in interpreting the legislation and guidance along with the Executive Directors of the Trust have been invited to comment on the policy. The Trust will involve stakeholders and service users in the development of its policies.

Quality Assurance Process

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

- Counter Fraud/ Internal Audit
- Procurement
- Finance
- Corporate Directors
- Staff side
- JNMC

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

Approval Process

The approval process for this policy complies with that detailed in section 3.3 of the Policy Development Guideline. The approving body for this policy Executive Board.

2 Review and Revision Arrangements

The Foundation Trust Secretary will be responsible for review of this policy in line with the timeline details on the front cover.

Subsequent reviews of this policy will continue to require the approval of the Executive Board.

3 Dissemination and Implementation

Dissemination

Once approved, this policy will be brought to the attention of all relevant staff working at and for York Teaching Hospital NHS Foundation Trust via the Staff Matters and Team Brief and by publishing on the Policies and Procedures section of the Staff Room.

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

Implementation of Policies

This policy will be implemented throughout the Trust by the Foundation Trust Secretary annual basis. Staff can access the policy on staffroom and the policy will be publicised through payslip messages.

In addition to this the Policy Author will collate the following evidence to demonstrate compliance with this policy:

- Annual report
- Register of gifts and hospitality
- Register of secondary employment
- Register of declaration of interest
- Annual Report for the Audit Committee

Document Control including Archiving Arrangements

Register/Library of Policies

All corporate and clinical documents will be logged on Q-Pulse, the Trust's document management system and made accessible via Staff Room using the portal's search facility. The register of documents will be maintained by the Healthcare Governance Directorate.

If members of staff want to print off a copy of a policy they should always do this using the version obtainable from Staffroom but must be aware that these are only valid on the day of printing and they must refer to the intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet based system.

Archiving Arrangements

On review of this policy, archived copies of previous versions will be automatically held on the version history section of each policy document on Q-Pulse. The Healthcare Governance Directorate will retain archived copies of previous versions made available to them. Policy Authors are requested to ensure that the Policy Manager has copies of all previous versions of the document.

It is the responsibility of the Healthcare Governance Directorate to ensure that version history is maintained on Staffroom and Q-Pulse.

Process for Retrieving Archived Policies

To retrieve a former version of this policy from Q-Pulse, the Policy Manager should be contacted.

Monitoring Compliance and Effectiveness

This policy will be monitored for compliance with the minimum requirements as laid out on page 44.

4 Standards/Key Performance Indicators

Any theoretical training requirements identified within this policy are outlined within the mandatory training profiles accessed via the

Statutory & Mandatory Training Link that can be found on the home page of Horizon or on Q:\York Hospitals Trust\Mandatory Training. You will be required to create your own mandatory training profile using the tool and support materials available in these areas and agree your uptake of this training with your line manager. The training identification policy and procedure document describes the processes related to the review, delivery and monitoring of mandatory training, including non-attendance. See section 11 of the Policy for Development and Management of Policies for details of the statutory and mandatory training arrangements.

Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and to ensure that the minimum requirements of the NHSLA Risk Management Standards for Acute Trusts are met, the policy will be monitored as follows:-

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
a. Completion of an Annual Report	Production of the report	Audit Committee	Annual	Audit Committee	Foundation Trust Secretary	Audit Committee
b. Production of the registers & breach log	Register updates	Audit Committee	Annual	Audit Committee	Foundation Trust Secretary	Audit Committee
c. Review of the system	Audit undertaken by Internal Audit	Audit Committee	According to the annual risk assessment as part of the annual audit plan preparation, but at least once every three years	Audit Committee	Foundation Trust Secretary	Audit Committee

5 Training

Training requirements should be identified during the development stage.

Any training requirements identified within this policy that are of a Corporate Statutory or Mandatory nature will be outlined in the Statutory/Mandatory Training Brochure. This can be accessed via the link on StaffRoom, the Q:\York Hospital Trust\Mandatory Training or the organisation's online learning platform.

