

Board of Directors (Public Meeting)

27 March 2019



BOARD OF DIRECTORS MEETING

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

On: 27 March 2019

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

TIME	MEETING	LOCATION	ATTENDEES
8.30 – 11.30	Quality Committee	LARC Conference Room, LARC	Directors Non-Executive Directors
8.30 – 11.30	Resources Committee	Boardroom, Foundation Trust Headquarters	Directors Non-Executive Directors
11.45 – 12.45	NEDs Meeting	Boardroom, Foundation Trust Headquarters	Non-Executive Directors
12.45 – 1.45	Board of Directors meeting held in private	Boardroom, Foundation Trust Headquarters	Board of Directors
2.00 – 5.00	Board of Directors meeting held in public	Boardroom, Foundation Trust Headquarters	Board of Directors Members of the public



Board of Directors (Public) Agenda

SUBJECT	LEAD	PAPER	PAGE	TIME
<p>1. Apologies for absence and quorum</p> <p>To receive any apologies for absence</p>	Chair	Verbal	-	2.00 – 2.10
<p>2. Declaration of Interests</p> <p>To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.</p>	Chair	A	7	
<p>3. Minutes of the meeting held on 30 January 2019</p> <p>To receive and approve the minutes from the meeting held on 30 January 2019.</p>	Chair	B	13	
<p>4. Matters arising from the minutes and any outstanding actions</p> <p>To discuss any matters or actions arising from the minutes</p>	Chair	Verbal	-	
<p>5. Patient Story</p> <p>To receive the details of a patient experience.</p>	Chief Executive	Verbal	-	2.10 – 2.20



SUBJECT	LEAD	PAPER	PAGE	TIME
6. Chief Executives Update To receive an update from the Chief Executive	Chief Executive	C	27	2.20 – 2.35
Strategic Goal: To deliver safe and high quality patient care				
7. Quality and Resources Committees Items for escalation to the Board	Committee Chairs	Verbal	-	2.35 – 2.50
8. Chief Nurse Report To receive updates from the Chief Nurse.	Acting Chief Nurse	D	31	2.50 – 3.05
9. Medical Director Report To receive the Medical Director Report.	Medical Director	E	41	3.05 – 3.20
10. Performance Report To receive the Performance Report.	Chief Operating Officer	E	77	3.20 – 3.35
11. Out of Hospital Care Update Paper To receive an update on Out of Hospital Care	Chief Operating Officer	G	93	3.35 – 3.45
Short Break				3.45 – 3.55



SUBJECT	LEAD	PAPER	PAGE	TIME
12. Director of Estates & Facilities Report To receive the Director of Estates and Facilities Report.	Director of Estates & Facilities/ LLP MD	H	99	3.55 – 4.10

Strategic Goal: To support an engaged, healthy and resilient workforce

13. Director of Workforce Report To receive the Workforce Report.	Director of Workforce & OD	I	165	4.10 – 4.25
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Strategic Goal: To ensure financial sustainability

14. Finance Report To receive the Finance Report.	Finance Director	J	175	4.25 – 4.35
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15. Efficiency Report To receive the Efficiency Report.	Finance Director	K	195	4.35 – 4.45
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Governance

16. Modern Slavery Act To consider and approve the draft statement	FT Secretary	L	201	4.45 – 4.55
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17. Reflections on the meeting <ul style="list-style-type: none"> Corporate Objectives - BAF 'at a glance' 	Chair	M	205	4.55 – 5.00
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18. Any other business	Chair	-	-	5.00
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SUBJECT	LEAD	PAPER	PAGE	TIME
19. Time and Date of next meeting				
The next meeting will be held on 29 May 2019 in the Discussion Room/Dining Room, Postgraduate Centre, Scarborough Hospital.				



Additions: Helen Hey, Acting Chief Nurse

Changes: Polly McMeekin—remove 'acting' following substantive appointment

Deletions: Beverley Geary, Chief Nurse

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Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders
Ms Susan Symington (Chair)	Non-executive Director —Beverley Building Society Director - Lodge Cottages Ltd	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Member —the Court of University of York	Nil
Jennifer Adams (Non-Executive Director)	Non-executive Director Finance Yorkshire PLC	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Spouse is a Consultant Anaesthetist at the Trust	Nil
Professor Dianne Willcocks (Non-Executive Director)	Member —Great Exhibition of the North (2018) Board Director —Clifton Estates Ltd (linked to JRF)	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 Member —Executive Committee YOPA Patron —OCAY Director — York Media Arts Festival Community Interest Company	Board Member —York Museums Trust Chair of Steering Group - York Mediale Festival	Nil

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Michael Keaney <i>(Non-Executive Director)</i>	Nil	Chair —YTHFM LLP	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jenny McAleese <i>(Non-Executive Director)</i>	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 Court —University of York	Nil
Dr Lorraine Boyd <i>(Non-executive Director)</i>	Nil	Equity Partner Millfield Surgery	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Ms Lynne Mellor <i>(Non-executive Director)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Position with BT (telecom suppliers)

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Mr Mike Proctor <i>(Chief Executive)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil
Mr Andrew Bertram <i>(Executive Director Director of Finance/ Deputy Chief Executive)</i>	Nil	Director —YTHFM LLP	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Member of the NHS Elect Board as a member representative	Nil
Helen Hey <i>(Acting Chief Nurse)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr James Taylor <i>(Medical Director)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Wendy Scott <i>(Director of Out of Hospital Care)</i>	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Brian Golding <i>(Director of Estates and Facilities)</i>	Nil	Managing Director —YTHFM LLP	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 Trustee of St Leonards Hospice

Director	Relevant and material interests					
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Ms Polly McMeekin (Director of Workforce & OD)	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Lucy Brown (Acting Director of Communications)	Nil	Nil	Nil	Act as Trustee –on behalf of the York Teaching Hospital Charity	Nil	Nil

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Board of Directors – 27 March 2019

Public Board Minutes – 30 January 2019

Present: Non-executive Directors

Ms S Symington	Chair
Mrs J Adams	Non-executive Director
Dr L Boyd	Non-executive Director
Mr M Keaney	Non-executive Director
Mrs J McAleese	Non-executive Director
Ms L Mellor	Non-executive Director

Executive Directors

Mr M Proctor	Chief Executive
Mr A Bertram	Deputy Chief Executive/Director of Finance
Mrs B Geary	Chief Nurse
Mrs W Scott	Chief Operating Officer
Mr J Taylor	Medical Director

In Attendance:

Corporate Directors

Mrs L Brown	Acting Director of Communications
Ms P McMeekin	Acting Director of Workforce & OD

Trust Staff

Mrs L Provins	Foundation Trust Secretary
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Observers:

Sheila Miller - Public Governor – Ryedale and East Yorkshire
Michael Reakes – Public Governor – York
Linda Oliver – CQC
Cyril Pickup – Trust Member
Bob Towner – YOPA
Louisa Carolan – Member of the Public
Lesley Pratt – Healthwatch York

Ms Symington welcomed everyone to the meeting and hoped they enjoyed observing the work of the Board.

19/1 Apologies for absence

Apologies were received from Prof. D Willcocks, (Non-executive Director) and Mr B Golding, (Director of Estates and Facilities/LLP Managing Director).

19/2 Declarations of interest

No further declarations of interest were raised.

19/3 Minutes of the meeting held on the 28 November 2018

The minutes of the meeting held on the 28 November 2018 were approved as a correct record.

19/4 Matters arising from the minutes

Page 18 – Safeguarding Position – Mrs Geary stated that there is a shared safeguarding post out to advert. This post will be based in ED.

18/69 – Risk Management Framework – this has been deferred to February.

18/77 – Patient Experience Video – this is on the website.

18/80 – Antimicrobial Prescribing – Mr Taylor stated that gynae are now achieving the target and that generally antibiotic usage is good.

18/81 – Cancer Presentation – there is a discussion planned for the February strategy workshop.

18/82 – Carter Metrics – this has been deferred to February.

No further items were discussed.

19/5 Patient Story

Mr Proctor read out a patient story which involved the Pets as Therapy volunteers and a patient in the end stage of life.

It was resolved that the Board supported the use of volunteers in the Trust.

19/6 Chief Executive Update

Long Term Plan (LTP) – Mr Proctor stated that Board members had received a copy of the LTP. Mrs Scott stated that she is working with the CCG to provide a baseline against a list of 178 ‘must dos’ and to link the ones for the Trust against the Five Year Strategy. Ms Symington was pleased about how congruent the LTP was with the Trust’s Five Year Strategy.

Operational Review – Mr Proctor noted that a consultation had started on the change of structure which would see 15 directorates moved into six care groups. He noted that this was as a result of a listening exercise and would be more sympathetic to a multi-site organisation as well as increasing medical leadership and accountability. The consultation

will last for 30 days and would place a number of people at risk, but this was about roles and headcount and would not result in redundancies.

Mrs McAleese asked if the new CE was happy with the work and Mr Proctor responded that all candidates had been pleased with the move.

BREXIT – Mr Proctor stated that the Trust was planning for BREXIT, but that there were still a number of uncertainties. He noted a detailed action plan had been drawn up and that Mr Bertram was leading on this.

Sepsis – Mr Proctor stated that a huge amount of work had been done to deliver antibiotics to patients with sepsis within one hour and the Trust was making huge strides.

Hospice – Mr Proctor wished to congratulate Emma Johnson who had been appointed CE of St Leonards Hospice on behalf of the Board.

It was resolved that the Board noted and accepted the report.

19/7 5 Year Strategy Update

Ms Symington was pleased to note the strategic objectives relating to the Five Year Strategy had come to the Board as this would be a key document moving forward. She noted that a pack had been given to the Board and members of the public which included the communication materials in relation to the Five Year Strategy. A short film had also been made which would be shared at team brief.

Mrs Brown stated that stat and mand training would be updated to include the new strategy and that the website had also been updated. Ms Symington stated that the next step was to make sure the underpinning strategies were congruent with the overarching one.

In relation to the strategic objectives the document had been linked to the key risks in the BAF in order to join up the various governance documents. Mrs Scott stated that the strategic objectives would be cross referenced with the LTP.

19/8 Chief Nurse Report

Mrs Geary provided the following updates:

- Nurse Staffing remains challenging due to the number of vacancies, however, the fill rate is good especially as long shift efficiency is being factored in more accurately.
- Safecare is being used to report and compliance and the census is improving.
- Nursing Associate Programme – a cohort is due to complete next month.
- 35 New RNs are starting later this quarter.
- Progress on international recruitment will deliver later in the year.

Mrs Adams stated she appreciated the detail the report provided and it was good to see the average fill rate over 90 as she was concerned about patient safety in some of the areas such as Cherry Ward, AMU & AMB. Mrs Geary stated that more focus was needed

on the Scarborough site in relation to skill mix as this could be used more effectively. Mrs Geary stated that she currently had no safety concerns.

Mrs Geary highlighted the strategy update and was happy to take questions.

Mrs Geary noted the Patient Experience Report and that the Trust was struggling to meet the 30 day response rate and was currently at 37%. She noted that this is being picked up at PMMs, but it is clear that most directorate managers know the detail and context, but are struggling so the team is offering support. Themes continue to be about waiting times, which is unsurprising.

Mrs Geary stated that the Trust is through to the final round for a Helpforce grant and the plan would be to use any monies to improve ED.

Mrs McAleese stated that she would like more on the learning and improvement areas and Mrs Geary stated that this is being done and will be provided at organisational and care group level.

Mrs Adams noted the surveys summary and Mrs Geary stated that these had all been to Board previously and there was detailed analysis and action plans done for all surveys

Mrs Geary stated that a volunteer recruitment campaign had been started and would focus on the Scarborough site following on from the success in York.

It was noted that NHSE is looking at the Friends and Family Test and it is likely to be rebranded as the Fast Feedback Tool.

Mrs Adams stated that she was very encouraged by the increased senior nurse presence out of hours and Mrs Geary noted that this will be formally evaluated, but anecdotally this is fragile on the Scarborough site if there is any sickness.

Mrs Geary mentioned that decant facilities had been used in York in order to deep clean before Christmas, but this was not being achieved on the Scarborough site. She also highlighted that a number of wards need refurbishing across the Trust in addition to the issue of inadequate side room capacity which remains a risk on her risk register.

Mrs Geary went through the infection control incidence in the report and Ms Symington asked whether there was any commonality between the areas. Mrs Geary stated that it was hard to know as MRSA and MSSA was around line management and patients continued to be admitted from the community with urinary tract infections.

Mrs Adams asked about the IPC Team and Mrs Geary stated that it was proving difficult to get a full establishment due to the Snr Nurse role gap which is being covered by a matron and the specialist nurse.

Mrs Adams also asked about side room capacity and Mrs Geary stated that she was due to bring back three scenarios/option appraisals to the Board.

Ms Mellor asked about the estates risks especially the deep cleaning. Mrs Geary stated that the nightingale wards at Scarborough were the biggest risk, but this is being mitigated



by moving out one bed and increasing the space. There is a standard operating procedure for elderly patients coming in if they are potentially infected, but this is really challenging and parts of wards are sectioned off when they can be for deep cleaning.

Mrs Geary highlighted that the Trust currently has a significant ongoing outbreak of norovirus so the decision has been taken to restrict visiting, which is only the second time in York's history. This decision has been taken to protect patients and staff as the outbreak is really virulent and is being reviewed on a daily basis. Visiting is being allowed in Maternity, ITU, Paediatrics and End of Life.

It was resolved that the Board noted the report and in particular the challenges and risks facing the Trust around deep cleaning and refurbishing wards. The Board fully supported the decision to restrict visiting to ensure both patient and staff safety.

19/9 Medical Director's Report

Mr Taylor stated that his report summarised the findings from two recent audits on the deteriorating patient which was a real issue for the Trust and the wider NHS. The audits identified the need to improve recording and escalate in a timely manner. The ITU audit had produced a better result and has the over-time evidence of an improvement in the cardiac arrest rate. He also highlighted the general context of a very high bed occupancy rate and the nursing and medical workforce issues. The team are looking at developing a dashboard, improving the culture and improving staffing out of hours.

Mrs McAleese thanked Mr Taylor as this had been on the Audit Committee radar and they were concerned that the implementation of NEWS 2 would add more pressure. Mr Taylor stated that staff training has started as NEWS 2 will increase the number of patients triggering higher scores so there needs to be improved staffing.

Dr Boyd asked about ceiling of care and how to respond to this: she said it was therefore great to see there was something quite simple the Trust can do especially by making sure information is shared quite widely, but there also needs to be something digitally available.

Ms Symington asked if the figures were in any way skewed to night time or weekends and Mr Taylor replied no. She also asked how it would be communicated and Mr Taylor stated that it had been taken to Executive Board, there would be training and there was also a piece of research being done in relation to why staff are reluctant to ring the consultant. Mr Taylor also stated that a live dashboard would enable the monitoring of the NEWS score and a score of seven and above would mean that the management of the patient is taken over.

Mrs Adams was very interested in what was being done with the junior rota and whether the second tier work was being well received. Mr Taylor stated that the Trust is still struggling with senior review on the East Coast, but that Ed Smith is leading the work which should lead to improved cover over evenings and weekends. Mr Proctor also emphasised that this was at the top of Mr Smith's priorities.

Mrs Geary stated that the Trust was also looking at a competency package and may need to look at the skills and training,



Mrs McAleese stated that policies often reflected best practice and not what was achievable.

Mr Taylor stated that data is often out of date in relation to audits as they take so long to publish.

Mrs Adams stated that the Audit Committee had discussed a more streamlined way to receive the information and Mr Taylor stated that he would pick this up with Mrs Adams outside the meeting.

Mr Taylor highlighted the anticoagulation service which was a perceived reduction in quality, but had been moved out into the community so closer to patient's homes. Transitional support has been provided to surgeries.

It was resolved that the Board noted the report and welcomed the audit information.

19/10 Performance Report

Mrs Scott stated that the ECS for December was at 87.6% against a target of 90% which meant the Trust just missed out getting the PSF, however, this does show an improvement on quarter 3 last year and also on national performance and was against a background of increasing activity. Ambulance handovers were of concern and Mrs Scott had been talking to YAS and the regulators to explain what the Trust was doing to address the issues. There had been an improvement in delays over 30 minutes, but there was still some way to go. Mrs Scott stated that the team was working with the ambulance lead to put action plans in place and also to identify clinical leads on the York site.

Mrs Scott stated that the Trust is currently struggling with bed capacity due to flu and norovirus and it is likely that the position will be around 80% at the end of January. Mrs Scott stated that she had discussed the position with NHSI and also that she was really concerned with DTOCs which had peaked in December primarily due to social care delays and the lack of availability of packages of care. She mentioned the CQC system review and noted that an action plan was being put in place in relation to DTOCs and would be monitored by the Place Based Board.

Mrs Scott stated that the Board was planning a deep dive discussion with the Cancer Leads in February which would include discussing the challenges around increasing referrals and the 18% increase in two week waits.

The total waiting list position and 18-week challenges needs more work to meet the targets and she reassured the Board that waits are reviewed daily and weekly and she will continue to update the Board monthly.

Mr Bertram alluded to the data learning session held in the morning and that the chart on page 193 in relation to adult non-elective admissions showed 10 points above the mean 2 above the upper control limit which was a significant variance. He noted that the data was evidencing how busy it was.



Mrs Adams also highlighted the chart on page 199 in relation to diagnostics that showed a clear deterioration and was getting worse in the short term, which she highlighted could mean people waiting with serious conditions. Mrs Scott stated that the Trust is starting to see a deteriorating picture in relation to MRI and CT waits against a context of doing more work than ever before. The Trust is outsourcing some reporting functions and the number is growing. Mrs Adams stated that it was concerning as patients were not getting diagnosed quickly enough. Mr Taylor stated that there had been some SIs on various cancer pathways which were being investigated.

Mrs Adams was concerned that the system is seeing more attendances than nationally and at the other end there are DTOCs. Mrs Scott stated that multiagency discharge events are being held which is about getting colleagues in the room, but it is about accessibility of packages of care and the provision of these. It was about how to stimulate the care market to provide for the demand and this was something to focus on at the York Place Based Board.

It was resolved that the Board noted the report and asked to be kept informed of the any issues particularly waiting times and DTOCs

19/11 Out of Hospital Care Development

Mrs Scott stated that this was the OoHC quarterly update and that a huge amount of work was being progressed to redesign the workforce to align with primary care, home and geography. As a result of which a number of joint appointments were being tested out. She also wished to highlight and celebrate the community IV service which had so far seen 30 patients in their own home.

Mrs Scott provided an update on the CQC system review and noted that a workshop was being held to look at the findings and next steps.

Ms McMeekin stated that work had been done on the AHP job planning and it was acknowledged that this was unsettling for staff, but a number of listening events had been held in an effort to provide sensitive management.

Ms Mellor stated that the community IV was great as this was a saving on 30 beds and also on carbon footprint of 30 patients travelling. She asked whether there was a plan to communicate this out. Ms Symington stated that it could be part of a bigger engagement piece as there is also the Park and Ride Service and how the whole sustainability piece is communicated.

Mrs Scott stated that the CQC feedback at the system workshop attended by Mr Proctor had been quite strong. Delayed transfers of care were long standing problem which needed to be addressed.

Mrs McAleese left the meeting.

It was resolved that the Board noted the report and the work being done to manage more patients in the community.



19/12 Director of Estates & Facilities Report

This item was deferred to the next meeting.

19/13 Director of Workforce Report

Ms McMeekin highlighted the key points from her report including:

- The November sickness rate was 4.3% which is lower.
- The LLP sickness rate is at 6.9% which is increasing as is the turnover. Leavers are being tracked and some are coming back into the NHS.
- Sickness is around staff with coughs, colds and flu which is increasing and the Trust is struggling with. 22% is in relation to stress, anxiety and depression which is a challenge and the Trust continues to work on.
- Schwartz rounds will continue for a further two years.

Ms Symington asked if the anxiety and depression was work related and Ms McMeekin stated that it was not clear cut, but the majority seemed to be personal, but in most cases the individual does not correctly identify the source, only the tipping point: The trust seeks to provide a supportive environment.

Ms McMeekin stated that page 240 of the pack provided the update alluded to by Mrs Geary in relation to staffing and the recruitment of nursing associates. HEE had agreed to provide backfill funding and travel funding (for those travelling to York).

Ms McMeekin stated that two to three months ago she briefed the Board on the apprenticeships position and the importance of improving it. The Trust had 28 in June 2018 and now has 189 which means the Trust is starting to maximise on the levy, but it does depend on whether they attract a higher or lower percentage of funding.

Ms McMeekin referenced the staff survey at the last Board and noted the action plan would be built from the bottom up using an innovative crowd sourcing solution which was creating a huge amount of dialogue. These comments would be fed back to the groups devising the action plans.

Ms McMeekin stated the in relation to the operational review her team would be working to support the Care Group Directors as there would be a significant increase in accountability and responsibility.

Ms Mellor stated that the apprenticeship news was fantastic and so was the leadership programme being developed. She stated that this all needed to be linked to the LTP and Ms McMeekin stated that she would also be keeping an eye on any external programmes being offered.

Mrs Geary stated that nursing associates registration had now been agreed so that this would be a regulated workforce.

Mrs Adams stated that she really enjoyed the report which was balanced and she was particularly interested in the Schwartz Rounds and the recruitment on the East Coast.



It was resolved that the Board noted the report and that the assurance around the increase in apprenticeship numbers and looks forward to receiving the full report from the Staff Survey which it sees as a barometer of the health of the organisation

19/14 Finance Report

Mr Bertram highlighted the following points:

Income and Expenditure - Page 266 which described the month nine quarter three position and showed that the Trust had not received the ECS PSF for quarters one and three. Basically the Trust needed to achieve a £14.7m deficit by the end of quarter three and had achieved a £14.4m deficit which was a variance of £300k in the right direction and meant the achievement of the financial PSF.

Forecast Outturn Position – Page 266 showed the chart discussed back in November and essentially shows a small deterioration in January largely to do with fall in elective income and an increase in non-electives. Income will be down in February due to the number of days in the month, but the upside is bringing in the historical VAT from the LLP. Mr Bertram stressed that it will be close at the end of the year with no flexibility due to the spend pressure from agency staff.

The expanded run rate shows a gap opening up and the main reason for this deviation is that QIPP has not been delivered and due to the AIC risk share the Trust has incurred costs. There was also a material pay award.

Agency Spend – Page 273 shows the Trust nearly a million ahead of plan, but this is also a material reduction on last year. There is pressure from both nursing and junior medical staff spend.

Mr Bertram also noted the increase in spend of £500k due to the change in the clinical waste supplier and the new contract. Ms Symington asked if this was likely to change and Mr Bertram noted that it would be nearly £750k next year, but that waste was now being appropriately dealt with.

Mr Bertram stated that the Trust had benefitted from an impairment of £900k in relation to the Endoscopy Unit construction being transferred over.

Cash – Mr Bertram confirmed there were no cash issues this month and that the loan agreed in November was drawn down in December.

Efficiency Repot

Mr Bertram stated that CIP delivery had been excellent and the Trust has delivered £19.9m against a £21.7m target which was over 90%. This equated to £4.5m in transformational schemes (the LLP) and £15m in transactional schemes. Mr Bertram stated that there was no planning gap and he expected CIP to be fully delivered at year end. He noted that a review of non-recurrent CIP would be carried out again to tease out any further recurrent elements. There was currently £11m delivered recurrently but this needed to be pushed higher.



Mr Bertram stated that page 295 articulates the main part of the work programme for next year which went to the last Efficiency Delivery Group and the Board is sighted on more transformational work and further alignment with the model hospital.

Mr Bertram also highlighted the procurement paper on page 283 which was its annual report to the Board. Mr Bertram stated that he was grateful to Mrs McAleese for picking up the NED contact with the Procurement Team and that the report suggested savings target of £2.4m and that £2.95m had been delivered. He noted that the team were also going for level two accreditation in March.

Mr Keaney asked where Mr Bertram thought the Trust would be at year-end. Mr Bertram stated that it would be very close to the £14m deficit required, but there were issues around quarter four and the Trust is operating with a tight margin although the target should be hit there is likely to be an ECS PSF loss of which is 30% and equates to about £1.5m.

Mr Bertram stated that tight control had been briefed at team brief and the Trust needed to safely defer spend if possible. He also noted that NHSI are anticipating a number of organisations will fail to meet their control totals so there may be a share out of the remaining PSF as happened last year.

Mrs Adams stated that the over delivery of CIP was very good and whether this was expected to continue. Mr Bertram stated that the forecast reduces in the last quarter and a balanced position is expected.

Mrs Adams asked if the CIP was mostly vacancies being held and Mr Bertram responded that it had impacted, but there was also the £3m from procurement savings and the significant drug savings.

Mrs Adams stated it was excellent performance and the team needed to be congratulated.

Mr Proctor stated that the transformation side continued to be built on.

Mrs Adams asked whether funding for the winter plan had been secured and Mr Bertram replied that it had not due to the financial issues at the CCGs, but further work is being done as the AIC gives the Trust the right to charge at cost. A figure was agreed with the CCGs for the first 6 months and up to month nine is now being discussed. Some of the plan had slipped due to the lack of available staff.

Ms Symington asked if the efficiencies will be embedded into the care groups and Mr Bertram stated that it will be part of the Care Group Director job description and that he hoped to provide a report in future which would look at each of the individual care groups.

Ms Mellor stated that there was a great deal of detail in the papers and she noted the procurement achievement. She noted that all these elements should be linked to stories including around apprenticeships. Mr Bertram stated that the Procurement Team had picked up a number of bright individuals who had done a great job and it is their stories which should be front and centre.



It was resolved that the Board noted the report and tight margin for achievement of the year-end position. The Board also recognised the very positive CIP position and the hard work which had gone into achieving this.

19/15 Efficiency Report

This report was covered during the Finance Report item.

19/16 Freedom to Speak Up/Safer Working Guardian Report

Freedom to Speak Up - Ms Smith stated that this was the 2nd Annual Report of the Freedom to Speak Up Guardian. She gave an overview of the data with a caveat that nationally slightly different categories are used. Ms Smith highlighted that there had been no anonymous cases, doctor reporting is still twice the national average and that numbers were going up. She also noted that she continues to work on the action plan brought to the Board last year which looks at making speaking up part of business as usual. In relation to the numbers, Ms Smith stated that if listening exercises include eight or ten staff then that same concern is counted individually and that the Fairness Champions received 73 cases which are not included in the figures, 12 of which were referred to her.

Ms Smith also mentioned that an article on the Trust's Schwartz Rounds had been included in the national publication and that there had been a positive increase in the number of staff who knew about her role which was reflected in the Staff Survey.

Ms McMeekin commented that it was very positive for patient safety concerns that the Trust were above the national trend for doctor reporting.

Mrs Adams asked about the leadership themes and Ms Smith stated that these came from the listening exercises and were about the culture of lack of leadership and communication. Ms McMeekin stated that this had led to the formulation of the course previously discussed which Ms Smith will co-facilitate.

Ms Mellor stated it was a really good report, but she did not feel the comment on page 253 was positive as it was about a decrease in reporting. The data and trends were discussed and it was noted that Ms Smith had only been in post for two years.

Mr Proctor asked how often she found herself the first point of call and Ms Smith stated that she always asked staff if they had raised it elsewhere as she was there for escalation only when all other routes had been exhausted.

Mr Bertram stated that the joint role had been a good appointment and mitigated a risk in the organisation.

Safer Working Guardian – Ms Smith stated that this was the quarter three report and that the Junior Doctors Forum had gone from strength to strength. A new doctor on rotation who was also a BMA rep had been 'blown away' by the forum and engagement. Ms Smith stated that there were two Vice Chairs in place, one at Scarborough and one at York and that as a result Scarborough was doing very well as there was good support.



Ms Smith also noted that the pairing of doctors and managers being piloted on the York site was going well and receiving positive feedback.

Ms Smith stated that exception reporting remains steady and there is positive action on safety issues. She stated that she is also going to survey the consultant body.

Ms McMeekin noted the spike on the graph on page 261 and Ms Smith stated that this was to do with the August rotation of doctors and them learning about managing their workload.

Mr Proctor recognised that the Trust may not see the benefit of some of this work for years as doctors tend to try to get jobs later in their careers at places where they had a good experience as a junior.

Mrs Adams stated that she had really enjoyed the report and could see where differences had been made by changing rotas.

It was resolved that the Board noted the report and thanked the Guardian for the work being progressed.

19/17 Governance Documents

Mrs Provins provided an overview of the paper and the documents were approved.

19/18 Reflections on the Meeting

BAF – Ms Symington asked if the Board felt that the content of the meeting had covered the risks on the BAF. Mr Bertram stated that risks 4 and 11 had not been discussed in a huge amount of detail, but a sustainability report would come to the next meeting. Ms Mellor stated that digital had been touched on but the mapping exercise due next month would cover this in more detail. She stated that it would be one of the first challenges for the new CE around how the focus on digital was raised if there was no lead for it on the Board.

Mrs Adams expressed concern that the papers were not available until the Friday before the meeting. Mrs Provins stated that this was being looked at in light of the change to the new structure. Mrs Adams suggested that there is a shared folder where papers can be loaded as they are available.

19/19 Any other Business

No further business was discussed.

19/20 Date and Time of next meeting

The next public meeting of the Board will be held on Wednesday 27 March 2019 in the Boardroom at York Hospital.

Outstanding actions from previous minutes



Minute No. and month	Action	Responsible Officer	Due date
18/69	Risk Management Framework to be reviewed following the revision of the committee structure	Ms Jamieson/ Mrs Geary	Jan 19 Feb 19
18/77	Mrs Brown to ensure the video goes on the website.	Mrs Brown	completed
18/80	Mr Taylor to report back to the Board on why gynae are standing out on the CQUIN targets for antimicrobial prescribing.	Mr Taylor	completed
18/81	David Alexander and Kim Hinton to be invited to present the current position context on cancer and what the Trust is doing to alleviate it at the January Public Board.	Mrs Provins	Jan 19 Feb 19
18/82	Mr Golding to bring the Carter metrics to the next meeting.	Mr Golding	Jan 19 Feb 19



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Board of Directors – 27 March 2019 Chief Executive's Overview

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

To provide an update to the Board of Directors from the Chief Executive on recent events and current themes.

Executive Summary – Key Points

Updates include:
Scarborough Acute Services Review
Oncology outpatient services
New Park and Ride service

Recommendation

For the Board to note the report.

Author: Mike Proctor, Chief Executive

Director Sponsor: Mike Proctor, Chief Executive

Date: 27 March 2019

1. Scarborough Acute Services Review

The conclusions of the first phase of the Scarborough Acute Services Review were published on 19 March 2019.

The review considered how things could be done differently to get the best possible hospital services for people in the Scarborough area, whilst addressing the challenges facing these services.

This first stage of the process has involved a detailed analysis of the existing services, how they work and how they are used, alongside data that looks at how these services may change and develop in future years as the population's needs change.

The document, titled Scarborough Acute Services Review: The need for change outlines the four key challenges that acute services currently face, particularly in relation to the changing needs of the population, the ability to recruit specialist staff, meeting national standards and targets, and making the best use of available resources.

Work is now underway to plan the next phase of the review. This will involve using the information gathered so far to look at a range of possible ways these services might be delivered. It is expected that, from this work, a shortlist of possible options will be developed.

At the start of this review all partners were absolutely clear in their belief that there was a need for Scarborough Hospital to have a 24/7 emergency department. The evidence gathered so far in the review supports this. We now need to build on this work and develop our workforce models to make sure that people who live in the Scarborough area can continue to access the care they need now, and the care they will need in the future.

This might mean responding differently to local health challenges to meet the changing needs of our population. We will continue to talk to staff, patients, and other stakeholders, including external experts during this process.

Scarborough Acute Services Review: The need for change is available on the Humber, Coast and Vale Health and Care Partnership website (www.humbercoastandvale.org.uk), along with the supporting technical report.

2. Oncology

Changes were introduced at the start of this month to oncology outpatient services at Scarborough Hospital, due to Hull withdrawing their support to the service in response to their workforce challenges.

We agreed the approach with Hull and East Yorkshire Hospitals NHS Trust (the current providers of this service) and NHS Scarborough and Ryedale CCG and NHS East Riding of Yorkshire CCG, who are the commissioners. The discussions also involved Leeds Teaching Hospitals NHS Trust and Harrogate and District NHS Foundation Trust, with further involvement and support from the Humber, Coast and Vale Cancer Alliance.

The Hull oncology team who provide the service at Scarborough are facing a number of serious staffing issues including:

- Existing oncologists changing roles during summer 2019, plus oncologists who will be retiring in the next year or so.
- Members of their consultant oncologist team expressing concern about the workload and the potential impact on their wellbeing.
- A national shortage of oncologists and also oncology trainees.

Inevitably this has attracted significant attention and caused understandable concern, which we have been responding to over the past few weeks. The problems facing Hull are by no means unique to their Trust, and I understand the difficult decision they have had to make, however it is disappointing and frustrating that it is patients in the Scarborough area who will suffer the impact of this decision, and serves to highlight the interdependencies and complexities in the way our services are organised beyond our own organisation's boundaries.

We have agreed with all organisations involved that this is a temporary measure for six months, and will be reviewed.

3. Park and Ride to launch in York

The dedicated Park and Ride service to York Hospital will launch on 29 April. This has been made possible through the support of York Teaching Hospital Charity, and the Trust has worked in partnership with First York and City of York Council to make these plans a reality.

We are all too aware of the difficulties in parking on the York Hospital site, particularly for our staff, and this is often cited as a cause of frustration when we have sought their feedback.

This new service will help reduce congestion around York Hospital by providing a viable alternative to parking at the hospital.

Both staff and visitors will be able to take advantage of this frequent and fast service, which has been designed to operate at convenient times around staff shift patterns and peak visiting times.

In addition, a new bus stop is being created on the grounds of the hospital, meaning it is only a short walk from the bus into the main hospital reception.

The service will run every 20 minutes from 06:00, between Rawcliffe Bar Park & Ride and the hospital. The last bus leaves the hospital at 20:25.

The idea of having such a service has been discussed for many years, and it is fantastic to see this become a reality. I would encourage all those who can to try it, and help to ease the parking pressures on site.

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Board of Directors – 27 March 2019

Chief Nurse Report

Trust Strategic Goals:

- to deliver safe and high quality patient care
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input checked="" type="checkbox"/>		

Purpose of the 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 and Midwifery and Patient Experience Strategies. The four themes are:

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

The themes triangulate with the Patient Experience Strategy in order that priorities are aligned to ensure delivery of the key objectives. This work will align to the new Patient Safety Strategy pending its approval at Trust Board.

Executive Summary – Key Points

This report provides an update on:

- Patient Experience
- Workforce
- Infection Prevention and Control
- Nutrition and Hydration Week
- Female Genital Mutilation
- National Cervical Screening Campaign
- Chief Nursing Officer Conference

For specific attention:

- Nurse staffing levels, specifically in Scarborough acute site continue to be challenging. The Trust Board is asked to note the work undertaken daily to achieve safe staffing levels and the positive news about newly qualified and international recruitment
 - Infection Control, specifically the second outbreak of Norovirus put patients, visitors and our staff at risk. Additionally, it impacted capacity and our ability to effectively manage patient care and patient flow. A multi-agency and multi-professional meeting has been held and the action plan from this meeting is being developed
 - Infection Control, specifically MRSA on SCBU at York acute site. There was a previous outbreak of MRSA colonisation on the same unit in 2016. Significant work was undertaken but no specific route cause was identified. Through a range of initiatives the position has been well-managed since. Recently, 4 babies have been identified as being colonised. Appropriate measures enacted. The situation is being closely monitored and the team are communicating with families
-

Author: Helen Hey, Interim Chief Nurse

Executive Sponsor: Helen Hey, Interim Chief Nurse

Date: March 2019

1. Patient Experience and Communication

The Trust received 35 formal complaints in February 2019 which is 9 less than January 2019. The main themes are:

- Clinical treatment
- Communication

The Patient Experience Team is linking closely with the Patient Safety Team and Governance Team. In February 2 formal complaints were escalated to the Quality and Safety Meeting. One complaint has already been the subject of a Serious Incident. One is being subject to a 72 hour review before a decision is made in relation to whether this should be declared as a serious incident.

In January and reported at the February Board the Directorates had received 8 letters from people who were dissatisfied with their original response; this was an increase from previous months. The Patient Experience Team analysed the content of the complaints in order to determine if there were any themes associated with the dissatisfied responses. There were no specific themes identified, in summary:

- The complaints do not pertain to 1 specific Directorate
- There were no specific themes identified (as the detail is sensitive and could be identifiable it is not appropriate to include in the public report)

Volunteering has had a very active month. Of specific note is the information session delivered at Scarborough Sixth Form College which resulted in 15 applications from young people to become volunteers at Scarborough Hospital. The team are planning to run more of these events in schools; colleges and at the university sites.

As described previously, the Lead for Volunteering has continued the commitment to deliver the planned scale and spread exercise for volunteering in the Emergency Departments (ED) on both sites. The first volunteers will be introduced to Scarborough ED in April 2019.

2. Infection Prevention and Control

Norovirus update

Between January and March 2019, Norovirus has caused significant illness for our patients and ward closures. This has been most severe in York, with up to 6 full wards closed at a time between the acute and community hospitals, over two time periods. There have also been ward closures in Scarborough, also involving multiple areas. These outbreaks have led to significant operational pressures, and a significant effort was made across the trust to stop transmission.

A review meeting was held on 8 March, involving many colleagues within the acute trust, and external partners including CCGs, PHE and NHS Improvement. Learning points were identified and an action plan is being developed to prevent and manage future outbreaks across the healthcare economy.

MRSA on SCBU

During February and March there were 4 cases of MRSA colonisation on SCBU over a period of 10 days. The unit has been closed and increased IP precautions introduced to ensure that transmission is halted. There have so far been no invasive infections with this MRSA, and almost all have been from screening swabs, but this remains a high risk vulnerable population so all appropriate actions are being taken. There have been intermittent cases of MRSA colonisation of recent years (again with no invasive infections) and PHE are supporting the trust in investigating.

Through the routine MRSA screening programme we have recently seen a higher number of positive cases in York Special Care Baby Unit (SCBU), and as a precaution we have closed the unit to new admissions from 8 March 2019 (the unit remains open to emergency admissions).

Actions to reduce the risk of further cases developing have been taken, including extending screening to cover staff and increasing the frequency with which the babies are screened to twice weekly. Visitors have been reduced and infection prevention practice reviewed with the extra precaution of using gowns when providing care for an MRSA positive baby.

Any baby found to be positive for MRSA is treated to remove the MRSA from their skin, as are their parents. This will help to reduce the likelihood of infection developing, and also limit further cases. No babies on the unit have developed infections. Any staff found to be positive will also be treated.

Parents have been kept fully informed by staff on the unit.

3. Nurse and Care Staffing Report

In October 2018, the Trust Board accepted the revised version of the Nurse and Care Staffing report and the recommendation that monthly reports would be high level and by exception, with quarterly detailed returns focusing on areas of high risk, developments and updates on initiatives.

This report provides the key information and exceptions on nurse staffing, the next detailed quarterly report will be presented to Board of Directors in April 2019. Nurse and care staffing remains challenging and is included on the Chief Nurse risk register.

Planned versus actual staffing and CHPPD

The Trust has submitted the required planned versus actual staffing returned. The detail of the submission is included in Appendix 1.

The overall planned versus actual staffing figures have been calculated to account for long day efficiency.

Table 1 February 2019 overall planned versus actual

Registered Nurse			Care Staff		
Day	Night		Day	Night	
91.7%	92.4%		122.6%	125.0%	

From the data presented in Appendix 1, 12 wards are identified as challenged from a Registered Nurse (RN) perspective. These include wards where actual staff has only been provided to meet levels of activity, so there are no safety concerns to note.

The Matrons for wards with challenging fill rates report to their Head of Nursing specific concerns for escalation / action.

Nurse Recruitment

The Chief Nurse Team works closely with colleagues in recruitment to deliver the optimum recruitment strategies. Of note in February and March (to the time of reporting) 2019:

- Bespoke recruitment continues to operate effectively across specialty areas
- International recruitment has commenced. Currently 38 job offers being processed
- Recruitment events held in early March were extremely successful.
- The Senior Nursing Team are planning celebration of nursing in line with International Nurses Day and part of the focus of this will be welcoming our prospective recruits

Trust wide and site nurse and care staffing data

Table 2 Trust wide, York acute site and Scarborough and Bridlington site vacancy Data

Trust wide																	
Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	WTE			%		
1,651.61	57.11	908.07	1,386.77	57.02	888.23	24.00	0.00	1.00	11.27	0.00	10.83	277.57	0.03	30.01	16.81%	0.16%	3.30%
York Acute Hospital																	
Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
848.20	42.35	474.82	713.46	40.92	451.11	10	0	1	7.87	0	0.74	136.87	1.43	23.97	16.14%	3.38%	5.05%
Scarborough and Bridlington Acute Hospitals																	
Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
498.26	14.76	306.83	380.97	15.70	238.12	10	0	1	2.6	0	9.03	124.63	-0.94	0.62	25.03%	-6.37%	0.20%
Community Services																	
Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
127.13	0.00	81.70	114.33	0.40	77.00	4	0	1	0	0	1	16.81	-0.40	4.70	13.21%	0.00%	5.75%
Midwifery																	
Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
178.02	0.00	44.72	178.01	0.00	42.00	1	0	0	0.8	0	0	0.21	0.00	2.72	0.12%	0.00%	6.08%

The data presented in Table 2 shows trust wide data that encompasses the less challenged areas of community and midwifery. The York acute site and Scarborough and Bridlington sites remain the most challenged areas.

Table 3 Trust wide, York acute site and Scarborough and Bridlington sites RN net vacancy run rate

	October 2018	November 2018	December 2018	January 2019	February 2019
Trust wide (inc community and child health)	18.84%	17.11% ↓	16.53% ↓	16.8% ↑	16.81% ↑
York site	21.31%	17.88% ↓	16.64% ↓	16.2% ↓	16.14% ↓
Scarborough and Bridlington sites	24.15%	24.18% ↑	24.43% ↑	24.8% ↑	25.0% ↑

The data shows an overall small decline in the net vacancy rates trust wide; an improvement on the York site and a small decline at the Scarborough and Bridlington site; although this largely represents a static position.

The data continues to demonstrate the challenges that are being addressed in introducing the Band 4 roles. As previously reported, until there is a critical mass of individuals in Associate Practitioner or Nursing Associate positions who can provide appropriate backfill and until every ward and unit has had an appropriate workforce review this discrepancy will remain.

SafeCare CHPPD data has been provided to all Heads of Nursing in order to report and escalate to the Chief Nurse. The Heads of Nursing will provide a report in the detailed quarterly report in April 2019.

Senior nursing oversight on nursing and care staff continues on a shift by shift basis. This continues to be supported by Matrons evening and weekend working. A review of the newly introduced Matron evening and weekend working is scheduled for May 2019.

4. Nutrition and Hydration Week

Nutrition and Hydration Week has taken place every March since 2012. This year it was 11-17 March.

Its purpose is to bring people together to create energy, focus and fun in order to highlight and educate people on the value of food and drink in maintaining health and well-being in health and social care.

The Trust has undertaken two serious incident reviews in the past 12 months both of which have been presented to Trust board and identified some lessons to be learnt in relation to nutrition and hydration.

Whilst recognising this is an important and serious element of the care we give to our patients, the Senior Nurses Team, lead by Georgia Wright, Head of Nursing for Surgery and Anaesthetics wanted to use this weeks to engage staff; embed some new clinical care and celebrate some of the wonderful ideas staff have to help patients. This has been a truly multi-professional effort with input from colleagues across dietetics; speech and language therapy and catering.

The activities included:

- Roll out of the traffic light jug lid system across medical and elderly wards
- Mocktail sample stands and Mocktail competitions
- Teaching sessions on fluid balance management and posters
- Afternoon tea and cake
- Dysphagia awareness session

All this activity culminated in certificates for all participating staff and the winning team on each site receiving a FAB (food and beverage box) with snacks and drinks for staff to have when they need a pick-me-up. All this hard work was supported by our communications team and celebrated across social media.

5. Female Genital Mutilation –IS

Female Genital Mutilation (FGM) is illegal and is child abuse. It violates the rights of girls and women.

NHS Digital has been asked to support the DoHs ambition to better understand the prevalence of FGM and have done this by:

- Delivering a digital system to strengthen the safeguarding of girls at risk of FGM
- Presenting a national picture of the prevalence of FGM

York Teaching Hospitals Trust is one of 60 Trusts that has committed to working with NHS Digital in 2019/2020 to implement the FGM-IS system.

This programme is part of the Government's programme to eradicate FGM in England and to work with countries to stop FGM happening abroad.

The programme is being delivered by maternity services across York and Scarborough who will start inputting into the data from 31 March 2019.

6. Cervical Screening Awareness Campaign

The NHS Cervical Screening Programme supported by Public Health England has made a significant impact on cervical cancer mortality since it was established in 1988.

Evidence shows that specific publicity (such as the impact of Jade Goody's death in 2009) encourages increased uptake of screening by between 10%-30%.

Although this is principally a Primary Care activity, the teams in the Trust have worked to engaged with the campaign. These activities have been supported by the Communications Team on social media. In addition, the specialist nursing teams have developed stands and displays in the hospital and in the shopping centre in Scarborough in order to support this important public health message.

7. Chief Nursing Officer Conference

The Interim Chief Nurse attended the Chief Nursing Officer for England's Chief Nurse Summit.

A welcomed focus was on the significant challenge of the supply of nurses. Of note there was a commitment to:

- Expansion of graduate training
- Expansion of Nursing Associate training
- A commitment to reverse the funding cuts for non-medical post graduate education
- A commitment to supporting nursing leadership and management
- A focus on supporting flexibility in the work place
- A focus on embracing diversity in the work place
- A call to action to enhance the value of nursing and midwifery as a career option

Other areas of focus included:

- Integration / system wide working
- Digital
- Health promotion and illness prevention
- Volunteering

8. Detailed Recommendation

Trust Board is asked to accept this report for information.

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Board of Directors– 27 March 2019 Medical Director’s Report – Public Meeting

Trust Strategic Goals:

- to deliver safe and high quality patient care
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

- For information
- For discussion
- For assurance
- For approval
- A regulatory requirement

Purpose of report

This report provides an update from the Medical Director on salient issues related to patient safety, clinical effectiveness and patient experience.

Executive Summary -Key Points

Senior Review within 14 hours of admission

Senior review within 14 hours of admission on the Scarborough site has seen a reduction in performance over 5 consecutive months with some improvement during February. In response to this, a real time audit is being undertaken during March. This will provide an accurate position as to whether failure to record the senior review in CPD is the issue or whether the review has failed to take place within 14 hours of admission.

Patient Safety Strategy

Please note the final draft of the patient safety strategy is included for approval.

Recommendation

Board of Directors are asked to note the Medical Directors Report for March 2019.

Board of Directors are asked to approve the Patient Safety Strategy 2019 - 2024

Author: Rebecca Hoskins, Deputy Director of Patient Safety

Director sponsor: Mr. James Taylor, Medical Director

Date: March 2019

CQUIN Report – Q3 2018-19

2a: Timely identification of patients with sepsis in emergency departments and acute inpatient settings.

1. Introduction

The percentage of patients who met the criteria for sepsis screening and were screened for sepsis

The indicator applies to adults and child patients arriving in hospital as emergency admissions and to all patients on acute in-patient wards.

This applies in 17/18 and 18/19.

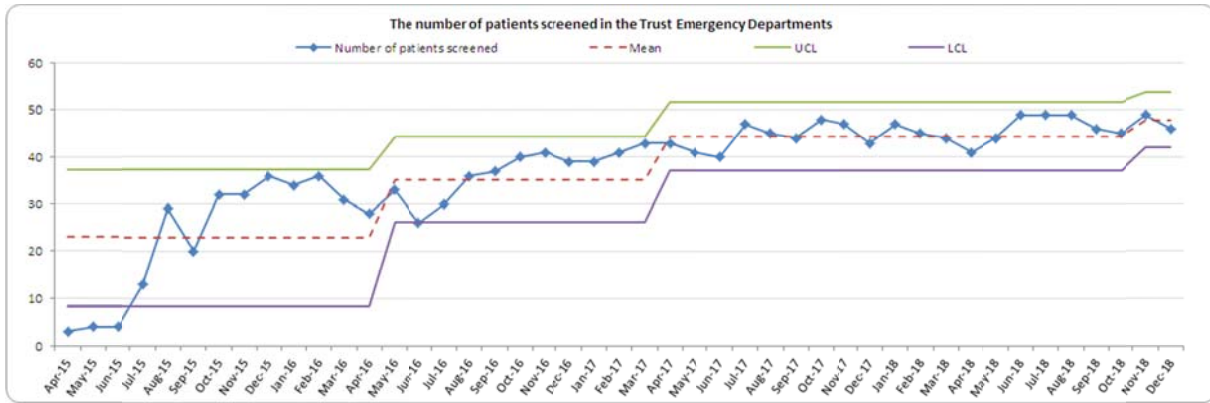
2. Q3 Milestone

Payment based on % of eligible patients (based on local protocol) screened:	
Less than 50.0%:	No payment
50.0%-89.9%:	5.0%
90.0% or above:	12.5%

3. Evidence

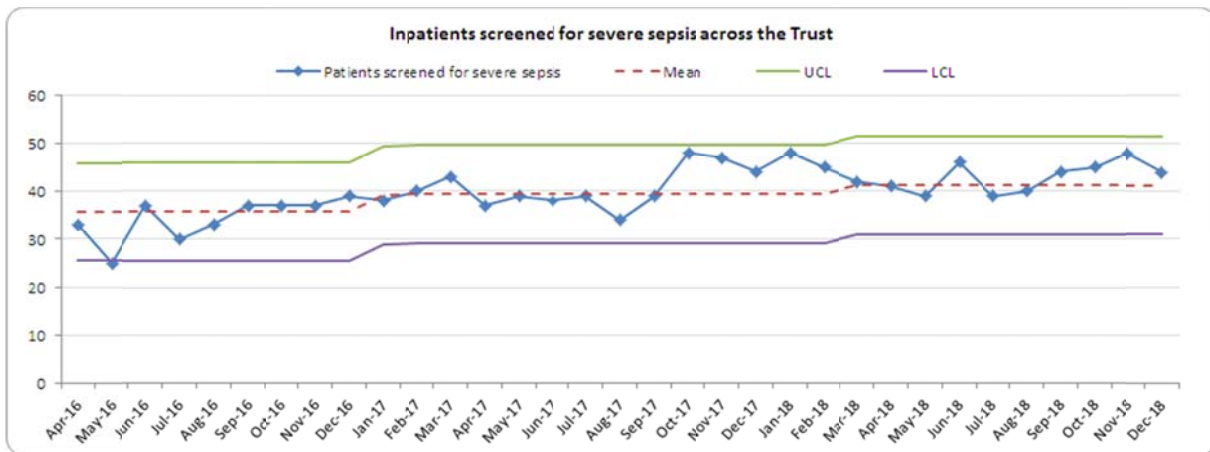
ED Screening

Quarter	Month	Number included	Number Screened	Percentage	Overall Quarter Compliance
Q1 2018/19	April 2018	50	40	80%	88.66%
	May 2018	50	44	88%	
	June 2018	50	49	98%	
Q2 2018/19	July 2018	50	49	98%	96%
	August 2018	50	49	98%	
	September 2018	50	46	92%	
Q3 2018/19	October 2018	50	45	90%	93%
	November 2018	50	49	98%	
	December 2018	50	46	92%	



Inpatient Screening

Quarter	Month	Number included	Number Screened	Percentage	Overall Quarter Compliance
Q1 2018/19	April 2018	50	41	82%	84%
	May 2018	50	39	78%	
	June 2018	50	46	92%	
Q2 2018/19	July 2018	50	39	78%	82%
	August 2018	50	40	80%	
	September 2018	50	44	88%	
Q3 2018/19	October 2018	50	45	90%	91%
	November 2018	50	48	96%	
	December 2018	50	44	88%	



4. Preparation for Q4 deliverables

- To continue to maintain and improve our position.

CQUIN Indicator 2a: Timely identification of patients with sepsis in emergency departments and acute inpatient settings.

CQUIN Report – Q3 2018-19

2b: Timely treatment of sepsis in emergency departments and acute inpatient settings &
2c: Assessment of a clinical antibiotic review between 24-72 hours of initiation in patients with sepsis who are still inpatients at 72 hours following the review criteria below.

1. Introduction

2b: The percentage of patients who were found to have sepsis in sample 2a and who received IV antibiotics within 1 hour.

The indicator applies to adults and child patients arriving in hospital as emergency admissions and to all patients on acute in-patient wards.

2c: Percentage of antibiotic prescriptions documented and reviewed by a competent clinician within 72 hours meeting the following three criteria below:

1. Appropriate clinical review by either:
 - Infection (infectious diseases/clinical microbiologist) senior doctor (ST3 or above)
 - Infection pharmacist
 - Senior member of clinical team (ST3 or above)

2. Documented outcome of review recorded as one of the following 7 options:
 - Stop
 - IV to oral switch with a documented review date or duration of the oral antibiotic
 - OPAT (Outpatient Parenteral Antibiotic Therapy)
 - Continue with new review date or duration
 - Change antibiotic with escalation to broader spectrum antibiotic with a documented review date or duration
 - Change antibiotic with de-escalation to a narrower spectrum antibiotic with a documented review date or duration
 - Change antibiotic e.g. to narrower/broader spectrum based on blood culture results with a documented review date or duration

3. Where appropriate an IV to oral switch decision was made. If the decision was for the patient to remain on IV antibiotics, a documented rationale for not switching is clearly documented:
 - Patient is nil by mouth or not absorbing
 - No oral antibiotic option available
 - Patient not clinically improving
 - Deep seated infection
 - Based on microbiology/ID consultant/Infection Pharmacist advice

2. Q3 Milestone

2b:

ED Achieve 90% of ED Treatment within 60 mins. Local agreement to achieve 50% of ED treatment within 60 mins by end of Q4.

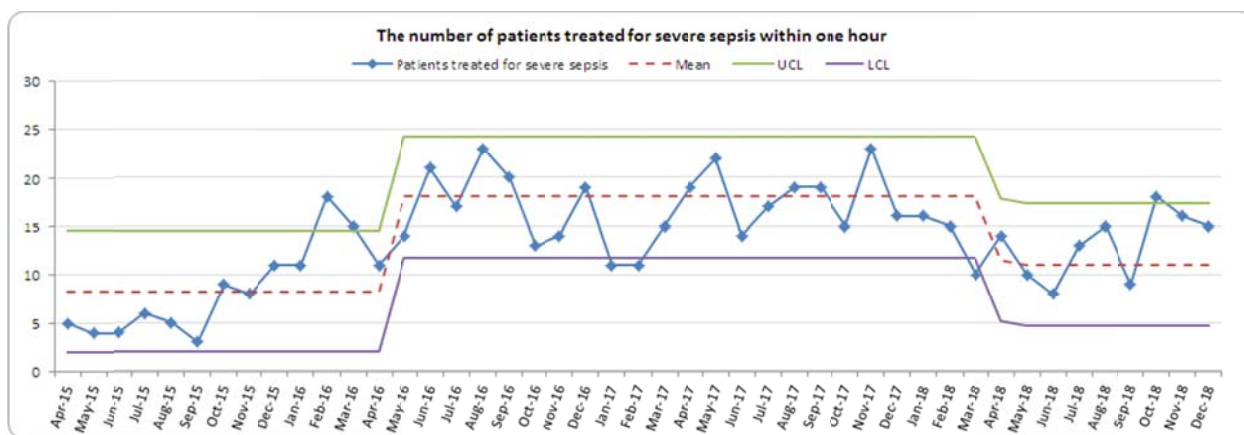
Inpatients – Quality Improvement

2c: Perform an antibiotic review that meets the criteria above (i.e. by an appropriate clinician PLUS one of the seven documented outcomes PLUS an IV to oral switch assessment) for at least 75% of cases of antibiotic prescriptions.

3. Evidence

2b: Treatment in Q3

Quarter	Month	Number included	Number Screened	Percentage	Overall Quarter Compliance
Q1 2018/19	April 2018	30	14	46.66%	35.55%
	May 2018	30	10	33.33%	
	June 2018	30	8	26.66%	
Q2 2018/19	July 2018	30	13	43%	41.11%
	August 2018	30	15	50%	
	September 2018	30	9	30%	
Q3 2018/19	October 2018	30	18	60%	54%
	November 2018	30	16	53%	
	December 2018	30	15	50%	



2b: Q3 Quality Improvement Timely Treatment in ED

CQUIN Indicator 2b: Timely treatment of sepsis in emergency departments and acute inpatient settings & 2c: Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.

- The Trust has continued to improve its adherence to ensuring that patients with severe sepsis receive their antibiotics within an hour: in Q3 across the Trust we achieved antibiotics within an hour in 54% of severely septic patients (an increase of 19%). This achievement was recognised through emails from the CEO and Deputy Director of Patient Safety to the departments.
- Monthly data continues to be shared with both Emergency Departments (time to antibiotics, blood culture contamination rates) for display for front line staff in poster form. York ED has also incorporated this information into their “EHarmD” newsletter which is disseminated to staff. Weekly feedback, highlighting specific themes, from patients who have died across the Trust from sepsis is also fed back to the department.
- Collaboration is ongoing between the Trust and YAS on managing the ambulance queue patients within our Emergency Departments with the work being led by a Head of Nursing.
- Data was collected through the Q2 and Q3 audits on potential barriers to patients receiving antibiotics. This was discussed at the steering groups and local ED operational groups. Time from patient arrival to being seen by a doctor was identified as a barrier especially in York: currently separate nursing and medical CAS documentation is under review with the documentation steering group and there is now a more consistent approach to having a senior decision maker in the ambulance assessment area in York.

York ED

- A specific sepsis trolley was introduced in November 2018 to York ED. This is a Bristol Maid Trolley, which tethers to the wall in the First Assessment triage area. The trolley contains all that is needed for a sepsis screen as well as containing relevant antibiotics. A local departmental audit will be done during Q4 to assess its effectiveness. Its use has again been included in the “EHarmD” newsletter.

Scarborough ED

- Time zero flags continue to be used and placed on drip stands for all patients identified as potential sepsis on admission.
- The department are investigating whether thick plastic time zero flags can be procured which will replace the laminated flags improving their longevity. Further information will be available in 2019-2020 Q1 report.
- Staff feedback on sepsis cases is ongoing locally by an Acute Care Practitioner and Consultant ED Physician.

Adult Sepsis Screening Tool

- The Trust’s adult sepsis screening tool is currently based on the Sepsis-2 and includes SIRS criteria. To move in line with the Sepsis-3 definition, the adult sepsis screening tool will need to be changed. A paper format is currently in small-scale testing in PDSA cycles before being rolled out to the rest of the Trust. An electronic version will also need to be developed. Hopefully, this work will be completed by August 2019.

CQUIN Indicator 2b: Timely treatment of sepsis in emergency departments and acute inpatient settings & 2c: Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.

Move to NEWS2

- An e-learning package will be available by the end of January 2019 with ward-to-ward training beginning. NEWS2 will go live 1st April 2019.

Blood Culture Contamination Rates (Appendix 2: September to December data)

- Rates of contamination continue to be shared with the Emergency Departments on a regular basis.
- Contamination rates are still only available for AMB, Cherry and both Emergency Departments. A meeting is being arranged to see if blood culture contamination rates can be reported in other areas and has been added to our risk register. The blood culture contamination rates are still within common cause variation with no special cause variation noted.
- Currently, due to staff shortages, there can be limited input from the clinical skills and IPC teams to teach and assess ANTT especially for doctors. We are trying to ensure that assessing ANTT for blood cultures and cannulation is placed into the mandatory induction course for rotating doctors from August 2019.

Further Focussed Work

- District Nurses Screening Tool
 - A screening tool is being used with a District Nurse team based in York. Feedback is awaited by the end of Q 4.
 - An electronic learning package is with the IT development team to help with the roll out of this across the District Nursing teams. This should be implemented by the end of Q 4.
- The Emergency Department sepsis groups continue to function and have had good staff engagement. Both meet on a bimonthly basis with minutes taken at each. These meetings allow clinical staff to be involved in improvement projects in order to take “ownership” of the Sepsis targets.
- Sepsis Champions Network Study Day is on Monday 8th April in Malton. This event is for two members of nursing, associate practitioners and healthcare assistants from each ward and department who are interested in becoming Sepsis Champions/link nurses for their areas. This will be a varied event utilising teaching modalities including quizzes, scenarios, group work and seminars. The aim will be to produce a network of individuals, meeting on a monthly basis, who can troubleshoot problems in their own areas and liaise with the Sepsis Steering Group.
- A “safety-net” patient information leaflet for those adult patients who are being discharged with signs of infection is in development. It requires to be tested with a small group of patients incorporating their feedback before it goes to a readability group. This should be available by the end of Q4.

2c: Antibiotic Review

CQUIN Indicator 2b: Timely treatment of sepsis in emergency departments and acute inpatient settings & 2c: Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.

Perform an antibiotic review that meets the criteria (i.e. by an appropriate clinician PLUS one of the seven documented outcomes PLUS an IV to oral switch assessment) for at least 75% of cases of antibiotic prescriptions.

This data is obtained through examining the antibiotic prescriptions for 30 patients throughout the quarter (10 from each month). The numerator is the number of prescriptions reviewed within 72 hours by at least one senior staff member. The denominator is the number of antibiotic prescriptions for each of the 30 patients included for assessment (i.e. each patient may have more than one prescription).

	Number of prescriptions reviewed	Number of prescriptions	Percentage
Q1 2018-2019	51	68	75%
Q2 2018-2019	44	103	43%
Q3 2018-2019	31	42	74%

2c: Quality Improvement

- Through completing the monthly audit we have identified that in 50% of patients, only one antibiotic (rather than the recommended two) is being given. To improve this posters have been placed in the Emergency departments and it is included in the weekly feedback to ED teams. Furthermore, we are working with the electronic prescribing team and antimicrobial pharmacist to develop order sets for septic patients within the EPMA system to help improve adherence. This idea will first be tested using stickers for the front of CAS cards by the end of Q4.
- The Trust is participating in the ARK study (antibiotic review kit) with the aim to increase the proportion of antibiotics that are reviewed by a member of the clinical team and either stopped or switched to the oral route, or narrower spectrum IV route, by 72 hours. The baseline rate for stopping antibiotics within this timeframe was 10% in medicine at York, consistent with the national average. Since ARK started in June 2018 there has been a sustained increase in this proportion to approximately 20%. A plan to roll it out further across the hospital within the next few months is currently under development.

Appendix 1 – CQUIN 2b

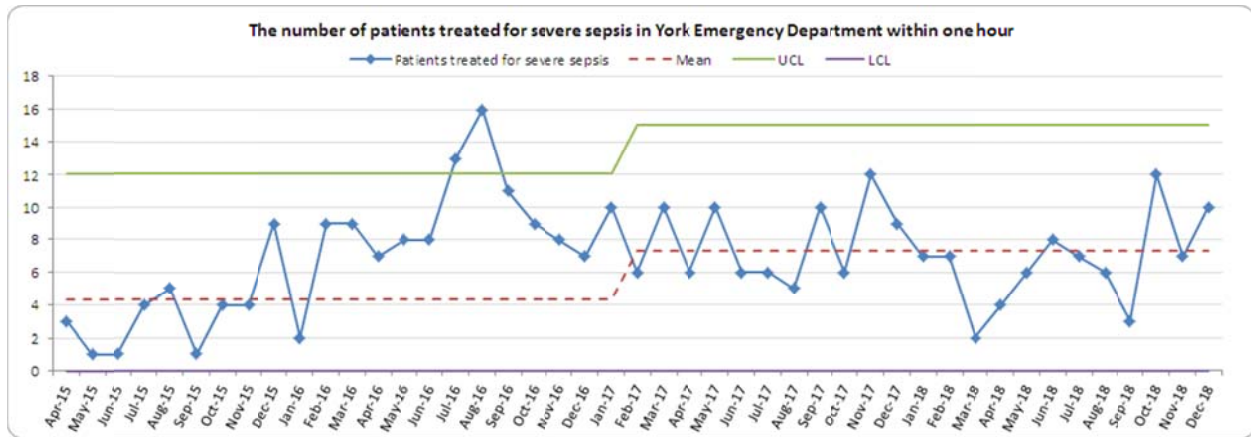
Q3 Compliance rates for those patients receiving antibiotic treatment within one hour

York

Quarter	Month	Number included	Number Screened	Percentage	Overall Quarter Compliance
Q1	April 2018	12	4	33%	39%

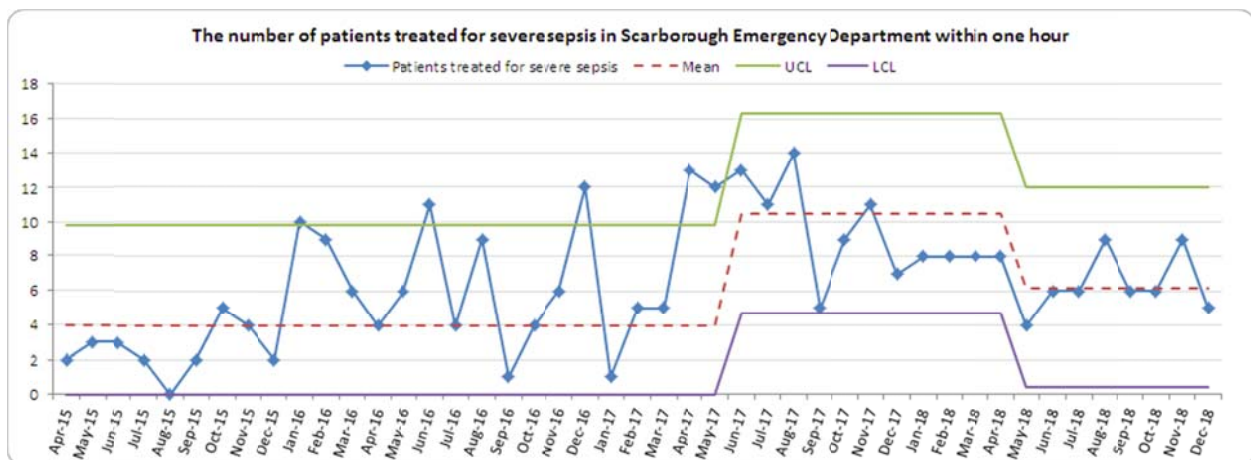
CQUIN Indicator 2b: Timely treatment of sepsis in emergency departments and acute inpatient settings & 2c: Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.

2018/19	May 2018	17	6	35%	40%
	June 2018	17	8	47%	
Q2 2018/19	July 2018	16	7	44%	
	August 2018	13	6	46%	
	September 2018	11	3	27%	
Q3 2018/19	October 2018	20	12	60%	
	November 2018	19	7	37%	
	December 2018	19	10	53%	



Scarborough

Quarter	Month	Number included	Number Screened	Percentage	Overall Quarter Compliance
Q1 2018/19	April 2018	18	8	44%	53%
	May 2018	13	4	31%	
	June 2018	13	6	46%	
Q2 2018/19	July 2018	14	6	43%	42%
	August 2018	17	9	53%	
	September 2018	19	6	32%	
Q3 2018/19	October 2018	10	6	60%	63%
	November 2018	11	9	82%	
	December 2018	11	5	45%	



CQUIN Indicator 2b: Timely treatment of sepsis in emergency departments and acute inpatient settings & 2c: Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.

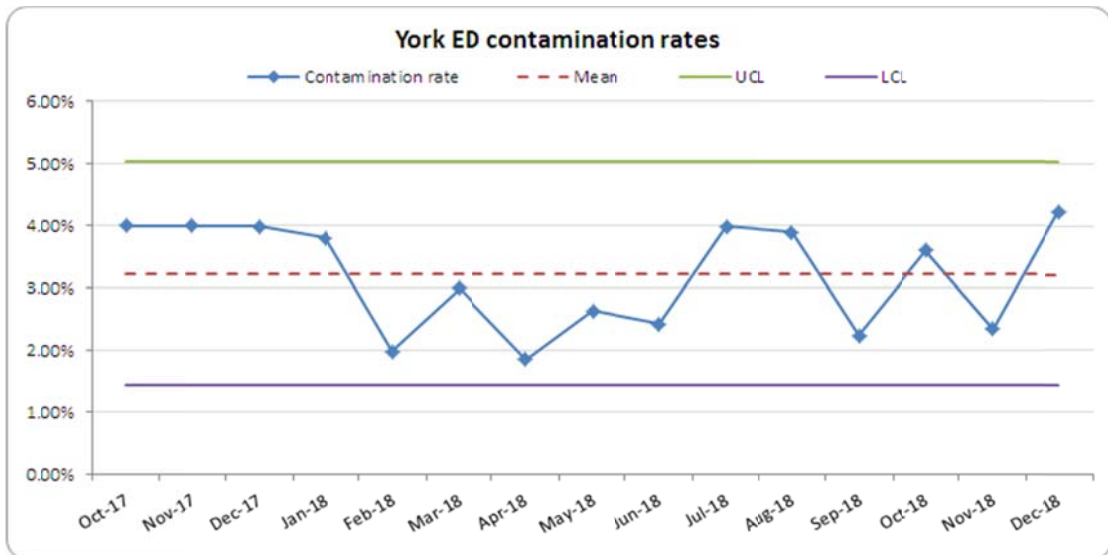
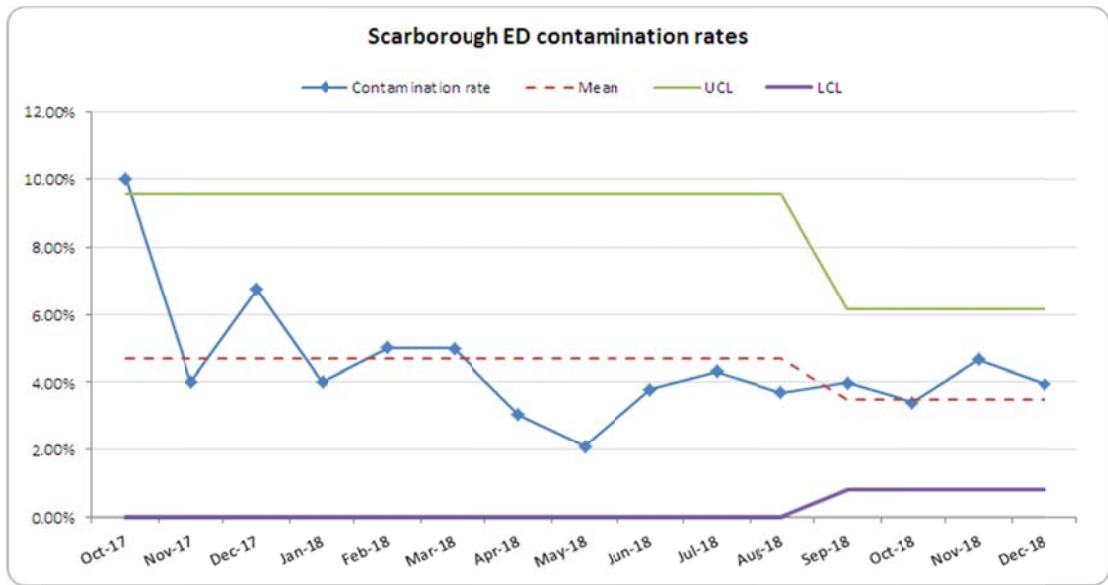
Appendix 2

Blood culture contamination rates for Q3.

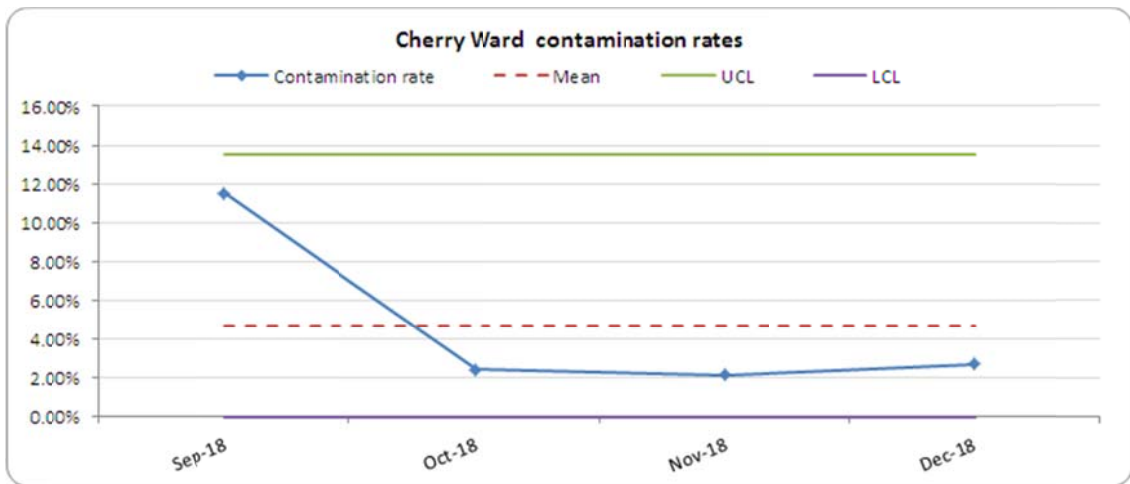
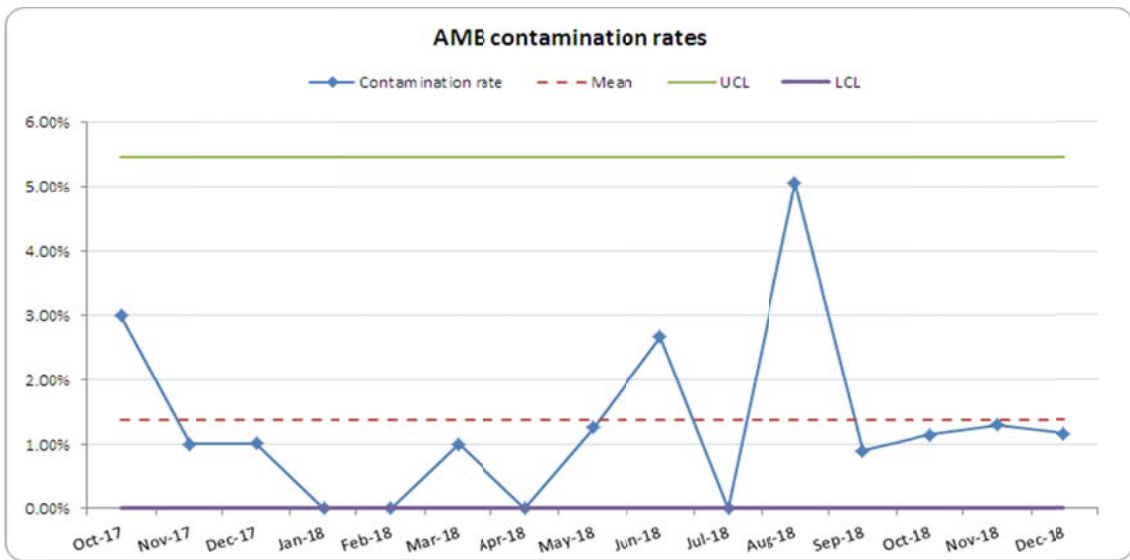
Month	Ward	Overall contamination rate
July 2018	SH - ED	4.31%
	YH - ED	3.98%
	YH - AMB	0.00%
August 2018	SH - ED	3.70%
	YH - ED	3.89%
	YH - AMB	5.06%
September 2018	SH - ED	3.98%
	SH - Cherry	11.50%
	YH - ED	2.24%

CQUIN Indicator 2b: Timely treatment of sepsis in emergency departments and acute inpatient settings & 2c: Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.

	YH - AMB	0.90%
October 2018	SH - ED	3.40%
	SH - Cherry	2.44%
	YH - ED	3.60%
	YH - AMB	1.14%
November 2018	SH - ED	4.67%
	SH - Cherry	2.13%
	YH - ED	2.35%
	YH - AMB	1.30%
December 2018	SH - ED	3.94%
	SH - Cherry	2.70%
	YH - ED	4.24%
	YH - AMB	1.16%



CQUIN Indicator 2b: Timely treatment of sepsis in emergency departments and acute inpatient settings & 2c: Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.



CQUIN Indicator 2b: Timely treatment of sepsis in emergency departments and acute inpatient settings & 2c: Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.

MINUTES

Title:	Patient Safety Group
Date:	Tuesday 15 th January 2019
Time:	08:00 – 09:30
Location:	Ophthalmology Seminar Room, York Hospital with VC to Orchard Room, Scarborough Hospital
Chairing:	Rebecca Hoskins (RH),
Attendees:	Rebecca Hoskins (RH), Chris Foster (CF), Fiona Jamieson (FJ), Jonathan Thow (JCT), Elizabeth Ross (ER), Gemma Williams (GW), Helen Holdsworth (HH), Jan Godwin (JG), Ed Smith (ES), Sharon Hurst (SH), Dawn Prangnell (DP) – taking notes
Apologies:	Jim Taylor (JT), Donald Richardson (DR), Ru Rupesinghe (RR), Vicky Mulvana-Tuohy (VMT), Helen Noble (HN), Margaret Scarce (MS), Victoria Elletson (VE)

No	Item/Discussion	Lead for actions
1.	Apologies	
	RH welcomed everyone to the meeting and gave apologies as above.	
2.	Notes from the meeting held on 20th November 2018 and Matters Arising	
	<p>The minutes from the 20th November 2018 meeting were agreed as an accurate record.</p> <p>DP to amend the spelling of been to 'being' under item 3 and item 10.</p> <p>Electronic Prescribing and Medicines Administration (EPMA) – HH informed the group the main issue with EPMA is the speed of the system this is across all sites. SNS are aware of the issue and are looking into if it is due to the hardware / software. HH confirmed this has been logged on the EPMA issue log and David Pitkin will check it has been added to the risk register.</p> <p>Patient Identification Policy – the policy has now been approved.</p> <p>Anticoagulant Service – from the end of January 2019 the anticoagulant service will no longer be provided at York Hospital, alternative pathways have been distributed and this has been escalated to the Board.</p>	DP to amend spelling
3.	SI Trends	
	<p>FJ informed the group there is currently the same split of SIs reported for falls and pressure ulcers as previously reported at the November 2018 meeting. Over the last year there has been a trend in a higher number of clinical SIs been reported.</p> <p>Following the Christmas period there was an increase in the number of 12 hour trolley waits, 3 SI's have been declared this year.</p> <p>SI's currently been investigated are;</p> <ul style="list-style-type: none"> • 2 under the surgical directorate; <ul style="list-style-type: none"> ○ a patient was treated for something that they did not require treatment for 	

	<ul style="list-style-type: none"> ○ a patient had an artery snipped • Cat 3 pressure ulcer • 12 hour trolley wait <p>The clinical SI's are</p> <ul style="list-style-type: none"> • Delayed diagnosis – radiology and specialities which are currently struggling with capacity demands • Failure to escalate the deteriorating patient. JTh raised; SpRs out of hours are finding it difficult to attend all patients in a timely manner due to demand therefore they are making a decision of which patients to prioritise. It was suggested to look at the triangulation of all staff on areas where there is failure to escalate. <p>RH informed the group over the next 6 months the Improvement Academy will be interviewing staff within the Trust, from these interviews it should highlight the current challenges staff face and in which areas.</p> <p>FJ agreed going forwards as well as the SI trends to bring key learning to share with the Patient Safety Group.</p>	<p>FJ - look at staffing in areas failing to escalate the deteriorating patient.</p> <p>FJ to bring SI learning to the next meeting. DP change agenda item to SI trends / learning</p>
4.	Clinical Guidelines	
	<p>CF provided the group with an update on the directorate progress updating their clinical guidelines.</p> <p>Surgery – the guidelines have not been reviewed, a new Clinical Governance Lead for the directorate has been appointed and as part of their role they will review the directorate's guidelines.</p> <p>Emergency Department, York – the department have a paper handbook for the doctors which includes out of date documents. The team are working with staff to work towards the clinical guidelines been electronic rather than paper. Scarborough Emergency Department has access to their clinical guidelines through Staff Room, York are been encouraged to use Scarborough ED as a template. There was a discussion that shifting culture within the department is a challenge.</p> <p>It was highlighted a large number of York ED clinical guidelines are out of date and it is a greater risk that staff rely on the paper copy rather than the most up to date electronically, this has been discussed at Quality and Safety who agreed the documents should not be paper copies.</p> <p>CF is looking into tablets for the ED where they will only be able to access clinical guidelines as a way to move away from paper.</p> <p>Human Resources – there is a number of corporate documents which are out of date / been renamed this has been escalated to Polly McMeekin who has tasked Jenny Flinton with the job of reviewing the corporate documents.</p> <p>Staff Room - FJ informed the group the Trust are currently looking into replacing staff room, Lucy Brown has gone out to tender and is inviting companies to demonstrate their intranet systems. FJ has asked JTh and DR to be part of the review process.</p>	

	<p>There was discussions if a clinical guideline is updated and is stored in more than one place on staff room is it updated in each area, FJ stated if Mike Boulton knows all the areas he will ensure they are all updated . ES believes the updating of documents should be under the ownership of each care group to ensure there area of staff room is kept up to date, FJ asked ES to feed this back to Wendy Scott.</p> <p>JTH suggested there should be central governance and rules staff must follow for keeping documents up to date, FJ agreed this is an opportunity to get consistency between directorates.</p> <p>FJ informed the group, a piece of work her team are to work on is looking into the management of folders on the Qdrive and Xdrives.</p>	<p>ES to speak to Wendy Scott</p>
5.	ARC Programme Progress	
	Deferred to the March 2019 meeting.	
6.	Digital Consent Form	
	<p>This has not been progressed yet and will form part of a paper-light roll out which will require a business case.</p> <p>It was agreed to remove the item from the agenda and pick back up when work has progressed further.</p>	<p>DP to remove from agenda</p>
7.	Calculating the risk score for mortality	
	Calculating the risk score for mortality will not be put live until some bugs identified in testing are corrected. An Oracle software update is due to start and if not fixed and live by then, it will have to wait until after that upgrade.	
8.	Hardware in clinical areas report	
	<p>Adrian Shakeshaft provided a report on the hardware in clinical areas which RH read out to the group, DP to circulate the report.</p> <p>Key points highlighted:</p> <ul style="list-style-type: none"> • The Trust approach was to have a rolling replacement programme in order to ensure that no PCs are older than 5 to 6 years old, which means swapping out around 1300 PCs / laptops per annum at a cost of approximately £650k • Over the last 4 years, mainly due to cost pressures and competing IT priorities the rollout has not kept pace; as a result of this there are around 70% of PCs over 5 years old. • In the last 2 years the most heavily used PCs have been replaced first and then the oldest PCs after. • 300 PCs have been replaced on Nurses stations across York and Scarborough however up to 4000 users have logged onto these over the last 6 months which is the reason they are given priority. <p>Future plans;</p> <ul style="list-style-type: none"> • The use of virtual desktops in key areas, the advantages of this would be; <ul style="list-style-type: none"> • Increased desktop security • Quicker log in time • Quicker recovery after an issue such as a virus • Reduced downtime cause by security patching and upgrades • The desktop strategy is one element of the overall IT strategy that is to be incorporated into Trust plans and further worked on this year. <p>The group discussed the report, ES said the culture is staff speak to the patient but then go to the desk to write up the notes, should staff have IT equipment to be able to speak to the patient and write up at the patient's</p>	<p>DP to circulate the report. Completed</p>

	<p>bedside.</p> <p>JTh highlighted the software and hardware infrastructure has been the same for a number of years and their needs to be a root and branch review. The group agreed the infrastructure is not currently stable.</p> <p>No one in attendance at today's meeting has seen / been involved in the IT strategy, it was agreed IT should be speaking to staff and agree what their priorities are for the next 5 years and staff be informed.</p>	
9.	DRAFT Patient Safety Strategy	
	<p>The draft Patient Safety Strategy was circulated to the group to have sight of the narrative and principles.</p> <p>RH met with directorates over the last 6 months to understand what they need locally. RH has also met with medical illustrations re; images and branding for the strategy.</p> <p>RH asked the group to send any comments by the 31st January 2019, the strategy will then be taken to Board in February 2019 for approval and be published in March 2019.</p>	<p>All – send comments to RH by 31st January 2019.</p>
10.	NEWS2 and delirium	
	<p>VE produced an action plan highlighting key points to the group:</p> <ul style="list-style-type: none"> • Recognising ACVPU and scoring 3 for new confusion • Diagnosing and documenting on CPD patients who have type 2 respiratory failure and have SpO2 target of 88-92% • Using a NEWS score of ≥ 5 and a possible source of infection for recognising and screening for sepsis • Training and awareness begins January 2019 and drop in sessions booked across all sites throughout January, February and March by the Patient Safety Team and Critical Care Outreach Team • Bitesize eLearning package in development – “go live” 4th February 2019. • NEWS2 launch 4th March 2019, GW clarified this date has now moved due to SNS unable to complete the build on CPD / APEX by this date, the new proposed go live is 1st April 2019. RH asked that the group is kept up to date with slippage time because it is part of a CQUIN. • 4AT for delirium and sepsis is been built into the system, GW stated sepsis will be built after NEWS2 has gone live. 	
11.	Healthcare Safety Investigation Branch (HSIB)	
	<p>The HSIB aim to investigate 1000 intrapartum still births, neo-natal deaths, neonatal brain injury and maternal deaths within 42 days of the end of pregnancy.</p> <p>The HSIB began working with the Trust on the 3rd December 2018 and are currently investigating one case. This case is an intrapartum still birth and ER is interested to see the outcome from HSIB.</p> <p>When the HSIB investigate cases they will visit the Trust, take photos, interview staff their preferred method is to record the interview however staff are in their own right to say no to been recorded and written minutes will be produced.</p> <p>When the HSIB have verbal consent from the parents to carry out the investigation the Trust does not have contact with them until the end of the</p>	

	<p>investigation process.</p> <p>Once the investigation is completed and report produced this is sent to the Trust to check and then to the parents. The report will not be published publically however the learning points will be.</p> <p>The reporting process could take up to 6 months and parents are able to refuse the investigation if they want to, if this happens the Trust SI process will be followed.</p> <p>RH and FJ informed the group the HSIB have been asked to look into an incident that occurred within the Ophthalmology Department.</p>	
12.	<p>Items to escalate to the Board of Directors (Standing item)</p>	
	<p>The group agreed the following items need to be escalated to the Board of Directors:</p> <ul style="list-style-type: none"> • Scarborough Special Care Baby Unit (SCBU) – there is a significant medical and nursing staffing issue in SCBU. The Directorate team have met to look into how the ward can be managed safely, it was suggested by the Clinical Director to raise the gestation of babies from 32 weeks to 34 weeks until the staffing has been resolved, this is a safety decision. • IT hardware – share with the board the hardware report from Adrian Shakeshaft to highlight the current problem and to determine priorities to replace hardware. Ask AS for a cost for ward upgrades? 	<p>RH to send the paper to Board</p>
13.	<p>Sub Group Action Logs</p> <ul style="list-style-type: none"> • Deteriorating Patient Group – attached • Falls Steering Group – attached • Junior Doctors Safety Improvement Group – attached • LocSSIPs – attached • Medicine Management Group – attached • Mortality Steering Group – attached • Obstetrics and Gynaecology Clinical Governance Group – Scarborough – x 2 attached • Obstetrics and Gynaecology Clinical Governance Group - York – x 2 attached • Pressure Ulcer Steering Group – attached • Safeguarding Adults Governance Group – attached <p>For information:</p> <ul style="list-style-type: none"> • Deconditioning Steering Group – the group has not met therefore there are no papers • Blood Transfusion Group – the group has not met since the last paper was submitted to the Patient Safety Group. The next meeting is 22nd January 2019. 	
	<p>Deteriorating Patient / Resus Group</p> <ul style="list-style-type: none"> • Poor compliance with electronic ceiling of care • Working towards out of hour app to support Junior Doctors • Internal audit of patient escalation. RH informed the group she has met with JR and JT re: the audit and an update is going in the Board papers. The audit shows crash calls have had steady progress over the last 4 years. • SHMI on the dashboard has increased, this has been highlighted to HN to see if there are trends on the mortality dashboard. 	

Falls Steering Group

- Root and branch review of inpatient falls is now complete and has been presented to the Senior Team. Within the review there are 35 recommendations, it has been agreed to carry out focused work on a couple of areas well before fix all the problems.
- Settled claims from a fall during 2017/18 cost the Trust £76,500.
- The Trust have registered for the National Audit of Inpatient Falls 2019, Dr Becky Hampson has agreed to be the Clinical Lead. From January to June 2019 data will be collected for patients who fall and sustain a fractured hip.

Junior Doctor Safety Improvement Group

- Attendance continues to be variable, the time of the meeting and how it is advertised is been reviewed.
- Dr Sarah Pearson has been appointed the new Vice Chair.
- Sepsis e-learning does not demonstrate the use of CPD screening tool, hopefully this will be added through the review of the pathway and e-learning.
- To aid correct antibiotic prescribing for severe sepsis 'order sets' are to be explored through EPMA
- Investigating the logistics of carrying out practical assessment of ANTT for all Junior Doctors at induction.

RR to discuss with GW.

LocSSIPs

- The Documentation Steering Group did not approve the LocSSIP template; this is work in progress and a large number of documents need to be approved.
- The Patient Safety Team continues to facilitate the following work streams;
 - Day Unit – liver biopsy pathway
 - Main theatres pathway for L/A
 - Ophthalmology theatres pathway – L/A and G/A
 - Sexual Health invasive procedures
- The outstanding LocSSIPs are:
 - Head and Neck
 - General Medicine

Medicines Management Group

- EPMA – issues with speed have been added to the risk register
- There is no one responsible for medical gases across the sites, this will be picked up through the Medical Gas Committee.
- Since the introduction of EPMA the rate of compliance (correct abx, course length, review, IV to oral switch) has dropped dramatically. There have been discussions to add more indications to capture the data, this will be discussed at the Antimicrobial Stewardship Meeting Tuesday 15th January 2019.

Mortality Steering Group

- The meeting was not quorate again due to poor engagement, there will be conversations with PW regarding the group and its function.
- Large backlog of case note reviews in Medicine and Surgery.
- Work ongoing with SJCRs
- Recurrent themes of failure to escalate deteriorating patients.

	<p>Obstetrics and Gynaecology Clinical Governance Group – York and Scarborough</p> <ul style="list-style-type: none"> Each group provided an action log and minutes, RH asked the group to review these. <p>Pressure Ulcer Steering Group</p> <ul style="list-style-type: none"> The collaborative work on heel pressure ulcers has now finished New NHSi pressure ulcer definitions implementation work will go live march / April 2019. Chair audit regarding the pressure relieving chairs within the Trust highlight several issues around compatibility of pressure relieving cushions with chairs across sites. The report recommends further training around the purpose of pressure relieving chairs and cushions. Task and finish group has been established to address the recommendations from the chair audit, this is been led by the Patient Safety Team. <p>Safeguarding Adults Strategic Governance Group</p> <ul style="list-style-type: none"> CQC action plan PREVENT briefing paper PREVENT training compliance has been added to the risk register Proposed changes to the DOLS arrangements 	
14.	Any other business	
	There were no items for discussion under any other business.	
Next Meeting		
Date & Time:	Tuesday 19 th March 2019, 08:00 – 09:30	
Location:	VC – Ophthalmology Seminar Room (York) & Orchard Room (Scarborough)	



Patient Safety Strategy 2019 - 2024

Introduction

Our priority is to support our staff to deliver safe, reliable, and effective care with zero avoidable harm to our patients.



We aim to be recognised as one of the safest healthcare organisations nationally and internationally, delivering safe, evidence-based care, by acting and learning when we identify a need for improvement. The Trust recognises the value of working with patients and carers to achieve this aim and we welcome patient partnership and aspire to support patients to be more involved in their care.

Our staff work in situations where high risks are inherent and not always recognised by teams. We will strive to maintain working conditions with safe and supportive systems, whilst promoting an environment that also recognises responsibility and accountability. We will continue to encourage reporting of errors and incidents in order to learn and to promote positive reinforcement rather than blame or punishment.

Staff, patients and relatives need to be actively encouraged to be involved in designing systems to reduce harm. Isolated piecemeal actions which focus on behaviour change of individuals involved with incidents rarely result in sustainable solutions to risk. If we are serious about reducing harm then we need to focus on system re-design utilising a patient-centred approach and the national patient safety curriculum to do this.

The increasing complexity of healthcare is creating new or previously unrecognised risks. Furthermore the increasing age of our patient population means that we are often delivering care to people with multiple chronic conditions and the associated polypharmacy in some circumstances results in additional harm. Prolonged hospital stay, increased acuity, delay in discharge, patient deconditioning and co-morbidities are all recognised to increase the risk of patients having an adverse event whilst in our care.

Diagnostic errors and delays have been acknowledged and are particularly evident in our learning from litigation. However, due to the growing complexity of patients with multiple chronic illnesses, combined with multiple health care providers and healthcare records we need to carefully monitor outcomes and consider where we need to strengthen our diagnostic processes, referral pathways and IT record systems.

Due to the increasing volume of data captured in the medical records and the ability for the computerised patient data records to be widely accessed we are likely to see an increase in non-clinical patient harm due to information governance breaches. Therefore before we move to broadening the scale of access to health records we need to consider and establish tighter security and access in order to persuade our patients that the benefits to their healthcare delivery are worth the risks.

Antimicrobial resistance is a recognised and increasing concern. It is estimated that if current trends continue the number of extra deaths attributed to antimicrobial resistance will be higher than any other single disease. We must as a matter of urgency change our antimicrobial prescribing practices and prevent our patients from acquiring infections whilst they are in our care.

Cost and efficiency is at the forefront of our improvement work and we must be mindful of budget limitations; the financial and human cost of poor outcomes should not be under-estimated. Despite the increased complexity of the care we are providing, budgets must be controlled and resources will potentially be restricted. It is therefore more important than ever that we consider the outcomes of our work and specifically in relation to patient safety carefully monitor staffing, resources including training and equipment and the state of our facilities.

How are we doing?



We have achieved tangible improvements in patient safety over recent years. Examples include a reduction in unexpected admission to Critical Care, reduction in antibiotic usage, increased incident reporting rates and a reduction in serious injury from patient falls in hospital. We have also seen a significant improvement in the number of patients we screen for sepsis, a reduction in the number of patients with pressure ulcers and extensive use and understanding of the national early warning system (NEWS).

Individuals, wards and departments, both in community and acute settings, have all made a contribution to improve patient safety. We have reduced harm in some areas through the use of systematic review of root cause and contributory factors of errors and we are continuing to develop the skills of our staff in incident investigation, analysis and quality improvement. Whilst we recognise that we cannot completely eliminate harm we are striving to minimise the impact and increase recognition that errors are often caused by human factors due to unsuitable systems, conditions, processes and environments.

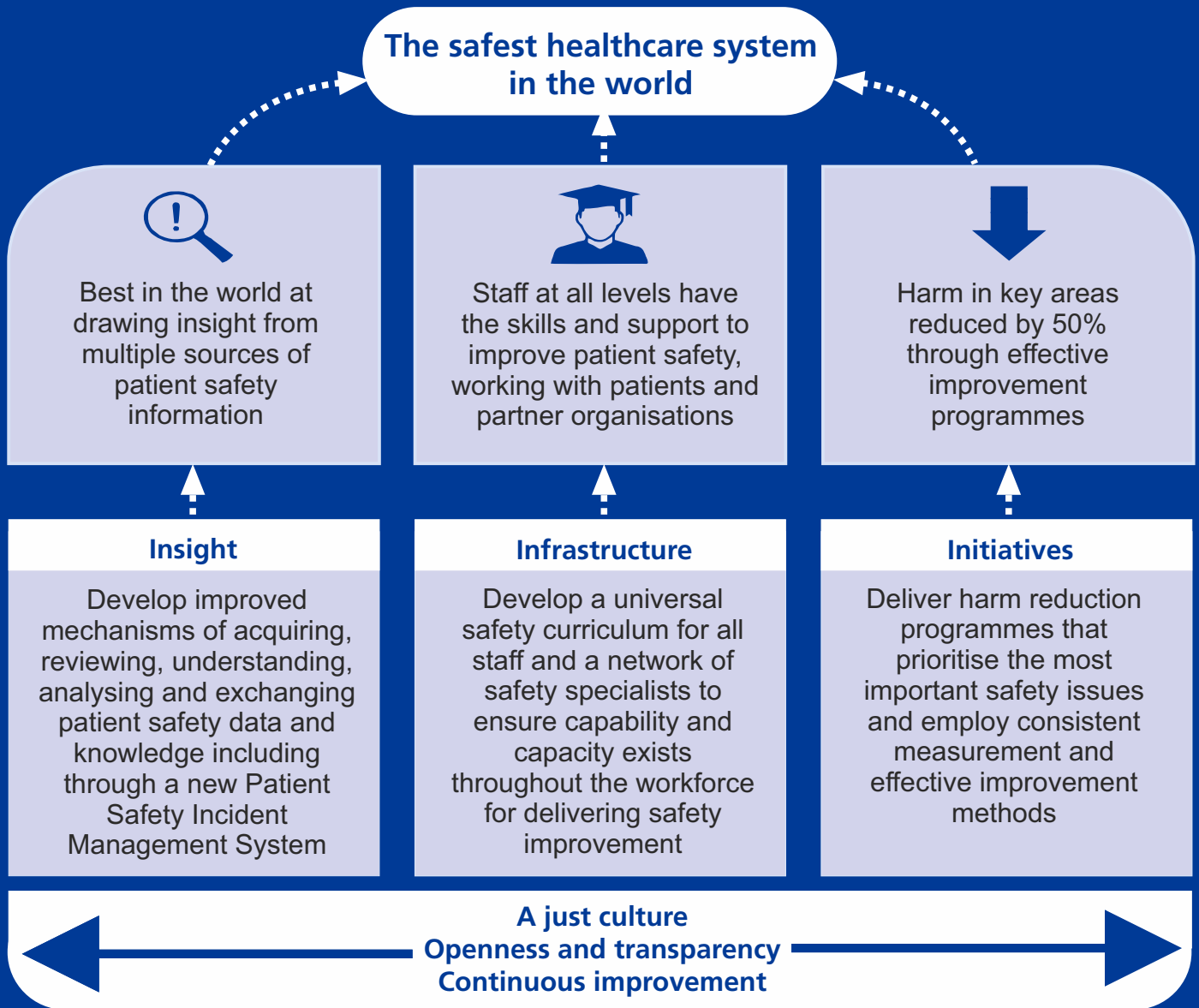
We deliver an improving seven day service, although we acknowledge that in some specialties further work is required.

We have introduced our Learning from Deaths Policy, and provided training for a cohort of our senior clinical staff on conducting case note reviews to support organisational learning. Progress is monitored by quarterly reports to Trust Board of Directors and learning is shared at Directorate Governance meetings.

We will continue to celebrate success and to promote and adopt best practice, recognising that robust evidence of patient safety effectiveness is still emerging.

Driving principles

The proposed National Patient Safety Strategy describes an aspiration for the NHS to be the safest healthcare system in the world.



NHS Improvement (2018). Developing a patient safety strategy for the NHS

Our strategy aligns to this national strategy with the key aim of providing safe, patient centred care, assisted by four driving principles and underpinned by openness and transparency. These principles are:



A just culture of safety



We strive to deliver a cultural change programme that brings together quality improvement, research, innovation, global health and patient safety specialists to become leaders in delivering safe, innovative patient care.

We encourage and require all our staff to report adverse events and unsafe conditions, to take immediate action when it is needed and to seek assistance when concerned about the quality and safety of care being delivered. Our staff survey tells us that we need to improve the fairness and effectiveness of our reporting procedures and take more action in order for staff to feel confident in reporting unsafe clinical practice.

Our aim is to promote an open culture as openness and transparency is crucial to learning. Staff should be aware that they are accountable for their actions, we want to develop and maintain an environment that feels safe. In encouraging honest disclosure of information we must be committed to rectifying problems and not apportioning blame.

In order to measure harm we encourage all our staff to use the electronic incident reporting system. We will look to strengthen the format of the learning from the data to ensure that it is understood, used and fed back to staff in a way that is meaningful.

Patient Safety Walk rounds have provided valuable opportunities for senior leaders to discuss safety issues with frontline staff. We commit to continue to undertake regular walk rounds and to provide a summary report to the Trust Board of Directors.

We will continue to promote the importance of designing safe systems that reduce harm and will incorporate human factors principles in our learning and training.

Continuous learning and improvement

We openly share safety information and focus on learning and improving from incidents, complaints and litigation. However, we should remember to not only provide feedback about error and harm but to feedback and share information on success and good practice. Safety briefs and huddles are mechanisms through which staff can disseminate learning effectively at local level; staff should be encouraged to use these to foster a learning culture within and between teams.

The Trust is committed to a process of continued review and of transparency and to a programme of focussed continuous professional development for staff. Professional capabilities and behaviours profoundly impact on the patients' experience. The quality of education and training is vital, too often training and e-learning is viewed as a tick box exercise and retention of knowledge from these modalities is poor. Team based and scenario simulation training is recognised to be effective and well received amongst clinical staff, therefore we should make efforts to expand our simulation training portfolio and to look for learning from adverse events which can be applied to clinical situation teaching and training. We have a commitment to learn and promise to act by using quality improvement methodologies and approaches to design as well as implement pathway and system change. We will use existing frameworks to measure and monitor safety.

The skills and competencies of our staff are key to the delivery of safe, high quality and cost effective care. It is essential that we have sufficient staff to care for the number and acuity of our patients. We recognise that, in particular, numbers of training grade doctors, nurses and non-consultant grade medical staff are low. Constraints remain with regard to the number of training grade medical and nursing staff required nationally. The Trust is committed to delivering alternatives approaches and investing as required.



Patient and carer engagement

Patients need to be recognised for the contribution they can make to offering solutions to system failures and to be given more active encouragement to raise concerns without fear of recrimination. We actively promote being open with patients and families and apply the Duty of Candour but we need to consider effective educational strategies to support patients and carers to be equal partners in our patient safety strategy.

Relying on incident reporting systems to measure patient safety will currently rule out the involvement of our patients as they don't have access to our system and have to rely on other mechanisms to raise concerns. It is therefore important that user complaints are viewed as an aspect of our patient safety intelligence and measurement. In line with the Nursing and Midwifery Strategy we will develop services that support and recognise carers and family members' contribution to patient care. Case note reviews or stories presented by patients or carers will provide valuable information into the effectiveness of our systems from a user perspective.

Providing patients and carers with knowledge of what to expect of the healthcare system should help them to understand when things are going wrong and to alert staff to take prompt action.

Leadership and quality improvement (QI)



Improving safety is often about changing behaviour and requires a commitment from senior leaders to enforce and reinforce standards of care. The Trust is committed to embedding patient safety and healthcare governance into Care Groups as part of an operational review.

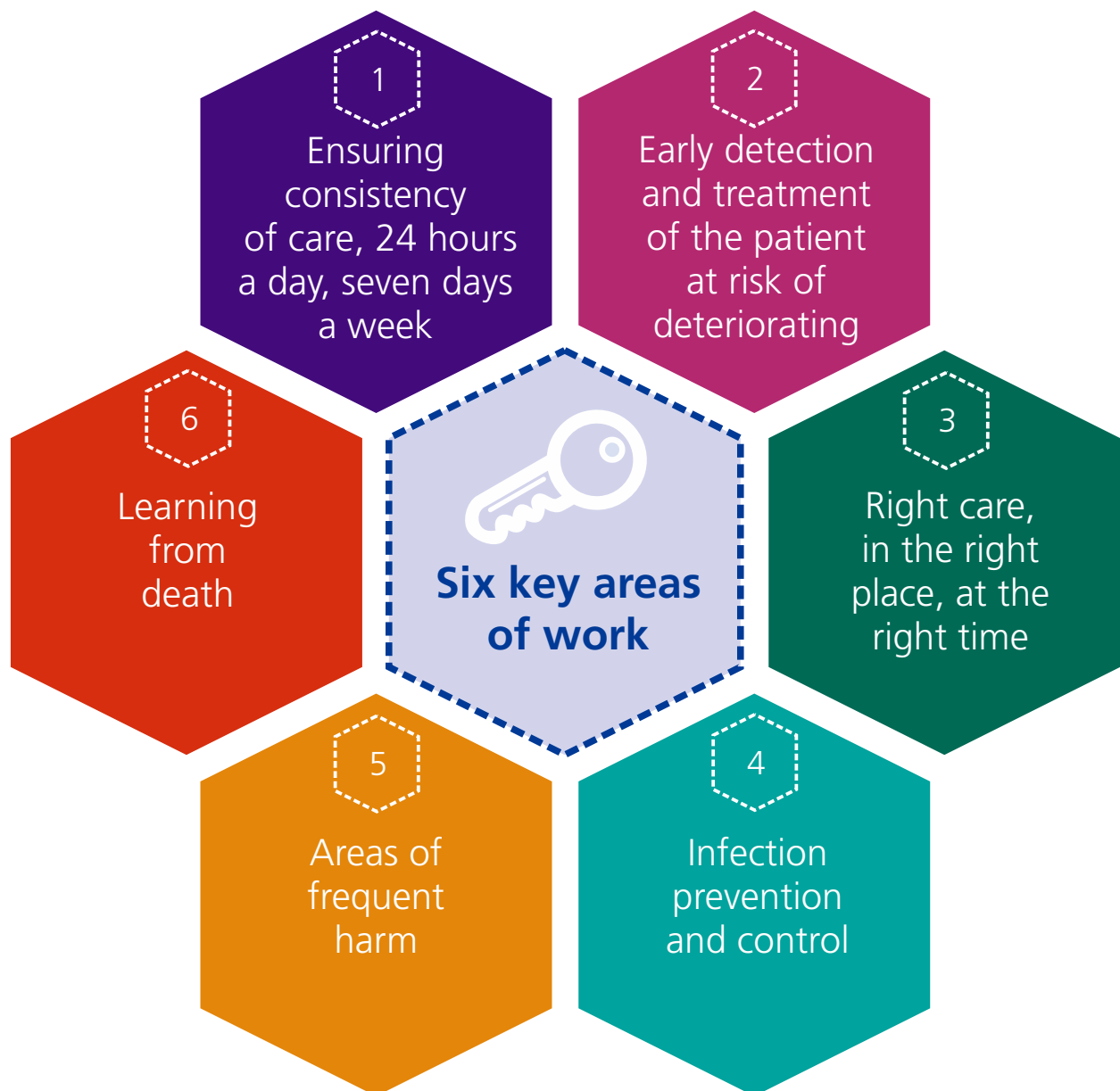
There is a strong association between clinical leadership and positive outcomes, with poor outcomes being noted from areas with clinical hierarchies, as junior clinicians often fear reprisal if they report an adverse event. Therefore we need to foster a culture where all of our staff recognise their role as leaders in patient safety and wherever possible we should encourage patients and their carers to contribute to reducing harm.