If this training is deemed to be statutory or mandatory and is not identified within the Statutory/Mandatory Training Brochure then application must be made by the Policy Author to the Corporate Learning and Development Team to have it added.

These training requirements are used to develop the customised profiles that can be viewed by learners when they access their personal online learning account. It is then the learner's responsibility to undertake this learning with the support of their line manager and the line manager's responsibility to review this at annual KSF appraisal.

The Corporate Statutory and Mandatory Training Identification Policy and Procedure document describes the processes relating to the identification, review, delivery and monitoring of statutory and mandatory training including non-attendance.

6 Trust Associated Documentation

- Fraud, Bribery and Corruption Policy
- Procurement Policy
- Tender Checklist
- Standing Orders
- Standing Financial Instructions
- Raising Concerns and Whistleblowing Policy

7 External References

- Code of Conduct code of accountability - http://www.nhsbsa.nhs.uk/Documents/Sect_1_-_D_-_Codes_of_Conduct_Acc.pdf
- Code of Governance - http://www.monitor-nhsft.gov.uk/sites/default/files/Code%20of%20Governance_WEB%20(2).pdf
- Bribery Act 2010 - http://www.legislation.gov.uk/ukpga/2010/23/contents
- HSG (93)5 - http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4065045.pdf
- Managing Conflicts of Interest in the NHS – http://www.england.nhs.uk/ourwork/coi

Appendix 3 Plan for the dissemination of a policy

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	**Standards of Business Conduct Policy**
Date finalised:	
Previous document in use?	**Yes**
Dissemination lead	**Foundation Trust Secretary**
Which Strategy does it relate to?	**Corporate Governance**
If yes, in what format and where?	
Proposed action to retrieve out of date copies of the document:	**Healthcare Governance Directorate will hold archive**

To be disseminated to:	**1)**	**2)**
Method of dissemination	**Electronic**	
who will do it?		
and when?	**Immediate**	
Format (i.e. paper or electronic)	**Electronic**	

Dissemination Record

Date put on register / library	
Review date	
Disseminated to	
Format (i.e. paper or electronic)	
Date Disseminated	
No. of Copies Sent	
Contact Details / Comments	

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 31 January 2018
February Board Time Out – 27 & 28 February 2018

Recommendation

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

Current approval route of report

This report is for information only.

Purpose of report

To set the scene for the February Board Time Out, and instruct Board members what is required of them before the time out session takes place.

Key points for discussion

The strategic direction for York Teaching Hospital for the next 5 years: starting on 1 April 2018.

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: Susan Symington, Chair

Executive sponsor: Susan Symington, Chair

Date: January 2018

1. Background

1.1 National Direction

The strategic direction for the NHS was set by Sir Simon Stevens in The Five Year Forward View published in October 2014.

https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf

Progress was reviewed in The Next Steps document published in March 2017.

https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-VIEW.pdf

Sustainability and Transformation Partnerships (the vehicle for delivering The Five Year Forward View in the NHS) were established in 2016.

1.2 Local Direction

The trust produced at 5-year strategy at the time of the integration with Scarborough. The lifetime of this strategy expires in March 2018.

Progress with our STP has been limited, for reasons well understood by our Board.

2. The Board Challenge

It is our challenge as a Board to set the strategic direction for York Teaching Hospital for the next 5 years: starting on 1st April 2018.

Externally- An extremely challenging financial and performance environment means that our strategic plans will come under very close scrutiny from our staff, our regulators, our partners and our stakeholders.

Internally- This challenging environment requires clear, thoughtful, creative, strategic leadership for our staff at all levels and for our stakeholders and partners.

Of primary importance the role of the Board is to identify a sustainable future strategy for the Trust: by sustainable we mean sustainable in respect of quality and safety of services to our patients: financial sustainability: sustainable in respect of the staffing crisis which is likely to become more challenging.