Local patient safety strategies will be developed by frontline staff. We will develop the capacity and capability of staff as place based safety teams to identify and deliver quality improvement at local level. These activities will be monitored through specialty focussed plans and development of a dashboard approach to measurement of quality improvement.

We will continue to adopt a trust wide approach to QI from Ward to Board, developing skills, as important as clinical skills underpinned by the model for improvement.

Key areas of work

Our guiding principle is to provide safe, patient-centered care to a consistently high standard. To achieve this we will focus on six key areas of work:





1 Consistency of care

Clinical leaders continually review our systems of work to ensure that patients in our care receive a consistent quality of service 24 hours a day, seven days a week.

Reviews of learning from deaths, incidents, complaints and litigation indicates that in some instances patients can wait too long to be seen or have treatment initiated. This can be a significant and contributing factor in the failure to promptly identify and treat some patients.

We will ensure that:

- Patients who are admitted to hospital for urgent treatment are assessed promptly
- Every patient who requires to be seen daily by a doctor, is seen daily
- All patients have a consultant review within 14 hours of being admitted to hospital
- Patients get access to specialist, consultant-directed interventions
- Patients get access to diagnostic tests within a 24-hour turnaround time or within 12 hours for urgent cases and within one hour for critical patients



2 Early detection and treatment

Problems surrounding the management of the deteriorating patient are often multi-factorial.

To improve the medical response, we have developed a deteriorating patient pathway to support the junior doctors in their initial assessment. Targeted work on the recognition and treatment of Sepsis will continue.

The escalation policy is a graded response which ensures a structured and timely approach to the deteriorating patient. The Trust will see implementation of NEWS2 in spring 2019 which will provide an opportunity to review our escalation policy. We need to strengthen the recording of patients' ceiling of care as a fundamental part of this. Further work is also planned to help identify barriers and challenges

to appropriate and timely escalation, providing insight into where focus can be placed to achieve behaviour change where this is deemed necessary.

We will:

- Increase knowledge of critical illness recognition and management
- Have a clear process for early detection of the deteriorating patient
- Establish robust escalation processes uniformly throughout the Trust
- Promote robust risk assessment and intervention for patients at risk of harm
- Provide prompt initiation of treatment for those where time to treatment is essential.
- Ensure robust communication between disciplines when making escalation decisions



Ensuring our patients are in the right place to receive the right care, optimising flow and tackling unnecessary prolonged stays in hospital are all key goals for reducing harm. Improving the movement of patients between departments is recognised to reduce delays and bottlenecks in clinical areas. Currently when our Emergency Departments are busy there is often a delay in getting an ill patient to an in-patient ward. Similarly when the hospital is busy the Operating Department can

experience delays waiting to transfer patients to Critical Care.

The key to improving patient flow in hospitals is believed to be reducing unwarranted variation in process. A key part to ensuring our patients are in the right place to receive the right care, improving flow and reducing delays is the SAFER care bundle. Simply, it relies on implementation of a bundle of elements of best practice to achieve the cumulative benefits.

We will implement the SAFER Patient Flow Bundle:

- Senior Review. All patients should have a senior review before midday by a clinician able to make management and discharge decisions
- All patients will have an Expected Discharge Date and Clinical Criteria for Discharge set by assuming ideal recovery and assuming no unnecessary waiting
- Flow of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by 10am
- Early discharge. 33% of patients will be discharged from base inpatient wards before midday
- Review. A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay > 7 days, to get them 'home first'





Hospital acquired infection remains a threat to the well-being of our patients and antimicrobial resistance presents additional challenges in care.

The emergence of antimicrobial resistance, for example Carbapenamase-producing Enterobacteriaceae (CRE/CPE) is a key concern and we will continually review our antimicrobial formulary and audit compliance with antimicrobial prevention guidelines including documentation of indication and course length.

The Director of Infection Prevention and Control will continue to monitor and report to the Trust Board of Directors, data on IPC compliance, and continue to promote a culture amongst all staff of infection prevention awareness.

We will reduce the Incidence of Healthcare Associated Infections and encourage Antimicrobial Stewardship by:

- Ensuring awareness of IPC measures via staff education, particularly hand hygiene and aseptic non touch technique
- Continuing to report surveillance and audit results to Executive Board and Board of Directors and to improve the results where necessary
- Improving the quality of antimicrobial prescribing and promote antimicrobial stewardship and commitment to improve
- Screening patients for resistant infections and provide timely isolation
- Learning from adverse events and ensuring MDT involvement in Post Infection Review (PIR) processes

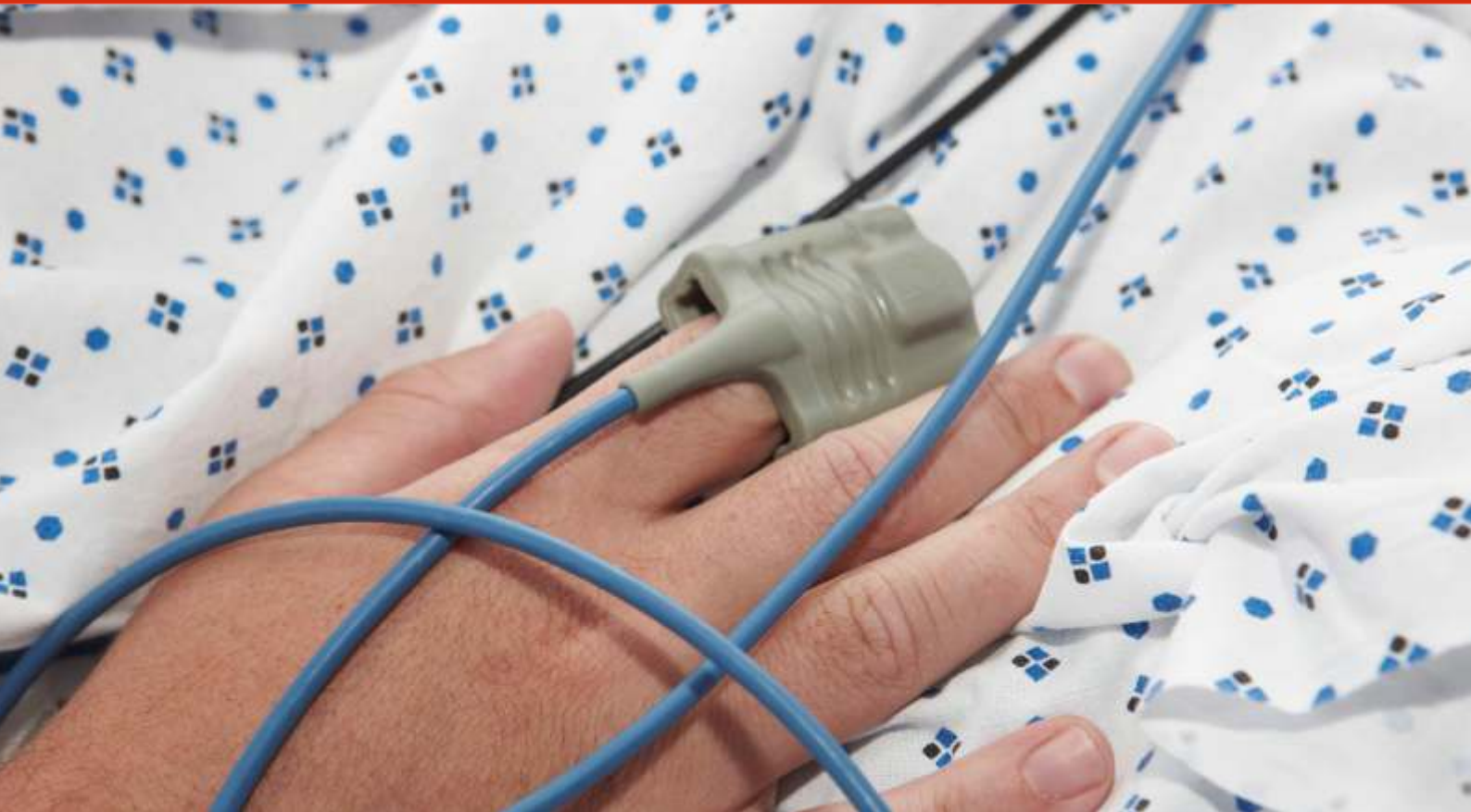
Analysis of adverse events in the Trust identifies recurrent themes of potentially avoidable harm. These include morbidity and mortality from falls, errors associated with medicine administration and prescribing, development and deterioration of pressure ulcers and Never Events. Each will be subject to Serious Incident investigation and progress will be reported to Trust Board of Directors.

The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) has identified a number of recurrent themes and common conditions for which the Trust will monitor as part of the Serious Incident review process, to ensure areas of frequent harm are addressed.

We will:

- Continue to reduce the incidence of serious harm to patients who fall in our care
- Monitor and respond to trends relating to medicine prescribing and administration following the implementation of Electronic Prescribing and Medicines Administration (EPMA)
- Continue to reduce the incidence of pressure ulcer development to patients in our care
- Introduce local safety standards for invasive procedures.
- Learn from 'near misses'
- Develop capability and capacity to carry out good quality investigations
- Reduce harm caused by hospital related functional decline (deconditioning) as a result of unnecessary prolonged hospital stays





Learning all we can from critically examining care that patients receive before they die can teach us how to deliver safer care. This element of the strategy will continue to refine systems which ensure that a standardised approach will be taken to performing mortality reviews. Where trends can be identified, learning from reviews will be cascaded efficiently and improvements to patient safety made.

We are refining systems for mortality review which will be consistently applied in all clinical areas including our community hospitals. Where we are concerned about care prior to death we will investigate using either our serious incident process or the recently introduced structured judgement case-note review.

We will:

- Continue to promote and develop the existing processes of mortality review for all patients who die in our hospitals
- Develop processes for dissemination of learning from mortality review
- Ensure that all in-patient deaths are promptly reviewed by a consultant
- Promote discussion of learning from mortality review at department governance meetings using the three monthly summary reports

In summary



Monitoring progress

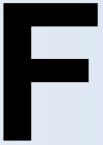
This strategy will be applied locally, supported by a number of corporate work streams and groups.

Progress with implementation of the Patient Safety Strategy will be monitored by the Patient Safety Group.

For further information please contact:
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01904 725544

 @hoskinsbecky

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Performance and Activity Report

February 2019 performance

Produced March 2019

The Board Assurance Framework is structured around the Trust's three Strategic Goals:

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

Assurance Framework Responsive

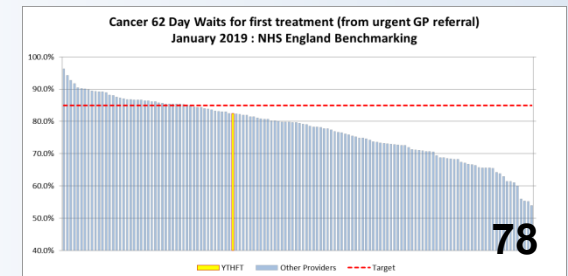
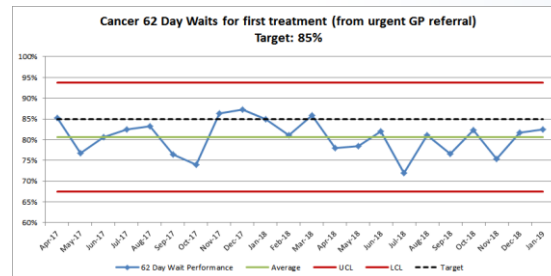
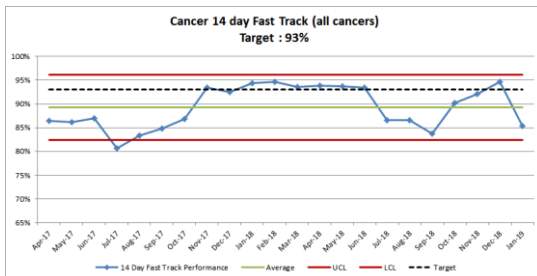
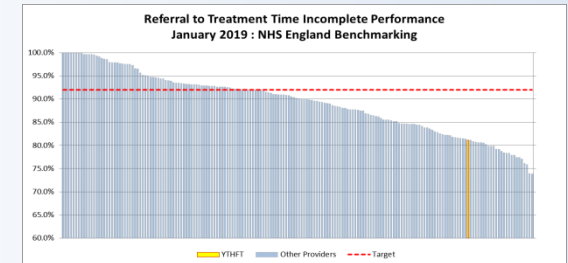
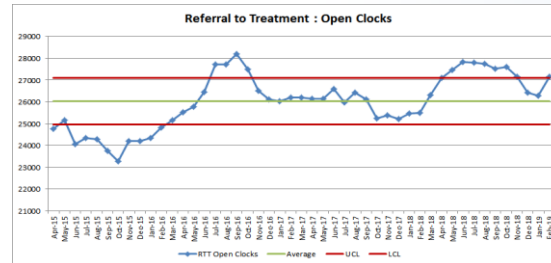
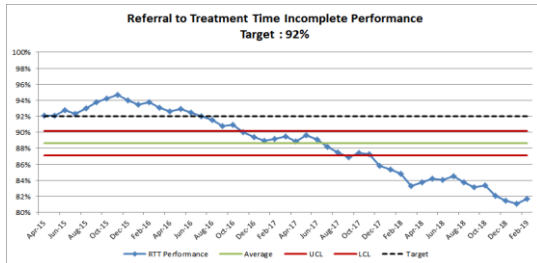
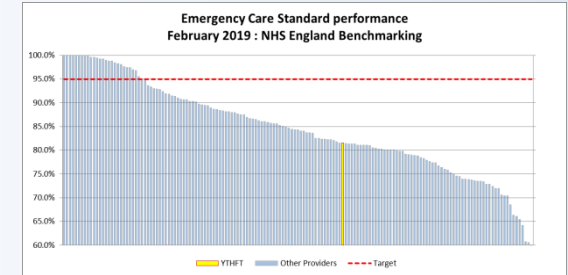
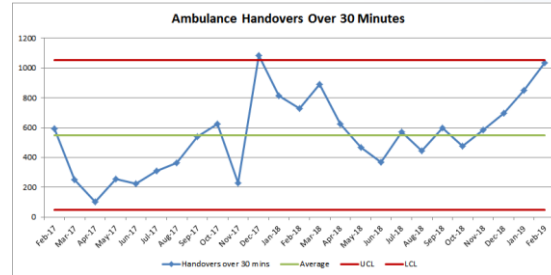
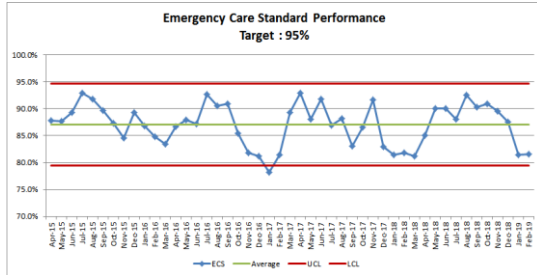
Key Performance Indicators – Trust level

Operational Performance: Key Targets

Emergency Care Standard Performance
Ambulance handovers waiting 15-29 minutes
Ambulance handovers waiting 30-59 minutes
Ambulance handovers waiting >60 minutes
RTT Incomplete Pathways
Cancer 2 week (all cancers)
Cancer 2 week (breast symptoms)
Cancer 31 day wait from diagnosis to first treatment
Cancer 31 day wait for second or subsequent treatment - surgery
Cancer 31 day wait for second or subsequent treatment - drug treatments
Cancer 62 Day Waits for first treatment (from urgent GP referral)
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)

Target	Sparkline / Previous Month
95%	
0	
0	
0	
92%	
93%	
93%	
96%	
94%	
98%	
85%	
90%	

Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
81.8%	81.2%	85.1%	90.1%	90.0%	88.0%	92.5%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%
679	784	702	762	765	785	766	883	891	840	1083	935	892
360	471	325	317	260	355	342	360	345	389	463	470	556
367	419	302	152	110	216	104	238	132	197	233	380	477
84.8%	83.3%	83.8%	84.2%	84.1%	84.5%	83.7%	83.1%	83.4%	82.0%	81.5%	81.1%	81.7%
94.7%	93.6%	93.9%	93.7%	93.5%	93.6%	86.6%	83.8%	90.2%	92.1%	94.6%	85.4%	-
99.1%	98.9%	96.2%	96.1%	93.6%	94.7%	97.4%	99.0%	100.0%	93.3%	92.8%	93.4%	-
98.6%	98.7%	98.2%	99.2%	98.9%	98.4%	99.2%	97.6%	98.6%	98.4%	96.8%	96.4%	-
100.0%	97.1%	96.6%	97.4%	100.0%	97.6%	94.3%	92.9%	96.9%	93.2%	95.0%	90.5%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
81.0%	85.9%	78.0%	78.4%	82.0%	72.0%	81.1%	76.6%	82.3%	75.3%	81.7%	82.5%	-
95.1%	93.6%	90.9%	84.3%	96.5%	91.3%	93.0%	87.7%	93.6%	92.9%	88.6%	90.6%	-



Assurance Framework
Responsive

Performance Summary by Month: Constitutional and Operational Monitoring –
Trust level

Operational Performance: Unplanned Care	
Emergency Care Attendances	
Emergency Care Breaches	
Emergency Care Standard Performance	95%
ED Conversion Rate: Proportion of ED attendances subsequently admitted	
ED Total number of patients waiting over 8 hours in the departments	
ED 12 hour trolley waits	0
ED: % of attendees assessed within 15 minutes of arrival	
ED: % of attendees seen by doctor within 60 minutes of arrival	
Ambulance handovers waiting 15-29 minutes	0
Ambulance handovers waiting 30-59 minutes	0
Ambulance handovers waiting >60 minutes	0
Non Elective Admissions (excl Paediatrics & Maternity)	
Non Elective Admissions - Paediatrics	
Delayed Transfers of Care - Acute Hospitals	
Delayed Transfers of Care - Community Hospitals	
Patients with LOS 0 Days (Elective & Non-Elective)	
Ward Transfers - Non clinical transfers after 10pm	100
Emergency readmissions within 30 days	
Stranded Patients at End of Month - York, Scarborough and Bridlington	
Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington	
Super Stranded Patients at End of Month - York, Scarborough and Bridlington	
Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington	

Target	Sparkline / Previous Month
95%	
0	
0	
0	
0	
100	

Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
13719	15845	16374	17985	17242	18903	18215	17073	16960	16191	16571	16575	15500
2499	2983	2439	1786	1722	2266	1366	1650	1545	1686	2059	3069	2863
81.8%	81.2%	85.1%	90.1%	90.0%	88.0%	92.5%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%
40%	39%	39%	38%	38%	37%	38%	38%	38%	39%	41%	38%	38%
668	872	607	195	159	260	110	212	216	242	324	904	802
15	40	13	0	0	0	0	0	0	0	0	17	8
61%	57%	64%	67%	63%	62%	70%	61%	65%	63%	63%	62%	59%
43%	40%	41%	42%	40%	41%	50%	42%	45%	49%	50%	43%	40%
679	784	702	762	765	785	766	883	891	840	1083	935	892
360	471	325	317	260	355	342	360	345	389	463	470	556
367	419	302	152	110	216	104	238	132	197	233	380	477
4085	4520	4430	4783	4599	4834	4723	4577	4643	4562	4712	4536	4028
654	844	703	732	638	665	535	689	862	1042	941	922	867
885	1010	1134	1092	1020	1071	1336	1180	1251	1059	1212	1093	1067
357	266	464	358	262	307	301	381	357	358	337	385	295
1172	1321	1388	1518	1448	1571	1476	1431	1447	1368	1376	1427	1274
106	94	106	58	71	73	38	76	83	85	85	100	71
765	807	782	885	822	914	831	857	837	860	868	-	-
412	430	413	377	366	385	369	379	403	363	368	439	386
405	420	399	357	342	347	325	371	398	374	376	431	433
139	157	150	123	118	125	118	132	159	132	116	153	130
147	149	156	124	113	115	115	125	142	147	129	151	166

Operational Performance: Planned Care	
Outpatients: All Referral Types	
Outpatients: GP Referrals	
Outpatients: Consultant to Consultant Referrals	
Outpatients: Other Referrals	
Outpatients: 1st Attendances	
Outpatients: Follow Up Attendances	
Outpatients: 1st to FU Ratio	
Outpatients: DNA rates	
Outpatients: Cancelled Clinics with less than 14 days notice	180
Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons	
Diagnostics: Patients waiting <6 weeks from referral to test	99%
Elective Admissions	
Day Case Admissions	
Cancelled Operations within 48 hours - Bed shortages	
Cancelled Operations within 48 hours - Non clinical reasons	
Theatres: Utilisation of planned sessions	
Theatres: number of sessions held	
Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)	

Target	Sparkline / Previous Month
180	
99%	

Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
17388	19110	18964	20019	19328	20170	18634	17813	20697	19631	16854	19752	19009
9213	10213	10053	10426	9906	10527	9716	9218	10774	10216	8617	10014	10329
1965	2064	2073	2218	2140	2254	1974	1928	2412	2251	1956	2488	2118
6210	6833	6838	7375	7282	7389	6944	6667	7511	7164	6281	7250	6562
8605	9107	8900	9959	9586	9700	9055	8470	10250	10155	8060	9846	8993
15388	16545	16133	17566	16738	17099	15638	15547	17740	17539	14452	18020	15425
1.79	1.82	1.81	1.76	1.75	1.76	1.73	1.84	1.73	1.74	1.80	1.83	1.72
6.2%	6.3%	5.7%	5.8%	5.9%	6.5%	6.4%	6.1%	6.0%	5.8%	6.4%	6.1%	5.7%
213	194	168	149	145	184	173	160	180	163	162	206	193
757	844	849	728	885	945	1070	884	941	865	802	1039	997
97.9%	97.0%	96.1%	96.1%	96.3%	95.6%	93.5%	94.9%	96.2%	93.9%	91.1%	90.6%	92.9%
603	527	635	774	752	736	612	576	766	722	604	617	561
5412	5724	5462	6059	6049	6094	6116	5713	6591	6283	5338	6628	5884
129	168	62	18	7	10	4	34	68	12	33	22	10
189	205	117	103	89	98	96	106	137	131	91	114	90
85%	84%	88%	92%	92%	92%	93%	91%	90%	93%	88%	86%	87%
543	520	565	628	636	608	553	555	674	661	523	586	506
50	105	76	60	61	74	63	76	79	66	66	75	89

**Assurance Framework
Responsive**

Performance Summary by Month – Trust level continued

18 Weeks Referral To Treatment
Incomplete Pathways
Waits over 52 weeks for incomplete pathways
Waits over 36 weeks for incomplete pathways
Total Admitted and Non Admitted waiters
Number of patients on Admitted Backlog (18+ weeks)
Number of patients on Non Admitted Backlog (18+ weeks)

Target	Sparkline / Previous Month
92%	
0	
0	
26303	

Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
84.8%	83.3%	83.8%	84.2%	84.1%	84.5%	83.7%	83.1%	83.4%	82.0%	81.5%	81.1%	81.7%
1	2	1	14	9	0	0	1	1	1	0	0	0
297	356	409	450	438	390	369	298	361	355	431	497	530
25334	26303	26967	27480	27425	27796	27756	27525	27616	27164	26433	26278	27144
1928	2223	2303	2334	2330	2273	2272	2245	2219	2299	2352	2463	2470
1921	2179	2070	2002	2041	2023	2245	2401	2369	2578	2550	2500	2505

Cancer (one month behind due to national reporting timetable)
Cancer 2 week (all cancers)
Cancer 2 week (breast symptoms)
Cancer 31 day wait from diagnosis to first treatment
Cancer 31 day wait for second or subsequent treatment - surgery
Cancer 31 day wait for second or subsequent treatment - drug treatments
Cancer 62 Day Waits for first treatment (from urgent GP referral)
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)

Target	Sparkline / Previous Month
93%	
93%	
96%	
94%	
98%	
85%	
90%	

Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
94.7%	93.6%	93.9%	93.7%	93.5%	86.6%	86.6%	83.8%	90.2%	92.1%	94.6%	85.4%	-
99.1%	98.9%	96.2%	96.1%	93.6%	94.7%	97.4%	99.0%	100.0%	93.3%	92.8%	93.4%	-
98.6%	98.7%	98.2%	99.2%	98.9%	98.4%	99.2%	97.6%	98.6%	98.4%	96.8%	96.4%	-
100.0%	97.1%	96.6%	97.4%	100.0%	97.6%	94.3%	92.9%	96.9%	93.2%	95.0%	90.5%	-
100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
81.0%	85.9%	78.0%	78.4%	82.0%	72.0%	81.1%	76.6%	82.3%	75.3%	81.7%	82.5%	-
95.1%	93.6%	90.9%	84.3%	96.5%	91.3%	93.0%	87.7%	93.6%	92.9%	88.6%	90.6%	-

Variation and Assurance symbols key:

KEY	TILE	DESCRIPTION	CATEGORY	DEFINITION
1		= HIGH Special Cause : Note/Investigation	VARIATION	Last 3 Months above the average
2		= LOW Special Cause : Note/Investigation	VARIATION	Last 3 Months below the average
3		= HIGH Special Cause : Concern	VARIATION	Last 6 Months above the average
4		= LOW Special Cause : Concern	VARIATION	Last 6 Months below the average
5		= Common Cause	VARIATION	None of the above
6		= Consistently Hit Target	ASSURANCE	Last 3 Months above target
7		= Consistently Fail Target	ASSURANCE	Last 3 Months below target
8		= Inconsistent Against Target	ASSURANCE	None of the above

Operational Context

The Trust did not meet the Emergency Care Standard (ECS) PSF planned trajectory of 82.5% for February 2019, with performance of 81.5%. Whilst the Trust did not achieve the PSF target or the ECS national standard of 95%, significant improvement has been seen in the Year to Date (YTD) as the Trust's performance for eight out of the last nine months has been above the rolling four-year average of 85%. The Trust performed below the national position for February (84.2%), this is the lowest national performance since data collection began in 2004.

Unplanned care continues to be challenging, YTD Type 1 and 3 attendances are up 6.5% on last year (up 5% on plan). In total an extra 11,380 patients have attended the main EDs, UCCs and MIUs compared to last year, with the main EDs (Type 1) seeing and treating an additional 9,256 patients; a rise of 9%.

There were 8 twelve hour trolley waits in February. All occurred on the York site and have been reported to NHS Improvement as required. All 8 breaches were due to lack of capacity within the inpatient bed base.

Ambulance arrivals have increased by 6% YTD, with 8 of the last 9 months above the two-year average. The continued increase in demand during February combined with increased bed occupancy on both Scarborough and York sites contributed to 1,033 ambulances being delayed by over 30 mins. Despite the increase in ambulance arrivals, up until December the number of ambulances being delayed by over 30 mins had seen relatively stable performance, with the previous 8 months on or below the two-year average. Ambulance handovers therefore remain an area of concern and risk as we enter the end of the winter period. The NHS Improvement ECIST team are offering support to both Scarborough and York Hospitals to support handover processes, following on from the 'Action on A&E' work. In line with other ED providers, the Trust are reporting ambulance handover numbers weekly to NHS Improvement. The Trust is working with the ECIST Ambulance Lead on the York site. Following a process mapping exercise that took place in March, a programme of work that builds on best practice from other areas has been agreed.

The Trust has in line with previous years seen an increase in bed pressures, with both Scarborough and York Hospitals experiencing bed occupancy of above 90% at midnight for all but one day of the month. The Delayed Transfers of Care (DToC) position improved in February; however performance remains fluctuating and unpredictable. Delayed transfers have been affected by a lack of care home capacity and a shortage in the availability of packages of home care. The Trust is actively working to mitigate the pressures from increased demand through the Complex Discharge multi-agency group and to reduce delayed patients through the Winter Plan.

Targeted actions

- Ongoing implementation of the Single Improvement Programme for Scarborough Hospital emergency, elderly and acute medicine and the Emergency Care Transformation Plan at York.
- £950k capital works assessment area at Scarborough Hospital went live in January 2019.
- System Winter plan in operation.
- Detailed audit of end of life care patients requiring 'Fast Track' support completed by the Trust and commissioners.
- The Trust is working with the ECIST Ambulance Lead on the York site. Following a process mapping exercise that took place in March, a programme of work that builds on best practice from other areas has been agreed.

Assurance Framework
Responsive

Emergency Care Standard

Standard(s):



Ensure at least 95% of attendees to Accident & Emergency are admitted, transferred or discharged within 4 hours of arrival. The Trust's operational plan trajectory for February 2019 was 82.5%.

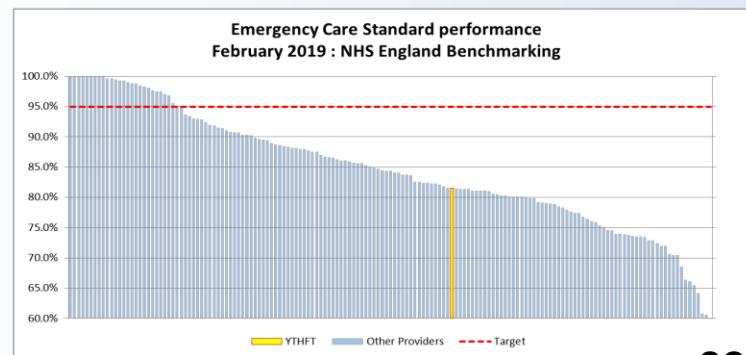
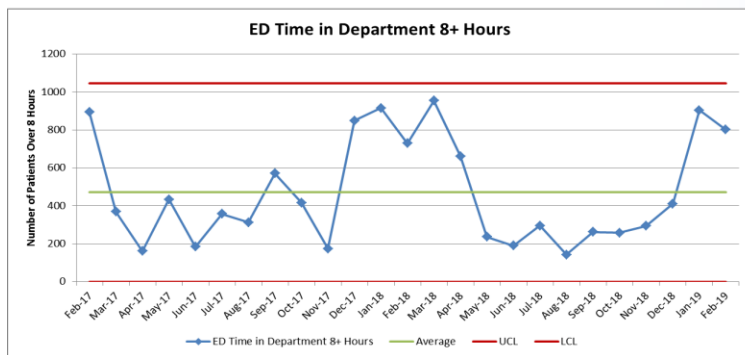
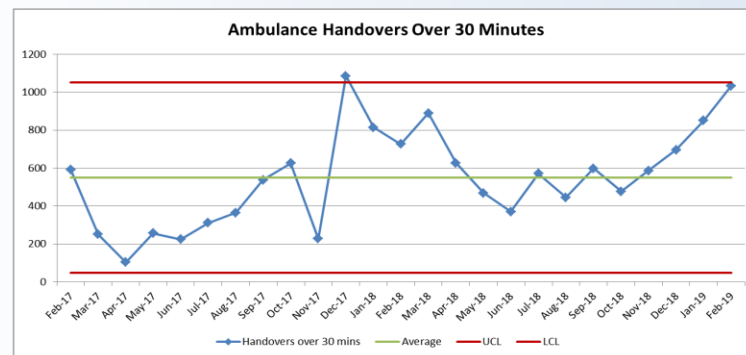
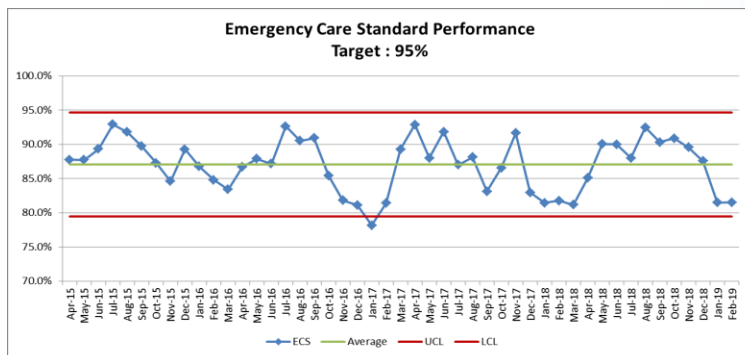
Consequence of
under-achievement

Patient experience, clinical outcomes, timely access to treatment, regulatory action and loss of the Provider Sustainability Fund (Access Element).

Performance Update:

- The Trust achieved 81.5% in February 2019 against the planned trajectory of 82.5%.
- YTD Type 1 and 3 attendances are up 6% on last year (up 5% on plan).
- The number of patients waiting over 8 hours has showed improvement this financial year, with eight months below the four-year average. However in February 2019 there were 802 patients waiting over 8 hours; the fifth highest seen in the last two years. There were 8 twelve hour trolley waits at York.
- Despite an increase in ambulance arrivals for the year to February, up until December the number of ambulances being delayed by over 30 mins had seen relatively stable performance, with the previous 8 months on or below the two-year average.

Performance:

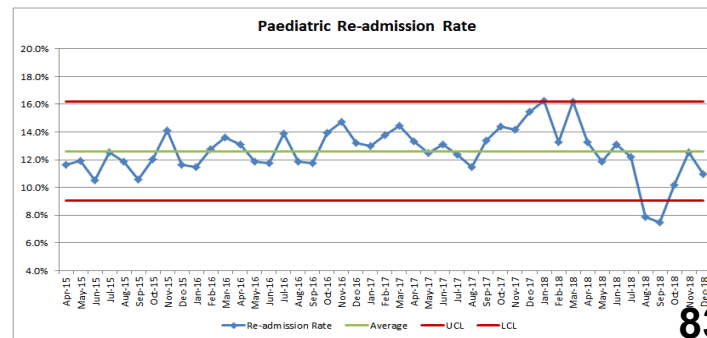
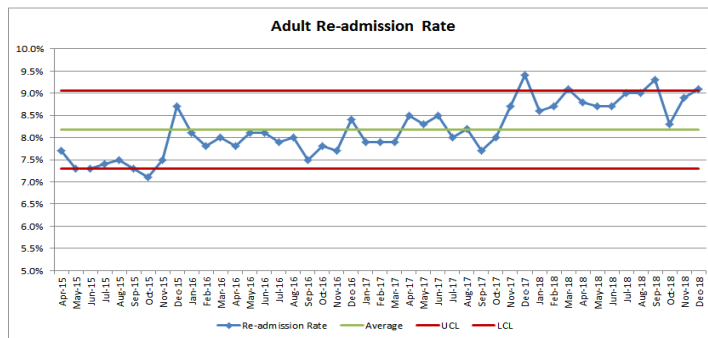
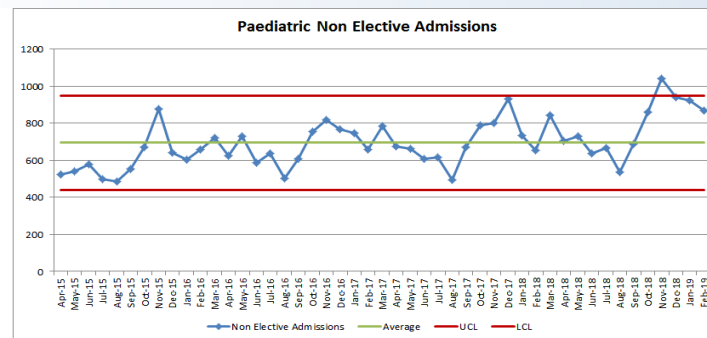
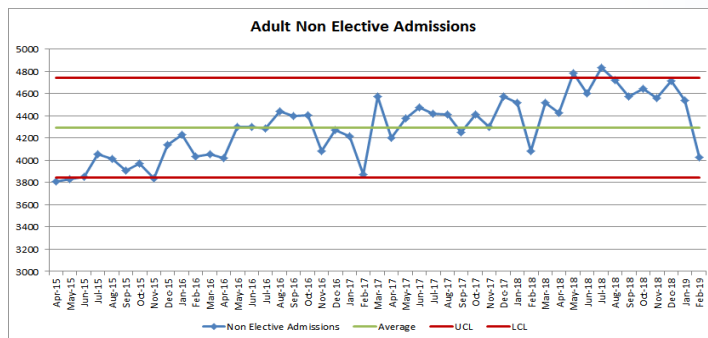


Unplanned Care

Performance Update:

- The number of non-elective admissions YTD has increased by 5% compared to 2017-18 (+2,401). For eleven of the past twelve months adult admissions have been above the four year average. Paediatric admissions continue to be high with the last 5 months significantly above the four year average.
- The adult readmission rate continues to be above the four year average and is being investigated by the Trust’s analytics team. In contrast, Paediatric readmissions shows improvement with 6 consecutive months below the four year average.
- The Trust has in line with previous years seen an increase in bed pressures, with both Scarborough and York Hospitals experiencing bed occupancy of above 90% at midnight on all but one day of the month.
- The number of stranded patients at month end decreased in February, however there was no change in the average daily number of beds occupied by a stranded patient compared to January.
- The number of beds occupied by super-stranded patients (patients who stay more than 21 days) also decreased compared to January, however there was a 10% increase in the average daily number of beds occupied by a super-stranded patients compared to January.
- Bed closures as a result of flu and norovirus have impacted on patient flow and resulted in high bed occupancy levels.

Performance:



Cancer Waiting Times

(Reported a month in arrears)

Operational Context

Overall, the Trust achieved 85.4% against the 14 day Fast Track referral from GP target in January. National performance for January was 91.7%.

The Trust continues to experience high numbers of Cancer Fast Track (FT) referrals, with a 16% increase in FT referrals YTD compared to 2017-18. Due to this YTD rise in referrals, the Trust is undertaking more cancer activity which is impacting on the capacity available for routine outpatient appointments, negatively affecting the Trust's RTT incomplete waiting list position.

Performance against the 62 day target from referral to treatment improved from December to January (81.7% to 82.5%) but remains below the 85% national target. National performance for January was 76.2%. The Trust's performance equated to 158 patients treated in January, with 26 accountable breaches (28 patients). These were spread across a range of tumour pathways, with the highest number of breaches seen in urology and colorectal/lower GI cancers. Of the reported patient breaches, 58% relate to delays to diagnostic tests or treatment plans/lack of capacity, 26% relate to complex or inconclusive diagnostics and 16% were due to patient unavailability or delays for medical reasons.

The prostate and colorectal pathways are priority areas for the Humber, Coast and Vale Cancer Alliance. The Trust secured £242,000 in additional funding for diagnostics towards improving the 62 day performance. £150,000 was allocated to fund additional endoscopy activity using an external provider to support the colorectal pathway, £50,000 towards funding MRI activity to support the prostate pathway, again via an external provider and £42,000 secured for additional radiographic support to our third CT scanner on the York site, to support a pilot of the lung fast track pathway. We are on target to deliver the 959 scans planned through this funding by the end of March 2019 and have already delivered 112 more endoscopy procedures than the 250 procedures initially envisaged.

With the exception of the 31 day surgery standard, all other cancer waiting time targets were met in January. The Trust has had a recent post-implementation review of progress against the changes made as a result of the last visit by the NHSI Intensive Support Team, which noted improvement in internal processes. Given the priority for cancer performance, a focussed discussion of the actions in place and a detailed review of cancer performance took place at the February Board. Progress towards the April 2020 target to diagnose 95% of patients within 28 days continues, with performance of 70.4% in January compared to 60.1% in August; this target is currently being shadow reported.

Targeted actions

- Continued implementation of the Standard Operating Procedure (SOP) for removing patients from the Cancer Patient Tracking List (PTL) commenced, with weekly monitoring seeing over 500 patients removed from the PTL.
- The Trust is implementing "senior plan for every patient" above 48 days. The aim is to remove 7-14 day marginal delays in order to prevent further 62 day breaches in the future.
- A revised criteria for prostate diagnosis has been agreed internally, reducing the number of patients who will require an MRI. This will ensure that those who do require an MRI will receive it sooner.

Assurance Framework
Responsive

14 Day Fast Track – Cancer Waiting Times

Standard(s):



Fast Track referrals for suspected cancer should be seen within 14 days.

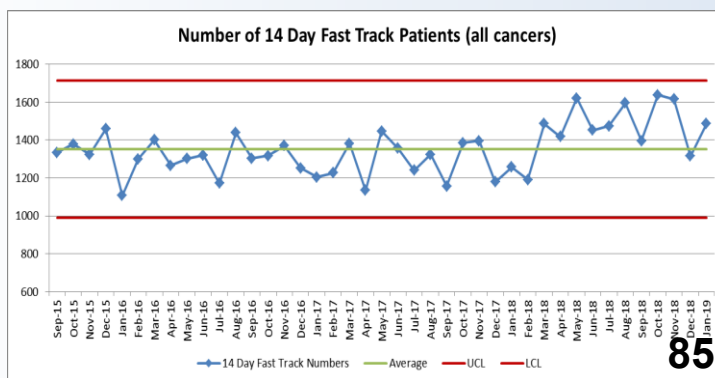
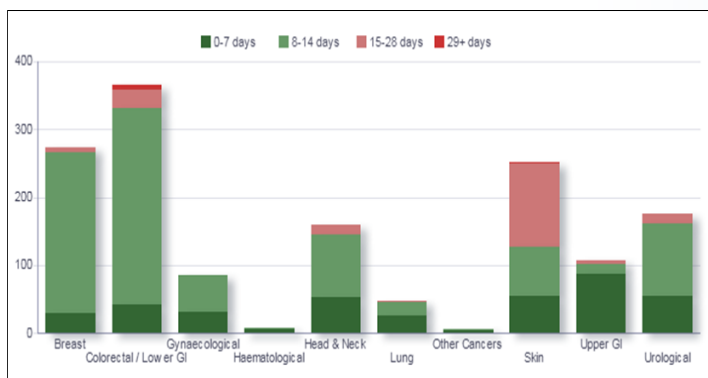
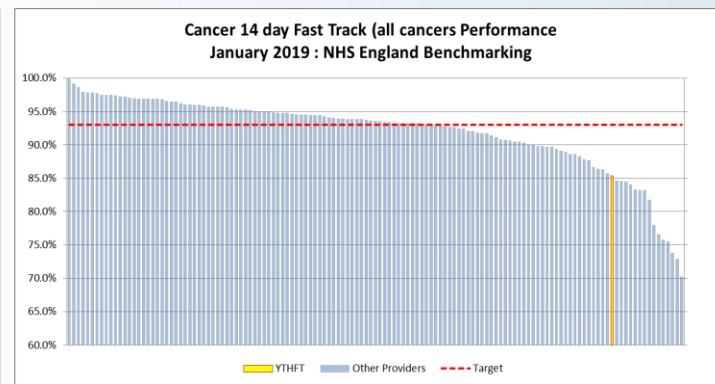
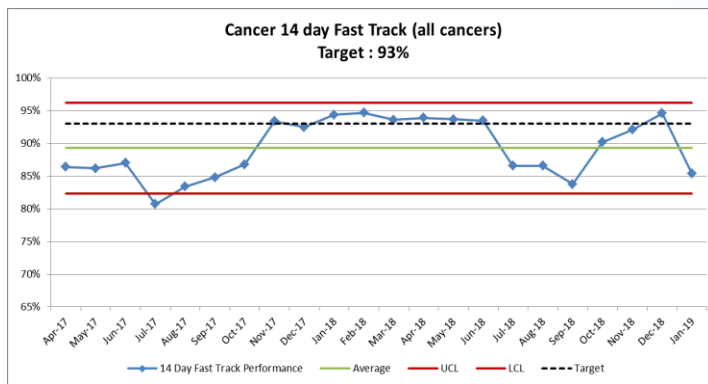
Consequence of
under-achievement:

Patient experience, clinical outcomes, timely access to treatment and regulatory action.

Performance Update:

- Overall, the Trust achieved 85.4% against the 93% target in January 2019. The 93% target was however met for breast, gynaecological, Upper GI and other cancers.
- We are continuing to experience high demand in relation to cancer fast track referrals, with a 16% increase in referrals for the year to January 2019 compared to the same period in 2017/18.

Performance:



Assurance Framework
Responsive

62 Day Fast Track – Cancer Waiting Times

Standard(s):



Ensure at least 85% of patients receive their first definitive treatment for cancer within 62 days of an urgent GP or dental referral.

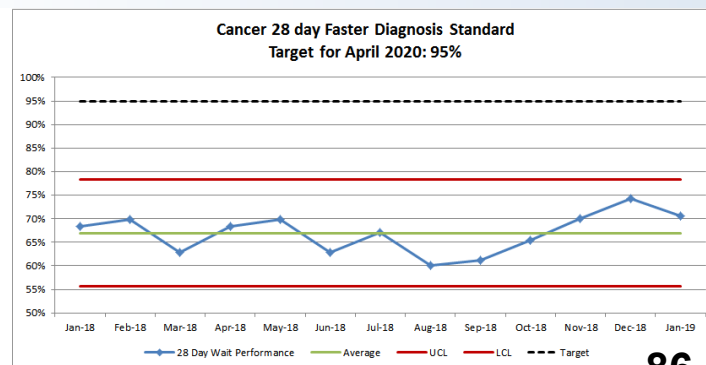
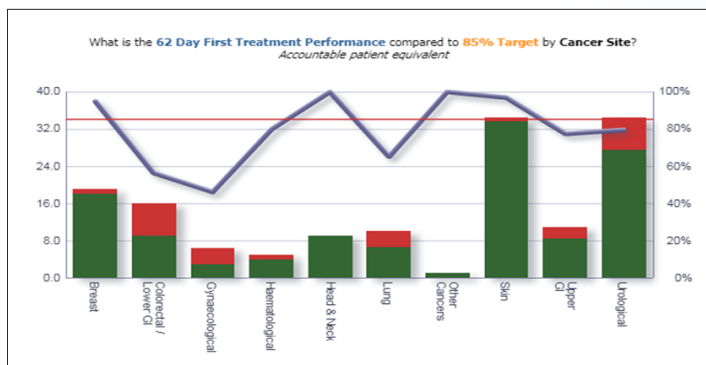
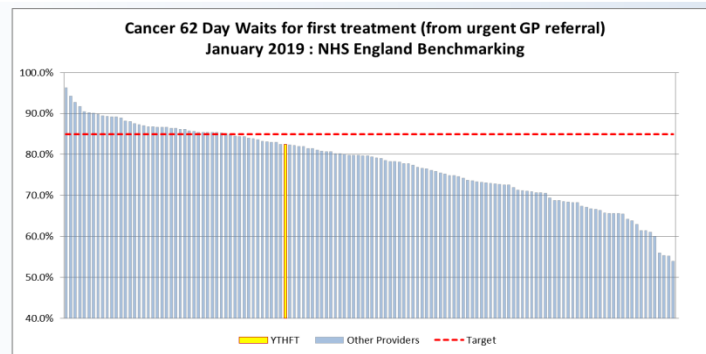
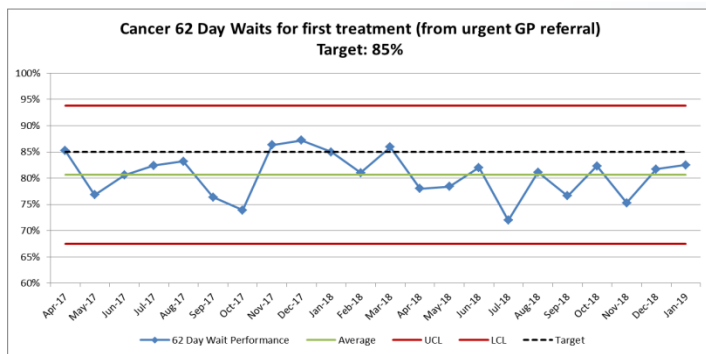
Consequence of
under-achievement:

Patient experience, clinical outcomes and potential impact on timely access to treatment.

Performance Update:

- The Trust achieved 82.5% against the 85% target for January, equating to 26 accountable breaches (28 patients).
- There were breaches across a range of tumour sites, with the highest number of breaches in Urology (7 patients) and Colorectal/Lower GI (also 7 patients).
- Of the reported patient breaches, 58% relate to delays to diagnostic tests or treatment plans/lack of capacity, 26% relate to complex or inconclusive diagnostics and 16% were due to patient unavailability or delays for medical reasons.

Performance:



Operational Context

The Trust has seen a 3.3% increase in the total incomplete RTT waiting list at the end of February, rising to 27,144. The primary actions to reduce the waiting list commenced in late November with full validation of the incomplete waiting list starting in December. The Trust has seen a 3% increase in referrals YTD compared to last year (+ 7008 referrals). GP referrals are up 2% (+ 2567 referrals) year to date compared to 2017/18. Although the Trust plan allows for a reduction in elective activity in January and February, there is a significant risk that the Trust will fail to reduce the incomplete RTT waiting list to 26,303 by the end of March. NHS Improvement are aware of the current position and work ongoing to address this.

The Trust's RTT position for February was 81.7%. The backlog of patients waiting more than 18 weeks has marginally increased, an inevitable consequence of the planned reduction in elective activity in February. The Trust has increased the validation resource for the PTT pathway, with the new posts in place from mid-November. Full validation of the RTT waiting list commenced in mid-December and there is the potential that achieving the reduction in the total incomplete RTT waiting list will negatively impact on RTT performance (against the 92% target) as validation is more likely to remove patients waiting under 18 weeks. Detailed recovery work is underway in Ophthalmology and Dermatology, both with significant backlogs and identified clinical risk. A recovery plan is also in place for Maxillo-Facial.

The number of long wait patients (those waiting more than 36 weeks) has increased in February. These delays are across multiple specialities, with weekly monitoring in place by the Corporate Operations team. There were no patients waiting over 52 weeks at the end of February.

An increase in day cases (YTD) is largely off-setting a reduction in inpatient elective work. The reduction in elective care was impacted in April 2018 by extended winter pressures, and by ward closures in October 2018 and thus the planned increased levels of activity were not achieved. The Trust plan allows for a reduction in elective activity in January and February 2019 due to winter pressures.

The Trust has provisionally seen an improvement against the national 6 weeks diagnostic target in February, with performance of 92.9%, against the standard of 99%. However, pressures remain in endoscopy, Echo CT and MRI and MRI under General Anaesthetic (MRI GA). Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate pressures. The radiology recovery plan is in development and includes identification of a sustainable approach to managing MRI GA, which primarily relate to children. An extra MRI GA list per month has been operational since the beginning of January.

Targeted actions

- Ophthalmology action plan implemented to address clinical risk in Glaucoma follow-up patients and to address cataract backlogs through re-deployment of Trust resource. Treatment of high-risk patients has been included in Trust activity plan for 2019-20.
- RTT recovery plan in place to target clock-stop activity within financial constraints – focussing on 1st to follow-up outpatient switches and full incomplete RTT waiting list validation.
- Ongoing implementation of the programme structure and metrics for the core planned care transformation programmes covering theatre productivity, outpatients productivity, refer for expert opinion and radiology recovery.
- Ongoing monitoring of all patients waiting over 40 weeks to ensure all actions are taken to ensure patients have a plan to avoid a 52 week breach.

Assurance Framework
Responsive

18 Weeks Referral to Treatment

Standard(s):



The total incomplete RTT waiting list must not be more than 26,303 open clocks by March 2019. The Trust must not exceed 3 x 52 week breaches in 2018-19.

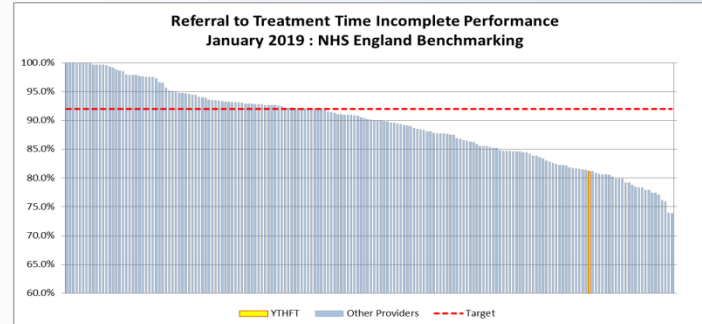
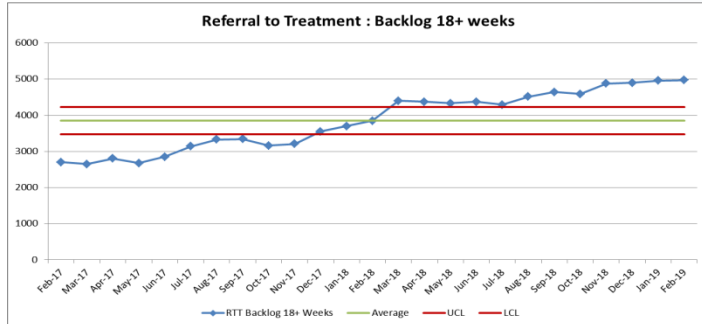
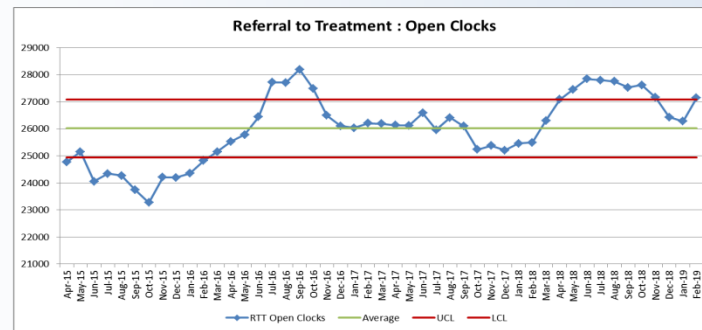
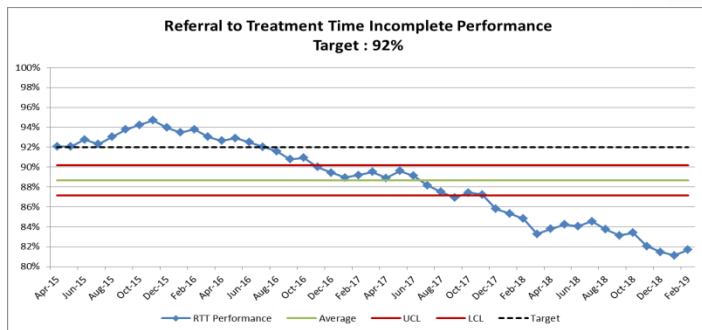
Consequence of under-achievement:

Patient experience, clinical outcomes, timely access to treatment and regulatory action.

Performance Update:

- The Trust achieved 81.7% RTT at the end of February, with 4,975 patients waiting over 18 weeks.
- The total number of patients on an RTT incomplete pathway was 27,144 at the end of February, a 3.3% (+866) deterioration on the end of January position (26,278).
- The Trust has seen a 3% increase in referrals YTD compared to last year (+7,008 referrals). GP referrals are up 2% (+2,567) year to date compared to 2017/18.
- The Trust 'Did Not Attend/Was Not Brought' (DNA) rate fell to 5.7% in February, the lowest rate since April. Work is ongoing to move the Trust from a 1-way text reminder service to a 2-way opt-out service.

Performance:



Assurance Framework
Responsive

Diagnostic Test Waiting Times

Standard(s):

Ensure at least 99% of patients wait no more than 6 weeks for a diagnostic test.



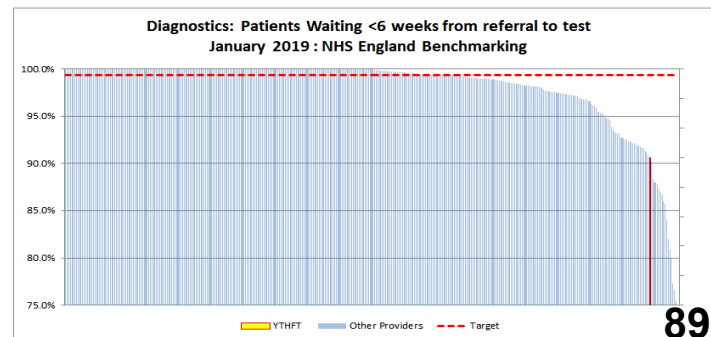
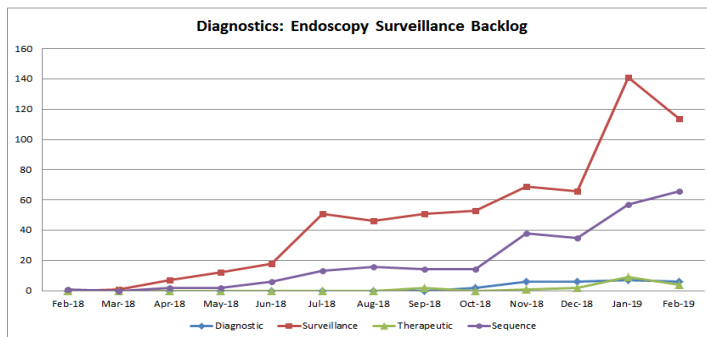
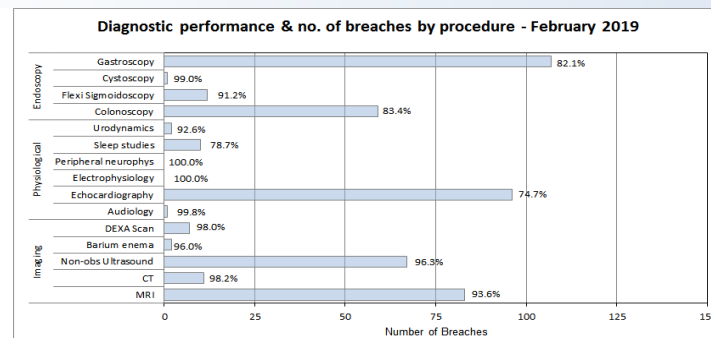
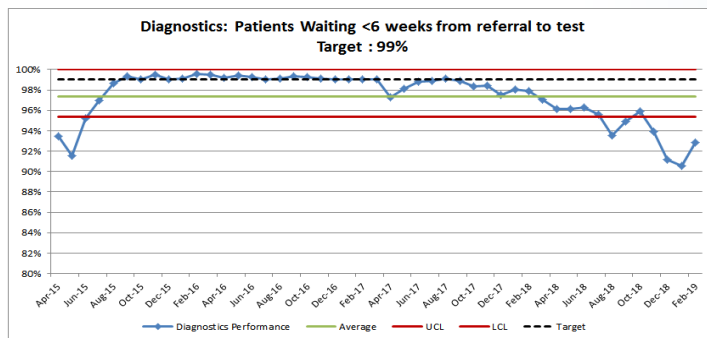
Consequence of under-achievement:

Patient experience, clinical outcomes, timely access to treatment and regulatory action.

Performance Update:

The Trust has seen an improvement against the national 6 weeks diagnostic target in February, with performance of 92.9%, against the standard of 99%. However, pressures remain in endoscopy, Echo CT and MRI and MRI under General Anaesthetic (MRI GA). Echo-cardiographs have been affected by staff shortages and the service is reviewing actions to mitigate pressures. The radiology recovery plan is in development and includes identification of a sustainable approach to managing MRI GA, which primarily relate to children. An extra MRI GA list per month has been operational since the beginning of January.

Performance:



Assurance Framework
Responsive

Commissioning for Quality and Innovation (CQUIN): 2018-19

CQUIN Name & Description	Executive Lead	Operational Lead	Quarter 1 Outcome	Quarter 2 Outcome	Quarter 3 Outcome	Quarter 4 RAG & Risks
1a: NHS Staff Health & Well-being	Mike Proctor	Polly McMeekin	Amber - due to partial achievement in 2017-18			
1b. Healthy Food for NHS Staff, Visitors and Patients Maintain a) ban on price promotions, b) advertisement of HSSF, C) ban on HSSF from checkouts & d) ensure healthy options available 24/7.	Brian Golding	Pierre Gomez	Achieved	Achieved	Achieved	Green
1c. Uptake of Flu Vaccinations Improving the uptake of flu vaccinations for frontline clinical staff within Providers to 75%.	Mike Proctor	Polly McMeekin	Expecting Partial Achievement			
2a. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Timely identification of patients with sepsis in emergency departments and acute inpatient settings	Jim Taylor	Rebecca Hoskins	Partially Achieved	Partially Achieved	Achieved	Green
2b. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Timely treatment of sepsis in emergency departments and acute inpatient settings.	Jim Taylor	Rebecca Hoskins	Partially Achieved	Partially Achieved	Partially Achieved	Amber
2c. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis) Assessment of clinical antibiotic review between 24-72 hours of patients with sepsis who are still inpatients at 72 hours.	Jim Taylor	Rebecca Hoskins	Achieved	Achieved	Achieved	Green
2d. Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Jim Taylor	Anita Chalmers	Annual Return – no risks identified			
4. Improving services for people with mental health needs who present to A&E Where a 20% reduction in attendances to A&E was achieved in year 1 (for those within the selected cohort of frequent attenders) maintain this reduction. Identify a new cohort of frequent attenders to A&E during 17/18 who could benefit from psychosocial interventions and work to reduce by 20%, their attendances to A&E during 2018/19.	Beverley Geary	Sarah Freer & Jill Wilford	Achieved	Achieved	Achieved	Green
6. Advice & Guidance The scheme requires providers to set up and operate A&G services for non-urgent GP referrals, allowing GPs to access consultant advice prior to referring patients in to secondary care.	Wendy Scott	Jenny Hey & Nicky Slater	Achieved	Achieved	Achieved	90

Commissioning for Quality and Innovation (CQUIN): 2018-19

CQUIN Name & Description	Executive Lead	Operational Lead	Quarter 1 Outcome	Quarter 2 Outcome	Quarter 3 Outcome	Quarter 4 RAG
9a. Preventing ill health by risky behaviours - alcohol and tobacco Tobacco screening. Rolled out into Acute 2018/19	Beverley Geary	Melanie Liley	Community - Achieved	Community - Achieved	Community - Achieved	Green
			Acute - Achieved	Acute - Achieved	Acute - Achieved	Green
9b. Preventing ill health by risky behaviours - alcohol and tobacco Tobacco brief advice. Rolled out into Acute 2018/19	Beverley Geary	Melanie Liley	Community - Achieved	Community - Achieved	Community - Achieved	Green
			Acute - Achieved	Acute – Partially Achieved	Acute – Partially Achieved	Work ongoing with Wards
9c. Preventing ill health by risky behaviours - alcohol and tobacco Tobacco referral and medication. Rolled out into Acute 2018/19	Beverley Geary	Melanie Liley	Community - Achieved	Community - Achieved	Community - Achieved	Green
			Acute - Achieved	Acute – Partially Achieved	Acute – Partially Achieved	Work ongoing with Wards
9d. Preventing ill health by risky behaviours - alcohol and tobacco Alcohol screening. Rolled out into Acute 2018/19	Beverley Geary	Melanie Liley	Community - Achieved	Community - Achieved	Community - Achieved	Green
			Acute - Achieved	Acute - Achieved	Acute - Achieved	Green
9e. Preventing ill health by risky behaviours - alcohol and tobacco Alcohol brief advice or referral. Rolled out into Acute 2018/19	Beverley Geary	Melanie Liley	Community - Achieved	Community - Achieved	Community - Achieved	Green
			Acute - Achieved	Acute – Partially Achieved	Acute - Achieved	Green

Assurance Framework
Responsive

Commissioning for Quality and Innovation (CQUIN): 2018-19

CQUIN Name & Description	Executive Lead	Operational Lead	Quarter 1 Outcome	Quarter 2 Outcome	Quarter 3 Outcome	Quarter 4 RAG
10. Improving the assessment of wounds The indicator aims to increase the number of wounds which have failed to heal after 4 weeks that receive a full wound assessment.	Beverley Geary	Melanie Liley	Achieved		Amber	
11. Personalised care and support planning Personalised care and support planning which is; a) an intervention that supports people to develop the knowledge, skills and confidence to manage their own health and wellbeing and that leads to the development of a care plan and b) an enabler that supports patients to understand the local support mechanisms that are available to them.	Wendy Scott	Melanie Liley	No risks identified - Annual target			
CA2. Nationally standardised Dose banding for Adult Intravenous Anticancer Therapy (SACT) Implementation of nationally standardised doses of SACT across England using the dose-banding principles and dosage tables published by NHS England (developed through the Medicines Optimisation Clinical Reference Group).	Jim Taylor	Karen Cowley	Achieved	Achieved	Achieved	Green
GE2. Activation System for Patients with Long Term Conditions CQUIN scheme therefore aims to encourage use of the "patient activation measurement" (PAM) survey instrument, firstly to assess levels of patient skills, knowledge, confidence and competence in self-management.	Jim Taylor	Eleanor King	Achieved	Achieved	Achieved	Green
GE3. Medicines Optimisation This CQUIN scheme aims to support the procedural and cultural changes required fully to optimise use of medicines commissioned by specialised services.	Wendy Scott	Stuart Parkes	Achieved	Achieved	Achieved	Green
CSAAS. Child Sexual Assault Assessment Services Implementation of the Sexually Transmitted Infections (STI) Pathway and referral to appropriate care	Wendy Scott	Liz Vincent	Achieved	Achieved	Achieved	Green
Enhanced Armed Forces Covenant Embedding the Armed Forces Covenant and utilising local Armed Forces resources and support services to enable improved health outcomes for Serving Personnel, veterans and their families	Polly McMeekin	Katherine Quinn	Achieved	Achieved	Achieved	Green 92

Board of Directors – 27 March 2019 Out of Hospital Care Strategy Refresh

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input type="checkbox"/>	For approval	<input checked="" type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

The purpose of this report is to provide the Board of Directors with an update on the Trust Out of Hospital Care Strategy and to recommend a refresh of the strategy in line with the Trust five year strategy.

Executive Summary – Key Points

The report sets out the key themes of the Trust Out of Hospital Care Strategy and describes progress that has been made in delivering these, working in partnership with a number of agencies. It summarises the changing landscape in which services are being delivered, particularly the impact of the NHS Long Term Plan and the recommendations it makes in relation to realising the Trust's ambitions for 'Home First'. It explores the development of 'Primary Care Networks' and their likely impact on the services delivered by the Trust. The report then sets out a series of next steps, including a recommendation that the strategy is refreshed, and planned developments.

Recommendation

The Board of Directors is asked to approve:

- Refreshing and renaming the Trust 'Out of Hospital Care Strategy' as the 'Home First Strategy';
- Maintaining the themes and priorities set out in the original strategy.

Author: Steve Reed, Head of Strategy

Director Sponsor: Wendy Scott, Chief Operating Officer

Date: March 2019

1. Introduction and Background

In 2016, the Board of Directors approved a five-year Out of Hospital Strategy (see Appendix 1 for the one page summary). This was an important step for the organisation – clearly setting out an intention of ‘Community First’. It raised the profile of delivering care outside of hospital settings and emphasised that this covered all services, not just traditional ‘community’ services. The Board has continued to receive updates on progress towards the three key themes in the strategy:

- Delivering integrated care in localities;
- Improving the interface between acute and community services;
- Moving pathways out of hospital settings into the community.

This has included:

- In the North locality, developing shared posts between general practice and community nursing teams;
- In the City of York, active engagement in the development of Primary Care Homes (General Practice-led networks covering a defined geography);
- Working with local authorities to integrate health and social care teams in ‘Discharge Hubs’, jointly managing pathways for patients leaving hospital;
- Developing the ‘One Team’ to deliver short term intermediate care and reablement in partnership with the York Integrated Care Team, City of York Council and the Human Support Group (local reablement provider);
- Developing home-based intravenous antibiotic services; a mobile chemotherapy service and one-stop diagnostic service for urology and dermatology at Malton Hospital.

In 2018, the Trust launched a new five year strategy with the vision “*to be collaborative leaders in a system that provides great care to our communities*”. In order to achieve this, one of the five strategic themes is to ‘adopt a home first approach’.

Internal and external engagement has shown that the three themes of the Out of Hospital Care Strategy remain relevant. This is reflected in the recommended design principles described in the King’s Fund ‘Reimaging community services’¹ which broadly match the seven priorities in the Trust strategy.

2. Shifting context

Since the Out of Hospital Care Strategy was launched in 2016, it is clear that the context in which services are operating has changed. In January 2018, the NHS Long Term Plan was published with a focus on prevention and the development of services in the community, noting that increased support in the community had already delivered a 12% reduction in the chances of someone being admitted as an emergency. The Plan also set out a number of specific recommendations relating to providing care outside of hospital.

¹ Charles et al. ‘Reimaging Community Services’ Kings Fund, London, 2018

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These included:

- £4.5bn investment in primary and community care. This is not predicated on reductions in acute care but if this happens there will be a local dividend in relation to freeing up beds and financial savings;
- The investment to increase primary care sustainability and continuity of care will be through primary care networks (covering 30-50k populations). The investment should increase capacity within the community through expanded and integrated health and social care teams² wrapped around general practice. Community nursing teams should be configured around networks. Networks are to be offered shared savings based on reduced ED attendances, admissions, delayed discharges, outpatients and prescribing spending;
- There will be an expansion of rapid-response teams (providing a 2hr response to avoid the need for an acute admission) and ensuring reablement commences within 2 days. There will be more dedicated support for care homes;
- In unplanned and emergency care, Clinical Assessment Services (through NHS111) will direct more patients away from hospitals including into Urgent Treatment Centres, which will be fully implemented by 2020. For those who do require specialist emergency care, there will be an expansion in same day emergency care – hospitals will be expected to ensure a minimum of 33% of acute admissions do not need to stay overnight. Ongoing efforts to cut long lengths of stay will continue;
- Local areas will be expected to undertake risk stratification and targeted support such as falls prevention. There will be expansion of the NHS Personalised Care model, especially for those approaching the end of life, utilising social prescribing and personal health budgets;
- There will be more support for those with long term conditions – for example patients with type 2 diabetes will be offered low-calorie liquid-only diets to attempt to reverse the disease and there will be increased use of prevention programmes and improved support for people to live well with long term conditions and frailty.

Primary care networks will represent a significant change in the way services are organised in the community. They will cover geographical areas with a population between 30,000 and 50,000. They are expected to bring together all organisations involved in the delivery of care to that community, with general practice taking a lead and the establishment of a Clinical Director for the network. Within the City of York, the Primary Care Homes have been a forerunner of this model and the Trust is already actively engaged within this. Further details on national expectations will emerge during the first half of 2019 to guide planning.

3. Next Steps

It is recommended that the Trust Out of Hospital Care Strategy is refreshed and renamed as the Home First Strategy, in line with the Trust strategic theme.

² including GPs, pharmacists, community nurses, community geriatricians, dementia workers, AHPs, social care staff and the voluntary sector

The strategy will provide the principles for the new care groups as they develop their clinical strategies. These will identify the key developments for the remaining two years of the strategy.

These will be further enhanced by place-based developments that the Trust will contribute to – working with a range of organisations including the Primary Care Networks.

A number of developments are already planned:

- In order to deliver integrated care in localities, a large scale transformation programme has commenced to redesign the community nursing workforce – realigning teams to Primary Care Networks and ensuring a personalised and preventative approach to care delivery;
- Continuing to improve the interface between community and hospital settings through improving the care of people living with frailty in partnership with general practice, discharge pathways in partnership with local authorities and end of life care in partnership with hospices (all of these will also involve working with a wide range of community and statutory organisations);
- Continuing to move pathways of care into the community through planned care redesign with practices to provide specialist advice without the need for patients to attend physical appointments.

4. Detailed Recommendation

The Board of Directors is asked to approve:

- Refreshing and renaming the Trust ‘Out of Hospital Care Strategy’ as the ‘Home First Strategy’;
- Maintaining the themes and priorities set out in the original strategy.



Appendix 1 – Strategy Plan on a Page

York Teaching Hospital NHS
NHS Foundation Trust

Out of Hospital Care Strategy - Community First

We will work within the local system to adopt a 'Community First' culture which focuses on prevention and self care; delivers care closer to home and allows the system to manage growing demand by increasing efficiency through integration.

DRIVERS:			
<ul style="list-style-type: none"> Harm caused by bed based de-conditioning; Predicted rise in demand from an ageing population; Need for new models of care to meet £22bn efficiency challenge; Need to deliver seamless, co-ordinated care; Implement best practice in delivering place-based population health; Close the gap in health inequalities across our communities. 			
DEVELOPMENTS:			
<p style="color: #0056b3; margin: 0;">Developing integrated community services for localities</p>	<ul style="list-style-type: none"> New integrated care models Programme of self-management and peer support Care co-ordinators Supporting care homes 		
<p style="color: #0056b3; margin: 0;">Developing the interface between acute and community services</p>	<ul style="list-style-type: none"> Discharge to Assess / Early Supported Discharge Integrated intermediate care and reablement services Community Geriatrician / Advanced Clinical Practitioner roles Integrated discharge liaison services Optimise use of community beds 		
<p style="color: #0056b3; margin: 0;">Moving services from acute to community settings</p>	<ul style="list-style-type: none"> Review care pathways to identify community based alternatives Musculoskeletal services Ambulatory care pathways A wider range of planned care services in community settings 		
PRIORITIES:			
<ul style="list-style-type: none"> Promote independence through prevention and self care Person-centred, co-produced support involving families and carers Co-produced new models of care (services) with home as first choice (delivered over seven days) Co-ordinated, integrated and joined up care that people can easily navigate Timely and rapid response to prevent admission to hospital or a care home A seamless interface to facilitate safe and timely discharge from hospital Remove duplication, ensuring cost-effectiveness and value for money 			
ENABLERS: Workforce; Information Technology; Estates; Knowing how we are doing			
Caring about what we do	Respecting and valuing each other	Listening in order to improve	Always doing what we can to help



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Board of Directors – 27 March 2019

Director of Estates and Facilities Report – March 2019

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input checked="" type="checkbox"/>		

Purpose of the Report

The purpose of this report is to provide monthly updates and assurance to the Board of Directors via the Resources Committee relating to the corporate responsibilities of the Estates and Facilities Directorate.

Executive Summary – Key Points

The Director of Estates and Facilities Report provides the Resources Committee with an overview of the key responsibilities of the Estates and Facilities Directorate and highlights any prevalent themes.

Updates are also provided in the following areas for information and assurance:

- LLP Objectives
- Workforce
- Clinical Waste
- Health, Safety and Security
- Model Hospital

Recommendation

The Resources Committee is asked to note the updates and assurance provided.

Author and Director Sponsor: Brian Golding, Director of Estates and Facilities

Date: March 2019

1. Director's Overview

The Trust's Estates and Facilities company, YTHFM LLP, was established 5 months ago and is delivering the commercial benefits in line with plan. Governance structures are in place and are evolving as we better understand the operational and functional demands and relationships. At their meeting in February, the LLP Management Group were updated on key objectives, critical workforce issues and emerging opportunities.

2. LLP Objectives

As Managing Director of the LLP, I have set 3 key objectives for the first full year of operation:

- **Stabilisation:** Ensuring that we have the right resources in place to deliver the core Estates and Facilities service that the Trust relies on. This will require recruitment drives to ensure that we are operating at or near establishment. Some areas have been difficult to recruit to owing to the band 1 – band 2 transition described below.
- **Development:** Ensuring that we have staff development programmes, (funded from the apprenticeship levy wherever possible), that provide career pathways for staff at all levels.
- **Growth:** Looking for new business opportunities to either market that which we already provide to a wider audience or to look for new activities that we don't currently provide.

3. Workforce

The closure of band 1 posts to new starts from December 2018 has put pressure on our vacancy rates in some areas as we haven't been able to advertise these posts since October 2018.

We have now agreed band 2 job descriptions for existing band 1 roles, which essentially require additional training which will give staff an understanding of risks and how we control risks in the environment.

Central direction has now been issued requiring organisations to make the transition from band 1 to band 2 by April 2019. As the LLP has adopted the NHS terms and conditions, the LLP will follow this timetable. This should improve our recruitment and retention rates. There is some nervousness amongst the band 1 staff about what would be required of them as band 2s. There is provision in the agreement to allow existing band 1s to remain as band 1 – although we will do all we can to encourage them to transition.

With the new pay rates in place and development opportunities for all staff we are seeking to be the 'employer of choice' for job seekers in the areas we serve.

4. Clinical Waste

In December the Trust's clinical waste contract was cancelled by NHSI following an unacceptable build-up of waste at the contractor's store requiring incineration.

A replacement contract was instigated by NHSI. To date, the replacement contractor has been unable to fulfil their contract in a sustainable way; large volumes of clinical waste are having to be stored at our sites. This is being managed by the LLP waste team, but is putting pressure on the service both operationally and financially.

5. Health, Safety and Security

The monthly Health and Safety report for the Trust and LLP is attached at Appendix 1.

There have been no reportable accidents this month.

Summary Note: Committee members are asked to note the contents of this report.

6. Model Hospital

In the Estates and Facilities efficiency categories, the Trust is performing well in all but 3 of the domains: Cleaning, Grounds and Gardens, Water and Sewerage.

Our energy costs are amongst the best nationally.

The LLP management team are procuring a new Computer Aided Facilities Management System which will replace the existing and outdated works information system, that will allow us to capture for the first time data for all of the services that we provide. Over the coming months this will allow the Trust and LLP to understand what levels of service can be provided within the existing resource envelope, allowing us to agree KPIs or seek additional investment where we feel it is necessary. It is proposed that the Board review the first 6 months data after the system goes live.

7. Sustainable Development Update

A sustainable development update is attached as Appendix 2.

This report:

- Contains a summary of the NHS commitments in relation to air quality, which is seen as a major contribution to public health in the UK.
- Confirms that the first draft of a new Travel Plan has been completed and endorsed by the Travel and Transport Group, and will subsequently be presented to the Board, via this Committee, for approval.
- Contains a summary version of the Travel Plan that has been produced via the Travel and Transport Group. The full version will be available on Staff Room in due course and, in the meantime, is available upon request (please contact Daniel Braidley, Environmental and Sustainability Manager, for further details.)

- Seeks Board approval and agreement in principle to hosting an 8 vehicle rapid charging 'hyper hub' at York Hospital; provided by City of York Council.
- Contains an update on the Board agreed Sustainable Development Action Plan.
- Contains a summary of the sustainability review undertaken on the introduction of a new intravenous antibiotic care pathway.

Summary Note: The Committee is asked to approve in principle hosting an 8 vehicle hyper hub at York Hospital.

The Committee is asked to endorse the Travel Plan developed via the Travel and Transport Group.

8. Estates and Facilities Compliance

The February report from the Trust's Estates and Facilities Compliance Unit is attached as Appendix 3. This report has been presented to the LLP Management Group and the LLP Operational Management Group.

The report shows that 6 of the 24 policies and procedures that the LLP is responsible for are in draft or due for review. The LLP are aiming for 100% to be up to date by the end of this financial year.

The Trust introduced a quarterly patient environment audit system (TAPE) earlier this year which mirrors the annual PLACE inspection. The report shows that there has been consistent improvement, quarter on quarter, for all 5 of the main sites. This improvement should carry through into our PLACE results.

The NHS Premises Assurance Model (PAM) scores are shown for January and February 2019. The LLP have been asked to focus their efforts on eradicating inadequate scores (reflected in red) at each site in the safety domain in the next 6-12 months.

9. Detailed Recommendation

The Resources Committee is asked to note the updates and assurance provided, and to discuss the recommendations highlighted above.



APPENDIX 1

Health and Safety Non-Clinical Risk Summary Report – February 2019

1. Introduction

This report relates to February 2019 and summarises health and safety and non-clinical risk performance throughout the month. The report is to provide assurance on the non-clinical risk and health and safety activity in York Teaching Hospital NHS Foundation Trust (Trust) and York Teaching Hospital Facilities Management LLP (YTHFM).

The report summarises reported statistics via the Trust Accident and Incident Reporting System (Datix) in relation to accidents, incidents and near-miss events, reported patient experience data from the Patient Advice and Liaison Service (PALS) and key initiatives or challenges in the Trust and YTHFM. The report provides an update on health and safety management issues relevant to the Trust and YTHFM all of which form part of the wider Trust's management approach of non-clinical risk.

The information presented within the report details the total numbers Trust-wide unless otherwise stated.

2. February Summary

Opened Employee and Public Liability Claims

Trust Claims

No claims were logged in the Trust for February.

LLP Claims

No claims were logged against YTHFM for February.

Reported Non-Clinical Serious Incidents

There was one non-clinical serious incident reported for February 2019. The incident relates to filters not being fitted to a box containing orthopaedic surgical instruments; the filters are placed in the box containing the instruments to allow the contained instruments to be sterilised, and post sterilisation to prevent unfiltered air from entering the box. The instruments were then used in a procedure at Bridlington hospital. The incident is under investigation.

Health and Safety Performance Monitoring - Summary of February

A review of Datix reported incidents for February indicates that the average reported incidents for the month remained in line with the Trust's monthly¹ averages.

¹ Recorded incidents from Oct 2015

For each of the reporting categories under Estates and Facilities non-clinical incidents on Datix (Trust HES and YTHFM), Table 1 below shows the percentage change against the monthly average and a summary graph below shows the long term trend review of total incidents for all categories.

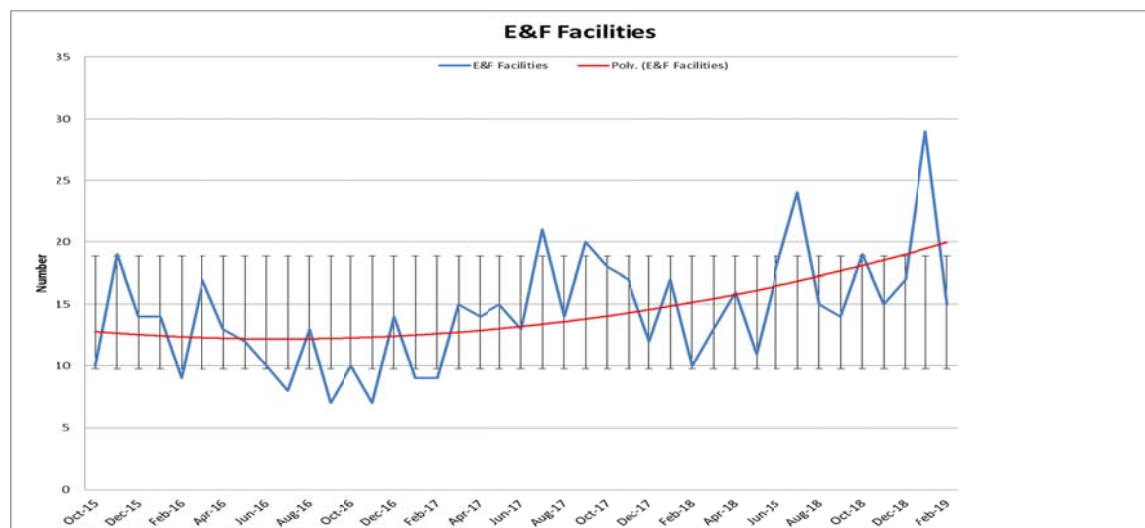
The reporting categories and the associated number of incidents reported are as follows:

Table 1

Incident Type	Feb-19	Average Month	% Variance Month
E&F Contact With	0	0	0%
Slips, Trips & Falls (Patient & Others)	229	247	-7%
Staff Incidents*	88	84	5%
Security	19	26	-26%
E&F Equipment Issues	19	25	-23%
E&F Facilities	15	14	5%
E&F Fire	4	7	-39%
E&F Health & Safety	7	7	-2%
Cumulative Total Month	381	410	-7%
Total Datix	1242	1285	-3%

* Please note that the 'Staff Incidents' category encompasses a range of sub-categories including staff injuries, staff slips, trips and falls, violence and aggression involving staff members and staff behaviours.

Trend Monitoring for Identified Deviation from Monthly Average



February review of the reports has found a slight increase in 'Staff Incidents' and 'E&F Facilities' reporting categories. The increases were related to continued higher reporting than average in relation to issues with clinical waste and Portering.

As in January, February saw a continued trend, with significant reduction in reported security incidents with low volumes reported across all sites. The figures have been reviewed with the Security teams across sites to understand this general reduction in reported incidents. The reduction in reports is consistent with the last 3 years of data that show the reporting of security incidents in February as less than the monthly average for the category.

In month, there was a significant reduction in reported 'E&F Equipment' issues both in reported single use and reusable equipment categories. At the time of the production of this report, no single factor had been identified to account for this.

Reported fire alarm activations were down in the month; this was accounted for with 2 alarm activations reported as opposed to a monthly average of 5. Review of the 3 year long term trend shows that the reports for the month of February are in line with the trend for the category. Review of the incidents with the Trust Fire Safety team has not identified any one reason for the reduction.

For February 2019, the Trust (Safety, Health and Environment (SHE)) and YTHFM LLP were responsible for leading on investigations into 50 incidents on Datix equating to 4.03% of the total number of incidents reported on Datix. The combined Trust (SHE) and YTHFM LLP functions reported 24 incidents on Datix, equating to 1.93% of the total number of incidents reported on Datix for all Directorates.

Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

For February 2019, no RIDDOR accidents were reported on Datix².

The frequency of these reports is monitored; as of date of the production of this report (12/03/2019), it has been 48 days since the last RIDDOR reportable incident occurred in the Trust and YTHFM, with the total number of RIDDOR incidents for 2018/19 being 13 year to date, compared to 7 for the same period in 2017/18. If reporting continues at this rate, the estimated year-end number of RIDDOR for the 2018/19 will be 14.

6 of the reported incidents for the whole YTH group related to YTHFM staff.

Patient Advice and Liaison Service (PALS) Data

Review of the Trust's Patient Advice and Liaison Service data (PALS) forms part of the health and safety proactive monitoring processes.

² Reporting year 01 April 2018 to 31 March 2019

For February 2019, non-clinical and environmental (EFM) PALS are summarised below:

	Feb-19
Complaints	0
Concern	0
Compliment	0
Enquiry	1
Comment	5
Total	6

The general themes from the reported categories are detailed below:

- Enquiry in relation to the multi-storey car park at York Hospital.
- Comment regarding the enforcement of no smoking on site.
- Comment regarding the behaviour of Security Officers on site.
- Comment regarding plastic waste from Ellerby's canteen.
- Comment regarding vans parked in the designated car parking spaces for the renal unit.
- Comment regarding the position of the breast screening unit at Bridlington Hospital and the impact upon disabled car parking.
- Comment regarding parking at York Hospital site

Responses have been provided in relation to the comments and enquiries detailed above.

As part of the development of the PALS reporting module on Datix, it is also noted that Estates and Facilities and YTHFM are now able to review reports from other Trust Directorates where Estates and Facilities issues are identified as part of the Directorate's report. In February there were 2 compliments and 1 comment noted as detailed below:

- Compliment regarding the food provision from a patient on Ward 24 at York Hospital; he is a pescetarian and is delighted with how the staff catered for his needs.
- Compliment from a patient attending the Maternity Ward at York Hospital in December 2018; they found that the Catering and Cleaning staff were all extremely kind and helpful.
- Comment regarding lack of unisex toilets near to the Pain Clinic at York Hospital; this is being dealt with by the Directorate.

3. **External Authorities**

There were no reported H&S/non-clinical interventions from external authorities for the month of February 2019.

4. **Conclusion**

This report highlights the performance of health, safety and non-clinical risk in the Trust (SHE) and YTHFM LLP for February 2019, forming part of the ongoing oversight of the Trust's governance arrangements.

5. Recommendation

The Board of Directors and the YTHFM LLP Management Group are asked to note the contents of this report.

Author: Colin Weatherill, Head of Safety and Security, York Teaching Hospital NHS Foundation Trust

Executive Sponsor: Brian Golding, Managing Director YTHFM LLP/ Associate Director of Estates & Facilities York Teaching Hospital NHS Foundation Trust

Date: 12 March 2019

APPENDIX 2

Resources Committee – March 2019 Sustainable Development Update

Trust Strategic Goals:

- to deliver safe and high quality patient care
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input checked="" type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input checked="" type="checkbox"/>		

Purpose of report

1. To receive, review and endorse the work of the Sustainable Development Group
2. To note the progress on the work plan.
3. To request Board approval in principle for hosting an 8 electric vehicle charging hub

Executive Summary – Key Points

- Note the increasing national emphasis on the impact of travel related air pollution and single use plastics
- Progress on updated action plan
- The opportunity for an 8 electric vehicle rapid charging hub

Recommendation

It is recommended that the Board:

1. **Note the progress on the Sustainable Development Group work plan.**
2. **Approve the Trust Travel and Transport Plan**
3. **Approve, in principle, the hosting a City of York Council's 8 electric vehicle charging hub**

Author: Jane Money, Head of Sustainability

Director Sponsor: Brian Golding, Director of Estates and Facilities

Date: 13 March 2019

1. Introduction and Background

This report provides the Board of Directors with an update on the work of the Sustainable Development Group, against the refreshed action plan which forms part of the process to deliver improvements in line with the Board-approved Sustainable Development Management Plan, as part of the Trust's commitment to integrate sustainable development throughout the organisation and deliver progress in line with its mission statement "*The York Teaching Hospital Foundation Trust strives to actively encourage, promote and achieve environmental sustainability in all that it does*".

2. Detail of Report and Assurance

Assurance is provided to the Board of Directors through the work of the Sustainable Development Group and through this Board by providing a quarterly sustainability update report that highlights progress against the priority actions which are identified through the completion of the Sustainable Development Assessment Tool.

2.1 Relationship with the Business Assurance Framework

In addressing the BAF, the work of Sustainable Development Group provides assurance relating to the risk "Failure to develop a Trust-wide environmental sustainability agenda" as part of the Trust strategic goal "To ensure financial sustainability".

The Sustainable Development Group has completed the assessments using the new Sustainable Development Assessment Tool (SDAT) and has achieved an overall score of 49%.

The Trust recognises that engagement and behaviour change is a key part of improving its performance both against the SDAT benchmarking tool and in fulfilling its obligations under the Climate Change Act through achieving further carbon reductions. In addition, many other areas are problematic because of the lack of corporate engagement with the sustainability agenda at Director/ Board level and a lack of influence around the content of the Trust's priorities. It was agreed with the Environment & Estates Committee that this should be addressed when the Sustainability team become better resourced and supported through the Sustainability Engagement and Carbon Reduction programme with WRM (see below).

2.2 New Drivers for Change

On Monday 7th January 2019, the NHS published the first ever long-term plan, in response to the Department of Health and Social Care's commitment for additional annual funding. The plan includes the NHS' commitments towards sustainability, summarised below.

- The NHS has restated its commitment to the **carbon targets** in the UK government Climate Change Act (2008), reducing carbon emissions (on a 1990 baseline) by:
 - 34% by 2020
 - 51% by 2025
 - This work will include projects to reduce the carbon footprint of inhalers and anaesthetics as a shift to lower carbon inhalers will deliver a reduction of 4%, with a further 2% delivered through transforming anaesthetic practices.

- The NHS is committed to improving **air quality** by:
 - Cutting business mileage by 20% by 2023/24
 - Ensuring that at least 90% of the NHS fleet uses low-emissions engines (including 25% ultra-low emissions) by 2028
 - Phasing out primary heating from coal and oil fuel in NHS sites
- The NHS will ensure that all trusts adhere to best practice efficiency standards and adoption of new innovations to reduce waste, water and carbon, in addition to reducing single-use plastics
- The plan also outlines the idea of the NHS as an 'anchor institution', which is an important concept to promote an understanding of the NHS' contribution to the local economy, society and environment
- It includes dedicated support to spread social prescribing across the country, another key idea that complements sustainability and takes advantage of its benefits, e.g. through prescribing therapies that take place outside
- It specifically mentions working alongside local charities, social enterprises and community interest companies, all of which are key contributors to resilient and strong local communities and economies
- The idea of prevention is threaded throughout the plan, e.g. by promoting earlier detection of illness. Preventing illnesses from happening in the first place is the best possible way for the NHS to become the most sustainable health and care system it can be.

Whilst this Trust has set its priorities for the coming year, the Sustainable Development Group is now mindful that NHS organisations are being asked to produce plans for implementing the NHS Long Term Plan's commitments and that these local plans will then be brought together in a national implementation programme in the autumn. The raised profile of the issues of air pollution particularly with regard to travel and transport (as almost a third of preventable deaths are due to causes related to air pollution, and in 2017 3.5% of road travel was attributable to the NHS), and also single use plastics are two areas of the Trust's local sustainable development action plan which need further development. These areas should be noted at corporate level as they have implications for many services both in terms of what services buy and how their staff and patients travel.

Currently NHS Confederation and the national Sustainable Development Unit are working to help non-executives and boards understand how their hospitals can be contributing to and taking action on sustainable development and social value. They have drafted a one-page infographic, which is attached at Appendix 2a.

2.3 Update on WRM Sustainability Engagement and Carbon reduction programme and next steps

The work with consultants WRM intends to address carbon reduction whilst achieving cost savings for the Trust and it will address other areas of weakness too, including the Board commitment to integrate the principles of sustainability throughout the Trust.

Corporate Directors have approved the funding arrangements for Phase 2 of the project but there have been several delays with the banding and recruitment of the new posts required to support this work. It is now anticipated that this project will start in May 2019 following completion of the recruitment process.

An Energy Manager has been recruited and started work on 1st February 2019 to help with the selection of the providers of the new gas and electricity contracts and also start to take over some of the Energy Management work currently being undertaken by the Head of Sustainability on energy carbon reduction, the LLP energy contract novation and energy performance contract management, so that the Head of Sustainability can spend more time coordinating, delivering and addressing the broader sustainability issues.

2.4 Sustainability Updates and SDMP Action plan priorities for this year

SDMP Action Plan - Following the completion of the Sustainable Development Assessment Tool, the actions identified to improve performance have been put into an SDMP Action Plan table and the SD group review and update this on a quarterly basis. The full action plan is attached, at Appendix 2b with the priority actions for 2019/20 highlighted in bold Italics. The sections below highlight some of the recent updates from the group.

Travel and Transport – The draft Trust Wide Travel Plan has progressed through the Travel and Transport Group (February 2019) and Sustainable Development Group for final agreement by the Board of Directors. Sandersons, who were contracted to produce the plan, have now issued this document as their final work for the Trust. This Travel Plan will be published on the Trust Website but a shortened version can be found in Appendix 2c. If this Committee or the Board wish to see the full plan, it can be emailed on request by Dan Braidley, Environment and Sustainability Manager (email Dan.Braidley@york.nhs.uk).

The Travel Plan will always be a 'live' document, with regular reviews at least annually and a new staff and patient/visitor travel survey towards the end of 2019, which will provide some comparative data.

The Travel Plan sets out five key aims around which various targets and prioritised actions have been developed. The five key aims are as follows:

1. Support and encourage healthy and active travel
2. To reduce travel related pollution and traffic congestion
3. To reduce single occupancy car journeys
4. To ensure that there is fair, consistent and adequate provision of transport and travel choices for all staff, patients and visitors, noting that many users travel outside the standard 8 hour day. This consistency and equity of services and functions, rather than uniformity, recognises that services and sites have differing needs and requirements.
5. To contribute to the Trust wide environmental sustainability agenda

In the first year of implementation, the Trust will:

1. Promote active travel methods and routes (cycling and walking).
2. Investigate opportunities to reduce staff related vehicle emissions, particularly in close proximity to the hospitals through a review of Trust business travel and transport policies, including the availability and achievement of increased use of public transport and also consideration of the role of low and ultra-low emission vehicles at the Trust.

3. Investigate opportunities to reduce the number of single occupancy car use for work related travel through opportunities such as promotion of teleconferencing, car journey sharing and other alternatives to the car.
4. Improve monitoring and reporting of carbon emissions, particularly in relation to business mileage so we can demonstrate that the plans and policies are reducing carbon emissions and pollution.
5. Undertake a travel survey at the end of 2019 to provide comparative data to the 2016 survey and part of the annual review of this plan and the performance against its targets.

In the last quarter work has been undertaken which contributes to the delivery of the above and includes:

- The introduction of new secure staff cycle storage adjacent to the front entrance at Scarborough Hospital which provides 36 spaces accessible with Staff ID badges with publicity through Staff Bulletin on the intranet.
- Discussions with First Group York regarding establishing a new park and ride service directly to the York hospital site have resulted in the agreement for a shuttle service that will be accessible to staff, patients and visitors as well as the general public from Monday 29th April 2019. The buses will travel from Rawcliffe Bar to York hospital. It will be a significant addition to the transport network to the York hospital site, and should ease traffic congestion on Wigginton Road and thus cut down air pollution.
- Discussions with the Energy Savings Trust about options for improving the cost and carbon efficiency of the Trust fleet, including staff travel whilst at work
- Discussions with City of York Council around the introduction of an 8 car rapid charging electric vehicle hyperhub for York Hospital

The City of York Council (CYC) has asked if the Trust Board will provide agreement in principle to the siting of an 8 car electric rapid charging hyper hub at York Hospital at the front of the hospital on the basis that

1. Subject to the necessary procurement and planning permissions, CYC will provide all Capital funding for the provision and installation of the charging points.
2. CYC will work with the NHS Trust to ensure that an appropriate public vehicle charging tariff is put in place, such that the NHS Trust is not exposed to ongoing electricity supply costs
3. Trust will provide and maintain at least a 600 KVA electrical supply, subject to agreement on the cost of the electrical infrastructure needs.
4. Trust will provide a suitable and accessible parking area and allow public access for those wishing to charge their electric vehicles. This area will also be available to be used by Trust staff, Trust fleet, taxis and other service providers.
5. Trust will agree to a fee charging arrangement, via the CYC payment charging support service with telephone and App access.
6. Trust will agree to a time of use restriction to promote effective use by multiple customers during the day in line with the CYC policy, as yet to be agreed in consultation with the Trust.

It should be noted that rapid charging allows emerging car and vehicle models to be charged in fifteen minutes as opposed to the current typical four hour charge.

The Trust is also looking at opportunities to provide solar panels and battery storage so that the electricity supply used is more sustainable both in the environmental and financial implications.

At this stage agreement, in principle, is sought and further details will be provided once the costs and benefits have been more clearly established.

Engagement activities- ‘Light up be Seen’ event at York Hospital held on 5 November 2019 when 200 High-vis slap- wraps, 50 reflectors, 100 cycle maps and 400 sets of bike lights were given away to Trust staff at a stall held in Ellerbys in conjunction with City of York Council. The aim of this event was to help walkers and cyclists remain visible during the darker winter months through the provision of lights and reflective items. This event was attended by over 400 people.

At Scarborough, events were held on 23 and 24 January 2019 in conjunction with North Yorkshire County Council which offered “Dr Bike” advice, Police cycle tagging and high-vis giveaway and cycle training offer. This event was attended by over 100 people and this included the following:

- 15 bikes utilised the free Bike Marking service on offer
- 38 entries into a cycling-related competition to win a FitBit
- 15 contacts interested in Level 3 cycle training

Work continued to promote sharing car journeys to work and during the period, when the opportunity arose, at events and via email. The following was noted in relation to the Trust’s Liftshare scheme:

6 Members gained
12 Members that have added a journey available for sharing
5 Members who have sent a request to share
1 Liftshare team created

In total therefore the Trust now has:

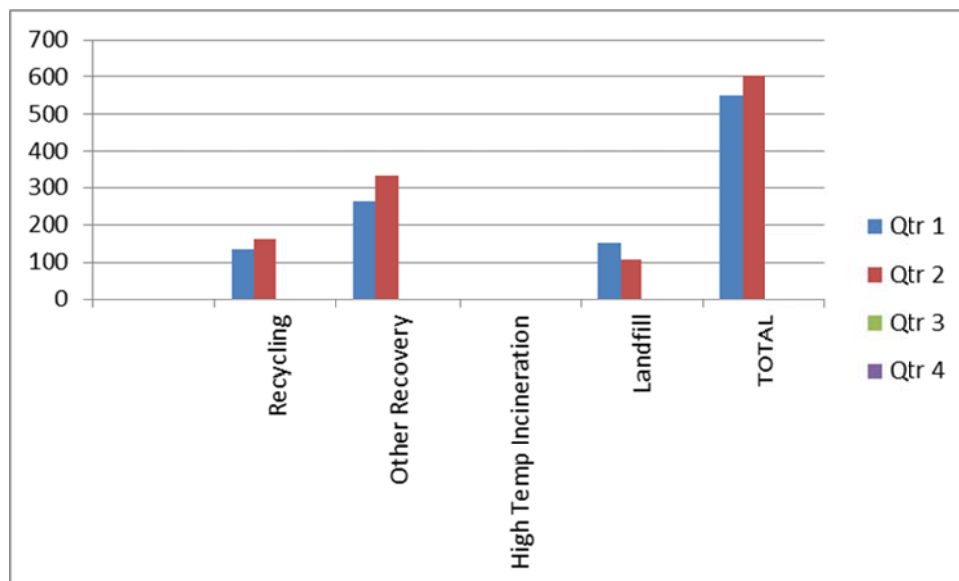
491 Members
315 Members that have added a journey available for sharing
205 Members who have sent a request to share
59 Liftshare teams

Waste Monitoring – In the second quarter of 2018/19, the following were recorded:

333 Tonnes of clinical and domestic wastes sent for Waste Recovery = 56.3%
162 Tonnes of waste recycled = 26.9%
107 Tonnes of offensive and other wastes sent to landfill = 18%

Total = 602 tonnes

Quarterly Waste Breakdown 2018/19



Sustainable Care Models - The Trust's first case study has been undertaken which starts to develop an organisational approach and understanding of the wider benefits of developing sustainable care models, by examining the business case for development of the Outpatient Parenteral (IV) Antibiotic Therapy (OPAT) service as the targeted model. The figures used in the calculation have been based on national sustainable care pathways guidance and show that the move from 30 patients, at any given time, moving from inpatient care with an equal split between the three new pathways (10 patients on each) can result in an estimated 75% (378 tonnes) reduction in carbon emissions, a 79% reduction on water use and an 83% reduction on waste generated. (Appendix 2d explains in more detail the process mapping and associated calculations). Discussions are on going as to how this might be used in future redevelopment of care models to reduce environmental impact.

Adaptation – The rising temperatures in the summer months anticipated as a result of the changing climate has led to a discussion about the recording of the impacts and the ability of the various Trust premises and its infrastructure to cope with heatwaves, which affects the health of patients and vulnerable groups. Whilst the Trust has a Heatwave Plan that was implemented in the Summer of 2018, it has been recognised that better recording around these events will help identify the parts of the Trust facilities which may need improvements to cope with the changing climate. Further discussions about how this will be implemented will follow before the summer of 2019.

Procurement - The Trust is working in partnership with NHS Supply Chain to consolidate the number of deliveries that are made to site. Currently 35% of our goods are received via this route but over the next year we are seeking to move this to 50%.

3. Detailed Recommendations

It is recommended that the Board:

- **Note the progress on the Sustainable Development Group work plan.**
- **Approve the Trust Travel and Transport Plan**
- **Approve, in principle, the hosting of City of York Council's 8 electric vehicle charging hub**

Boards and non-executives driving sustainability in their organisations

Sustainability is working in a way today that can deliver better outcomes tomorrow for the people we serve.

For it to succeed, organisations need to recognise the beneficial links between quality, finance and workforce with place-based social development, environment and economy.

Non-executives are helping deliver this understanding and helping their organisations maximise the benefits of their social, environmental and economic activities.

Be part of a growing non-executives group aiming to create services that deliver innovation and productivity by engaging their workforce and community in robust partnerships. Wayne Farah and Professor Peter Roberts are joint member leads for this work.

To find out more, contact joan.saddler@nhsconfed.org

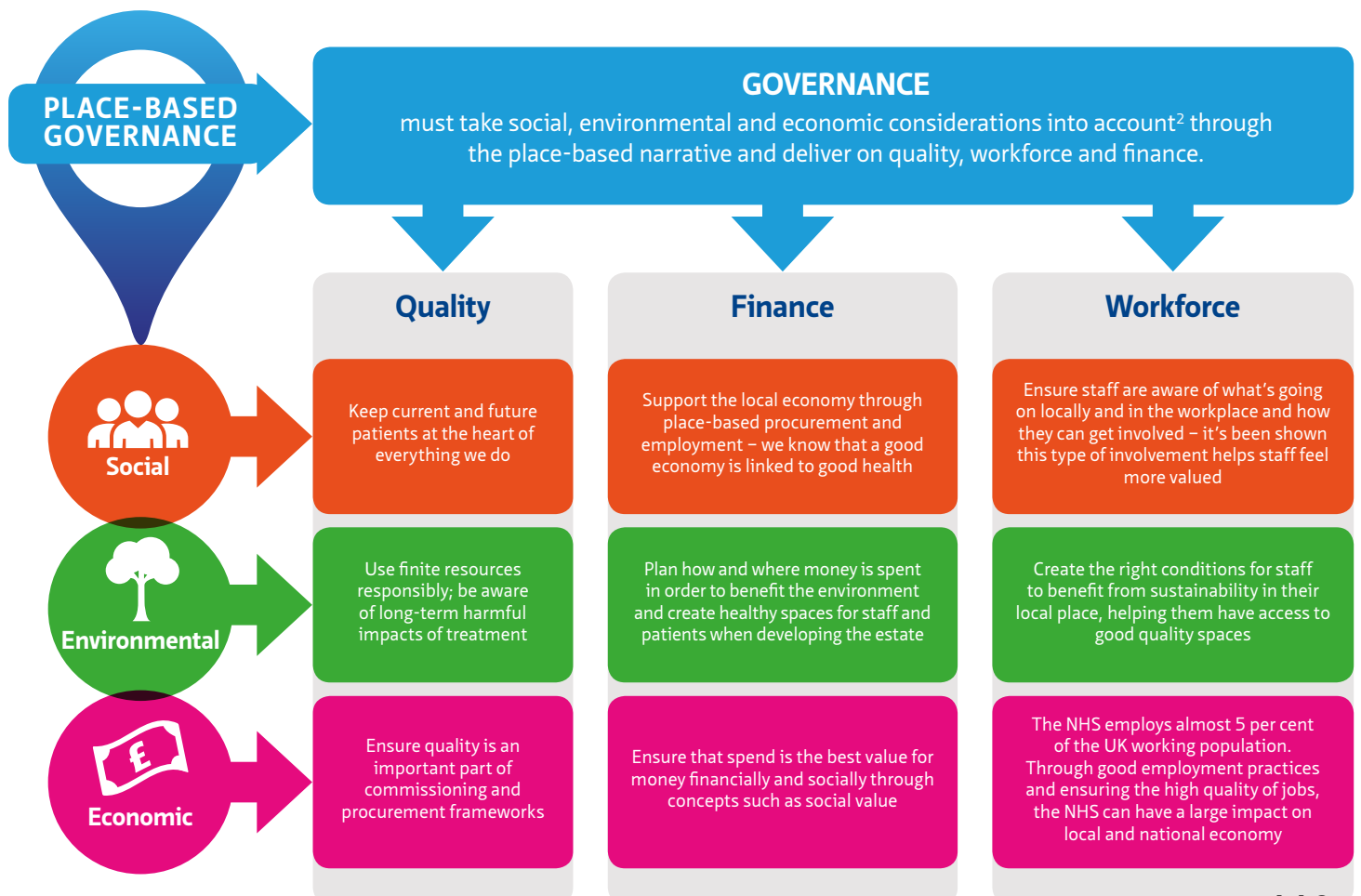
EMBEDDING SUSTAINABILITY IN QUALITY, FINANCE AND WORKFORCE

Quality: Including sustainability as a domain of quality in healthcare extends the responsibility of the health service to patients of the future, in addition to those of today. This is in line with existing NHS commitments.