Our Board must bring together the national aspirations of the Five Year Forward View, the regional plans of our STP and our own ambitions for York Teaching Hospital into one coherent strategy.

3. Methodology

It is the role of the Executive Directors, led by the Chief Executive, to shape this strategy. It is the role of the Non-Executive Directors to contribute to and agree the strategy and to subsequently hold the executive to account in its delivery.
The Executive are asked to present their draft strategy to the Board of Directors at our Time Out, and to engage all Board Directors in discussion, with the purpose of achieving a final draft strategic plan to be published and communicated in April.

Strategic 'Chunks'	**Executive Leads**
Overall strategic vision	Patrick
Sustainability and Transformation	Patrick
Quality and Safety	James Taylor Beverley Geary Wendy Scott
Workforce	Patrick Crowley Mike Proctor Poly McMeekin
Finance and Performance	Andrew Bertram Wendy Scott
Estates and Environment	Brian Golding

Note: Of course, these many areas overlap and interlink.

Running through each 'chunk' is the development of the culture of our Trust: for example, the ways in which we can use technology to continually improve and transform our services to patients, our relationships with stakeholders and partners, our connections with the larger health community, our relationship with our regulators.

These broader strategic aims will be threaded through all elements of the strategy.

4. Time Frame and Contributions

Timing	**Welcome**	**Who**
Day One		
1.45-2.00pm	Our time frame and purpose	Susan Symington
	Introductions including Peter Blackeby	Susan Symington
	A strategic overview	
2.00pm-2.45pm	The North Yorkshire Picture- aspirations and overview.	Richard Flinton NYCC Amanda Bloor HARDCCG
2.45-3.15	A Trust perspective	Patrick Crowley

3.15-4.30	Time to reflect on what we have heard and to discuss: identification of what is important to our Board.	3.15-4.00 in small groups 4.00-4.30 as a Board
4.30-5.00	**Break**	
	Our strategy	
5.00-5.30	Key planks of our draft 5-year strategy	Patrick Crowley
5.30-5.45	Key planks- Quality and Safety	James Taylor Beverley Geary Wendy Scott
5.45-6.00	Key planks Workforce	Patrick Crowley Mike Proctor Polly McMeekin
6.00-6.15	Key planks Finance and Performance	Andrew Bertram Wendy Scott
6.15-6.30	Key planks Estates and Environment	Brian Golding
6.30-7.00	Time to reflect and discuss	All - facilitated by Peter Blackeby
7.30	**Dinner**	
Day Two		
8.30-8.35	Welcome	Susan Symington
8.35-10.00	Small discussion groups in relation to each key area	Q&S James, Beverley, Jennie, Susan, Steve Reed F&P Andrew, Wendy, Jenny, Mike K, Neil Wilson Workforce Mike P, Polly, Libby, Dianne E&E Brian, Mike S, Patrick, Mark Hindmarsh
10.00-10.15	**Coffee**	Susan
10.15-11.30	Feedback from small group discussion- identifying the linkages	All - facilitated by Peter Blackeby
11.30-12.00	Capturing the actions	All Mark, Steve and Neil

12-12.30	The role of the board in delivering the strategy STOP START CONTINUE	Peter Blackeby
12.30-1.00	**Lunch**	
1.00-2.30	Private Board Meeting	

5. Actions

All Directors and contributors are asked to prepare in advance for the Time Out including refreshing their memories of the post-merger strategy and The Five Year Forward View.

Executive Directors are asked to produce an overview of their particular 'chunk' as a discussion paper- first to present to the Board as an overview and secondly to start a discussion in smaller groups. In turn, NEDs are asked to capture their own consideration in readiness for discussion.

Please Note: Given the vital importance of the creation of a 5 Year Strategy for the Trust and our invidious financial position, and after much discussion, it has been agreed that the Trust will pay for all overnight accommodation, and Board members will be asked to pay for their food and drinks on the evening of 27 February 2018.