Finance: Financial sustainability is more than just saving money. The NHS contributes to the local economy and community, ensuring its spending power is part of the health and wellbeing of the local population.

Workforce: 98 per cent of NHS staff think it is important for the health and social care system to work in a way that supports the environment¹ – it is our duty to ensure that this is happening. Being sustainable reflects the values of NHS staff and contributes to healthy workforces.

LINKING QUALITY, WORKFORCE AND FINANCE WITH PLACE-BASED DECISION-MAKING



SDMP Action Plan – 2019/20 *N.B. Bold Italics SDMP Action text denotes this is a priority action*

SDMP Action	Latest Update	Target Dates for Delivery	Lead Officer	KPIs/Metrics to measure performance
Corporate Approach – Workstream Lead – Jane Money				
CA1 - To discuss at Board level what our approach should be with regards to how Sustainability is explicitly stated in the Trust mission	SDMP Mission agreed in April 2018 as follows: <i>The York Teaching Hospital Foundation Trust strives to actively encourage, promote and achieve environmental sustainability in all that it does.</i> Further discussions planned during 2019/20 to coincide with Phase 2 WRM Engagement Project. The work of Sustainable Development Group provides assurance relating to the risk “Failure to develop a Trust-wide environmental sustainability agenda” as part of the Trust strategic goal “To ensure financial sustainability”.	Sept 19	JM/BG/SR	
CA2 - Consider inclusion of sustainability impact assessment statements for Board reports.	Proposal to be drawn up in 2019/20			
CA3 - Extend KPIs to consider how we might report within SDMP on Social Value and Procurement and air pollution (- to be discussed and developed via Trust Travel Plan) IW/ DB		June 19	JM/IW/DB	
CA4 - Undertake further work with consultants to reduce carbon emissions and improve communication on sustainable choices	Phase 2 of WRM Project on Sustainable Development Engagement approved by Corporate Directors (June 2018). Contract terms now being drafted and new posts with HR for banding	May 19	JM	
CA5 - Ensure that business case guidance is followed in relation to sustainable development and social value considerations	Recent increase in business case requesters for advice on Sustainability. Resourcing this support is currently an issue but once new roles in post this should become less of an issue		JM	
CA6 - Arrange dates for proposed talks to members and other local stakeholders and review opportunities to influence	Previous discussion with Lynda Provins about this but was postponed	June 19	JM	
CA7 - Review communications of SDMP to staff, patients, visitors and the local community	Sustainability week not particularly well attended due to hot weather. Further comms work planned as part of WRM Phase 2 project as mentioned above	May 19	JM	
CA8 - Tackle the lack of awareness of environmental sustainability issues and recruit and train “champions” to establish a more sustainable culture throughout the Trust.	Waiting for WRM Project to commence after the new posts have been recruited	May 19	JM	

CA9 - Review external, community, patient and user consultation to identify opportunities and gaps for communications		Feb 19	JM	
CA10 - Determine a range of social , economic and environmental objectives for engagement		Sept 19	JM	
CA11 - Contact Kay Gamble Deputy Lead for Patient Experience to discuss recruitment of volunteers through Trust Volunteer Services (plus One Planet York Event, Universities etc.) to help seek views and engage the public on improvements to environmental and sustainability performance		Jan 19	JM	
CA12 - Support Fairness Champions in promotion of SDMP		Jan 19	JM	
CA13 - Jenny Louth and Seraph Mollier to review provision of food banks over next 2 years via Nutrition Steering Group sub-group – to support the running of food banks (e.g. as a food collection site or supporting staff volunteers) to meet the needs of our local community (Andy Betts to delegate)	Delegated.		ABetts/JL/SM	
Asset Management & Utilities – Workstream Leads – Jane Money/Andy Betts				
AM1 - Develop plans to reduce our water demand to improve our water efficiency	CW went to water management group to look at how we can identify little used water outlets, a further meeting with Hydrop and key stakeholders to be arranged. Addition to this a CW and DB have had initial meetings to look at how to identify and quantify water use and in particular activity where water is wasted to drain (i.e. renal)	Jun 19	DB/CW/ABetts	
AM2 - Encompass training to ensure that responsibility for a sustainably built assets and utility performance management is embedded in the roles and responsibilities for Estates and Facilities teams	Andrew Bennett implementing as part of current Capital Projects through Vascular Imaging Unit development. To share with Paul Johnson. Andrew Bennett is planning an event to launch the Sustainable Design Guide.	Jan 19	AB/ABetts	
AM3 – Implement behaviour change project to incorporate plans to save energy and improve the control of the Building Energy Management System (BMS)	Part of WRM Project - BMS Technician advert issued for recruiting	June 2019-2020	JM/ABetts	

Travel & Logistics – Workstream Lead – Dan Braidley				
TL1 - Complete work on Trust wide travel plan and also update on progress/ compliance against the <i>NICE NG70 Air pollution: outdoor air quality and health guidance</i>	Travel Plan on SD Group January 2019 Agenda Work has begun on providing a summary version of the travel planning document which clarifies the four key aims around which the prioritised action plan will be developed. These are as follows: <ul style="list-style-type: none"> • Active travel as a key focus • Reducing single occupancy car journeys • Reducing CO2 emissions and pollution wherever possible • Identifying sustainable travel options for clinical / ward staff / shift workers / Jr Doctors / Nurses etc – through positive support and encouragement. 	February 2020	DB	
TL2 - Undertake work to improve the collation of carbon footprint reporting and set carbon emission reduction targets as part of the Trust Travel Plan.	DB will look into once established in new post 6.8.18 – ongoing. Will require alterations to collation and recording of data i.e. mileages, train ticket booking system etc.		DB	
TL3 - Undertake communications regarding sustainable travel choices (including Liftshare scheme and Enterprise promotional work) and review travel hierarchy as part of work regarding upcoming car park permit changes	Designated Liftshare spaces installed at Scarborough 30.7.18 Comms ongoing – 2x sustainable travel events have been held in the last 2 months – 19.9.18 (York) and 3.10.18 (Scarborough). A new staff transport section has also been established on Staffroom, collating all existing information as well as adding more links and guidance.		DB	
TL4 - Consider salary sacrifice options in relation to encouraging low pollution and low carbon travel options			DB	
TL5 - Consult with internal and external partners as part of the Trust Travel Plan and consider monitoring options	Sept / Oct – DB has met with First Buses re. establishing more bus services to the York site. DB met with City of York Council, Portakabin and others with a mind to establish a regional sustainable transport network. DB met reps from North Yorks County Council re. ensuring Scarborough Hospital was prominent in planning for new walking and cycling networks.		DB	
TL6 - Investigate whether Senior level approval is required for all high carbon business travel and review recording arrangements to improve accessibility	JM and DB discussed with Steve Kitchin, Sarah Hogan and Ed Pearson. Further analysis of data required to determine whether there are cost effective options to improve the current policy		DB	
TL7 - <i>Investigate opportunities to increase the Trust's Electric Vehicle charging capabilities and provide other initiatives to increase the take up of sustainable travel choices with active travel as a key focus, together with reduction in single occupancy car journeys and a reduction in CO2 emissions and pollution</i>	Ongoing – including the possibility of renewable energy sources. City of York Council (CYC) are keen to establish a 'hyperhub' at the hospital site that could be incorporated into the Trust plans. Meeting held with CYC about the Hyperhub next steps and also Powerstar proposals on solar Photovoltaics and battery storage.	2019	DB	

TL8 - Work with Pool car provider to incorporate further electric vehicles into the Trust's fleet and ensure our pool vehicles include sustainable options for staff to consider	Discussions ongoing – Enterprise are finalising a proposal re. adding a journey sharing feature into the Enterprise Pool car booking system		DB	
TL9 - Continue with proposed works around the promotion of staff cycling	Scarborough staff cycle storage – a design has been agreed by all relevant stakeholders allowing for drainage access and fire escape access. This will be mostly sheltered and will offer 36 secure cycle parking spaces. CYC will do a free high vis kit giveaway at York on Monday 5 th November.	Dec 2018 Nov 2018	DB	
TL10 - Promote and improve the use of teleconferencing facilities for Board and Committee meetings and through WRM project	A teleconferencing pilot promotional scheme has been incorporated into travel plan.		DB	
TL11 - Create and communicate site Green Travel Plans clearly to staff, patients, users/clients, visitors, suppliers and to local communities	Dan started to write an abbreviated version to help with communication with various stakeholders	February 2019	DB	
TL12 - Continue engagement work with local stakeholders and set up additional meetings with major York organisations such as the University of York	In progress. DB meeting with University of York on Tuesday 16.10.18. See above re. regional travel network proposal.		DB	
TL14 - Undertake a travel survey in 2019 once the car park permit changes have been implemented	Dates TBC	December 2019	DB	
TL15 - Assess Health Outcomes of Travel through use of NHS SD Unit HOTT and review changes resulting from Travel plan	To be considered as part of the work with the Energy Savings Trust	April 2019	DB	
TL16 - Undertake work to reduce the environmental impact (GHGs and Air pollution) of the logistics associated with the delivery of goods and services to our organisation.	Links in with Sustainable Facilities sub group work – work to follow in 2019 / 2020 post plastic reduction work. Trust Fleet Green House Gases (GHGs) and air pollution to be a part of Energy Savings Trust Fleet review work and also travel plan		DB	
TL17 - Monitor the environmental impacts (CO2e and air pollution) associated with our suppliers' transport and logistics and are actively working with our suppliers to find ways to minimise their traffic burden (e.g. more efficiently planned deliveries, less polluting vehicles etc.)	Currently Scarborough and York hospitals have air pollution monitoring equipment installed by the local Council who will feed back their findings. More work required in 2019.	January 2019	DB	

TL18 - At least 10% of our fleet and pool vehicles are fully electric i.e. on the government Go Ultra Low approved vehicles or similar government approved EV list.	Currently our transport fleet has more than 10% electric vehicles. Pool cars to be considered when contract renewed in 2019. To be considered as part of the work with the Energy Savings Trust	2019	DB	
Adaptation to Climate Change/ Resilience – Workstream Lead – Andrew Hurren				
A1 - Work with Communications team to brief staff regarding roll out of ERP and Business Continuity (BC) plans	Completed	October 2018	AH	n/a
A2 - Adaptation to Climate Change and Resilience to be explained in SDMP	380 BC Action Cards now on Intranet – next step is to implement testing with lessons learned and record of cause of incident (if adverse weather – this would be recorded noting risks (including severe weather) reviewed quarterly at Emergency Planning Steering Group (ESPG)	Ongoing	AH	
A3 - Invite Head of Sustainability to join Emergency Planning Steering Group and BC sub-group	This has now been completed.	June 2018	AH	n/a
A4 - Monitor our carbon reduction plans to ensure they contribute to an overall reduction in emissions and risk	Risk register relating to Sustainability and Changing climate reviewed quarterly by SD Group – EPSG has own risk register which is reviewed quarterly	Complete	JM/AH	
A5 - Improve the recording of adverse weather events and the impacts to identify areas in need of adaptation plan in the context of the changing climate	Meeting to be set up by CW to report on lessons learnt from last incidence of a level 3 Heatwave event in July 2018. CW reviewing heatwave plan in light of issues identified during 2018 heat wave. CW to check overheating events and risks are reported to HSCRG this will be reflected in the 2019 review of this policy. Additional to this SDG needs decide on how other adverse weather events are identified and the correct organizational groups to manage this (such as - emergency planning) and how this is reported to SDG.	April 2019 April 2019	CW For SDG to discuss and agree action	
A6 - JM to review adaptation as a whole and develop a plan to ensure staff are aware of the impact upon sustainability	JM to expand on section on Adaptation/ resilience whilst undertaking annual review SDMP	May 2019	JM	
A7 - Damian Moon to check Business Continuity plans are HTM compliant and include contingencies for water/power shortages	Work planned to upgrade the HV ring at York to strengthen electrical resilience. Yorkshire Water has been involved with the Trust to strengthen water resilience.	Ongoing as plans are reviewed	ABetts/DM	

Capital Projects – Workstream Lead – Andrew Bennett				
CP1 - Continue with the implementation of Sustainable Design Guidance for all new Capital Investment Projects and implement the measures	Guidance now in use by Capital team including for new Vascular Imaging Unit. Capital team are utilising the tools/guide on current projects and it continues to be rolled out on a project by project basis. AB to discuss with P Johnson.	December 2018	AB	
CP2 - Where appropriate develop further opportunities for direct patient and visitor engagement as part of the design process for new building and refurbishment projects and incorporate this into new Capital Projects Procedures	One example where this could be evidenced and implemented is the BPH site development plan. He said there is an on-line survey available which he will circulate to the engagement group and ask them to complete it		AB	
Green Space & Biodiversity – Workstream Lead – Andy Betts				
GS1 - John Dickinson to review grounds and green spaces in their local areas and consider further actions over next year to ensure negative impacts are minimised	Delegated to Dave Morrall and Damian Moon; work is ongoing.	Feb 19	ABetts/JD	
GS2 - John Dickinson to review their local areas and work with local greenspace and biodiversity partners such as wildlife trusts, local bee keepers, or the local nature partnership to improve biodiversity on our estate in line with local strategic plans.	Discussions on- going with York Beekeepers Society	On going	ABetts/JD	
GS3 - Continue to review use of Trust Green Spaces including consideration of introducing bee hives	Spoken to Bruno from York Beekeepers Society who suggested 2 options; either purchase and manage bee hives with their assistance or offer one of their members the opportunity to site hives on the York site. Follow up meeting to be arranged	Jan 19	ABetts/JD	
GS3 - John Dickinson to develop more quantitative metrics for applying to projects at the post-occupancy evaluation stage. Consider extending sub-metering to individual ward and departmental levels to demonstrate that we are delivering positive impacts on the health and wellbeing of building users and the environment.	Schneider has a new product which we are investigating. The system is a wireless CT that can be fitted to existing panels that feed back to the BMS system and can be integrated into control systems for such as AHU's where a control strategy could be developed to monitor fan load against differential pressure against cost of filters to predictively optimise filter changes against power usage.	Jan 19	ABetts/JD	
GS4 - Seraph Mollier to lead project to have a third party supplier to provide a fruit and veg stall initially on the York site working with a local supplier (locally sourced and locally grown) and consider rolling this out to other main sites in 2019 if the project is successful	Current contract for York Hospital ground floor retail areas does not allow the Trust to arrange for the sale of fruit and vegetables from another supplier. The Director of Estates and Facilities has contacted the company Director to request a variation on the contract which would allow the Trust to set up a fruit and vegetable stall. A reply is awaited. (AB)	June 18	ABetts/SM	

GS5 - Seraph Mollier and Jenny Louth to aim to exceed Govt guidelines during future catering and food contracts and processes where possible and advise where this has and has not been achieved	Seraph and Jenny informed that cost pressures will make it unlikely that guidelines will be exceeded.	April 19	ABetts/SM/JL	
GS6 - Seraph Mollier, Jenny Louth, Pierre and Hugh Stelmach to investigate opportunities for on-site composting or using compost from our waste contractor	The green waste from our hospital sites is currently collected and converted by Yorwaste into compost. I have asked Yorwaste if they will donate sufficient quantities of their compost (free of charge) to our gardening staff to use across our main hospital sites. If successful, our green waste would return as compost. HS	Sep 18	ABetts/SM/JL/PG/HS	
GS7 - Jane Money to investigate potential use of green space at south end of York Hospital and also "York Men in Sheds" initiative	Currently limited resources/ time to progress this and may be one to postpone til 2019/20.		JM	
Sustainable Care Models – Workstream Lead – Steve Reed				
SC1 - JM to carry out regular sustainability awareness activities for Board over 2019-20 and consider holistically sustainable care models and associated progress reporting	Work to commence as part of WRM Phase 2 Project. JM	February 2019	JM	
SC2 - Roll out health coaching training to all community nurses	<p>Top line progress so far</p> <ul style="list-style-type: none"> 15 Health Coaching Facilitators (2 days plus 4 half days) started their training last September with a follow-up half day planned for September 2018 ODIL are in the process of talking with all facilitators to identify what take up they have had with staff and any training/ support they might need in September. <p>Training was completed this month for:</p> <ul style="list-style-type: none"> 243 staff in community (2 x half days) 	July 18	SR	
SC3 - Develop an organisational approach and understanding of the wider benefits of developing sustainable models, and evidence this through the redesign of a targeted model	Proposal to use development of the Outpatient Parenteral (IV) Antibiotic Therapy (OPAT) service as the targeted model using National sustainable care pathways guidance	Mar 19	SR	
SC4 - Monitor training for all nursing and medical staff to support brief interview by acute wards in relation to supporting patients to live more healthy and sustainable lives	Will be measured through delivery of the Trust CQUIN	Mar 19	SR	
SC5 - Identify a best practice approach (using national literature or advice from WRM) to test on a single care pathway/service to assess sustainable delivery	National sustainable care pathways guidance obtained, need to understand application for use with the OPAT service (above)	Mar 19	SR	

SC6 - Run an open event for staff involving a number of speakers (including staff)who have links and connections with overseas healthcare organisations with the intention of forming a staff Steering Group to publicise and develop potential staff exchange programmes	Event scheduled for October Clinical Governance Sessions	Oct 18	SR	
SC7 - Continue to develop our approach to engaging local people in the design of services	Report to Board (July 2018) on Home First engagement process and proposals for next steps; engagement to be built into cancer strategy. To be discussed with new engagement lead.	Complete	SR	
Our People/Workforce – Workstream Lead – Sarah Vignaux				
OP1 - To develop an electronic staff forum with the opportunity to take part in online discussions on a range of topics relating to staff workforce issues	Completed – Tender awarded, work started with new provider. 22.1.19 Early review of staff survey results being carried out.	Dec 18	Sarah Vignaux / Vicki Mallows/ Alison Cockerill	Undertake a review of the contract 6 months post implementation. Comparison of staff friends and Family and Staff survey results pre and post implementation.
OP2 - Further development of our ongoing commitment to stakeholder engagement through a review of attendees at Trust Fairness Forum.	Initial discussions to be held at August Fairness Forum – deferred to Nov Fairness Forum. 22.1.19 Nov FF deferred, initial discussions at Jan 19 FF. Agenda and TOR being revised to be signed off at April FF. Agreed FF would have guest speakers from the community going forward.	April 19	Sarah Vignaux	Development of a revised agenda. Seeking feedback from group post implementation.
OP3 - Commitment to ongoing review of policy related to smoking on site.	Started – visit to another Trust took place late summer to understand their approach to becoming completely smoke-free and adapting their action plan as the basis. Some work such as signage and CQUIN requirements are already in place. Requires additional work to co-ordinate with Communications, Estates, Nursing, HR and Occupational Health to ensure completely smoke free by April 2019.	Apr 19	Sarah Tostevin	

<p>OP4 -Commitment to ongoing review and promotion of staff wellbeing schemes and staff benefit schemes;</p>	<p>Staff benefits are embedded in the Trust - website for staff benefits available externally. Embedded - Available benefits promoted annually via staff benefits fairs. Numbers of staff wellbeing schemes are promoted on Staff Bulletin, via poster campaigns and social media, Recent examples include Wellbeing Workshops, Health Checks and Mini health checks, Step Into Health programme, Schwartz rounds and the RAFT pilot. A bespoke H&WB communications Plan is being developed for 2019/20. Staff benefits schemes are promoted internally and externally via the website.</p> <p>Embedded - Health and wellbeing task and finish group in place. The Health and Wellbeing Steering Group was in place until end of 2018. This was replaced from January 2019 with a smaller Health and Wellbeing group who now meet 6 weekly to ensure a more timely and proactive approach to organisational wide H&WB initiatives. A smaller H&WB Assurance Group has been established to meet quarterly (from April 2019) to provide assurance to Board level that the Trust is delivering its H&WB commitments</p>	Ongoing	Sarah Tostevin	Ongoing review of activity via established groups
<p>OP5 -Corporate action plan to be developed following results of staff survey.</p>	<p>Embedded annual process - staff survey results due December 18. 22.1.19 Early review of staff survey results being carried out.</p>	Dec-18	Vicki Mallows / Alison Cockerill	Year on year review of activity and outcomes.
<p>OP6 - Benchmark of equality and diversity policy / strategy against other Trusts</p>	<p>Started - Information gathering in progress</p>	Apr 19	Sarah Vignaux	Ongoing
<p>OP7 - Commitment to implement alternative recruitment methods to reduce travel.</p>	<p>Completed -Some methods already available – e.g. webex. 22.1.19 Successfully implemented, using for cross site recruitment. Using skype for global recruitment.</p>	Completed	Will Thornton	Ongoing review of activity via established groups
<p>OP8 -Commitment to rolling review of recruitment activities to enable us to reach different communities (aim to increasing the diversity of our workforce)</p>	<p>Embedded activity - Already attending fairs and recruitment events within the community Use of social media (e.g. Facebook) to promote posts</p>	Ongoing	Will Thornton	Ongoing review of activity via established groups
<p>OP9 - Create and implement plan for removal of band 1 posts in line with national terms and conditions update.</p>	<p>Completed- Plan released Sept 2018, implementation complete by Dec 18.</p>	Dec 18	Will Thornton	Complete
<p>OP10 -Review and update disability confident action plan in readiness for upcoming self-assessment</p>	<p>Embedded - Successful self-assessment Oct 2017, undertaken biennially; next due Oct 2019. 22.1.19 Documents drafted for supporting individuals with disabilities in the workplace (which is part of the disability confident action plan) shared with Fairness Forum 8.1.19</p>	Mar 19	Sarah Vignaux	Ongoing review of activity via established groups

OP11 - Create specific sub-groups of executive policy group to enable successful implementation of certain workforce policies	Policy group embedded. Sub groups as needed. For example; group to be put together to review training package and implementation of discipline policy. 22.1.19 work ongoing	Dec 18	Jenny Flinton / Sarah Vignaux	
OP12 - Rolling program of engagement with stakeholders through Equality and Delivery system which assesses access to services for protected groups	Embedded process – but ongoing assessment required. Next event due early summer 19. 22.1.19 May be delayed awaiting new national guidance.	June 19	Sarah Vignaux	
OP13 - Implement international recruitment programs to meet supply shortages in UK market	Completed - engagement with organisations across the globe. 22.1.19 Now embedded activity	Completed	Will Thornton	N/A embedded activity
OP14 - Undertake a rolling review of the Trust recruitment processes with key stakeholders.	Partially completed - Listening exercises have started with the Chief Nurse team in reviewing nursing recruitment with a focus on improving applicant experience. 22.1.19 Recruiting a project manager to further streamline processes	Apr 19	Will Thornton	
OP15 -Continue implementation of the 'Trust brand' through targeted recruitment campaigns	Partially completed - Work with an external provider has been undertaken to develop the brand we are in the early implementation stage. Two successful campaigns have been undertaken so far. 22.1.19 working with Jupiter to create a video to compliment posters and other images already available.	Ongoing	Will Thornton	Ongoing review of activity via established groups
OP16 - Create and implement a supporting staff procedural document	Partially completed - Initial draft due end of Oct 18 - 22.1.19 – Submitted to EPG for comment	Nov 18	Brian Tomlinson	
Sustainable Use of Resources – Workstream Lead – Andy Betts				
SU1 - Health and Well-Being group working to increase the amount of healthy and sustainable food choices in our community services/organisation (Pierre Gomez is chair)	Vending machines are CQUIN compliant together with all cold food including sandwiches, drinks and confectionary e.g. 80% of drinks has less than 5g of sugar. Work is on-going with dieticians through Health and Well- Being Group to ensure that healthy choices are available in the hot food served at community hospitals cafes at Malton and Selby Hospitals and also at all this Trust Acute hospitals (PG)		ABetts/SR	
SU2 - Hugh Stelmach to review whether all relevant staff are trained in their role in minimising the use of chemicals.		Apr 19	HS	
SU3 - Seraph Mollier and Jenny Louth to consider the tracking the food miles, consumption patterns and disposal of food and drink products for staff and patients and where possible incorporate this into future contracts. Also to consider maximising the use of fresh and seasonal food	Cost pressures make this exceptionally challenging to achieve. Procurement guidelines need to be followed for best value and additional costs this approach needs to be quantified.	Jan 19	SM/JL	

SU4 - Paul Johnson (ideally with Andrew Bennett) to review the reduction of hazardous and toxic chemicals and take a pro-active approach as contractors are engaged	Delegated to Paul Johnson.	Jan 19	ABetts/PJ	
SU5 - A Betts to speak to Liz Vennart regarding supporting staff on how to reduce food wastage to reduce the environmental impact and to help support staff avoid food poverty.	Guidance to be sought to produce information to be provided to staff during calendar year 2019.	Dec 19	ABetts	
SU6 - Hugh Stelmach to ensure all waste streams are subject to a formal contract. Each contract will have relevant KPIs and supplier involvement to encourage innovative ways of waste management and waste reduction, where possible.	The specification for the confidential and general paper waste and WEEE waste streams contract tender (for all Trust sites) is nearly ready and just awaiting input from Information Governance. Negotiations are also currently underway to renew the domestic waste contract.	Mar 19	HS/IP	
SU7 - Hugh Stelmach (with Colin Weatherill) to review the Waste Management Policy. The aim of the review is to ensure the guidance within the policy is relevant and reflects the current waste practices at all Trust sites <i>including continual reduction of hazardous waste (from a clinical perspective)</i> . Further actions will also be developed to raise awareness with staff of the need to improve waste separation to achieve higher rates of recycling and waste recovery.	27% recycling target set for 2018/19 25% recycling achieved in 2017/18 (a significant improvement from 2013/14 when only 16% was achieved). The proportion of waste being sent to landfill has reduced from 49% (723 tonnes) in 2013/14 to 23% (616 tonnes) in 2017/18	Apr 19	HS/CW	
SU8 - Reduction of single use plastic and non-recyclable packaging	Sustainable Facilities sub-Group set up and Board supported top five actions to promote plastics removal and reduction in non-recyclable materials in staff and visitor catering facilities. Ellerby's (PG) introduced a 10p discount per hot drink if customer brings own reusable cup. Other plastics and polystyrene to be removed when suitable alternative and disposal methods identified. Discussions on going with staff at Ellerby's and Pat's Place. Sandwich packaging now cardboard. Packaging to be addressed later. DB to organize comms and posters relating to top five actions	April 2019	JM/DB/CW	
Procurement – Workstream Lead – Ian Willis				
P1 - Monitor the environmental impacts (CO2e and air pollution) associated with our suppliers' transport and logistics and work with our suppliers to find ways to minimise their traffic burden	We are working in partnership with NHS Supply Chain to consolidate the number of deliveries that are made to site. We currently receive 35% of our goods via this route but over the next year we are seeking to move this to 50%	July 19	IW	Monitored by the Partnership Programme Board

P2 - Improve opportunities and reporting of re-use of equipment and materials to reduce procurement costs and carbon footprint including signing up to a network such as 'Warp It' which enables staff to trade surplus assets with each other through an online marketplace	Part of WRM phase 2 project - Corporate Directors approval granted June 2018 for WRM Phase 2 and new job roles with HR for banding	Jan 2019	IW	
P3 - Recycled unbleached paper	We have rolled out to the Trust the use of 100% recycled and unbleached copier paper	Sept 18	IW	Monitoring uptake through TR Reporting
Carbon/GHGs – Workstream Lead – Jane Money				
C1 - Develop SMART targets and monitoring methods in carbon reporting through Sustainable Engagement project with consultants WRM	Corporate Directors approval granted for WRM Phase 2 and new job roles currently being recruited..	Work to start June 2019	JM	
C2 - Review air pollution via Trust Travel Plan and Health promotion via Health and Wellbeing and Green Teams	Draft Travel Plan on agenda for SD Group January 2019 and includes work on air pollution. CYC currently monitoring air pollution levels at hospital entrance.	Travel plan for approval February 2019	JM/DB	

York Teaching Hospital NHS Foundation Trust

Trust Travel Plan

(short version)

March 2019



Colin Weatherill (Head of Safety and Security)
Jane Money (Head of Sustainability)
Janet Mason (Head of Security and Car Parking)
Dan Braidley (Environment and Sustainability Manager / Travel Planning Coordinator)

Foreword

York Teaching Hospital NHS Foundation Trust (hereafter the Trust) has prepared this Trust-wide Travel Plan to support the NHS Sustainable Development Strategy and also the Trust commitment to sustainability; by reducing negative impacts on the environment, (emissions and air pollution), maximising health benefits, (health promotion, illness prevention and social value), as required by the NHS standard contract.

The Trust will work in conjunction with local authorities and key stakeholders to assist with the aims of wider local travel plans and health initiatives.

The volume of traffic visiting the various sites operated by the Trust has continued to rise as patients, staff and visitors become more reliant on the car as the primary mode of transport. This leads to increased congestion, air pollution and less availability to those who need to use the car. To address this, the Trust is committed to promote sustainable transport and travel and encourage modal shift for all stakeholders. This will be implemented through encouraging an alternative approach to transport and travel to improve health and wellbeing and reduce negative impacts on the environment.

This Trust Wide Travel Plan will be an ongoing, long-term initiative to allow the Trust to respond to changes as and when they occur. This will enable the Trust to introduce dynamic policies and measures to address transport challenges across the organisation and enable stronger relationships with local partners. The Trust has in place a Travel Planning Coordinator who will work with the Travel and Transport Group to encourage staff at all levels and key stakeholders to provide input. The Group will monitor the implementation of this plan to provide assurance to the Trust this plan is being effectively implemented.

This plan sets out key targets to achieve the Travel Plan objectives in line with the Trust Sustainable Development commitments by reducing a negative impact on the local environment.

Executive Summary

A Travel Plan is a key part of this Trust's commitment to Sustainability and the Board approved Sustainable Development Management Plan.

The NHS standard contract SC18 requires the Trust to take all reasonable steps to minimise its adverse impact on the environment. The 2014 Sustainable Development Strategy for the NHS, Public Health and Social Care system identifies travel and transport as a carbon hot spot and offers advice on producing a travel plan.

The Government Initiative "Delivering a Sustainable Transport System" (DaSTS) published in November 2008, requires local authorities to deliver Local Transport Plans and the Trust believes that the development of such a Travel Plan will assist with the aims of the Local Authority for the particular locality and will, therefore, provide support to its partners. Public Health England (2018) have advised that vehicles and travel produce a lot of air pollution and this is the area over which individuals have the most control. Two of the most important components of air pollution (nitrous oxides (NOx) and fine particulate matter (PM2.5)) have been linked to health outcomes ranging from asthma, to cardiovascular disease, to low birth weight, to dementia. A report from PHE estimated the costs to the NHS and social care from illness related to air pollution, and advised that, in England, the total cost to the NHS and social care of air pollution is at least £42.88m per year. Taking into account diseases where evidence is associative or emerging, that cost goes up to over £157m per year.

The National Institute for Health and Care Excellence (**NICE**) guideline NG70 issued in 2017 covers road-traffic-related air pollution and its links to ill health. The guidance is issued to advise health and social care workers how to improve air quality and so prevent a range of health conditions and deaths. This guidance has been considered in the development of the key aims and actions of this Travel Plan.

The Trust is a major employer in North Yorkshire and associated areas with approximately 9,300 full and part time employees. It provides health services to a resident population of around 530,000 and the majority of its facilities generate a considerable amount of traffic on site and on nearby roads. It should also be noted that the pressure on the Trust increases significantly during the summer months as population levels grow due to the influx of visitors to the area.

The volume of traffic visiting the various sites operated by the Trust has continued to rise as patients, staff and visitors become more reliant on the car as a means of transport. However, the Trust recognises its responsibility to promote more sustainable transport modes as part of the operation of its sites.

In order to gather information, on the current modes of travel and the priorities for action and the next steps, the York Hospital Foundation Trust undertook a travel survey in 2016 and the findings highlighted the fact that the majority of respondents felt that it would be difficult for them to change to another transport mode from single occupancy car use. This matter and other findings from the travel survey have helped to shape the aims and actions to achieve more sustainable travel and transport choices.

The York Teaching Hospital NHS Foundation Trust (hereafter the Trust) has now prepared this Trust Wide Travel Plan to support the above requirements with the key aims to:

1. Support and encourage healthy and active travel
2. To reduce travel related pollution and traffic congestion
3. To reduce single occupancy car journeys
4. To ensure that there is fair, consistent and adequate provision of transport and travel choices for all staff, patients and visitors, noting that many users travel outside the standard 8 hour day. This consistency and equity of services and functions, rather than uniformity, recognises that services and sites have differing needs and requirements.
5. To contribute to the Trust wide environmental sustainability agenda

In the first year of implementation, the Trust will:

1. Promote active travel methods and routes (cycling and walking).
2. Investigate opportunities to reduce staff related vehicle emissions, particularly in close proximity to the hospitals through a review of Trust business travel and transport policies, including the availability and achievement of increased use of public transport and also consideration of the role of low and ultra-low emission vehicles at the Trust.
3. Investigate opportunities to reduce the number of single occupancy car use for work related travel through opportunities such as promotion of teleconferencing, car journey sharing and other alternatives to the car.

4. Improve monitoring and reporting of carbon emissions, particularly in relation to business mileage so we can demonstrate that the plans and policies are reducing carbon emissions and pollution.
5. Undertake a travel survey at the end of 2019 to provide comparative data to the 2016 survey and part of the annual review of this plan and the performance against its targets.

This Trust Wide Travel Plan is an ongoing, long-term initiative, which will respond to policy changes and site changes as and when they occur. The Trust will work with partners and appropriate stakeholders to ensure, where practical, resources are pooled and to engage in collaborative thinking to address issues jointly.

Introduction

In preparing this document, a travel survey was undertaken and all key Trust facilities have been visited to establish the availability and suitability of sustainable transport links and infrastructure and, in acknowledgement of the distinctiveness of the various sites operated by the Trust, this Travel Plan sets out over-arching principles and objectives that are common to all sites but then goes on to provide a more detailed, site-specific assessment, identifying the characteristics of each site and its surroundings.

The changes in the way health care services are provided and the overall growth in car ownership have created acute pressures on the Trust's parking facilities at peak times. Problems manifest themselves in a number of ways including problems finding a car parking space; illegal or inconsiderate parking both on the hospital sites and on the adjacent highway network and increased volume of traffic on approach roads, and a lack of appropriate alternatives such as accessible public transport.

It should be acknowledged that the development of new car parks to resolve parking issues is expensive, environmentally damaging and land within and adjacent to the Trust's current sites is scarce. Whilst such developments can improve traffic circulation, reduce congestion and aid on-site operation, their construction has to be seen as a "last resort" and more sustainable alternatives need to be considered as part of a wider strategy to reduce the dependence of staff and visitors on private car journeys.

Local authorities can be unwilling to approve new planning applications if they consider that the proposed developments will put further pressure on the local highway network and are damaging to the local environment. Local Authority partners such as City of York Council, North Yorkshire County Council and East Riding of Yorkshire Council are actively encouraging the Trust to deliver credible action through the development and implementation of Travel Plans as a way of reducing congestion and demand for car parking and the Trust wishes to work with its partners in a proactive manner and spirit of cooperation.

There is a need to introduce proactive dynamic sustainable policies and measures to accommodate active, less polluting and accessible modes of transport and tackle the demand for parking for those who are restricted in their choice to car travel. At the various Trust sites, the aim is to embrace stronger working relationships with local partners and stakeholders.

The Trust has in place a Travel and Transport Group who provide input into the development and implementation of the Travel Plan. This also provides staff representatives the opportunity to continue to input their views and opinions to improving the present and future transport and travel issues. In addition, the Trust wishes to work towards strengthening its relationships with NYCC (North Yorkshire County Council), City of York Council and ERYC (East Riding of Yorkshire Council) to secure input from the local population and other interested external parties such as Nestle, local Universities and public transport service providers.

The Trust's Board commitment to sustainability includes the commitment to use the Sustainable Development Assessment Tool. This is a national benchmarking tool for the Health Service which highlights the need to provide a range of travel planning issues including the need for a Board approved healthy/active travel plan, developed in coordination with staff, patients, users, clients, visitors and local communities; a business travel policy to support sustainable travel choices; activities and actions to reduce traffic and / or associated air quality impacts in our local area; the need to work closely with other local agencies such as our local authority, universities and third sector organisations to contribute to the delivery of area wide carbon reduction strategies and plans; and the need to demonstrate that the Trust is reducing its carbon emissions from travel and transport in line with the achievement of local targets i.e. in accordance with the Climate Change Act 2008 i.e. 80% reduction in carbon emissions by 2050, and also National Institute for Health and Care Excellence (**NICE**) guideline NG70 (issued in 2017) which covers road-traffic-related air pollution and its links to ill health. The NICE guidance is issued to advise health and social care workers how to improve air quality and so prevent a range of health conditions and deaths. This guidance has been considered in the development of the key aims and actions of this Travel Plan.

The Travel Plan is in line with HTM07-03, NHS car-parking management, environment and sustainability, which identifies best practice in car-park management and sustainable transport in order to improve the patient and visitor experience and support staff on their journeys to and from work.

The Trust values and strategic goals set the overall context for this work. The Trust values are:

- Caring about what we do
- Always doing what we can to be helpful

- Respecting and valuing each other
- Listening in order to improve

We will implement the Trust values by:

1. Showing sensitivity to individuals needs and preferences, ensuring that services continue to support patient care and enhance patient experience, and through the delivery of safe and effective services
2. Providing clear policy direction supported by leadership, knowledge, efficient and effective services
3. Developing consistency and equity of services and functions, rather than uniformity, recognising that services and sites have differing needs and requirements.
4. Through continued engagement to ensure people have the opportunity to contribute and influence. Listening to all views but understanding that we won't be able to give everyone what they want and expect to adjust whatever we implement as it may not be right first time.

The Trust strategic goals are:

- To deliver safe and high quality patient care
- To support an engaged, healthy and resilient workforce
- To ensure financial stability

(Noting that within the strategic goal 'to ensure financial stability', there is an aim to develop the Trust-wide environmental sustainability agenda).

The sections which follow set out the aims and targets, and the work areas identified to achieve these targets, based on the findings from the 2016 travel survey.

Performance against these targets will be monitored and reviewed at least annually, with some areas being established for quarterly monitoring.

Aims

This Travel Plan has set the following as its main overarching aims which will be applicable to all Trust facilities:

- Support and encourage healthy and active travel.
- To reduce travel related pollution and traffic congestion.
- To reduce single occupancy car journeys.
- To ensure that there is fair, consistent and adequate provision of transport and travel choices for all staff, patients and visitors, noting that many users travel outside the standard 8 hour day.
- To contribute to the Trust wide environmental sustainability agenda.

The Trust is committed to achieving these key aims and proposes a number of more specific aims which can be related to specific measures and initiatives to support these as follows:

- To promote an environmentally responsible attitude and approach to transport issues linked to the Trust's Sustainable Development Management Plan.
- To address the needs of all user groups.
- To minimise the number of the vehicles using each site.
- To promote and encourage the use of public transport, cycling and walking.
- To promote efficient management and use of the Trust's vehicle fleet.
- To be consistent with local authority plans and initiatives and encourage partnership working.
- To work in partnership with all relevant organisations to promote travel for the benefit of the common good.
- A continuous improvement approach to the **Trust's Sustainable Transport Plan** to ensure that it reflects changes, both on site and legislative, as and when they occur and takes into account best practice in other areas.
- To consider new ways of working, for example flexible working and teleconferencing, to take the strain off the car parks at key hours.
- To reference transport and travel issues in the Trust's Sustainable Development Management Plan
- To examine options for an off-site park and ride scheme for appropriate staff working core hours at peak times.
- The Trust is looking to adopt an organisational wide approach to car parking which is and this will be delivered as part of the Trust Travel plan. This approach is to

standardise the management of car parking to ensure fairness and consistency for staff parking and to support the Trust wider environmental and sustainability strategy, with adequate provision of transport and travel choices for all staff, patients and visitors, noting that many users travel outside the standard 8 hour day. This consistency and equity of services and functions, rather than uniformity, recognises that services and sites have differing needs and requirements.

Travel Plan Coordinator

It is essential for the success and efficiency of any Travel Plan that a Travel Plan Co-ordinator (TPC) be appointed (or an existing member of staff be nominated) to have the responsibility for the implementation of the Plan. Accordingly, the Trust has nominated Dan Braidley (Environment and Sustainability Manager) as TPC. Dan can be contacted on 01904 725629 or at dan.braidley@york.nhs.uk

The responsibilities of the Travel plan Co-ordinator include:

- Overseeing the development implementation and monitoring of the Travel Plan initiatives.
- Obtaining and maintaining commitment and support from senior managers, staff and union representatives etc.
- Designing and implementing effective marketing and awareness raising campaigns to promote the Travel Plan and the projects and initiatives to meet the Travel Plan aims.
- Co-ordinating and attending Steering Groups, Working Groups etc.
- Co-ordinating the necessary data collection exercise required to further develop the Travel Plan.
- Acting as a first point of contact for all staff requiring information.
- Liaising with different departments and external organisations.
- Co-ordinating the monitoring programme for the Travel Plan, including target setting.
- Presenting a business case to secure a budget for Travel Plan development, and ensuring that any income generated is used only to promote the Plan and related environmental improvements and more sustainable travel related options.

From time to time it may be necessary to involve other Trust Officers in assisting with this important role. The Local Authority and other interested parties will be informed of any such change, so that the initial point of contact remains clear at all times.

The Travel Plan Co-ordinator will report to the Trust's Transport and Travel Group, which will oversee the development of a Trust Wide healthy transport strategy and travel plan.

The Travel Plan Co-ordinator will also promote travel options available for all members of staff. This will cover all aspects of possible journey planning for the member of staff and will encourage staff to make better use of public transport or walk / cycle to work.

This facility will also be used to promote the 'cycle2work' scheme and other travel plan incentives such as the Enterprise Hire and Pool Car scheme and Liftshare scheme in operation at various sites.

Targets and Priority actions

Overview

The following sub-sections provide details of the targets proposed within this Travel Plan. These have been reviewed from inclusion in earlier site specific Travel Plans for York, Scarborough and Malton Hospitals following the 2016 staff and patient/visitor travel survey results which has enabled the Trust to establish a credible baseline position. The modal shift targets are provided as Trust wide targets, although some of these will also be monitored at site specific level too.

As outlined above, the key overarching aims for this plan are to

- Support and encourage healthy and active travel
- To reduce travel related pollution and traffic congestion
- To reduce single occupancy car journeys
- To ensure that there is fair, consistent and adequate provision of transport and travel choices for all staff, patients and visitors, noting that many users travel outside the standard 8 hour day.
- To contribute to the Trust wide environmental sustainability agenda

These key aims have been used to help develop targets against which the success of this plan will be monitored and these targets will be reviewed annually and as a result may be modified.

Aim One – Support and Encourage Healthy and Active Travel

Target One – Increase the percentage of staff reporting they travel to work by cycling or walking by at least 1% per annum (starting in 2019) from the 25.7% reported in the 2016 survey i.e. achieving 26.7% in 2019 survey and 29.7% by the 2022 travel survey. According to the survey 25.7% (263) of staff travel to work by walking or cycling (approx. 12.5% in each category).

Actions to be addressed include:

The promotion of walking to highlight the available safe routes and the health benefits to be derived from walking

Re-establish the Bicycle User Group made up of employees and with senior management input and identify staff that live within a three mile radius of their main place of work and actively "market" the health benefits of walking and cycling to work to them (linking to postcode mapping facility).

Investigate provision of lockers, showers and changing / drying facilities for cyclists / walkers (including a review of current facilities) to meet demand over a five-year period.

Monitor take-up of cycle parking facilities by both staff and patients / visitors and provide additional spaces/ storage facilities as necessary.

Increased provision of safe parking for motorbikes / mopeds to meet demand over a five-year period.

Target One Health, Carbon, Air quality and Other Benefits;

Walking stimulates both personal health and the health of communities and local economies. Government health improvement advice states that just 30 minutes brisk walking 5 times a week can bring about significant reductions in the risk of coronary heart disease, high blood pressure and diabetes.

Walking can replace a large number of short car journeys which contribute to congestion, carbon emissions and pollution, and the demand for car parking.

Like walking, cycling has an important part to play in reducing congestion, improving accessibility and reducing pollution. Cycling can also lead to increased general health and fitness which has personal benefits as well as economic benefits for the nation in terms of health service costs. Cycling may also allow people without cars to reach destinations that they may otherwise be unable to reach.

Aim Two - To reduce travel related pollution and traffic congestion

Target Two - Reduce air pollution caused by business travel and cut business travel and transport carbon emissions by at least 1% per annum from 2019/20.

In 2017/18, 2,836,959 road Trust business miles were travelled resulting in 1,011.27 tonnes of carbon emissions (with a further 518,935 travelled by rail resulting in 46.76 tonnes of carbon emissions). The business road mileage in 2017/18 was an increase of 37% on the previous year, although this follows an increasing trend year on year, it is unclear how much of the increase this year is due to improved data collection in 2017/18, and therefore a review of data collection is also planned.

Target Three –To increase the percentage of staff reporting they travel to work by public transport by at least 1% per annum (starting in 2019) from the 5.4% reported in the 2016 survey i.e. achieving 6.4% in 2019 survey and 9.4% by the 2022 travel survey

According to the survey only 5.4% (55) of staff travel to work by bus or train

Actions to be addressed include:-

- Actively marketing the bus services to patients and to staff.
- Work with the bus companies to pilot discounted travel for staff on bus services to the hospital.
- Actively monitor and evaluate progress to achieving the target on a quarterly basis.
- Work with CYC and Bus Companies to ascertain the viability of park and ride schemes / staff minibus service, primarily to the York Hospital site and other major Trust sites if possible.
- Analyse postcode mapping to determine whether bus routes could be varied to optimise for staff travel and possible matching of shift patterns.
- Work with Local Authorities and Bus Companies to improve signage to hospital sites and explore the possibility of developing a “branding” for buses serving hospital sites.

Aim Three - To reduce single occupancy car journeys

Target Four - Decrease the percentage of staff reporting they travel to work on their own in a car by at least 1% per annum (starting in 2019) from the 52.7% reported in the 2016 survey i.e. achieving 51.75 in 2019 survey and 48.75% by the 2022 travel survey.

Target Five – Increase the number of staff total current members on the Trust Liftshare journey sharing website by 5% per annum. The total number of current Trust Liftshare members to 31st March 2018 (from start of scheme) is 446 (so the 2019 target is 468 and 492 for 2020).

According to the 2016 Travel survey 52.7% travel to work in their own car without any passengers (question 14) and 45.7% travel between sites in their private car alone (question 10) , noting that 57% of staff respondents said that their working pattern followed traditional office hours

Target Six - Increase the use of Teleconferencing to reduce car journeys

Teleconferencing aims to reduce travel time and emissions associated with travel to meetings by promoting virtual meetings using conferencing software, such as Webex or Skype.

The Trust has existing teleconferencing facilities in place and the merger with Scarborough has resulted in greater uptake in teleconferencing use. The teleconferencing development pilot will enable the effects to be quantified with regard to cost and carbon saving while exploring opportunities for further development in the use of teleconferencing at the Trust.

Other actions to be addressed include:-

Undertake regular promotions through a variety of activities such as competitions and prize draws to encourage take up of the Liftshare scheme for Trust staff based at York and Scarborough;

Explore the potential for the Liftshare scheme to be extended to other sites;

Consider expanding the dedicated car sharing car parks currently available at York and Scarborough;

Consider car sharing opportunities for work travel between sites using the Trust Pool Car fleet.

Expand the pool cars in both number and site availability.

Work with key individuals to ensure that illegal parking is kept to a minimum; including use of signs/barriers, "policing" of car parks etc.

Ascertain the needs of car park users in terms of security measures, health and safety etc. and work with key individuals to address these.

Examine the disabled parking requirements for the Trust and ensure that this meets the criteria set by the relevant Health Building Note

Aim Four - To ensure that there is fair, consistent and adequate provision of transport and travel choices for all staff, patients and visitors, noting that many users travel outside the eight hour normal working day.

Target Seven – Reduce the staff permit allocation to reduce congestion from the numbers available in 2018 and to provide an equitable arrangement which encourages sustainable travel arrangements.

The Trust has sought to address car parking issues at a number of its facilities in the past, by, for example, the development of a multi-story car park for visitors at York, and through the development of a car parking policy. However, congestion and pollution are increasing, and car parking demand continues at a high level and illegal/inconsiderate parking remains an issue at some sites. In addition, currently there are 3915 parking permits issued in York and 4217 in Scarborough although there are only 647 and 240 staff spaces available respectively.

The Trust is looking to adopt an organisational wide approach to car parking and this will be delivered as part of the Trust Travel plan.

The above review will result in the introduction of a Trust wide approach to car parking and a new staff parking permit scheme which ensures fairness and consistency whilst supporting the Trust in its sustainability commitments and recognising the availability of other healthier active choices and availability. The criteria has yet to be determined e.g. using a points approach, addressing areas such as distance from hospital site, availability and accessibility of alternative choices etc. noting that many users work outside the standard 8 hour day. Whilst all views will be listened to and taken into account, the Trust won't be able to give everyone what they want. The consistency and equity of services and functions, rather than

uniformity will recognise that some staff, services and sites have different needs and requirements. This review is being planned for April 2019.

Aim Five – To Contribute to the Trust-wide environmental sustainability agenda

Target Eight – Reduce the carbon emissions of travel at work through the effective use of Pool cars

The use of Pool Cars is seen as a key initiative in reducing the number of staff who would need to bring a car to work every day of the week and use for business purposes as part of their role.

The vehicles currently in use are 998cc petrol engine Ford Fiestas which are economical and has CO2 emissions rating of 99g/km or Band A of the Governments Car Tax Banding. It is the intent of the Trust to keep pursuing lower emission vehicles for the pool car fleet, including incorporating electric vehicles if possible.

In the financial year April 2017 to March 2018 the total mileage recorded for the Enterprise-owned hire cars available to the Trust was 460,146 miles. The aggregated mileage completed by the Trust pool vehicles for the same period was 465, 921, offering an estimated saving of £50, 000 and 17.78 tonnes of CO2.

The Trust will encourage any grey fleet upgrades / additions to be as environmentally friendly as possible.

Actions to be addressed in this aim include:-

- Patients and visitors to be encouraged to consider their travel arrangements responsibly by revision of the patient transport leaflet and Trust website information.
- Continue work with relevant charitable and voluntary agencies to address the needs of patients.
- Investigate contracting with Community Transport for patient transfers.
- Review methods of transfers for documents, staff and patients e.g. hopper bus.

- In relation to Trust suppliers and contractors, all contacts to be encouraged to adopt environmentally friendly and sustainable practices in relation to transport. This could extend to tendering procedures.
- The Trust to investigate the feasibility of an “anti-idling” policy which would relate to taxi and contractor / contract vehicles. There is also the potential for appropriate signs to be erected in public drop-off and pick-up areas and grey fleet storage depots
- All Trust vehicles to be regularly serviced to maximise fuel efficiency
- Expand the number of electric vehicle charging points.
- Install trackers in all Trust new delivery vehicles, which will ensure driver safety and more accurate mileage and CO2 emission monitoring.

Priority Actions

The success of this Trust Wide Travel Plan is reliant on changing the culture of staff, visitors and patients to a more responsible approach to travel. Seeking the views of these individuals and highlighting the benefits of the approach has been crucial to the work which has taken place thus far. The above assessment has established seven priority actions for 2019 which are detailed below.

Priority Action 1 for 2019 – Active Travel - Hold at least one event in York and one event in Scarborough in 2019 and provide intranet and staff news articles to continue to promote active travel choices and routes including the health benefits of walking and cycling and also the Trust staff financial incentives i.e. interest free bicycle loans, discounts for bicycle purchases, cycle mileage allowance for regular users, discounted or free bicycle locks etc. through events in conjunction with local council transport authorities).

Priority Action 2 for 2019 - Policy Review and Improvement of Monitoring – Review of Trust Business Travel and Transport Policies including the monitoring and collation of business mileage so that the Trust can demonstrate that this plan is reducing carbon emissions and pollution.

Priority Action 3 for 2019 - Park and Ride - Work with CYC and Bus Companies to ascertain the viability of park and ride schemes / minibus service, initially to the York Hospital site and, later, to other major Trust sites if possible.

Priority Action 4 for 2019 -Travel to work Car journey sharing – Hold at least one event in York and one event in Scarborough in 2019 and provide intranet and staff news articles to continue to promote registrations and use of the Liftshare.com Trust journey sharing scheme, monitoring the impact of the promotions through the number of registrations.

Priority Action 5 for 2019 Teleconferencing Development Pilot – Undertake a teleconferencing development pilot scheme involving 25 staff (Trust-wide) who on average travel 50 miles per week on business with the plan to save 50 miles per week and monitor the outcomes to determine whether this development work can be rolled out Trust wide.

Priority Action 6 for 2019 Staff Car Parking Permit Review - Undertake a review of staff car parking permit provision in the context of the other opportunities provided to staff and visitors which avoid the need for staff to bring a car to work.

Priority Action 7 for 2019 Reduce Single occupancy Pool car journeys at work – Undertaken a pilot journey sharing initiative to reduce the carbon emissions through more effective use of pool cars. The Trust is also developing, in conjunction with Enterprise, a car-journey sharing element into the booking system so staff will have the opportunity to share journeys and thus improve sustainability and increase the availability of the vehicles.

This plan will be reviewed annually and all of the above actions which contribute to the aims and targets against which reports will regularly be reviewed by the Travel and Transport Group. Highlights of these reports and key issues will also be reported to the Sustainable Development Group and then onto the Trust Board of Directors.

Briefing – Conducting a care pathway sustainability review, December 2018

Background

Through its Sustainable Development Action Plan the Trust has set out how it will make progress towards the Board’s approved commitment to sustainability and a Sustainable Development Management Plan with carbon reduction targets in line with the Climate Change Act 2008 and those published in the NHS Sustainable Development Unit Guidance. The new Board Assurance Framework recognises the risk of “Failure to develop a Trust wide environmental sustainability agenda” as part of the Trust strategic goal “To ensure financial sustainability”.

One element of the Action Plan relates to the development of new models of care. Nationally this is less developed than other elements (such as carbon reduction through energy use) but in 2015 the national Sustainable Development Unit produced an approach that would allow local systems to calculate the carbon, water and waste consumption of a care pathway. This would then allow redesign of the pathway to take into account the environmental impact as well as the quality and financial impacts.

To test this approach, the Trust has developed a case study using the redesigned home intravenous antibiotic pathways.

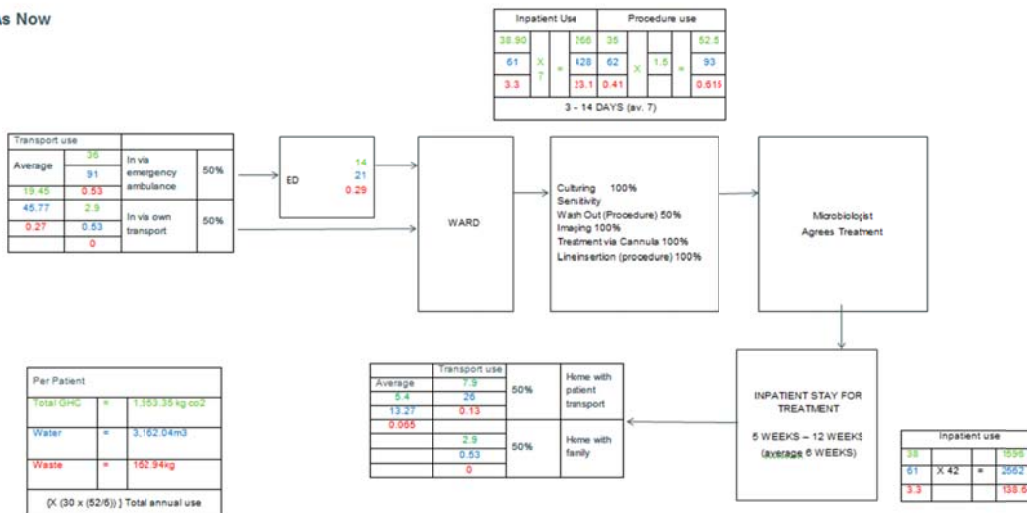
Methodology

As calculating the environmental impact of healthcare activity is inherently complex, the Sustainable Development Unit approach is based on standardised units of care delivery (for example a day of inpatient care, an ED attendance or travel to a GP surgery). For each unit they have calculated the typical emission of greenhouse gases, use of fresh water and waste generated. By process mapping the current pathway and identifying the units involved in delivering the pathway it is then possible to calculate the total emissions, water use and waste for each patient going through the pathway. This approach also allows teams to identify the elements of the current pathway that have the greatest environmental impact (also likely to be most resource intensive).

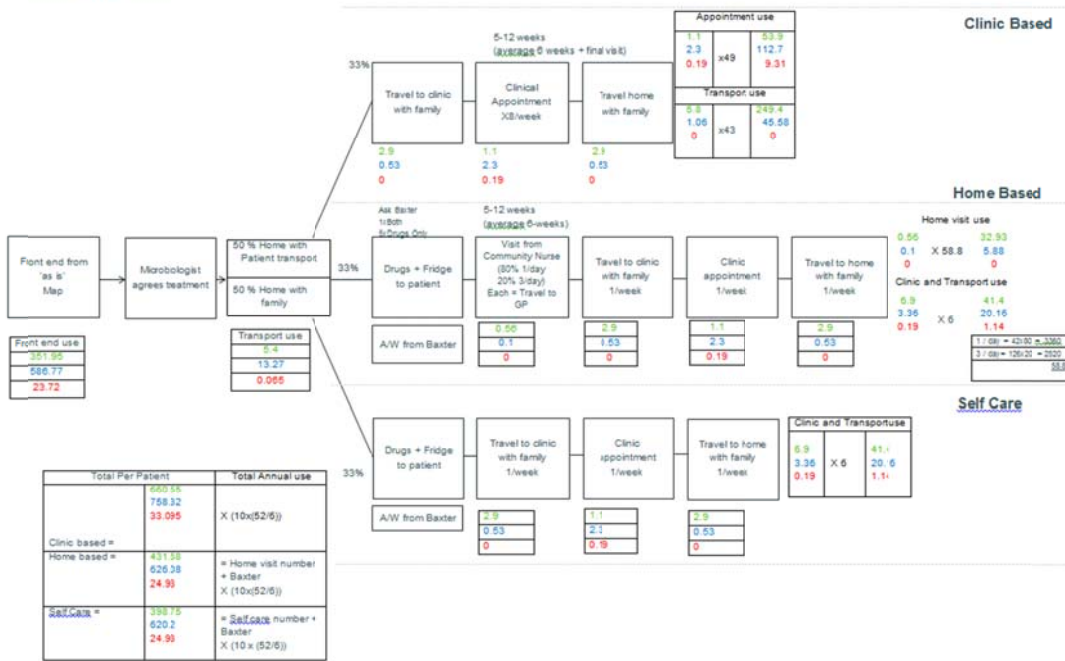
Following the redesign of the pathway of care, the approach is repeated with a ‘future’ process map identifying the units of care delivery and environmental impact.

The following figures demonstrate how this was undertaken for the delivery of long term intravenous antibiotics and the three proposed new pathways (clinic based, home based with community nurses and self-care). The percentages refer to the expected proportion of patients undergoing this part of the pathway.

As Now



New OPAT Service



Results

The following table shows the environmental impact of each pathway (per patient¹):

Impact	Current	Clinic-based	Home-based	Self-care
Greenhouse gas (kg CO2e)	1,953	661	432	399
Water use (m3)	3,162	758	626	620
Waste generated (kg)	163	33	25	25

The business case to develop the new intravenous antibiotic pathways was predicated on 30 patients at any given time moving from inpatient care with an equal split between the three new pathways (10 patients on each). Using these figures we can calculate the total annual impact of the change²:

Impact	Current	New	Reduction	% Reduction
Greenhouse gas (tonnes CO2e)	507	129	378 tonnes	75%
Water use (m3)	822,130	173,599	648,531 m3	79%
Waste generated (tonnes)	42	7	35 tonnes	83%

Next Steps

1. Brief the Trust Sustainable Development Group and include in regular Board update;
2. Methodology to be shared with Corporate Improvement Team to include in pathway redesign;
3. Explore options to include this methodology as part of business case sustainability.

Author: Steve Reed, Head of Strategy, December 2018

¹ There is a small amount to be added for each new pathway relating to the delivery of the drugs each week by Baxter
² Using the number of patients at any time (30) x [weeks in the year (52)/average weeks on the pathway (6)] (8.7) = 260

FM Contract (YTHFM)

Monthly FM Compliance Report

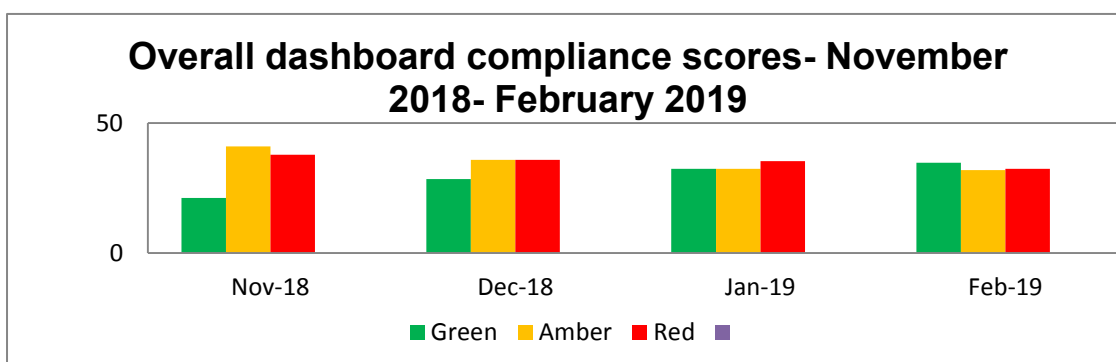
Month	February 2019
David Biggins	Head of FM Compliance & Performance
(Quarter) /Year	(4) 2018/2019
Version	1.0

Facilities Management Key Performance Indicator Dashboard- Month 11- February 2019

Metric Description	KPI	York Site	SGH Site	Brid Site	Selby Site	Malton Site	Shift (Mean)	Live KPIs
Policies & Procedures identified on the Policy and Procedure Register are approved and within review dates	100%	75%	75%	75%	75%	75%	↑	
TAPE Assessment								
All sites are achieving KPI against the Trust Assessment of Patient Environment (TAPE)	80%	81.80%	78.30%	68.20%	92.40%	87.40%	↔	
NHS Premises Assurance Model								
The Trust is demonstrating less than 20% amber or red ratings against NHS Premises Assurance Model; Efficiency, Effectiveness and Governance Domains	<20%	6.40%	1.20%	1.20%	2.50%	2.50%	↔	
YTHFM is demonstrating less than 20% amber or red ratings against NHS Premises Assurance Model; Safety and Patient experience Domains	<20%	48%	46.80%	52.30%	44.90%	57.80%	↔	
PLACE Assessment								
Cleanliness Domain	98%	95.20%	92.90%	96.80%	100%	85.80%		
Food Domain	78%	78.80%	81.30%	70.10%	83.80%	79.20%		
Condition, Appearance & Maintenance Domain	85%	85.60%	86.60%	87.10%	98.40%	87.80%		
Dementia Domain	78%	58.90%	58.70%	52.40%	78.00%	63.10%		
Disability Domain	67%	67.10%	68.20%	50.20%	78.40%	66.70%		
Environment & Equipment								
Catering Hygiene surveillance	87%	63%	69%	76%			↔	
Grounds & Gardens Surveillance	92%			42.80%	80.00%		↔	
Medical Equipment Surveillance	90%	92.50%	94.00%	98.00%	92.50%	87.10%		
Cleanliness Technical Audits								
Very High Risk Areas (av)	>98%	95.67	98.15	98.57	95.02		↑	
High Risk Areas (av)	>95%	87.09	95.78	98.94	92.75	92.97	↑	
Significant Risk Areas (av)	>85%	78.27	90.20	90.07	88.01	91.83	↑	
		York	SGH	Brid	Selby	Malton		
KPIs Met		3	5	5	8	3		
KPIs Partially Met		4	4	5	5	4		
KPIs Not met		7	5	5	1	5		
KPIs measured in period		14	14	15	14	12		

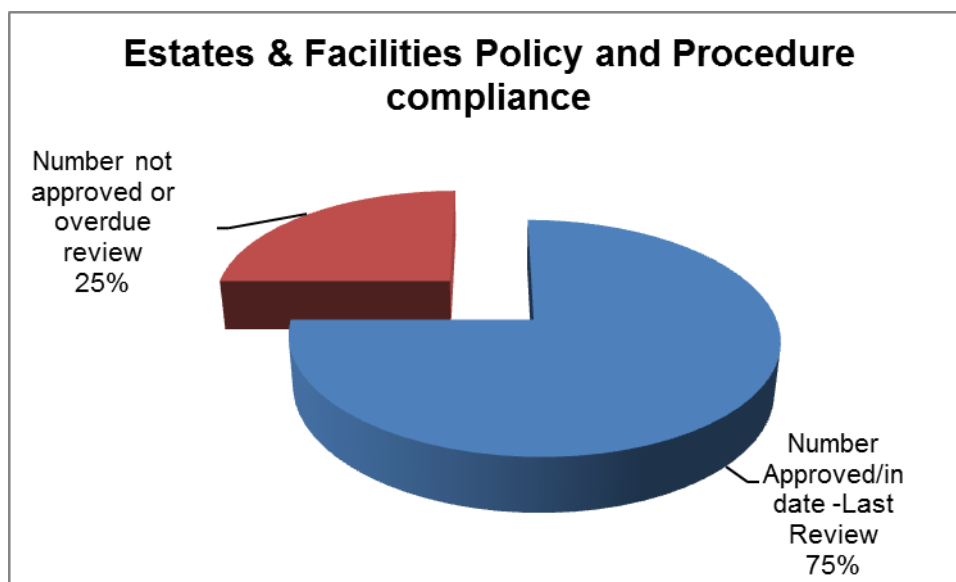
Current Level of compliance against metrics:

Green	KPI ratings within a range that indicates operational arrangements are effective and generally being met	34.78%
Amber	KPI Ratings within a range that indicates some elements of good practice but also elements that require moderate improvement	31.89%
Red	KPI ratings within a range that indicates weak operational controls and significant improvement required	33.33%



1. Policy and Procedure Compliance- Directorate

Estates & Facilities Directorate Policies & Procedure Register								
Title	Format	Current Status		Next Review Date	Authors	Approving Group/Committee	Parent Committee/Group	Policy Owners
		Policy in date	or outstanding					
Asbestos Management	Policy	Approved		Oct-20	K Needham	Health & Safety Committee	Health,safety & Non Clinical risk group	LLP
Asset Management & Maintenance	Procedure	Approved		TBC	J Dickinson	Premises Assurance Group	LLP Operational group	LLP
Environmental Cleaning Policy	Policy	Approved		Oct-19	C Birch	Trust Infection Prevention Group	Environment & Estates Committee	LLP
Health & Safety Policy	Policy	Approved		Mar-19	C Weatherill & K Needham	Health, Safety & Non Clinical Risk Group	LLP Operational group	Trust
Catering	Procedure	DRAFT	not published	TBC	S Mollier	Site Facillites Management Group	LLP Operational group	LLP
Medical Gas Management Policy	Policy	Approved		Oct-19	D Moon	Medical Gas Committee	Health,safety & Non Clinical risk group	LLP
Non Piped Gas	Procedure	DRAFT		TBC	J Dickinson	Health & Safety Committee**	Health & Safety Committee	LLP
Water Safety & Legionella	Policy	Approved		Sep-18	D Moon	Water Safety Group	Health,safety & Non Clinical risk group	LLP
Electrical Safety	Plan	Approved	overdue review	Feb-18	P Johnson	Electrical Safety Group	Health,safety & Non Clinical risk group	LLP
LOLER/Lifts	Procedure	DRAFT		TBC	J Dickinson	Health & Safety Committee	Health,safety & Non Clinical risk group	LLP
Ventilation & Air Conditioning	Procedure	Approved		Dec-19	J Dickinson	Ventilation Steering Group	Health,safety & Non Clinical risk group	LLP
Pressure Systems	Procedure	Approved		TBC	J Dickinson	Health & Safety Committee**	Health,safety & Non Clinical risk group	LLP
Decontamination	Policy	Approved		Jun-19	D Biggins/J Brockway	Decontamination Steering Group	Trust Infection Prevention Group	Trust
Fire Safety	Policy	Approved		Jan-19	M Lee & K Hudson	Health & Safety Committee**	Health,safety & Non Clinical risk group	Trust
Waste Management	Policy	Approved		May-21	C Weatherill.	Health, Safety & Non Clinical Risk Group	Health,safety & Non Clinical risk group	LLP
Medical Device Management	Policy	Approved		Mar-20	J Wilsher	Medical Device Management Group	Health,safety & Non Clinical risk group	LLP
Security	Policy	Approved		Sep-19	J Mason	Security Committee	Health, Safety & Non Clinical Risk Group	LLP
Travel & Transport Policy	Procedure	Approved	not published	Jun-18	J Money	Transport & Travel Committee	Environment & Estates Committee	LLP
Pest Control	Policy	Approved		Jul-20	J Knott	Health & Safety Committee	Health,safety & Non Clinical risk group	LLP
Switchboard & Patient Multimedia	Procedure	Approved		Jul-19	L David	Site Facillites Management Group	Environment & Estates Committee	LLP
Portering	Procedure	Approved	not published	Jul-18	J Louth/H Stelmach	Site Facillites Management Group	Environment & Estates Committee	LLP
Heatwave	Plan	Approved		Mar-19	C Weatherill.	Health & Safety Committee	Health,safety & Non Clinical risk group	LLP
Capital Projects Policy	Policy	None	not published	TBC	A Bennett	CPEG	CPEG	LLP
Inclusive built environment policy	Policy			2021	D Biggins.	Premises Assurance Group	Fairness Forum	Trust



2. Decontamination of Reusable Medical Devices- Site

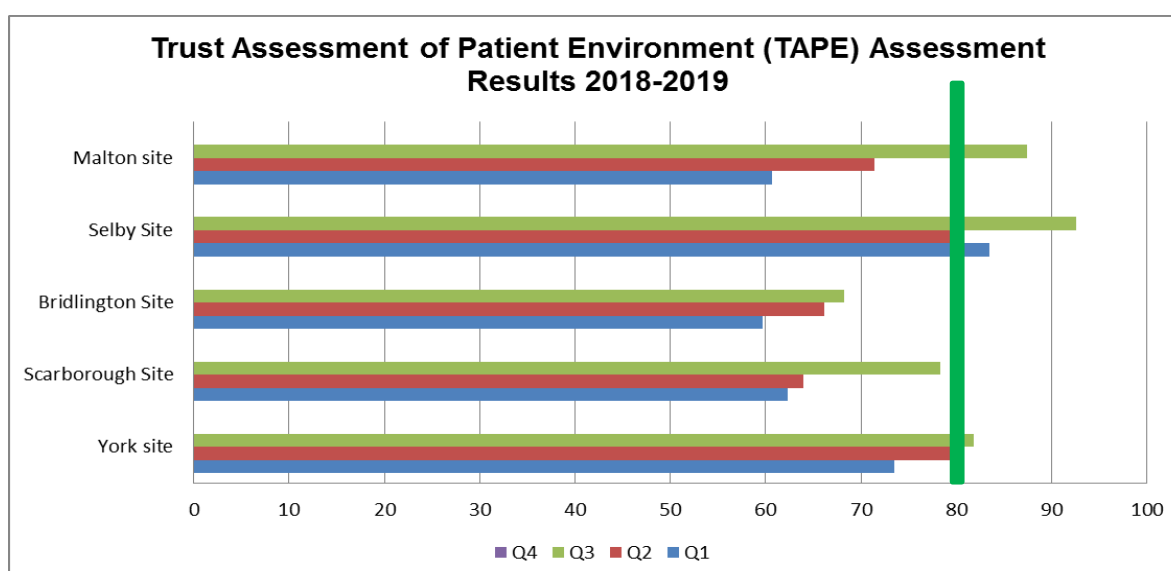
Decontamination of Reusable Medical Devices- Audit Dashboard				Reviewed: 28th January 2019								
Audit Activity	Last Audit	Next Audit		Annual Audits to date	No of Major Corrective Actions at Last audit							
				Overall Compliance	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20
Endoscopy SGH/BDH	Aug-18	Aug-19		Endoscopy SGH/BDH	4	1	2	3	5	4	0	
Endoscopy -York	Aug-18	Aug-19		Endoscopy -York	0	0	5	5	0	2	0	
Sterile Services- SGH	Aug-18	Aug-19		Sterile Services- SGH	2	2	0	0	2	0	0	
Sterile Services- York	Aug-18	Aug-19		Sterile Services- York	0	2	2	1	0	0	0	
Outpatients- BDH	May-18	May-19		Outpatients- BDH	4	2	0	2	0	1	0	
Outpatients-SGH	Jan-19	Jan-20		Outpatients-SGH	1	1	0	0	0	0	0	
Cardio Unit- SGH	May-18	May-19		Cardio Unit- SGH	2	1	1	0	1	1	2	
Cardio Unit- York	May-18	May-19		Cardio Unit- York	*	*	*	*	*	2	0	
Last audit Scores	R	A	G/NA	Audit Action Plan Submission								
Endoscopy SGH/BDH	0	3	162	165	Endoscopy SGH/BDH							
Endoscopy -York	0	3	162	165	Endoscopy -York							
Sterile Serv- SGH	0	1	35	36	Sterile Serv- SGH							
Sterile Serv- York	0	5	31	36	Sterile Serv- York							
Outpatients- BDH	0	1	14	15	Outpatients- BDH							
Outpatients-SGH	1	1	12	15	Outpatients-SGH							
Cardio Unit -York	0	1	14	15	Cardio Unit -York							
Cardio Unit- SGH	2	1	12	15	Cardio Unit- SGH							
	3	16	442									

Trust Assessment of Patient Environment (TAPE) - Site

These are the final results for the year, usually PLACE Assessment takes place in Quarter 4 however this process is currently under national review and is unlikely to take place before summer of this year.

The FM Compliance team are also going to review TAPE Assessment protocols in readiness for the first quarter assessment of 2019/2020. It is envisaged that the revised TAPE process will focus more on condition, appearance and maintenance and cleanliness elements and less on accessibility. The rationale for this being that the introduction of a separate accessibility audit programme in 2018 has negated the need for this element to be part of the TAPE assessment process.

It can be seen that overall the when measured against the TAPE Assessment criteria there has been improvements across all sites. However Scarborough and Bridlington sites did not achieve the KPI of 80% compliant over the assessment period.

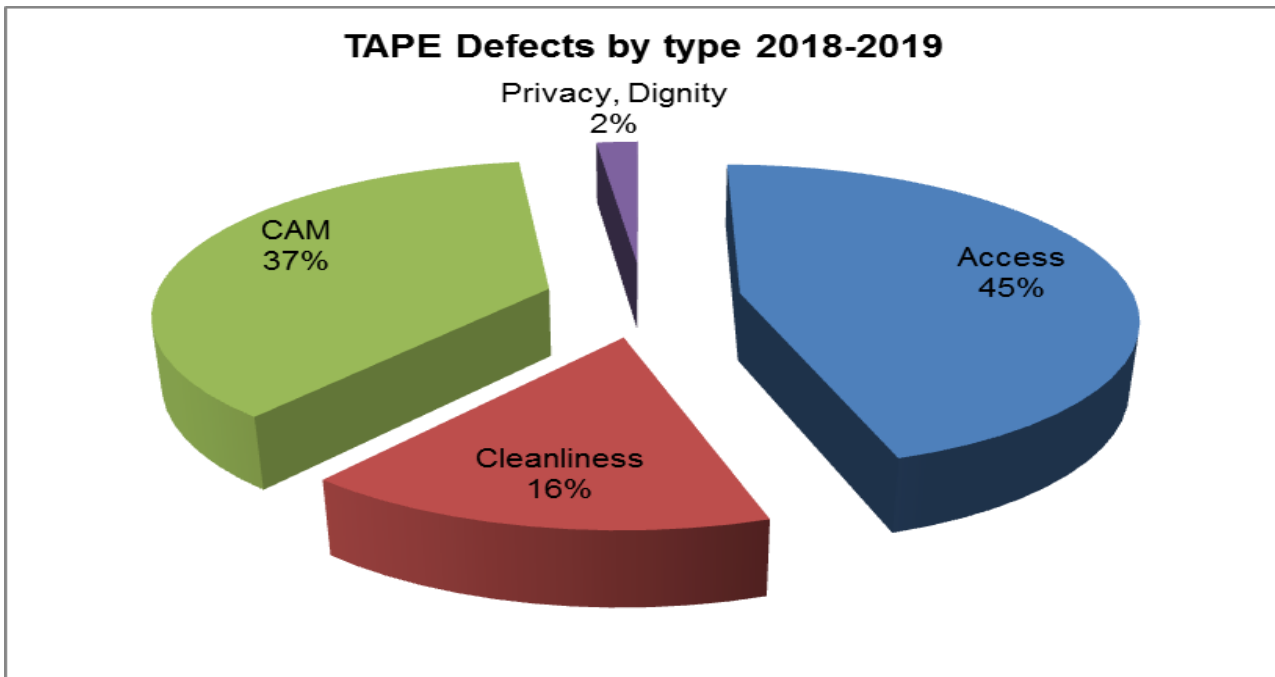


There are currently over 160 TAPE Defects recorded on the defect register. The defect register has been distributed to FM Managers within the LLP with the expectation that corrective actions will be taken against defects reported.

The FM Compliance team monitor progress with defect rectification through ad hoc surveillance.

The profile of defects identified at TAPE Assessments for Quarters 1-3 of 2018/2019 is shown below and shows that issues relating to accessibility make up 45% of the defects identified.

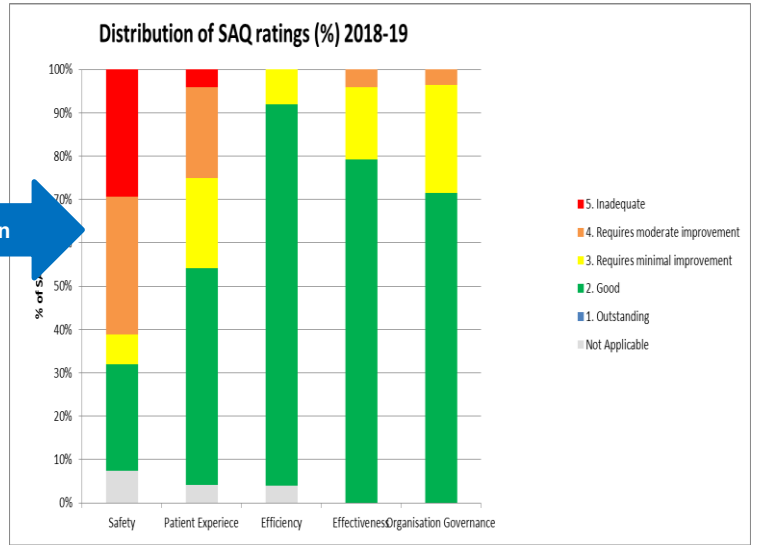
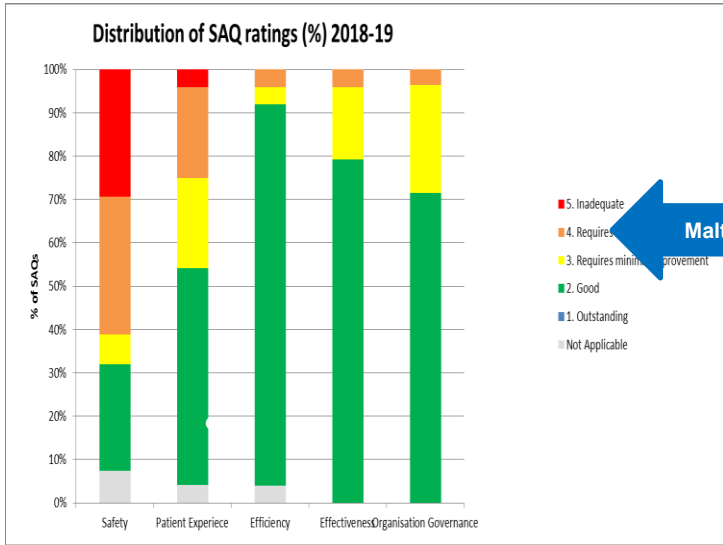
As separate access audits are now being undertaken this metric will no longer be a feature of future TAPE assessment reports.



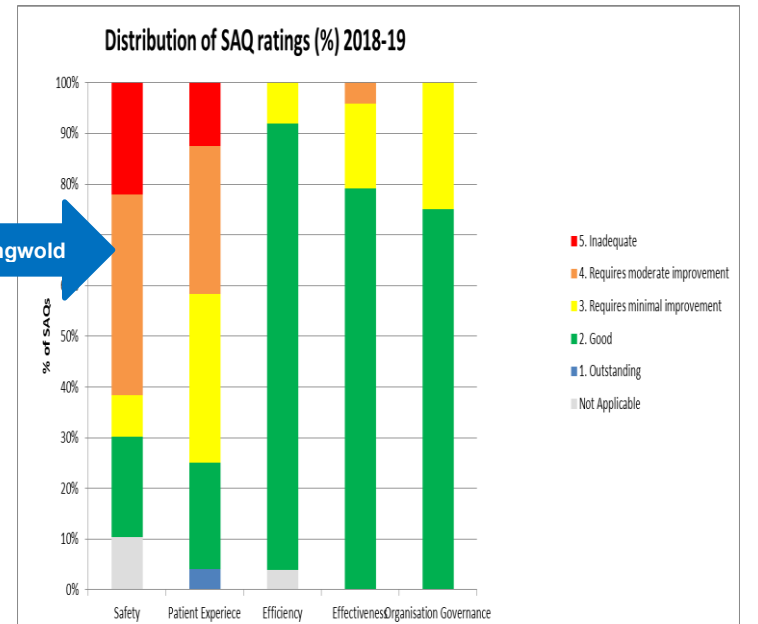
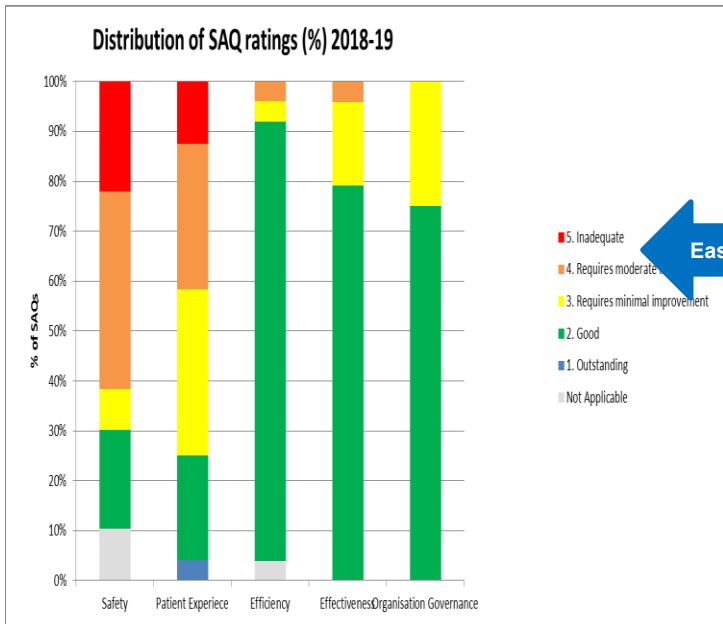
NHS Premises Assurance Model Position (By site)

29TH January 2019

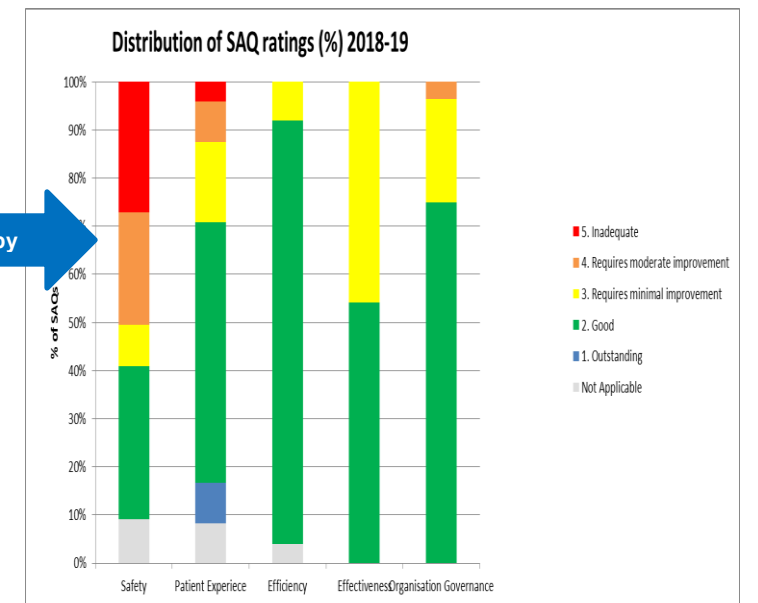
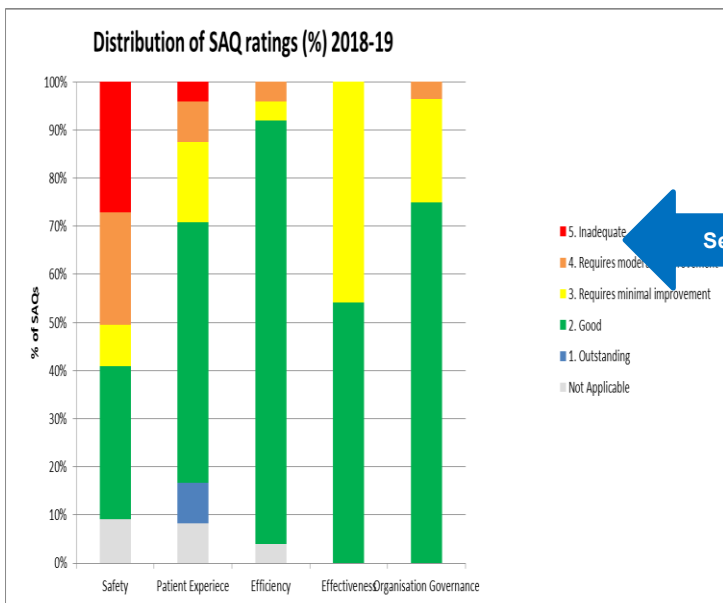
27th February 2019



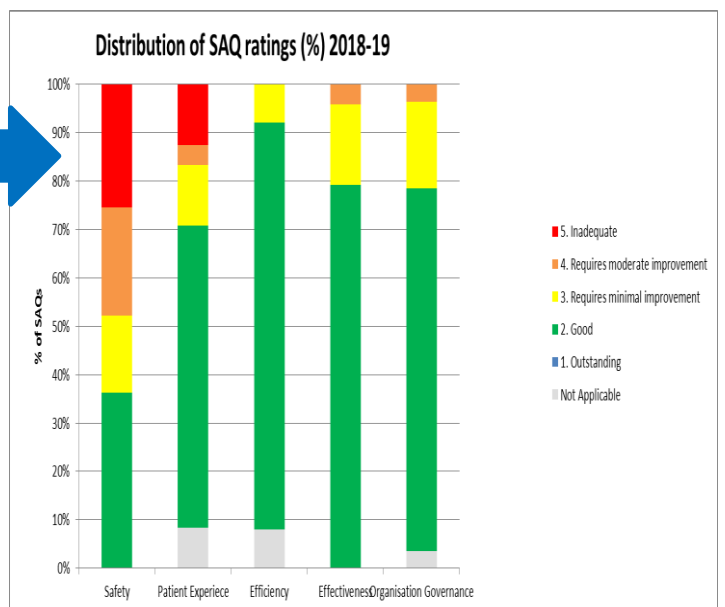
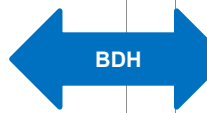
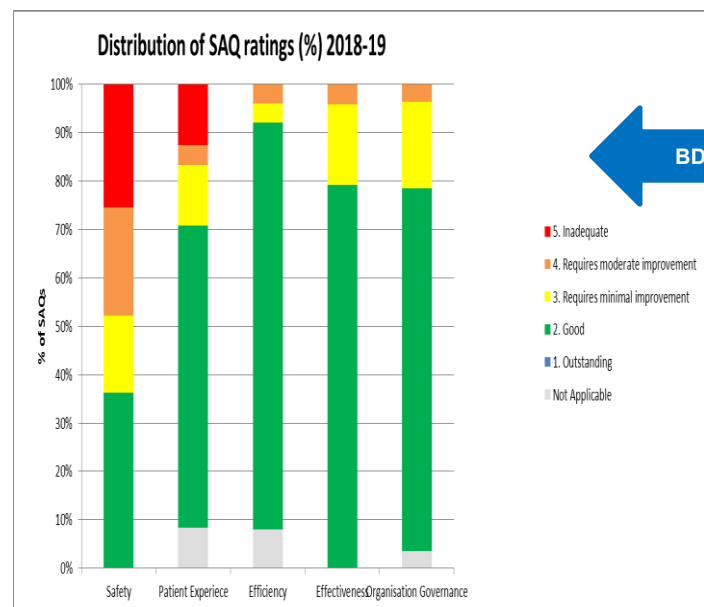
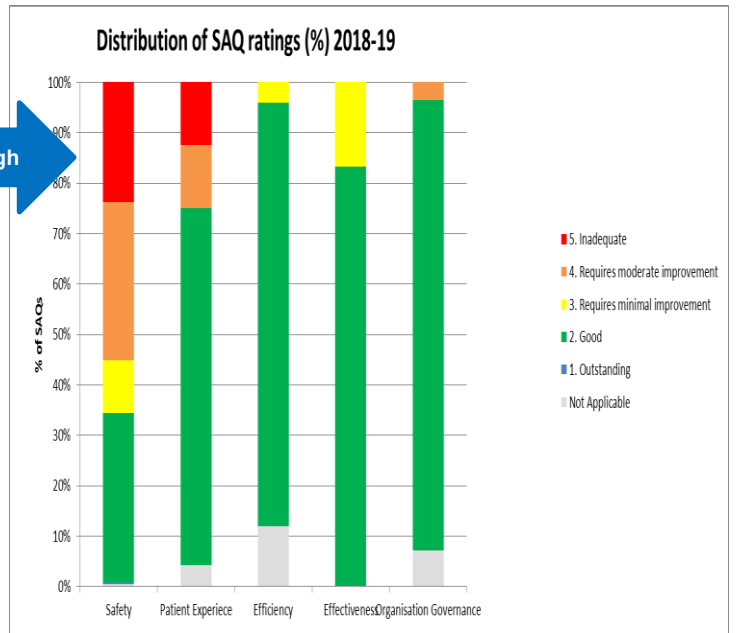
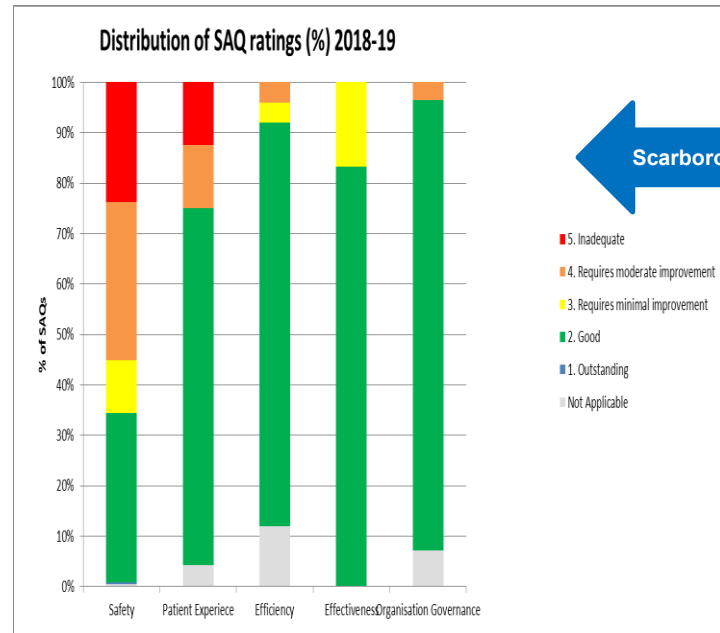
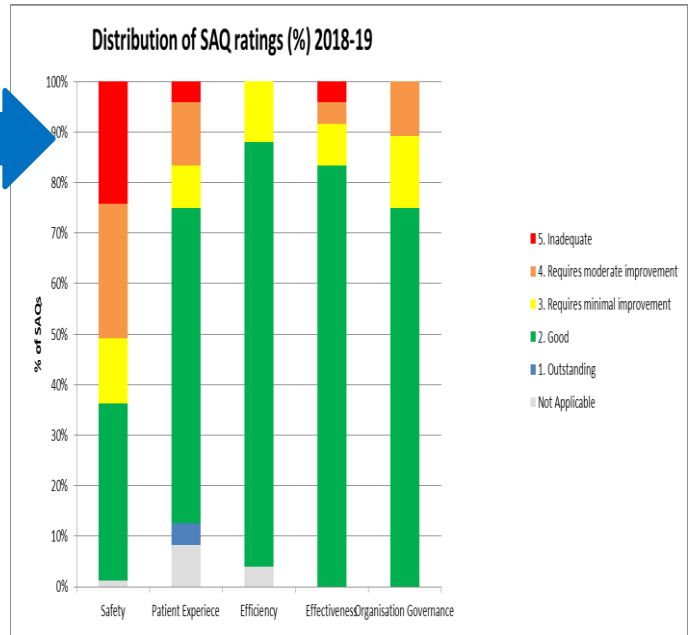
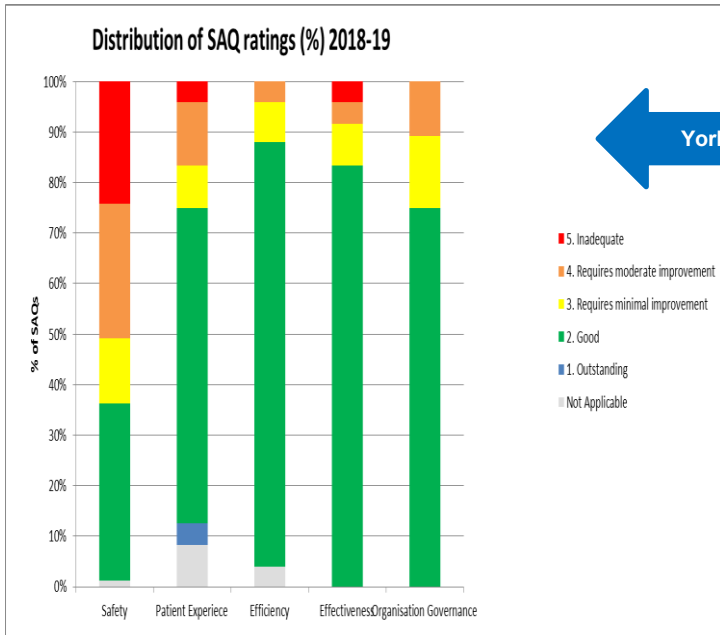
Malton



Easingwold



Selby



NHS Premises Assurance Model Position

The organisation's performance in demonstrating compliance with the NHS Premises Assurance Model has yet again for the fourth month in a row remained static with all sites not achieving the 80% Key performance indicator, (ie less than 20% "inadequate" or "requiring moderate improvement" ratings). Both safety and patient experience domain assurance is affected.

YTHFM are responsible for demonstration of compliance with safety and patient experience domains, The Trust FM Compliance team is responsible for the remaining 3 domains (Efficiency, Effectiveness and governance).

PLACE ASSESSMENT 2018 - Results

PLACE Scores can be found at: <https://digital.nhs.uk/data-and-information/publications/statistical/patient-led-assessments-of-the-care-environment-place>

PLACE Assessment 2018- Site Scores		CLN Score %	Food Score %	PDW Score %	Condition Score %	DEM Score %	DIS Score %
RCB55	YORK HOSPITAL	95.27%	78.84%	76.41%	85.66%	58.98%	67.21%
RCBCA	SCARBOROUGH HOSPITAL	92.98%	81.36%	70.94%	86.67%	58.74%	68.71%
RCBNH	BRIDLINGTON HOSPITAL	96.87%	70.12%	77.11%	87.10%	52.45%	50.20%
RCB05	ST MONICAS HOSPITAL	97.68%	78.03%	73.17%	92.26%	78.12%	80.94%
RCB07	THE NEW SELBY WAR MEMORIAL	100.00%	83.81%	85.45%	98.46%	78.00%	78.43%
RCBL8	MALTON AND NORTON HOSPITAL	85.85%	79.25%	69.08%	87.80%	63.23%	66.73%

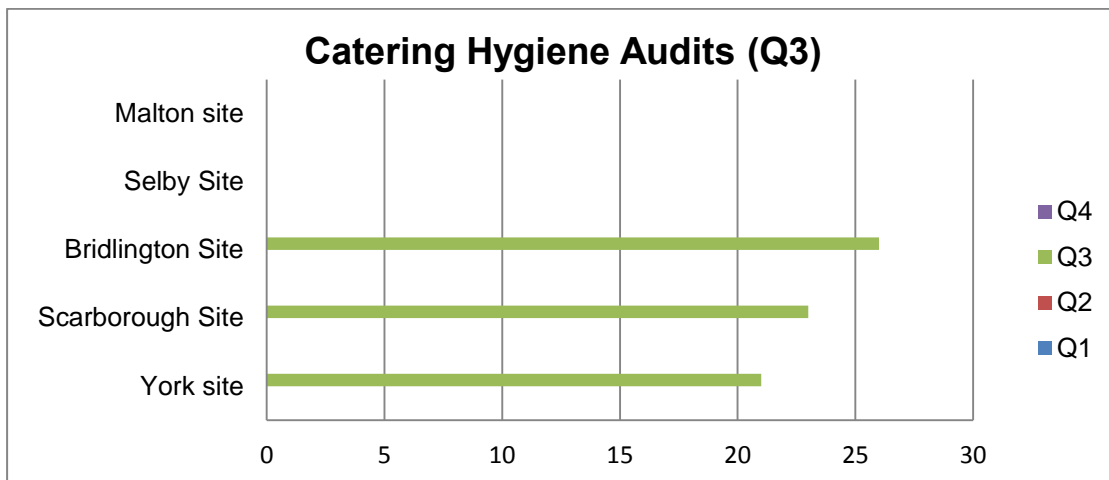
	Not meeting National Average
	Meeting national average
	Not meeting national average but improvement on previous year
	Not meeting National average and worse position than previous year

Catering Hygiene Audits

Quarterly Catering Hygiene audits for main food production units and kitchens were commenced in November and provide a more detailed appraisal of environmental hygiene in these areas in order to enable further validation of TAPE Assessment data.

An initial KPI of 87% compliance with the audit tool has been set which is 3% lower than that specified in the current DRAFT service specifications that have been issued to YTHFM, adjustment to the KPI will be increased to 90% after a three month implementation period.

All sites shown on the graph will be audited later in Q4 (March 2019)

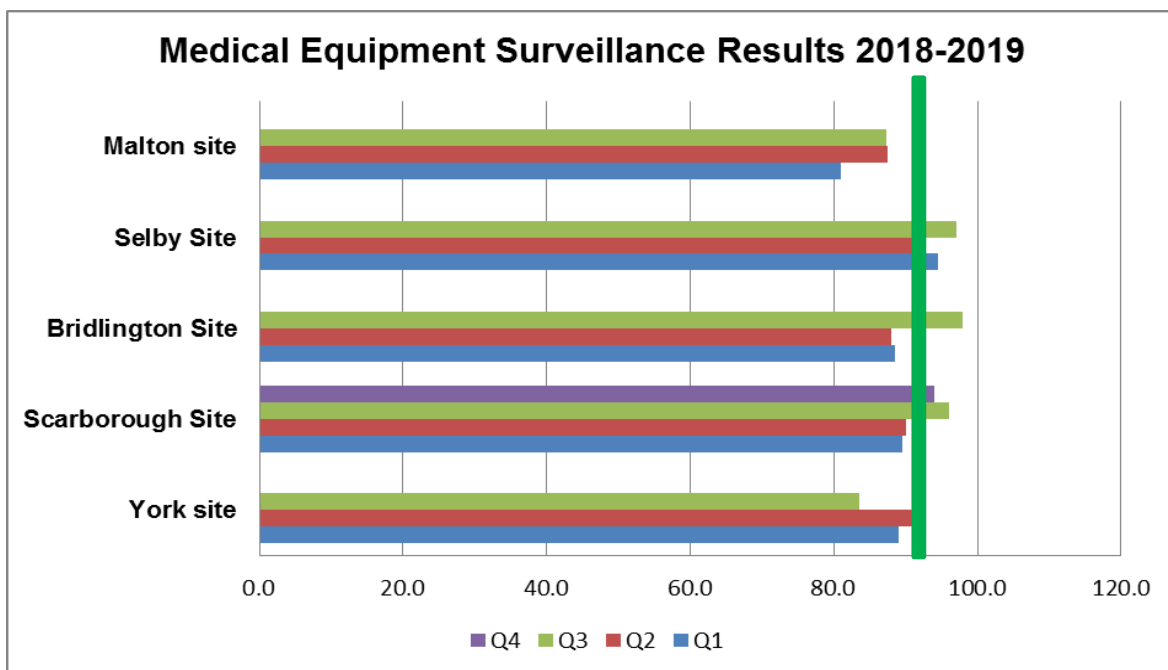


Medical Equipment Surveillance Results

The provision of medical equipment in a manner that is both appropriately maintained is a key requirement of compliance with Regulation 15 of the Health & Social Care Act (Regulated Activities) Regulations 2014, part 3.

Sampling of FM Contract performance in this area is undertaken quarterly at sites shown on the graph below through an audit of 250 devices across the organisation.

The key performance indicator against this activity is 90% compliance (: green line) which in terms of the audit allows 25 defects against the audit criteria.

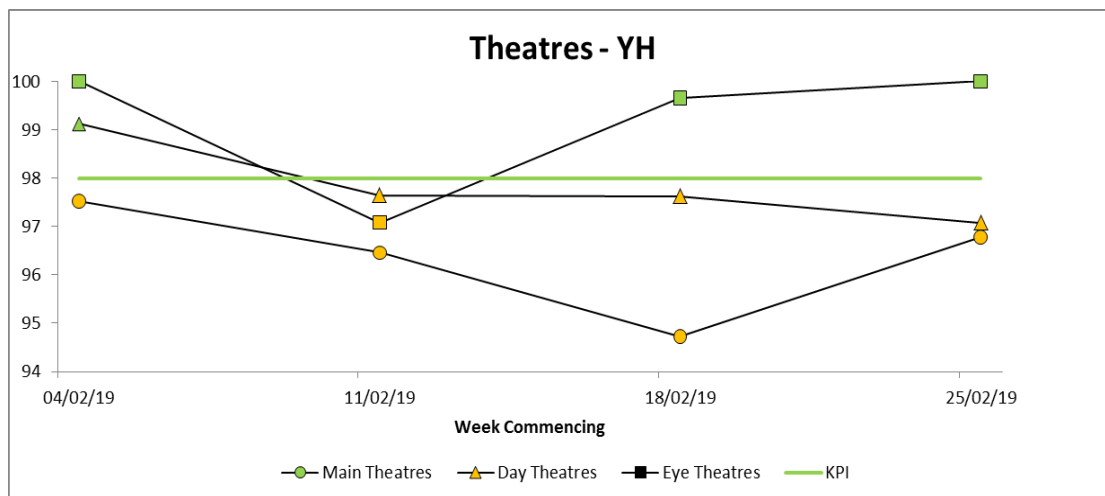


Cleanliness monitoring results

The tables over the page show the average results for operating theatres at the 3 main sites, There has been improvement against the results shown in Month 9 report. Scarborough & Bridlington sites are generally meeting the NHS Cleanliness specification benchmark for very high risk areas. York operating theatres have shown improvement over the past month culminating in 2 of the 3 theatre areas now achieving the benchmark.

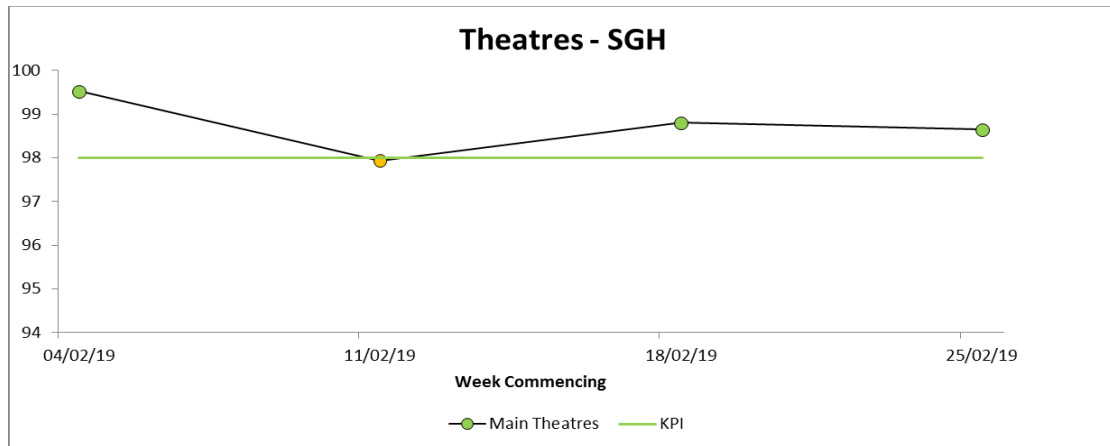
York Hospital- Operating Theatres

Audit Type	Hospitals	Areas	DATE OF WEEK COMMENCING			
Facilities	YH	Theatres				
FUNCTIONAL AREA	ZONE	RISK LEVEL	1	2	3	4
			04/02/19	11/02/19	18/02/19	25/02/19
Theatres - Patient Areas	Theatres	Very High	97.52	96.46	94.73	96.78
Day Theatres	Theatres	Very High	99.12	97.65	97.63	97.08
Eye Theatres	Theatres	Very High	100	97.08	99.66	100.00
Key Performance Indicator			98	98	98	98



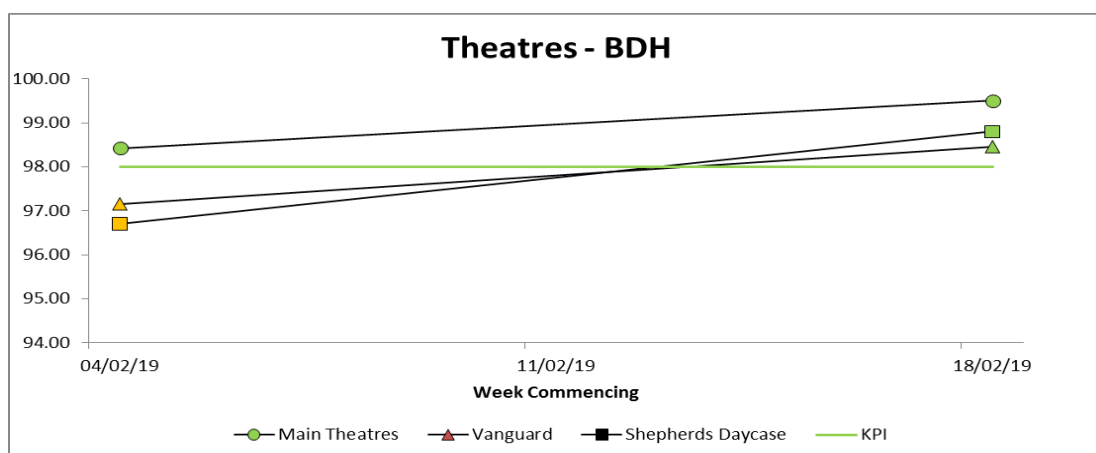
Scarborough Hospital- Operating Theatres

Audit Type	Hospitals	Areas	DATE OF WEEK COMMENCING			
Facilities	SGH	Theatres				
FUNCTIONAL AREA	ZONE	RISK LEVEL	1	2	3	4
			04/02/19	11/02/19	18/02/19	25/02/19
Main Theatres	Theatres	Very High	99.52	97.93	98.8	98.65
Key Performance Indicator			98	98	98	98



Bridlington Hospital

Audit Type	Hospitals	Areas	DATE OF WEEK COMMENCING	
Facilities	BDH	Theatres		
FUNCTIONAL AREA	ZONE	RISK LEVEL	1	3
			04/02/19	18/02/19
Main Theatres	Theatres	Very High	98.42	99.5
Vanguard	Theatres	Very High	97.16	98.46
Shepherds Daycase Theatre	Theatres	Very High	96.71	98.80
Key Performance Indicator			98	98



Inclusive built environment/accessibility

The Trust has commissioned through its Equality Objectives for 2018 a series of building access audits to be undertaken across our sites over the coming 18 months in order to better understand patient, visitor and staff experience in terms of accessibility and measure compliance against relevant standards, namely The Building Regulations 2010 Approved Document M (2015 Edition and BS 8300; 2018).

To date an access shown in table 1 below have been completed. The aim is to complete all trust owned sites over the next 6 months.

Access audit reports are being prepared following each audit and disseminated to Estates, facilities and site managers for information and any necessary planning of improvements or reasonable adjustments as required.

Table 1

Access Audit Register (Cross site)							
Site	Date	Area Auditted	Standard	Report Date	Report Distribution	No of Recommendations	
1	York	24/10/2018	Park House Building	AD M	24/10/2018	NA	4
2	York	22/10/2018	Physiotherapy gym building	AD M	26/10/2018	MSK Manager	5
3	BDH	22-26/10/2018	Bridlington whole site	AD M	03/11/2018	D Morrall	43
4	SGH	07/12/2018	Emergency Dept/Fracture clinic and Urgent Treatment centre	AD M/BS 8300	18/12/2018	D Morrall	25
5	York	17/12/2018	Main Entrance & Reception	ADM/BS8300	28/12/2018	D Moon, J Dickinson, J Snelson	12
6	SGH	09/01/2019	Post graduate Centre for Education & HYMS Floor	AD M	11/01/2019	M Wilkinson, D Morrall, J Clews	22
7	SGH	09/01/2019	West Entrance	AD M	11/01/2019	D Morrall, E George	17
8	SGH	09/01/2019	Chapel	AD M	18/01/2019	C Hayes,	2
9	York	17/01/2019	Accessible parking -cross site	AD M	18/01/2019	C Weatherill, J Mason, A Hamer, D Mil	19
10	SGH	22/01/2019	Accessible car parking area, main entrance, reception, retail,PALS, WCs	AD M/BS 8300	24/01/2019	C Weatherill, A Betts, D Morrall	27
11	WXC	30/01/2019	White Cross Court	ADM	30/01/2019	A Hamer, J Allan	27
12	SGH	30/01/2019	Occupational health building	AD M/BS 8300	31/01/2019	G Wallace, K Oconnell, D Morrall	8
13	Malton	04/05/02/2019	Malton Hospital	AD M/BS 8300	12/02/2019	D Morrall, J Louth, J Price	28
14	SGH	11/02/2019	North Entrance- sgh	AD M/BS 8300	13/02/2019	D Morrall, D Miller	14
15	SGH	18/02/2019	Springhill House	AD M/BS 8300	19/02/2019	D Morrall, J Louth, K Hudson	19
16	Selby	26/02/2018	Selby Hospital buildings and grounds	AD M/BS 8300	28/02/2019	D Moon.	20

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Board of Directors – 27 March 2019

Workforce Report – March 2019

Trust Strategic Goals:

- to deliver safe and high quality patient care
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

To update the Board with an overview of work being undertaken to address workforce challenges and key workforce metrics (data up to February 2019).

Executive Summary – Key Points

- The monthly sickness absence rate in January for the Trust was 4.87%. Sickness absence for York Teaching Hospital Facilities Management is now reported separately and their monthly sickness absence rate was 8.16%.
- The reduction in medical vacancy rate to 9.8%.
- Within the last month, registered nursing positions have been offered to 77 applicants (47 based in the UK and 30 internationally).
- The Flu Campaign achieved a vaccination uptake rate of 71.6% with 4,546 frontline staff receiving the vaccine.
- 653 applications were made as part of the 2019/20 Buying and Selling of Annual Leave Scheme. Of these, 612 applications were approved.

Recommendation

The Board is asked to note and discuss the content and findings within the report.

Author: Polly McMeekin, Director of Workforce and Organisational Development

Director Sponsor: Polly McMeekin, Director of Workforce and Organisational Development

Date: March 2019

1. Introduction and Background

March's Workforce Report details a number of key workforce metrics, with commentary around the Trust's current sickness absence levels, and the current levels of temporary medical and nurse staffing utilisation within the Trust. The report also provides an update on the 2018/19 Flu Campaign and Buying and Selling of Annual Leave Scheme.

2. Detail of Report and Assurance

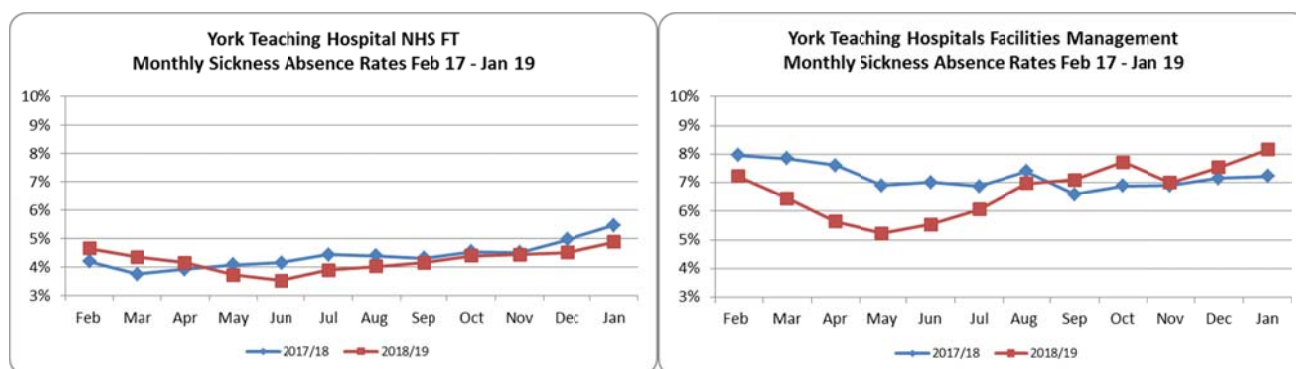
The work referred to in the report forms part of regular discussions around workforce, including at Staff Side Committees.

2.1 Sickness Absence

Graph 1 shows the monthly sickness absence rates for the period from February 2017 to the end of January 2019. On 1 October 2018, staff within the Estates and Facilities directorate transferred over to York Teaching Hospital Facilities Management and therefore, for the purpose of this report, sickness information for the York Teaching Hospital Facilities Management is now reported separately (and benchmarked against the Estates and Facilities directorate absence rate figures prior to the transfer).

The monthly absence rate in January 2019 for the Trust was 4.87% - an increase from the sickness absence rate in the previous month but lower than in the same month of the previous year (the monthly sickness absence rate for January 2018 for the Trust excluding Estates and Facilities Directorate was 5.46%).

Graph 1 – Monthly Sickness Absence Rates



Source: Electronic Staff Record

The monthly sickness absence rate for YTH Facilities Management in January 2019 was 8.16%. For benchmarking purposes, the sickness absence rate from October 2018 onwards for YTH Facilities Management in graph 1 has been benchmarked against the sickness absence rates for the Estates and Facilities directorate prior to their transfer.

Sickness Absence Reasons

The top three reasons for sickness absence in the year ending January 2019 for the Trust based on both days lost (as FTE) and numbers of episodes are shown in table 1 below:

Table 1 –Sickness Absence Reasons - Year to January 2019

York Teaching Hospital NHS FT	
Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
Anxiety/stress/depression – 22.4% of all absence days lost	Gastrointestinal – 22.2% of all absence episodes
MSK problems, inc. Back problems – 15.3% of all absence days lost	Cold, Cough, Flu – 20.1% of all absence episodes
Gastrointestinal – 8.3% of all absence days lost	Headache / Migraine – 7.73% of all absence episodes
York Teaching Hospital Facilities Management	
Top three reasons (days/FTE lost)	Top three reasons (episodes of absence)
Anxiety/stress/depression – 24.3% of all absence days lost	Gastrointestinal – 22.1% of all absence episodes
MSK problems, inc. Back problems – 18.4% of all absence days lost	Cold, cough, flu – 14.6% of all absence episodes
Gastrointestinal – 5.3% of all absence days lost	MSK problems, inc. Back problems – 10.9% of all absence episodes

Whilst proportionately stress/anxiety/depression and MSK remain the top reasons for sickness absence due to FTE days lost, sickness due to gastrointestinal problems is now the top reason for the number of episodes of sickness. There was a big increase (32% compared with the previous month) in the number of episodes due to this reason in January. It is likely that the outbreak of norovirus within the organisation in January was a large contributory factor.

Junior Doctors Sickness Process

A revised sickness process for reporting and recording Junior Doctors' sickness was rolled out following Junior Doctors Changeover in February. The new process aims to bring improvements in consistency and support to ensure all Junior Doctors who are on rotation are provided with: timely return to work interviews; effective support meetings when a health indicator is triggered; and a clear understanding of the Trust's approach to sickness management. A shared, secure, database has been established, accessed by a small group of named staff who are responsible for recording Junior Doctors' absence in their area of work. This shared database ensures sickness history is not "lost" at the point of rotation. The improvements help address issues raised at both the Junior Doctors Forum and via a Sickness Absence Audit.

2.2 Flu Campaign

The Trust achieved a result of 71.6% of all frontline staff vaccinated in 2018/19. This was below the nationally set target of 75%. Overall 4,546 frontline staff received the vaccine, plus an additional 1,356 non frontline staff. A Directorate breakdown is attached at Appendix 2. As at 31 January, the Trust ranked 114 out of 237 Trusts submitting data for the take-up of vaccinations (final figures as at 28 February will be published by Public Health England shortly). A review of what worked well and what did not is currently

underway and an action plan to enable the Trust to achieve greater results in the 2019/20 campaign will be produced by April.

2.3 Temporary Staffing

Temporary Medical Staffing

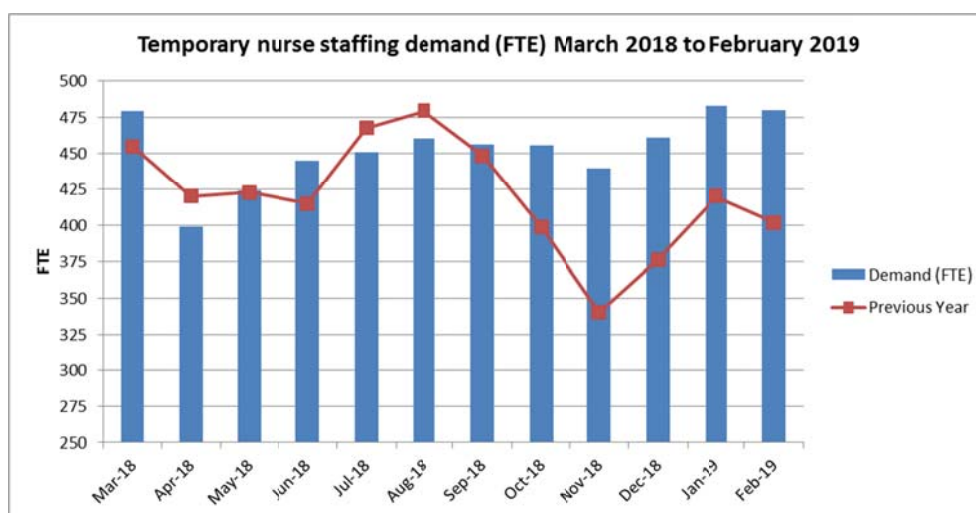
99.74 FTE Medical & Dental roles were covered in February by a combination of bank (25%) and agency (75%) workers. This was a decrease from demand in the previous month (130.92 FTE) which had largely been a result of a planned increase to deal with winter pressures.

Temporary Nurse Staffing

Demand for temporary nurse staffing (RNs and HCAs) in the last year has equated to an average of 453 FTE staff per month. Demand in February equated to 480.31 FTE which was a small decrease in demand compared with the previous month (demand in January was the equivalent of 482.82 FTE) but 23% higher than demand in the same month of previous year (demand in February 2019 equated to 401.69 FTE). Requests due to the reasons of sickness and vacancies made up nearly three quarters of all requests.

Graph 2 shows the pattern of demand over the last 12 months compared to the previous 12 months.

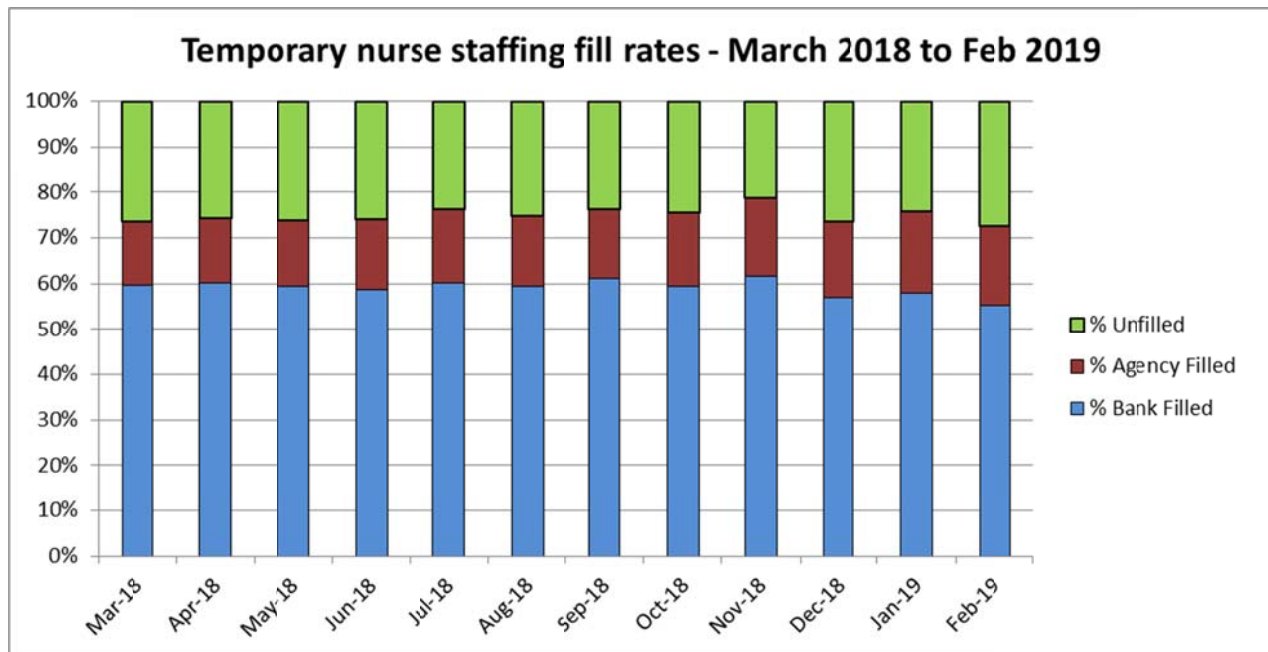
Graph 2 – Temporary Nurse Staffing Demand



Source: BankStaff

Graph 3 shows the proportion of all shifts requested that were either filled by bank, agency or were unfilled. Overall, 55.33% of shift requests in February 2019 were filled by bank staff whilst the agency fill rate was 17.33% - a small decrease from the previous month. The proportion of shifts that remained unfilled in February was 27.34%, the highest level of unfilled shift rate since the same month in the previous year.

Graph 3 – Temporary Nurse Staffing Fill Rates



Source: BankStaff

2.4 Medical Vacancies

As of March, the Trust is reporting an overall medical vacancy position (headcount) of 9.8%. On the East Coast, vacancies have reduced to 15.3% (from 21% in June 2018); while in York the overall position remains fairly static at 6.8%. New starters in February included:

Scarborough

- Consultant in Anaesthetics;
- Specialty Doctors in Emergency Medicine and General Surgery;
- Trust Grade Doctors in General Surgery and Care of the Elderly

York

- Consultant in Oral & Maxillofacial Surgery;
- Consultant in Neurology;
- Trust Grade Doctor in Vascular Surgery.

Appendix 1 shows a detailed breakdown of the medical vacancy position by site.

2.5 Nurse Vacancies

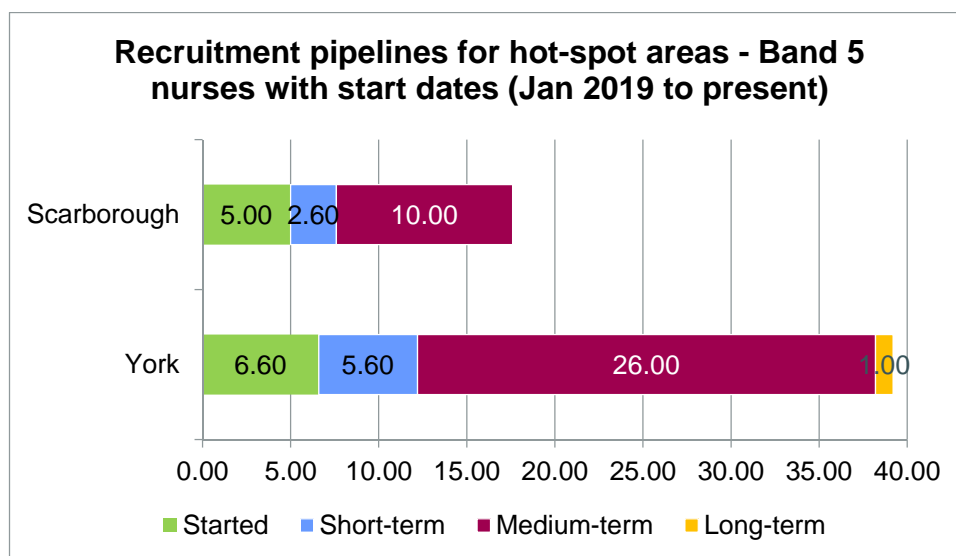
At the end of February, the Trust was reporting a vacancy position of 15.35% for registered nurses. During March, significant work has been undertaken to try and increase recruitment to hot-spot areas, specifically the Emergency Department, and Acute, General Medical, Care of the Elderly and Surgical wards at both York and Scarborough Hospitals. This has included the organisation of bespoke recruitment events at the University of York, Scarborough Hospital and York Hospital, which took place 4 – 8 March. As a result 47

nurses, the majority of whom are currently in the final year of their studies and are due to graduate in the autumn, have been offered appointment with the organisation.

In addition, the Trust has been working with three recruitment agencies to run weekly Skype interviews for nurses based in the United Arab Emirates, India and the Philippines. To date, 30 nurses have been offered appointment via this route (the Trust has agreed contracts to recruit an initial 60 nurses via this route), with the first nurses due to arrive in the UK in May 2019. On arrival, the nurses will be supported to complete their OSCEs as part of the registration process with the NMC. Nurses must pass their OSCE within eight-months of their arrival, and within three attempts.

The 77 nurses referred to above will be added to the existing cohorts with whom the Trust has agreed start dates. This currently numbers 56.80 FTE (see Graph 4 below); however, the nature of the market both in the UK and internationally means that there will be a level of attrition.

Graph 4 – Nursing recruitment in 2019. Data shown is for candidates offered a position with a start date in a ‘hot spot’ area. Short-term indicates that the offered start date falls within the next three months; medium-term within 12-months; and long-term over 12-months.



2.6 Stay Conversations – Staff Retention

Since November, senior professionals within the HR Team have been holding Stay Conversations with staff members. The initiative, which has seen the Trust featured as a case study during a recent NHS Employers webinar on staff retention, has seen staff invited to contact the Team in instances where they have been thinking about new employment.

In the space of three months, the Team has received contact from 25 individuals across different roles, hospitals and staff groups; from people already serving their notice to those who are thinking about their future career development. Each conversation has been individual and confidential, and has offered the opportunity for individuals to discuss their situation and whether there is anything that can be done to help them. In response, the

Team have been able to provide a number of solutions, some of which have deterred individuals from seeking opportunities elsewhere. At a Trust level, the conversations have added to understanding of issues which have been highlighted via the Staff Survey. These include cultures within departments, communication across the organisation and opportunities for development. Discussion of the latter is helping to inform the Trust’s Talent Management Strategy.

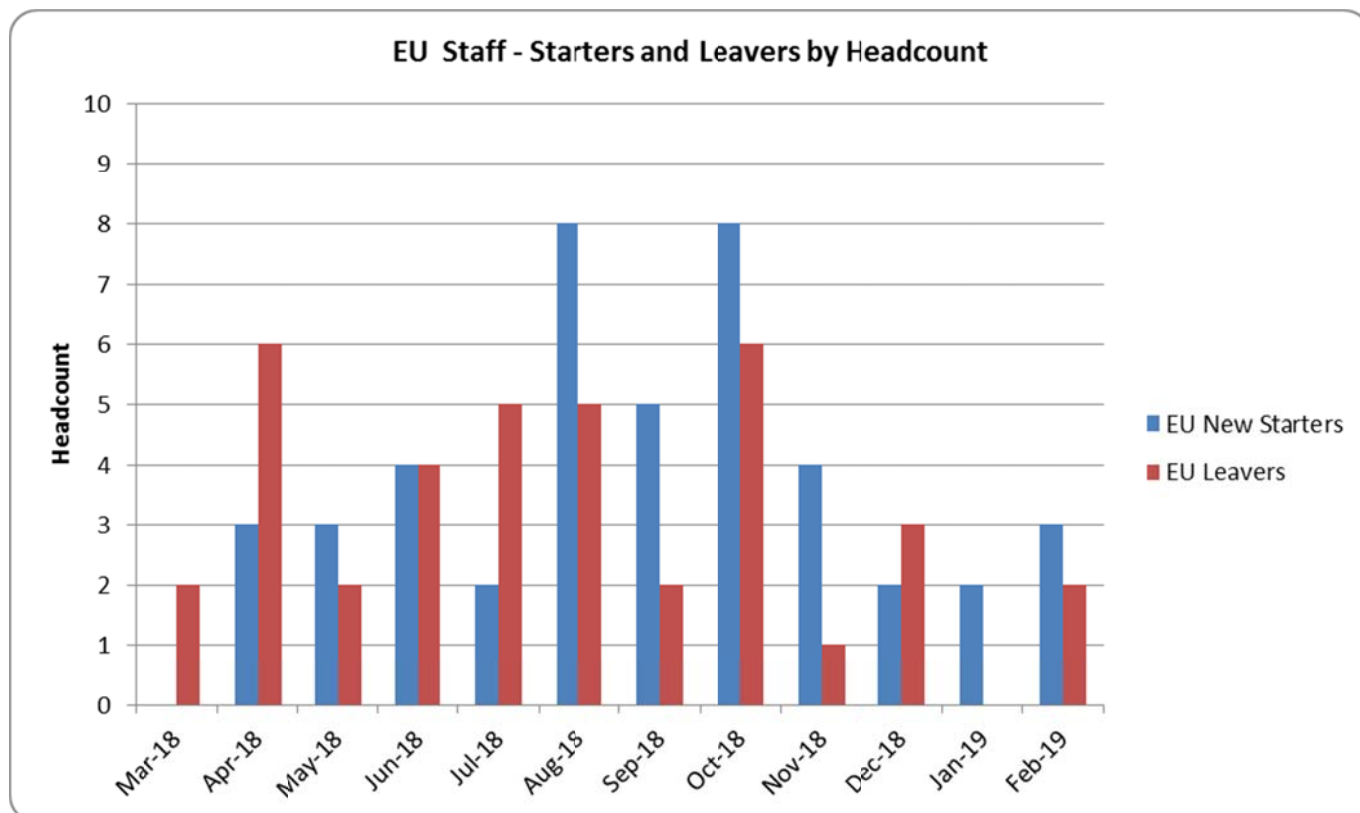
Even at this scale, the initiative has been a productive one, and therefore plans are being developed to increase the availability of conversations between staff and HR, including with the development of group discussions for new starters.

2.7 EU Workforce and Brexit

The Department of Health has directed organisations to prepare for a No Deal Brexit. Part of this direction involves development of an action plan which includes monitoring the impact of Brexit on workforce numbers.

As at 28 February, there were 299 recorded EU nationals employed by the Trust. In the year to February a total of 44 staff from within the EU joined the organisation while 38 staff left over the same time period. The turnover rate of EU staff (based on headcount) between 1st March 2018 and 28th February 2019 was 13.6%.

Graph 5 – EU Staff Starters and Leavers



At the end of last year, the Trust helped pilot the EU Settlement Scheme with staff over the course of 18-days (4 to 21 December 2018). As part of the pilot, the Trust committed to meeting the cost of the £65 application fee. In January, the government confirmed that

this fee is to be abolished and will not form part of the application process from 30 March 2019.

2.8 Buying and Selling of Annual Leave Scheme 2019/20

During January and February, the Trust ran its 2019/20 scheme for the Buying and Selling of Annual Leave. The initiative, which allows employees the flexibility to alter their contractual annual leave entitlement in exchange for a proportional increase/reduction in pay, is now in its ninth year at the Trust and has proved hugely popular with staff.

This year, the scheme attracted 653 applications, 612 (93%) of which have been approved. The number of applications received is 20% higher than in 2018/19. A number of headlines are included below relating to the growth of the scheme:

- The number of applications received has increased each year since launching in 2011. In 2011, 150 were received;
- The approval rate has increased by an average of 8% over the lifetime of the scheme;
- The number of applications to buy leave has increased from 141 in 2011 to 635 this year – an increase of 350%;
- The number of applications to sell leave fell for the first time since the scheme was launched. There were 18 applications for 2019/20. In each of the last four financial years, there have been 24 applications;
- The 2019/20 saving for directorates from the scheme will be £177k. The savings for the Trust from tax, NI & pension contributions will be £40k.

As part of the Terms and Conditions of Service contract refresh, there has been a commitment from the NHS to roll-out the scheme nationally via a framework. The Trust understands that the format of its own scheme will be unaffected by this.

3. Next Steps

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

4. Detailed Recommendation

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

Appendix 1 – Medical Vacancy Position by Site

Scarborough

Specialty	Consultant					Middle Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Anaesthetics	19	2	0	0	10.5%	5	3	0	2	20.0%	10	2	0	0	20.0%						34	7	0	2	14.7%
Child Health	12	4	0	0	33.3%	1	0	0	0	0.0%	9	1	0	0	11.1%	4	0	0	0	0.0%	26	5	0	0	19.2%
Elderly Medicine	6	1	1	1	16.7%	2	0	0	0	0.0%	12	2	0	1	8.3%	4	0	0	0	0.0%	24	3	1	2	8.3%
Emergency & Acute	8	4	0	0	50.0%	10	4	0	0	40.0%	17	3	0	0	17.6%	4	0	0	0	0.0%	39	11	0	0	28.2%
General Medicine	15	4	0	0	26.7%	4	1	0	0	25.0%	18	3	0	1	11.1%	17	0	0	0	0.0%	54	8	0	1	13.0%
General Surgery & Urology	8	1	0	0	12.5%	3	0	0	0	0.0%	8	4	0	3	12.5%	9	0	0	0	0.0%	28	5	0	3	7.1%
Head & Neck						3	0	0	0	0.0%						1	0	0	0	0.0%	4	0	0	0	0.0%
Obstetrics & Gynaecology	8	0	0	0	0.0%	3	1	0	0	33.3%	9	1	0	0	11.1%	2	0	0	0	0.0%	22	2	0	0	9.1%
Ophthalmology	4	2	0	1	25.0%	3	2	0	1	33.3%	1	0	0	0	0.0%						8	4	0	2	25.0%
Radiology	6	3	0	0	50.0%																6	3	0	0	50.0%
Specialist Medicine	3	0	0	0	0.0%	2	0	0	0	0.0%	2	0	0	0	0.0%	1	0	0	0	0.0%	8	0	0	0	0.0%
Trauma & Orthopaedics	9	0	1	0	11.1%	5	1	0	0	20.0%	5	1	0	0	20.0%	2	0	0	0	0.0%	21	2	1	0	14.3%
Total	98	21	2	2	21.4%	41	12	0	3	22.0%	91	17	0	8	9.9%	44	0	0	0	0.0%	274	50	2	10	15.3%

York

Specialty	Consultant					Middle Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Anaesthetics	52	3	0	0	5.8%	9	1	0	0	11.1%	19	2	0	0	10.5%	4	0	0	0	0.0%	84	6	0	0	7.1%
Child Health	17	0	0	0	0.0%	1	0	0	0	0.0%	17	0	0	0	0.0%	5	0	0	0	0.0%	40	0	0	0	0.0%
Elderly Medicine	15	1	1	0	13.3%	2	0	0	0	0.0%	15	2	0	0	13.3%	5	0	0	0	0.0%	37	3	1	0	10.8%
Emergency & Acute	18	0	0	0	0.0%	7	1	1	0	28.6%	17	0	0	0	0.0%	6	0	0	0	0.0%	48	1	1	0	4.2%
General Medicine	38	4	1	0	13.2%	10	2	0	0	20.0%	38	4	0	0	10.5%	26	0	0	0	0.0%	112	10	1	0	9.8%
General Surgery & Urology	36	5	0	1	11.1%	13	3	0	3	0.0%	15	1	0	1	0.0%	13	0	0	0	0.0%	77	9	0	5	5.2%
Head & Neck	20	1	0	1	0.0%	11	0	0	0	0.0%	14	0	0	0	0.0%						45	1	0	1	0.0%
Laboratory Medicine	13	2	0	0	15.4%	2	0	0	0	0.0%	6	2	0	0	33.3%						21	4	0	0	19.0%
Obstetrics & Gynaecology	12	1	0	0	8.3%	2	0	0	0	0.0%	12	2	0	0	16.7%	2	0	0	0	0.0%	28	3	0	0	10.7%
Ophthalmology	20	3	0	1	10.0%	6	2	0	0	33.3%	6	0	0	0	0.0%						32	5	0	1	12.5%
Radiology	25	2	0	1	4.0%	1	1	0	0	100.0%	8	0	0	0	0.0%						34	3	0	1	5.9%
Sexual Health	2	0	0	0	0.0%	7	1	0	0	14.3%	2	1	0	0	50.0%						11	2	0	0	18.2%
Specialist Medicine	35	2	0	1	2.9%	5	2	0	0	40.0%	13	1	0	1	0.0%	3	0	0	0	0.0%	56	5	0	2	5.4%
Trauma & Orthopaedics	13	0	0	0	0.0%	8	0	0	0	0.0%	9	3	0	0	33.3%	4	1	0	0	25.0%	34	4	0	0	11.8%
Total	316	24	2	5	6.6%	84	13	1	3	13.1%	191	18	0	2	8.4%	68	1	0	0	1.5%	659	56	3	10	6.8%

Net vacancy % = (Vacancies + Leavers Pending - Starters Pending) / Establishment

Leavers = currently serving notice, Starters = accepted appointment, now pending start date

Appendix 2 – Flu Campaign 2018/19 Final Directorate Results

Flu vaccination as at 28 February 2019 - Frontline Staff only

Directorate	Not Vaccinated	Vaccinated	Grand Total	%
419 AHP & Psychological Medicine Directorate	149	378	527	71.7%
419 Chief Nurse Team Directorate	11	39	50	78.0%
419 Child Health Directorate	39	102	141	72.3%
419 Child Health Scarborough Dir	24	39	63	61.9%
419 Community Directorate	140	158	298	53.0%
419 Estates & Facilities Directorate (not LLP)	11	4	15	26.7%
419 General and Acute Medicine Dir	112	255	367	69.5%
419 General Medicine Scarborough Dir	26	53	79	67.1%
419 General Surgery & Urology Directorate	114	281	395	71.1%
419 Head & Neck Specialties Directorate	58	108	166	65.1%
419 Human Resources Directorate	291	230	521	44.1%
419 Laboratory Medicine Dir	26	44	70	62.9%
419 Learning Organisational Development & Research Director	7	14	21	66.7%
419 Medicine for Elderly Dir - Scarborough	65	92	157	58.6%
419 Medicine For Elderly Directorate	93	219	312	70.2%
419 Operations Management Dir Scarborough	2	15	17	88.2%
419 Operations Management Directorate	8	21	29	72.4%
419 Ophthalmology Directorate	50	81	131	61.8%
419 Orthopaedics Directorate	82	145	227	63.9%
419 Pharmacy Directorate	30	102	132	77.3%
419 Radiology Directorate	89	203	292	69.5%
419 Sexual Health Directorate	31	47	78	60.3%
419 Specialist Medicine Directorate	87	204	291	70.1%
419 Systems & Network Services Directorate	2	3	5	60.0%
419 Theatres Anaesthetics & Critical Care	233	441	674	65.4%
419 Womens Health Directorate	140	194	334	58.1%
419 Emergency & Acute Medicine Scarborough Dir	83	150	233	64.4%
419 Emergency & Acute Medicine Directorate	55	181	236	76.7%
419 LLP Estates & Facilities Directorate	166	73	239	30.5%

Board of Directors – 27 March 2019

Finance Report

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

- | | | | |
|-----------------|-------------------------------------|--------------------------|--------------------------|
| For information | <input checked="" type="checkbox"/> | For approval | <input type="checkbox"/> |
| For discussion | <input checked="" type="checkbox"/> | A regulatory requirement | <input type="checkbox"/> |
| For assurance | <input checked="" type="checkbox"/> | | |

Purpose of the Report

To report on the financial position of the Trust.

Executive Summary – Key Points

This report details the 2018/19 month 11 financial position for York Teaching Hospital NHS Foundation Trust.

The Trust is reporting an Income and Expenditure deficit of £13.2m against a planned deficit of £7.4m. The Trust is therefore reporting a £5.8m adverse variance to plan after all Provider Sustainability Fund (PSF) adjustments.

NHSI assess the Trust's underlying performance before PSF. In this case the Trust's target control total deficit at month 11 was £18.5m and an actual deficit of £18.6m has been delivered (using NHSI's assessment criteria). NHSI assess the Trust as, therefore, reporting a £0.1m adverse variance to pre-PSF plan. This represents an improvement of £0.5m on the adverse variance to plan reported at month 10.

Recommendation

The Board is asked to note the report.

Author: Andrew Bertram, Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: March 2019

1. Year to date Summary Financial Position

Including all sustainability funding adjustments the month 11 income and expenditure position is a deficit of £13.2m against a planned deficit of £7.4m. The Trust is currently reporting a £5.8m adverse variance to plan after all Provider Sustainability Fund (PSF) adjustments.

NHSI assess the Trust's underlying performance before PSF. In this case the Trust's target control total deficit at month 11 was £18.5m and an actual deficit of £18.6m has been delivered (using NHSI's assessment criteria). NHSI assess the Trust as, therefore, reporting a £0.1m adverse variance to pre-PSF plan. This represents a £0.5m improvement on the adverse variance of £0.6m reported at month 10.

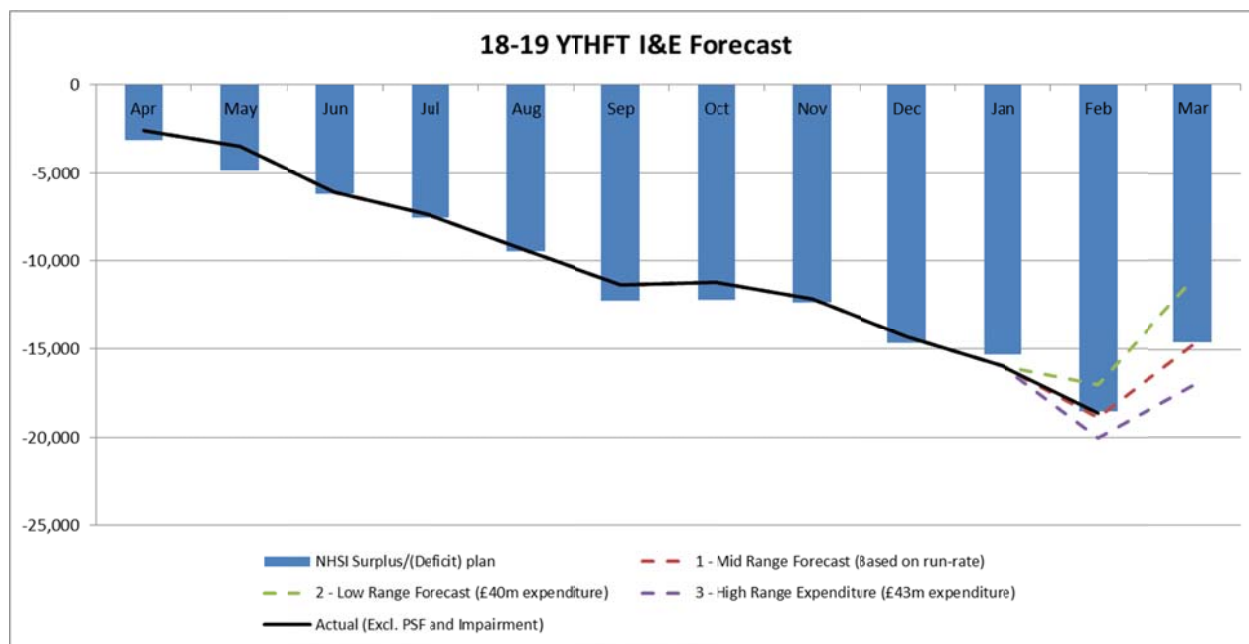
To date the reported financial position assumes all sustainability funding up to month 9 with the exception of quarter 1 and quarter 3 ECS and the position assumes the Trust is not eligible for month 10 or month 11 PSF due to missing the control total plan, albeit only by £0.1m. This latter element is obviously subject to the normal quarterly assessment process and there is time to correct the position.

2. Summary Financial Commentary

The detailed Finance Report in the Board's Performance Pack includes the additional analysis reviewing run rate income and expenditure categories as per the NHSI Investigation Report recommendations. The overall expenditure run rate analysis shows low spend in February at £40.5m. This is circa £0.9m below the previous average monthly spend (£41.4m). Spend at this level, when taking into account the adverse variance reported last month, is in line with the mid-range forecast shared with the Board.

In line with recent Board discussions the report tracks in-month performance against the three forecast outturn scenarios that have been modelled. All are based on the same income level as income forecasts are becoming more certain and under AIC the position is less susceptible to in-month volatility. The scenarios essentially model expenditure for the last two months of the financial year and include low expenditure (taken from in-year low month reported positions), mid-range expenditure (taken as an average of the year's monthly expenditure) and a high range (reflecting in-year high expenditure reported positions). The chart below summarises the current I&E projection before PSF and confirms that the month 11 (February) position is tracking the mid-range forecast outturn scenario.





The forecast work takes into account additional winter initiatives, non-delivery of QIPP is assumed, income risk-share principles have been applied and CIP is assumed to return to planned levels. The forecast work shows the Trust comes very close to plan under the mid-range scenario, exceeds plan if spend is low and if January expenditure levels repeat themselves during February and March then the Trust will miss its plan by £2.5m. The Board are aware that there is a notable improvement in the deficit position at month 12 linked to the NHSI approved plan including an assumption around historic VAT recovery from the LLP.

Agency expenditure has been reset at a total cap of £14.9m as per NHSI’s direction for the Trust. For the period to month 11 this suggests a proportionate spend cap of £13.7m. The actual reported agency expenditure was above cap at £14.9m. However, it is notable that both nursing and junior medical agency pressures have reduced in February in comparison to the previous months reported position.

The reports separately identify excluded drugs and devices from the main category of drug expenditure. The report confirms excluded drug and device expenditure ahead of plan by £1.7m, notably the same as last month. Under the AIC, reimbursement for the CCG component of this additional spend is only at 50%, and an adjustment to the overall reported income level has been made to reflect this arrangement. The share of excluded drug and device expenditure commissioned by NHSE is not subject to any AIC adjustment.

Work continues through the AIC Management Group on the detailed understanding of the trading position under the AIC agreement. The Trust’s plan assumes £10m of QIPP delivered in the contract agreements with our three AIC commissioners. The activity position currently confirms QIPP is not delivering and therefore the Trust is overtrading on the agreed contract. The Trust’s reported income position reflects the risk share agreement. In addition to non-delivery of the QIPP the Trust is delivering higher levels of activity than the Trust’s initial activity projections. These are notable in non-elective activity particularly. A further adjustment has been made to Trust income levels to reflect the

marginal cost of delivery chargeable under the AIC for this additional work, although this is causing significant pressure on commissioner positions.

As we approach the close of the financial year work is now turning to agree year-end positions with commissioners.

The CIP target for 2018/19 has been profiled this year using intelligence around previous years' delivery trajectories. The total target for 2018/19 is £21.7m. This has been overachieved at month 11 with £23.6m delivered in full year terms to date; notably £13.4m delivered recurrently.

There are no cash issues this month that I wish to draw the Board's attention to.

Finance Risks

- The Board should be aware that QIPP is still not delivering and significant additional activity is presenting at the Trust. Whilst under the risk share arrangements this compensates the Trust for the cost this is proving extremely challenging in terms of affordability for our local CCGs
- Control over our expenditure position remains a key risk. As we move to the final month of the financial year our internal CIP requirements will accelerate and it is important that we see the monthly expenditure run rate reduce. Expenditure discipline has been enhanced, whilst recognising key patient safety considerations.
- Pressure on our agency position has caused this to run ahead of the NHSI cap (Trust plan) but this pressure has reduced in February.
- There are a number of smaller financial risks emerging that are placing pressure on the Trust's forecast outturn position. Notably we have a pressure from the Trust's new clinical waste contract, following the high profile national issues with the previous supplier.

3. Supplementary Action

At this stage there are no supplementary actions required by the Board of Directors. Key actions in place continue to be:

- AIC risk share application
- Evaluation and application of the financial implications of additional to plan activity with the CCGs
- Expenditure discipline and control
- QIPP delivery through the STB
- Cash flow management
- First draft medium-term financial planning completed with commissioners and presented to the November Board meeting. The second iteration now being worked on now the national operating framework and business rules have been released.

4. Recommendation

The Board of Directors is asked to note the current financial position and to continue to support the expenditure control approach and the work with CCGs under the AIC.



Finance Performance Report

February 2019

Produced March 2019

The Board Assurance Framework is structured around the Trust's three Strategic Goals:

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

To ensure financial stability

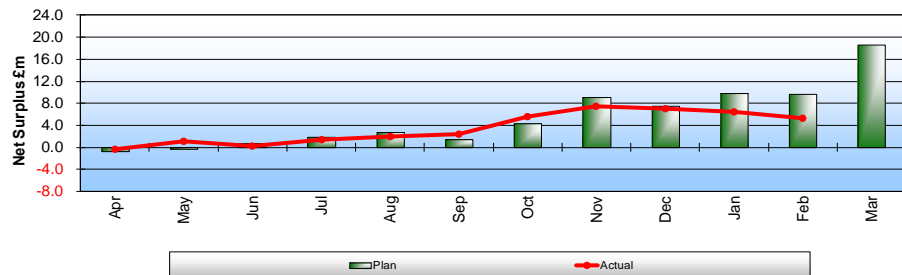
Summary Income and Expenditure Position

Month 11 - The Period 1st April 2018 to 28th February 2019

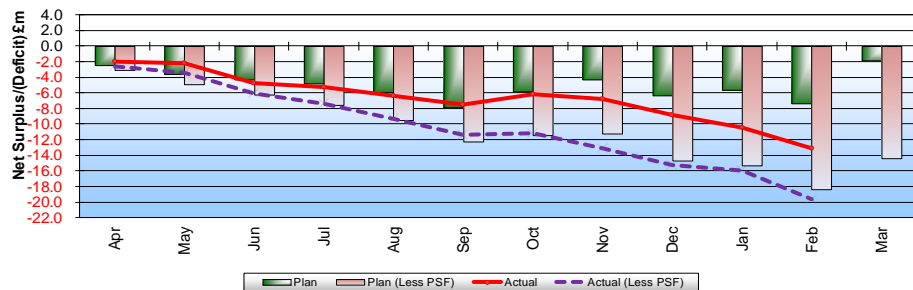
Summary Position:

- The Trust is reporting an I&E deficit of £13.2m, placing it £5.8m behind the operational plan.
- Income is £9.6m ahead of plan, with clinical income being £11.2m ahead of plan and non-clinical income being £1.6m behind plan.
- Operational expenditure is ahead of plan by £13.9m, with further explanation given on the 'Expenditure' sheet.
- The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £5.3m (1.2%) compared to plan of £9.6m (2.13%), and is reflective of the reported net I&E performance.

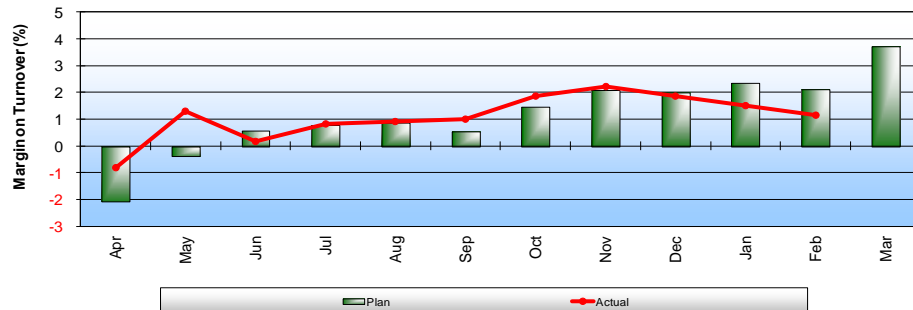
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)



Income and Expenditure



EBITDAMargin



NHS Clinical Income

	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
Elective Income	22,637	21,332	21,533	201	22,637	0
Planned same day (Day cases)	35,358	32,843	35,309	2,466	35,358	0
Non-Elective Income	115,233	105,372	109,068	3,696	115,233	0
Outpatients	58,848	53,839	54,664	825	58,848	0
A&E	15,390	14,136	15,020	884	15,390	0
Community	20,181	18,566	18,670	104	20,181	0
Other	114,719	103,688	106,553	2,865	114,719	0
Pass-through excluded drugs expenditure	44,215	40,469	40,597	128	44,215	0
Total	426,581	390,245	401,414	11,169	426,581	0

Non-NHS Clinical Income

Private Patient Income	1,042	955	918	-37	1,042	0
Other Non-protected Clinical Income	1,692	1,551	1,702	151	1,692	0
Total	2,734	2,506	2,620	114	2,734	0

Other Income

Education & Training	15,539	14,186	16,100	1,913	15,539	0
Research & Development	3,315	3,038	3,150	112	3,315	0
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	623	571	357	-214	623	0
Other Income	32,654	27,037	28,117	1,081	32,654	0
Sparsity Funding	2,600	2,383	2,383	0	2,600	0
PSF	12,479	11,024	6,427	-4,597	9,484	-2,995
Total	67,209	58,240	56,535	-1,705	64,214	-2,995

Total Income

Total Income	496,524	450,991	460,570	9,579	493,529	-2,995
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Expenditure

Pay costs	-333,140	-303,619	-312,793	-9,174	-333,140	0
Pass-through excluded drugs expenditure	-44,215	-40,469	-42,184	-1,715	-44,215	0
PbR Drugs	-4,983	-4,720	-6,138	-1,419	-4,983	0
Clinical Supplies & Services	-46,986	-43,186	-46,160	-2,974	-46,986	0
Other costs (excluding Depreciation)	-48,386	-44,274	-47,990	-3,716	-48,386	0
Restructuring Costs	0	0	0	0	0	0
CIP	-1,903	-5,129	0	5,129	-1,903	0
Total Expenditure	-479,613	-441,396	-455,265	-13,869	-479,613	0

Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)

EBITDA	16,911	9,594	5,304	-4,290	13,916	-2,995
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Profit/ Loss on Asset Disposals	0	0	-7	-7	0	0
Fixed Asset Impairments	-300	0	-936	-936	-300	0
Depreciation - purchased/constructed assets	-10,717	-9,824	-9,908	-85	-10,717	0
Depreciation - donated/granted assets	-395	-362	-362	0	-395	0
Interest Receivable/ Payable	130	119	137	17	130	0
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-867	-768	-781	-13	-867	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	9	9	0	0
PDC Dividend	-6,670	-6,114	-6,615	-501	-6,670	0
Taxation Payable	0	0	0	0	0	0

NET SURPLUS/DEFICIT

NET SURPLUS/DEFICIT	-1,907	-7,354	-13,160	-5,806	-4,902	-2,995
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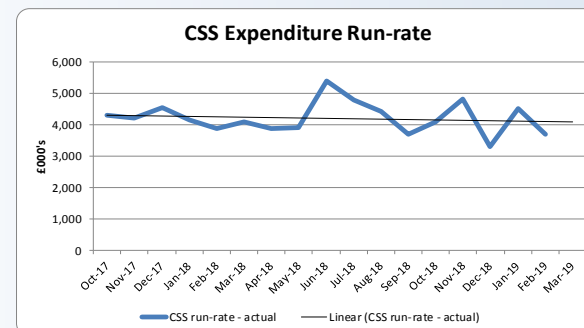
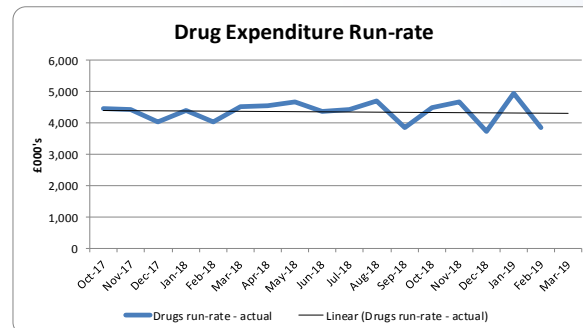
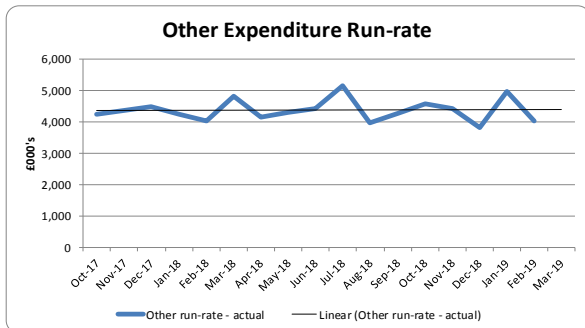
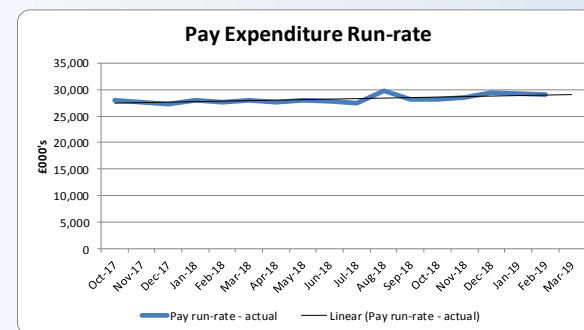
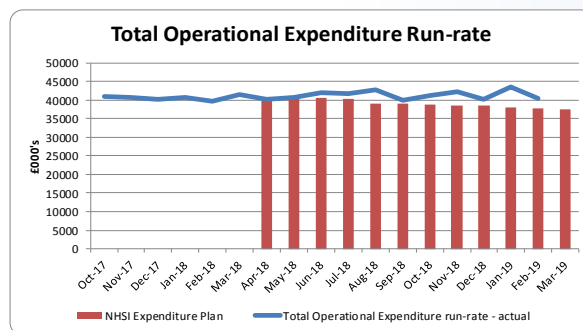
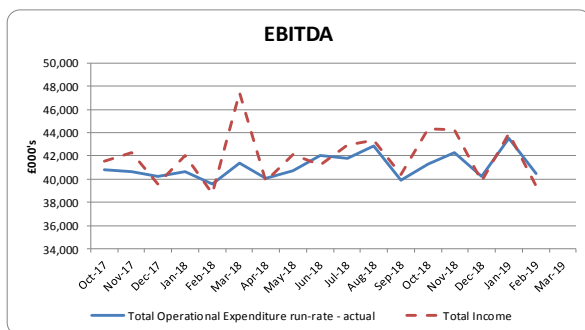
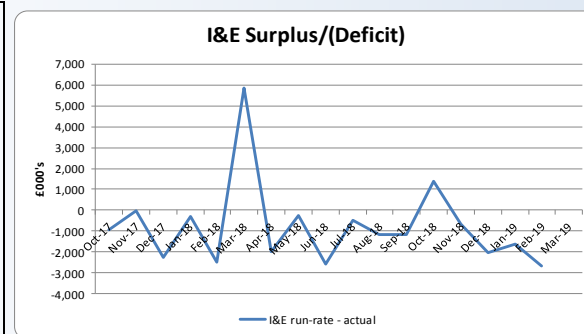
Summary Trust Run Rate Analysis

Month 11 - The Period 1st April 2018 to 28th February 2019

Key Messages:

* The total operational expenditure in February was £40.5m. The average total operational expenditure in the previous fourteen months was £41.1m. Resulting in a favourable variance of £0.6m.

* In month operational spend exceeded income by £1.1m, resulting in a negative EBITDA for the month.



	Monthly Spend															Monthly Ave	Variance			
	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18			Jan-19	Feb-19	Mar-19
Total Income	41,538	42,272	39,613	42,003	38,738	47,400	39,791	42,110	41,183	42,970	43,367	40,406	44,347	44,277	39,808	43,908	39,422	0	42,108	-2,686
Pay Expenditure	-27,901	-27,678	-27,214	-27,902	-27,651	-28,002	-27,550	-27,881	-27,852	-27,465	-29,766	-28,099	-28,178	-28,451	-29,396	-29,165	-28,990	0	-28,134	-856
Drug Expenditure	-4,438	-4,411	-4,013	-4,369	-4,008	-4,507	-4,549	-4,651	-4,368	-4,402	-4,691	-3,835	-4,465	-4,660	-3,711	-4,934	-3,824	0	-4,376	552
CSS Expenditure	-4,285	-4,196	-4,522	-4,132	-3,877	-4,070	-3,871	-3,895	-5,392	-4,790	-4,413	-3,692	-4,071	-4,796	-3,301	-4,494	-3,677	0	-4,237	560
Other Expenditure	-4,217	-4,358	-4,484	-4,225	-4,017	-4,807	-4,140	-4,296	-4,424	-5,131	-3,959	-4,258	-4,575	-4,409	-3,820	-4,949	-4,029	0	-4,379	350
EBITDA	697	1,629	-620	1,375	-815	6,014	-319	1,387	-853	1,182	538	522	3,058	1,961	-420	366	-1,098	0	981	

Contract Performance

Month 11 - The Period 1st April 2018 to 28th February 2019

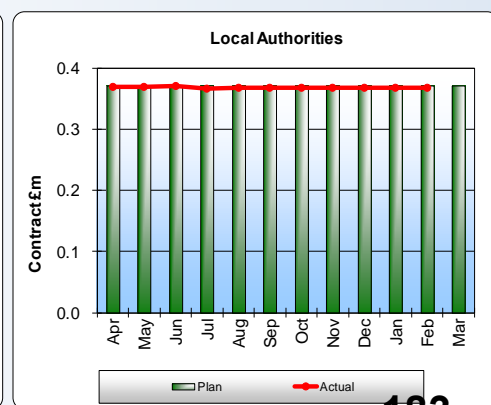
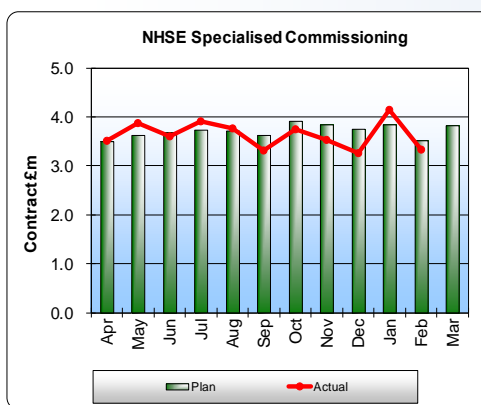
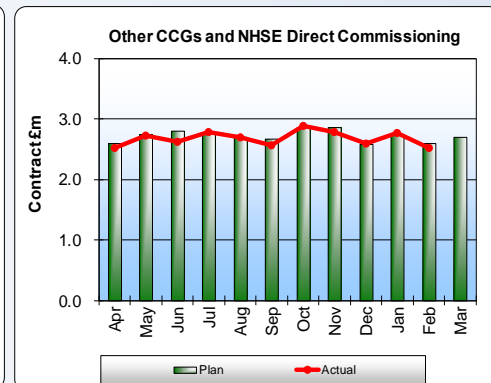
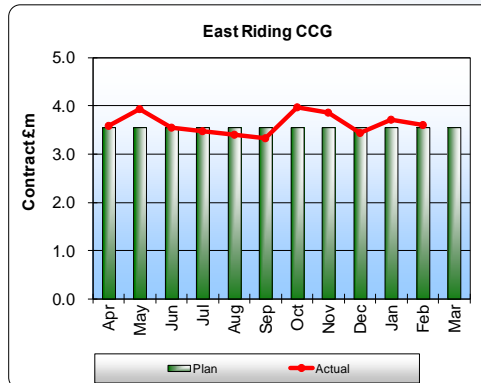
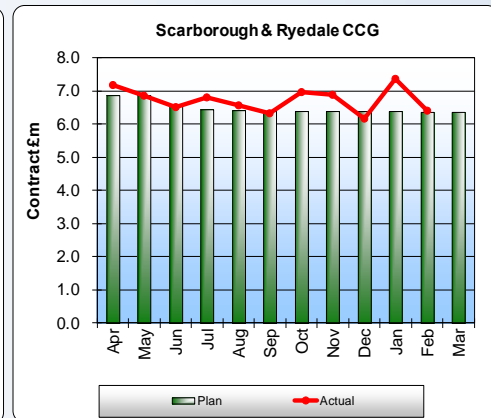
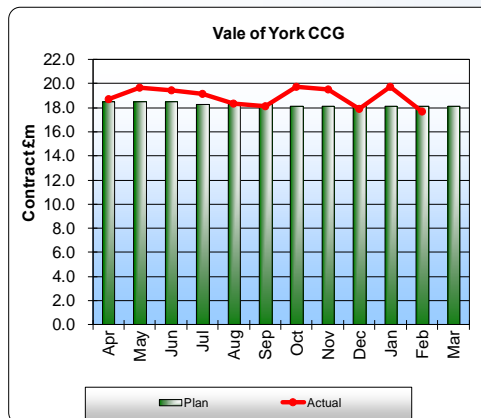
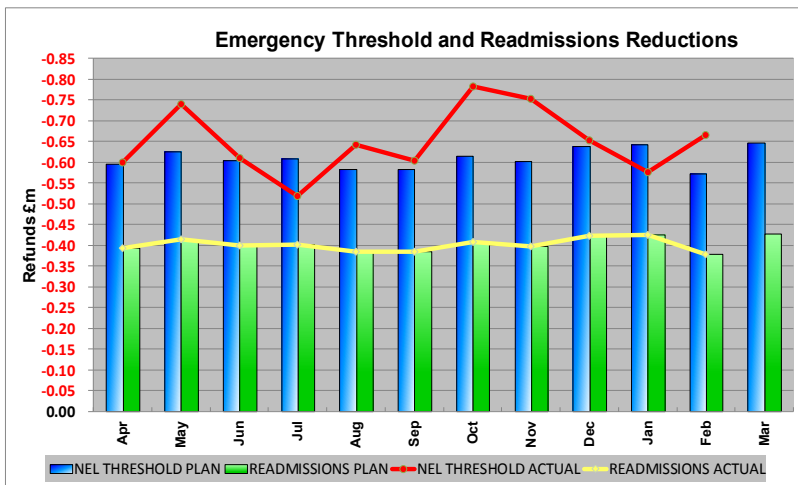
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	219,316	201,183	208,025	6,842
Scarborough & Ryedale CCG	77,783	71,414	74,031	2,617
East Riding CCG	42,696	39,138	39,884	746
Other Contracted CCGs	17,372	15,947	16,504	557
NHSE - Specialised Commissioning	44,604	40,782	39,978	-804
NHSE - Direct Commissioning	15,340	14,054	12,978	-1,076
Local Authorities	4,456	4,085	4,048	-37
Total NHS Contract Clinical Income	421,567	386,603	395,448	8,845

Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	12,087	10,409	8,349	-2,060
Risk Income	-7,073	-6,767	0	6,767
Total Other NHS Clinical Income	5,014	3,642	8,349	4,707

Sparsity funding income moved to other income non clinical -2,383
 Winter resilience monies in addition to contract 0

Total NHS Clinical Income	426,581	390,245	401,414	11,169
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Activity data for February is partially coded (64%) and January data is 93% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.



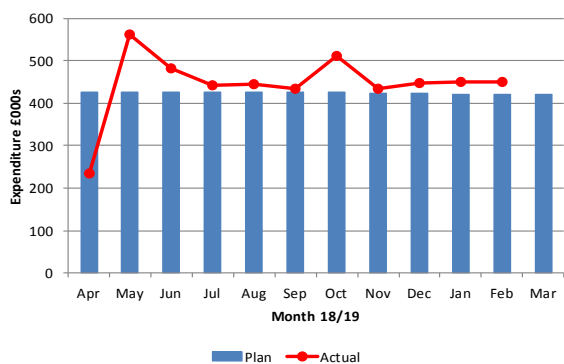
Agency Expenditure Analysis

Month 11 - The Period 1st April 2018 to 28th February 2019

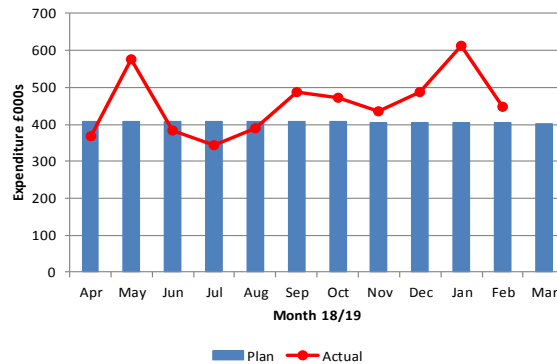
Key Messages:

- * Total agency spend year to date of £14.9m, compared to the NHSI agency ceiling of £13.7m.
- * Consultant Agency spend is £0.2m ahead of plan.
- * Nursing Agency is £0.2m ahead of plan.
- * Other Medical Agency spend is £0.5m ahead of plan.
- * Other Agency spend is ahead of plan £0.3m.

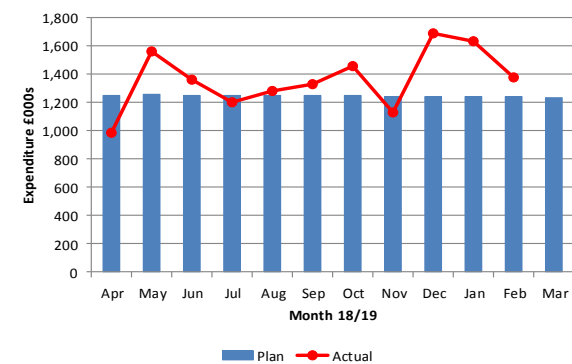
Consultant Agency Expenditure 18/19



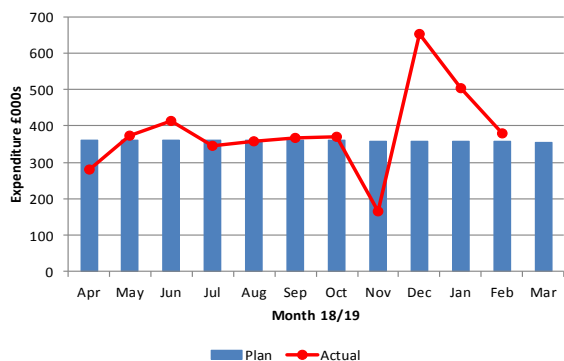
Other Medical Agency Expenditure 18/19



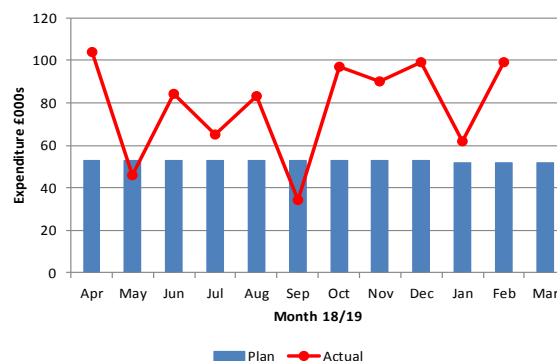
Total Agency Expenditure 18/19



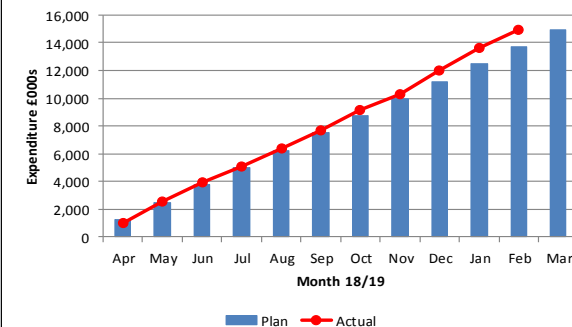
Nursing Agency Expenditure 18/19



Other Agency Expenditure 18/19



Cumulative Total Agency Expenditure 18/19



Expenditure Analysis

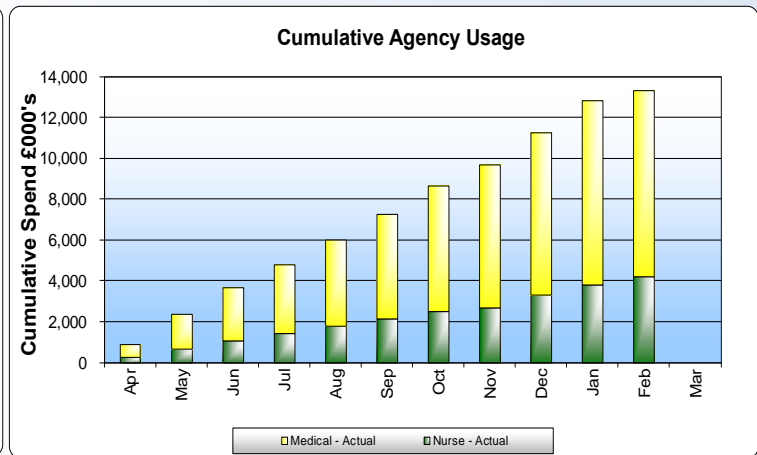
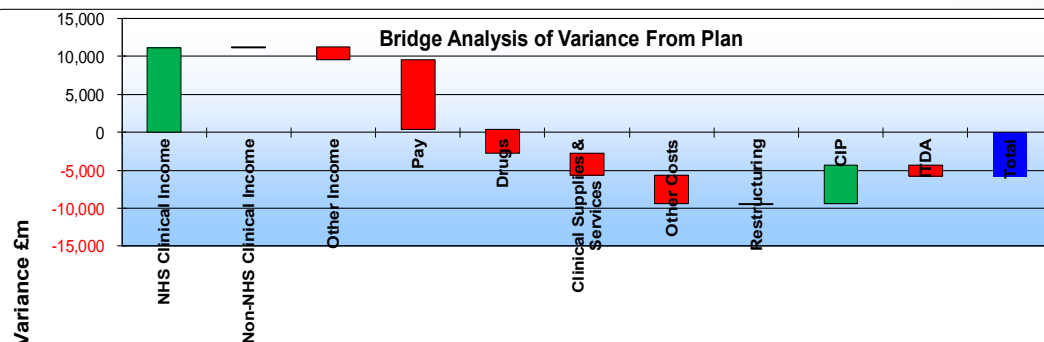
Month 11 - The Period 1st April 2018 to 28th February 2019

Key Messages:

There is an adverse expenditure variance of £13.9m at the end of February 2019. This comprises:

- * Pay expenditure is £9.2m ahead of plan.
- * Drugs expenditure is £3.1m ahead of plan.
- * CIP achievement is £5.1m ahead of plan.
- * Other expenditure is £6.7m ahead of plan.

Staff Group	Annual	Year to Date								Previous Variance	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance		
Consultants	59,282	54,037	48,709	-	1,475	-	4,893	55,077	-1,040	0	
Medical and Dental	31,170	28,316	31,457	-	181	-	5,003	36,641	-8,325	0	
Nursing	92,016	83,929	71,039	393	132	9,460	4,212	85,236	-1,308	0	
Healthcare Scientists	13,334	10,500	10,196	9	10	8	318	10,541	-42	0	
Scientific, Therapeutic and technical	16,411	14,977	13,677	68	1	33	165	13,945	1,032	0	
Allied Health Professionals	25,742	23,524	21,246	110	172	5	83	21,616	1,908	0	
HcAs and Support Staff	49,015	44,738	40,142	662	76	36	134	41,050	3,688	0	
Chairman and Non Executives	191	174	156	-	-	-	-	156	18	0	
Exec Board and Senior managers	15,663	14,240	12,759	1	-	-	-	12,760	1,480	0	
Admin & Clerical	38,990	35,546	34,136	151	63	102	163	34,615	932	0	
Agency Premium Provision	4,241	3,888	-	-	-	-	-	0	3,888	0	
Vacancy Factor	-14,108	-11,344	0	-	-	-	-	0	-11,344	0	
Apprenticeship Levy	1,192	1,093	1,155	0	0	0	0	1,155	-62	0	
TOTAL	333,140	303,618	284,672	1,396	2,111	9,643	14,972	312,793	-9,174	0	

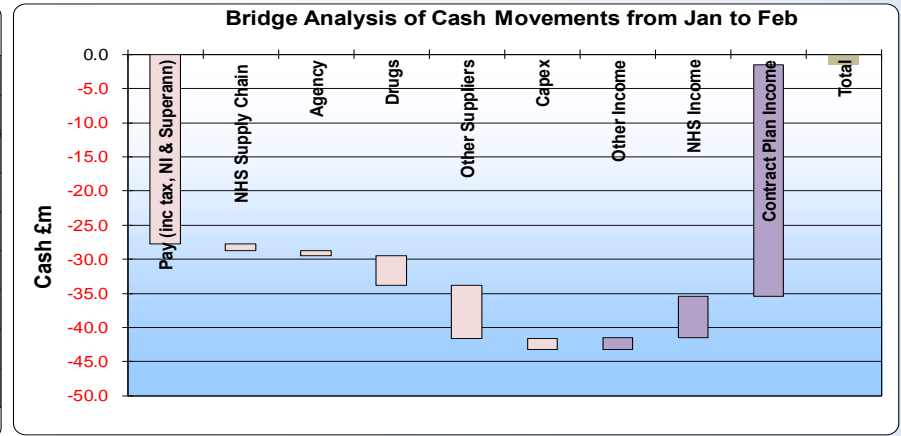
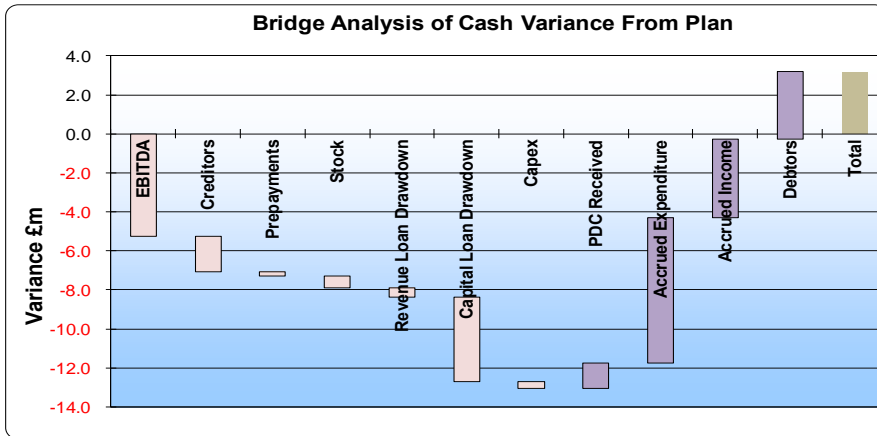
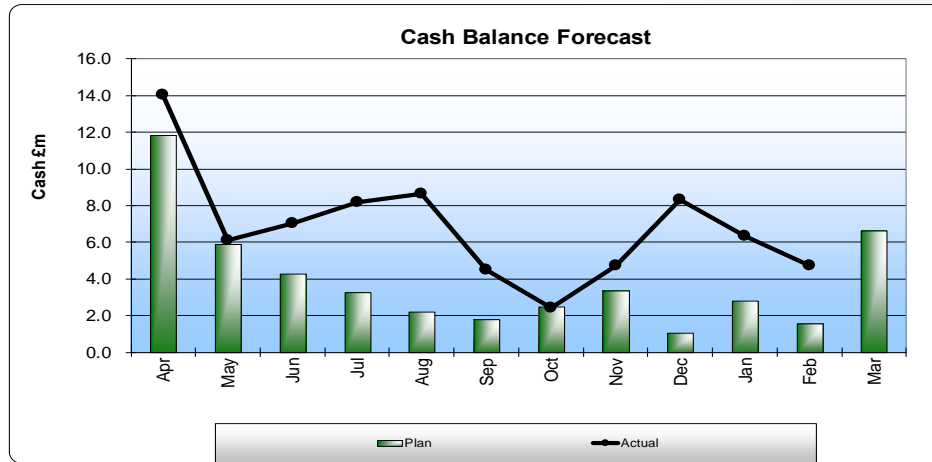


Cash Flow Management

Month 11 - The Period 1st April 2018 to 28th February 2019

Key Messages

- * The cash position at the end of February was £4.7m, which is £3.1m above plan, mainly attributable to focused cash collection on invoices resulting in a debtors position below plan.
- * The Trust planned to access a total of £6.5m Revenue Support funding by the end of February, however only £6m has been accessed.
- * In January, the original cash plan included a £2m repayment of the £7m planned funding, however this repayment has been deferred and will now be made upon receipt of Q3 PSF.
- * This deferral has resulted in a £1m benefit to the cash position.



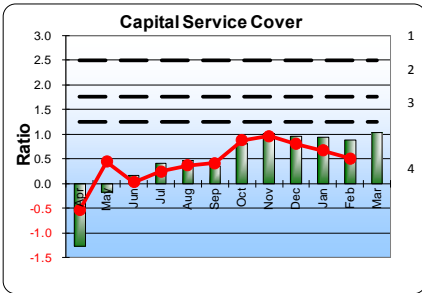
Key Messages:

- * The receivables balance at the end of February was £9.1m, which is £4.7m below plan.
- * The payables balance at the end of February was £13.7m, an improvement on January, but still above plan by nearly £2m.
- * The Use of Resources Rating is assessed is a score of 3 in February, and is reflective of the I&E position.

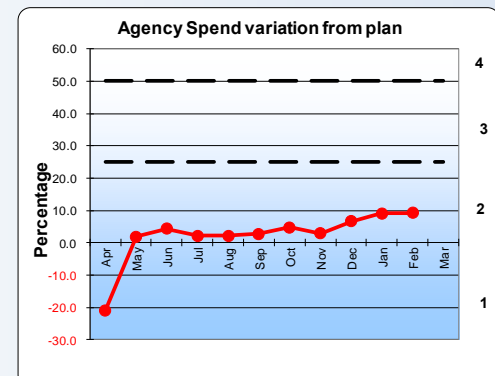
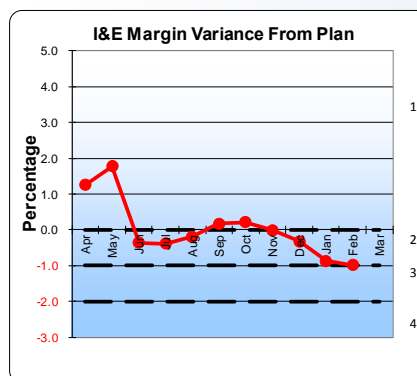
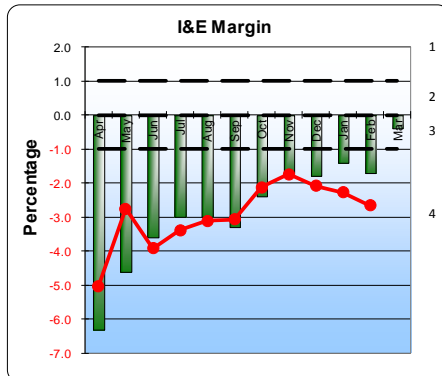
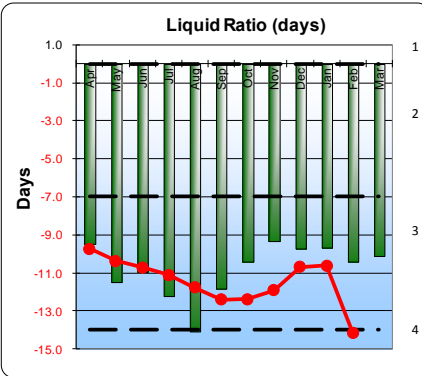
Significant Aged Debtors (Invoices Over 90 Days)

Harrogate & District NHS Foundation Trust	£420K
Tees, Esk & Wear Valleys Foundation Trust	£296K
NHS Property Services	£256K
Humber NHS Foundation Trust	£213K

	Current £m	1-30 days £m	31-60 days £m	Over 60 days £m	Total £m
Payables	4.68	1.92	1.47	5.66	13.73
Receivables	3.17	1.84	1.02	3.10	9.12



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

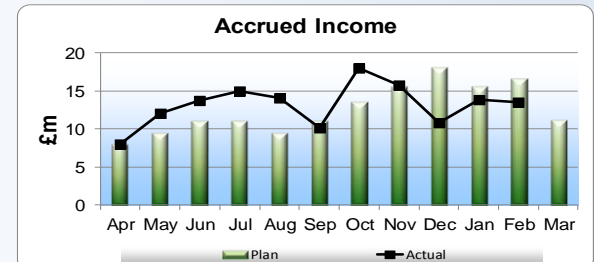
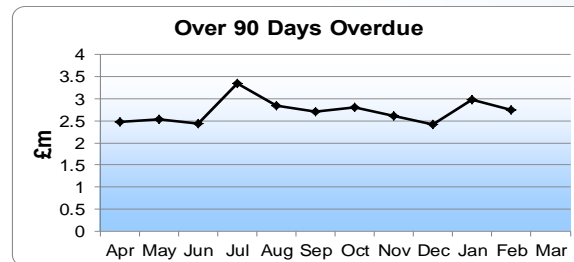
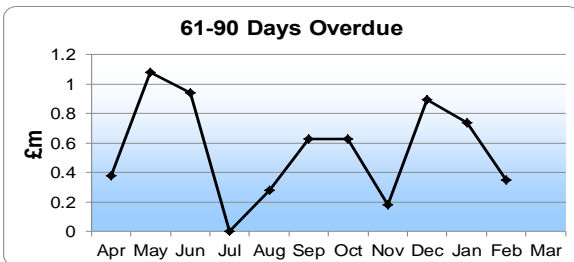
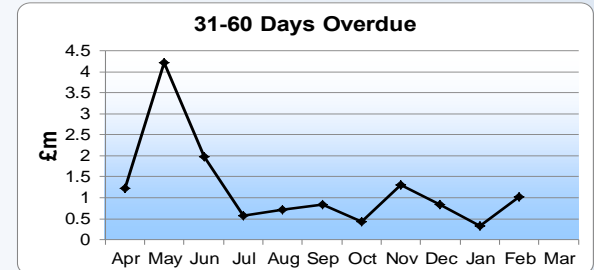
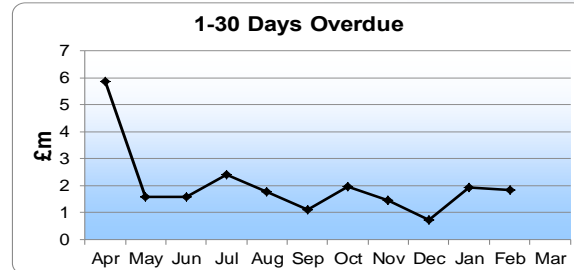
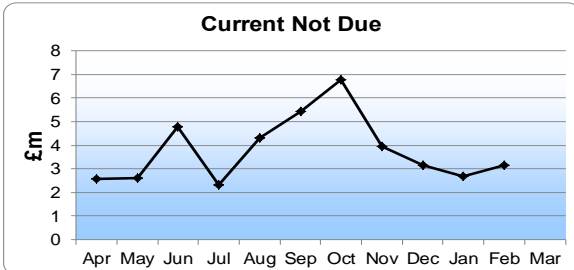
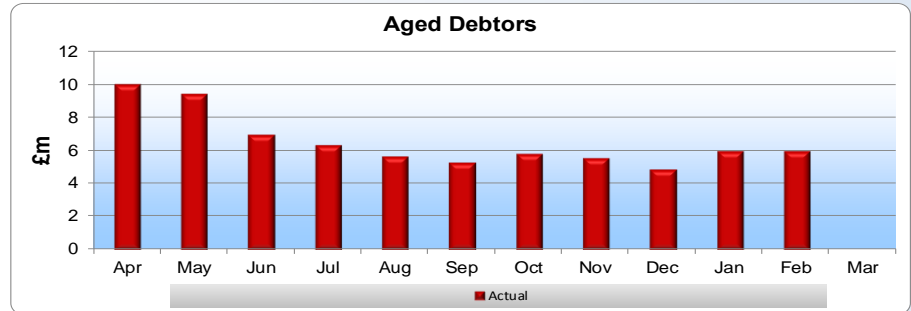
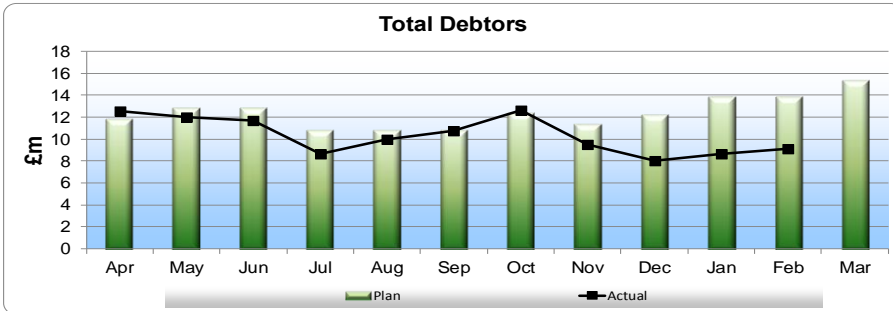


Debtor Analysis

Month 11 - The Period 1st April 2018 to 28th February 2019

Key Messages

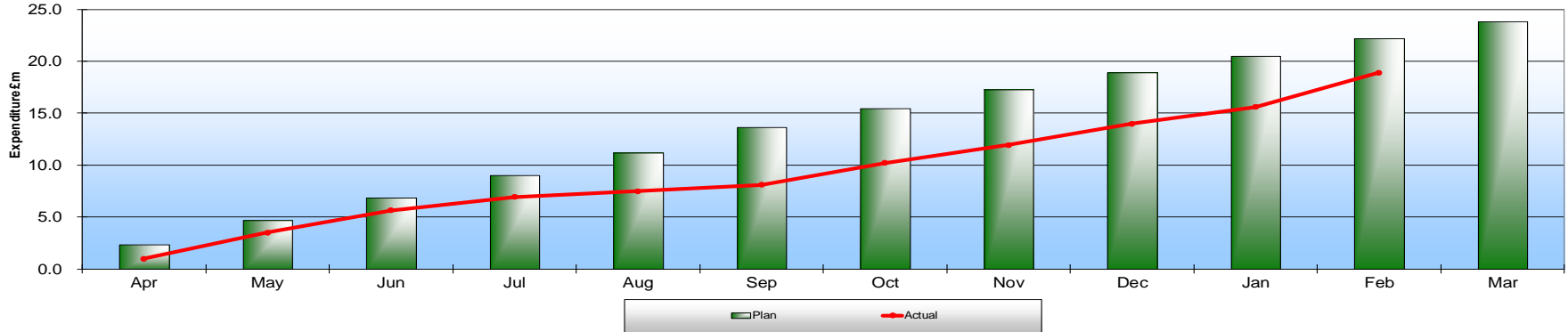
- * At the end of February, the total debtor balance remained at similar levels to January and totalled £9.1m, which is £4.7m below plan.
- * This is mainly due to continued focus on chasing payment of invoices, which is vital for cash flow.
- * £3.2m of the total debtor balance relates to 'current' invoice not due. Aged debt totalled £6m.
- * Long term debtors (Over 90 Days) have reduced by £250k on the previous month position. This area continues to require focus to resolve outstanding issues.
- * Accrued income remains at similar levels to January but is £3m below plan. This is mainly due to the focus on raising invoices in a timely manner to aid cash flow.



Key Messages:

- * Current spend to the end of February is £18.9m against a plan of £22.2m. The forecast year end spend is £22.9m against the annual plan of £23.8m.
- * Slippage is mainly due to the VIU Extension which is in the detailed design stage.
- * Completed Schemes are the Lifts in Scarborough Radiology, the MRI in York and replacement of the VIU and Cardiac labs in York
- * Schemes nearing the end of completion are the MRI and Xray rooms in Scarborough, roll out of EPMA in Scarborough and the Fire Alarm Scheme in York
- * The Trust has been awarded £2.78m in PDC funding; £340k for SNS secondary Wifi, £940k for SGH ED ICAU, and a further £1.5m for a Radiology system

Capital Expenditure



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
SGH/York MRI Replacement	1,999	2,549	2,609	-610	
SGH X ray Rooms	660	424	660	0	
York VIU/Cardiac Equipment	1,379	1,455	1,379	0	
Radiology Lift Replacement SGH	860	867	860	0	
Fire Alarm System SGH	1,529	1,007	1,029	500	
Other Capital Schemes	650	1,632	3,864	-3,214	Include PDC funded schemes total £2.78m
SGH Estates Backlog Maintenance	1,000	286	565	435	
York Estates Backlog Maintenance - York	1,265	622	954	311	
Cardiac/VIU Extention	3,000	317	1,200	1,800	
Medical Equipment	450	428	200	250	
SNS Capital Programme	1,200	982	1,200	0	
Capital Programme Management	1,455	1,331	1,255	200	
Endoscopy Development	8,000	5,771	5,600	2,400	
Charitable funded schemes	623	370	410	213	
Fire Alarm System York	1,120	850	1,120	0	
Slippage to be managed in year	-1,387	0	0	-1,387	
Estimated In year work in progress	0	0	0	0	
TOTAL CAPITAL PROGRAMME	23,803	18,891	22,905	898	

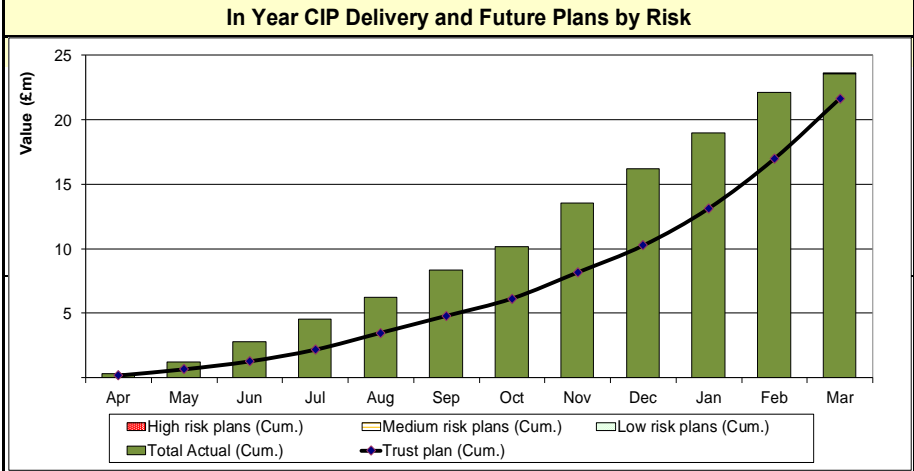
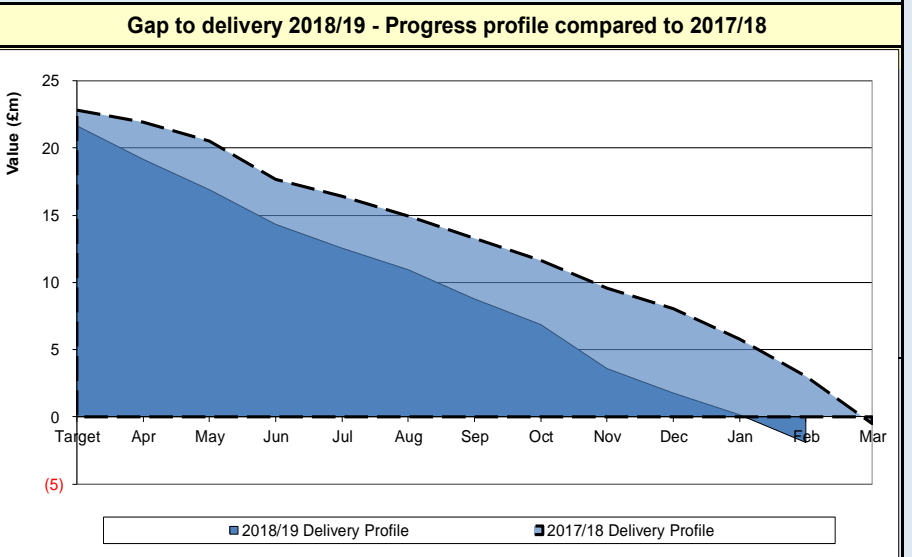
This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£000	£000	£000	£000	
Depreciation/ PDC funding	5,538	6,105	8,108	-2,570	
Loan Funding b/fwd	1,280	1,280	1,280	0	
Loan Funding	13,401	6,066	7,658	5,743	
Charitable Funding	623	370	410	213	
Strategic Capital Funding	4,026	3,953	3,896	130	
Sale of Assets	215	215	263	-48	
TOTAL FUNDING	25,083	17,989	22,905	3,468	

Key Messages:

- * Delivery - £23.6m has been delivered against the Trust annual target of £21.7m, giving a surplus of £1.9m.
- * Part year NHSI variance - The part year NHSI variance is £5.2m.
- * In year planning - The 2018/19 planning surplus is currently £1.9m.
- * Four year planning - The four year planning surplus is £10.5m.
- * Recurrent delivery - Recurrent delivery is £13.4m in-year, which is 62% of the 2018/19 CIP target.

Efficiency - Total CIP

Executive Summary	
	£m
2018/19 CIP Target	£21.7
In Year Delivery	
NHSI YTD Target at Month 11	£17.0
Actual Delivery at Month 11	£22.1
NHSI Variance Month 11	£5.2
Recurrent Delivery	£13.4
Non Recurrent Delivery	£10.2
Total Delivery	£23.6
In Year (Gap)/Surplus to Delivery	£1.9
In Year Planning	
Forecasted Delivery	£23.6
Forecasted Planning (Gap)/Surplus	£1.9
Long Term Planning	
4 Year CIP Target (18/19 to 21/22)	£50.4
4 Year Plans	£60.9
4 Year Planning (Gap)/Surplus	£10.5



Governance Risk Heat Map

Total Number of Schemes		938
Total Number of Assessed Schemes - Directorate		698
Total Number of Assessed Schemes - Signed Off		653

Probability/ Likelihood Almost Certain ↕ Rare		2	0	0	0	0
		3	0	0	0	0
		2	7	0	0	0
		6	17	4	0	0
		638	9	8	2	0
		Negligible - None Consequence/Severity			Catastrophic/death	

Moderate Risk Plans: 35

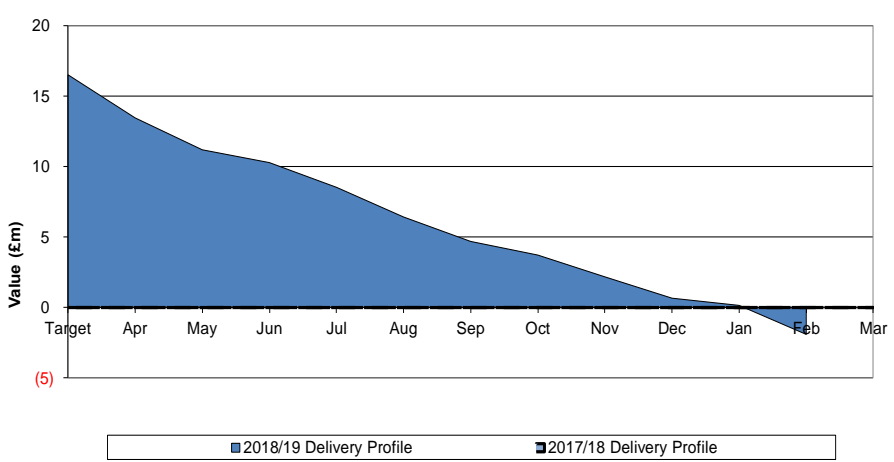
Key Messages:

- * Transactional CIP schemes represent £16.5m of the £21.7m Efficiency Target.
- * Delivery at Month 11 is £18.4m of which £8.5m is recurrent.

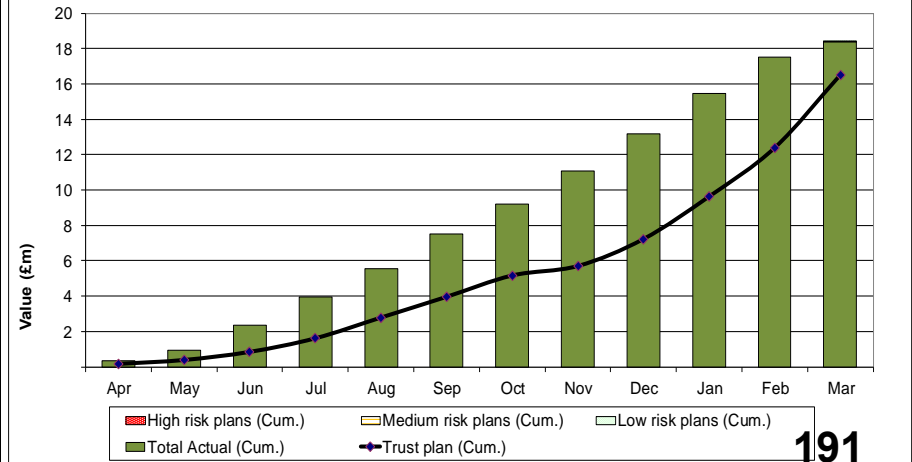
Efficiency - Transactional CIP

Executive Summary		Governance Risk Heat Map					
2018/19 Transactional CIP Target	£m £16.5	Total Number of Schemes				923	
In Year Delivery		Total Number of Assessed Schemes - Directorate				683	
NHSI YTD Target at Month 11	£12.4	Total Number of Assessed Schemes - Signed Off				641	
Actual Delivery at Month 11	£17.6	Probability/ Likelihood Almost Certain ↑ ↓ Rare	2	0	0	0	0
NHSI Variance Month 11	£5.2		3	0	0	0	0
Recurrent Delivery	£8.5		2	7	0	0	0
Non Recurrent Delivery	£9.9		6	16	4	0	0
Total Delivery	£18.4		627	9	5	2	0
In Year (Gap)/Surplus to Delivery	£1.9	Negligible - None Consequence/Severity		Catastrophic/death			
In Year Planning		Moderate Risk Plans: 34					
Forecasted Delivery	£18.4						
Forecasted Planning (Gap)/Surplus	£1.9						
Long Term Planning							
4 Year Transactional CIP Target (18/19 to 21/22)	£41.5						
4 Year Plans	£52.0						
4 Year Planning (Gap)/Surplus	£10.5						

Gap to delivery - 2018/19



In Year CIP Delivery and Future Plans by Risk



Key Messages:

- * 15 Transformational schemes represent £5.1m of the £21.7m Efficiency Target.
- * Delivery at Month 11 is £5.1m, of which £4.9m is recurrent.
- * Project Plans are being developed for Transformational Schemes; the main themes are Outpatient Productivity, Theatre Productivity, Pharmacy Biosimilars, SNS Paperlite and Printer Strategy, E&F ADM.
- * An Executive Summary of each Transformational Scheme forms part of the reporting pack.

Efficiency - Transformation Programme

Executive Summary

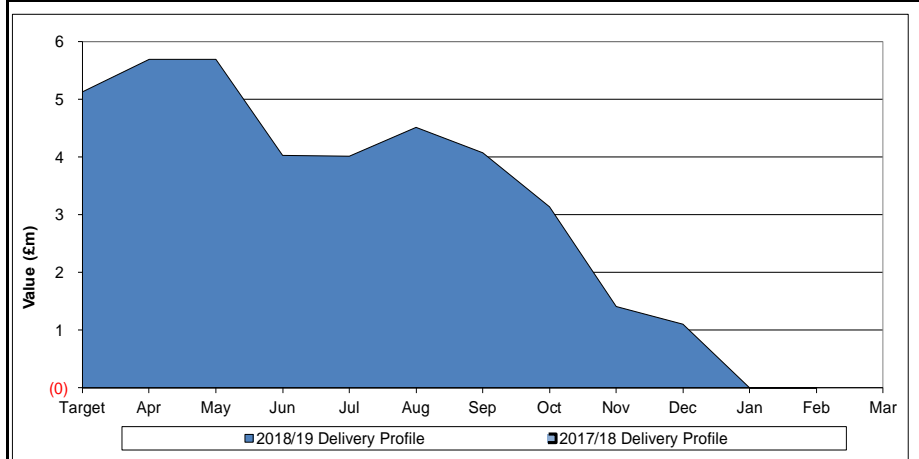
	£m
2018/19 Transformation CIP Target	£5.1
In Year Delivery	
NHSI YTD Target at Month 11	£4.6
Actual Delivery at Month 11	£4.6
NHSI Variance Month 11	£0.0
Recurrent Delivery	£4.9
Non Recurrent Delivery	£0.2
Total Delivery	£5.1
In Year (Gap)/Surplus to Delivery	£0.0
In Year Planning	
Forecasted Delivery	£5.1
Forecasted Planning (Gap)/Surplus	£0.0
Long Term Planning	
4 Year Transformation CIP Target	£8.9
4 Year Plans	£8.9
4 Year Planning (Gap)/Surplus	£0.0

Governance Risk Heat Map

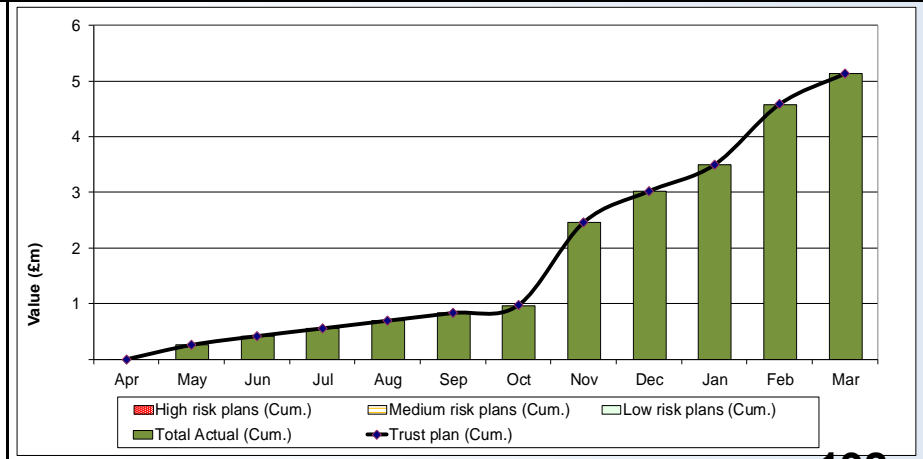
Total Number of Schemes		15				
Total Number of Assessed Schemes - Directorate		15				
Total Number of Assessed Schemes - Signed Off		12				
Probability/ Likelihood	Almost Certain	0	0	0	0	0
	↑	0	0	0	0	0
	↓	0	0	0	0	0
	Rare	0	1	0	0	0
	↓	11	0	3	0	0
		Negligible - None Consequence/Severity			Catastrophic/death	

Moderate Risk 1 - SNS Paperlite: risk being not having access to patient notes

Gap to delivery - 2018/19

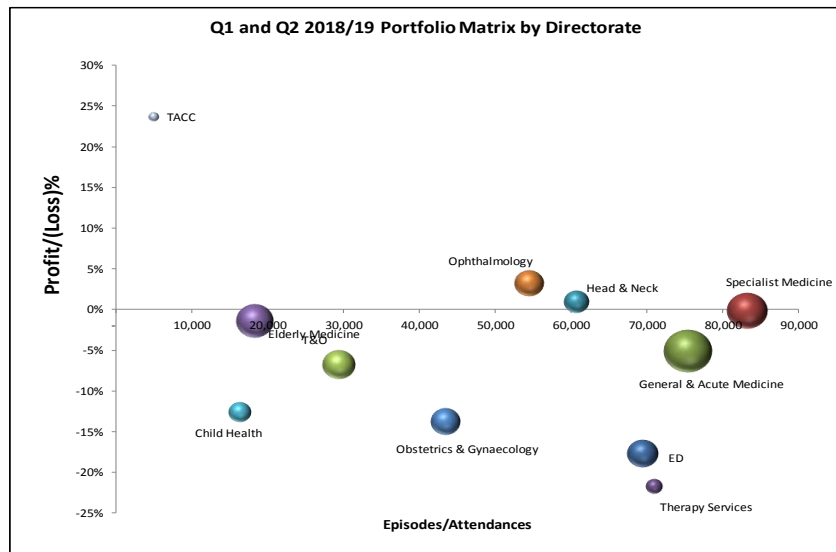
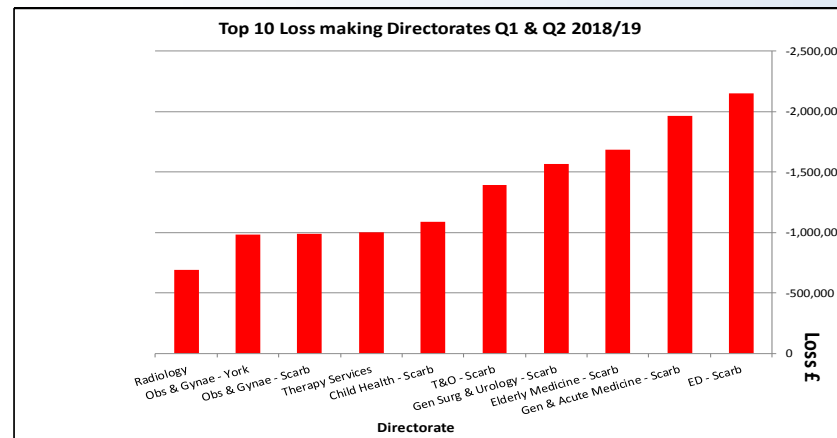
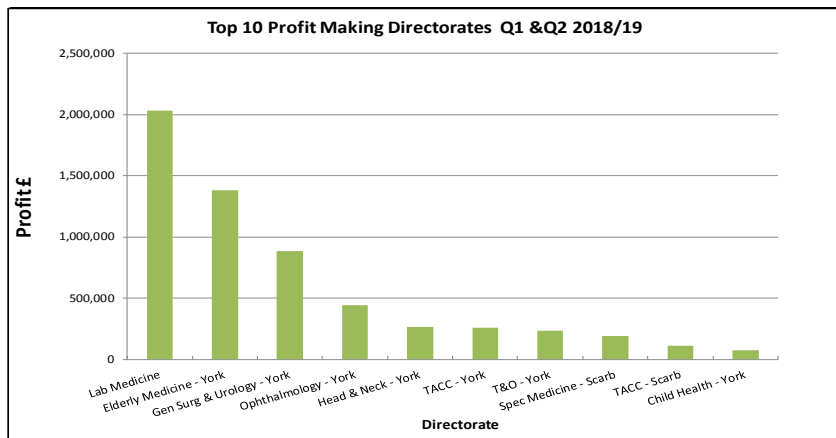


In Year CIP Delivery and Future Plans by Risk



Key Messages:

- * Current data is based on Q1 and Q2 2018/19
- * Preparing for the mandatory NHSI National Cost Collection submission is now a key focus for the team



DATA PERIOD	Q1 & Q2 2018/19
CURRENT WORK	<ul style="list-style-type: none"> * Q3 2018/19 SLR reports and the mandatory NHSI National Cost Collection requirements are now the key focus for the team. * The Q3 2018/19 SLR reports will be delayed while the team work to configure the system for the new NHSI National Cost Collection requirements.
FUTURE WORK	<ul style="list-style-type: none"> * Directorate reports are continued to be developed to allow the SLR / PLICS data to be more easily interpreted and understood. * System configuration for the NHSI National Cost Collection PLICS submission is planned to run throughout 2018/19 and into early 2019/20. * Cohort two of the SLR Leadership Programme completed in February 2019 with the participating Finance Manager achieving the required confidence level to become an SLR champion.
FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	£3.68m

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Board of Directors – 27 March 2019 Efficiency Programme Update

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

To update the Board of Directors on the delivery of the Trust's Efficiency Programme.

Executive Summary – Key Points

The 2018/19 target is £21.7m and full year delivery, as at February 2019 is £23.6m.
The 2019/20 target is £17.1m with plans of £13.2m.

The key risks to the programme are:

2018/19 - recurrent delivery (£13.4m)
2019/20 - planning gap of £3.9m and high risk plans of £1.3m.

Recommendation

The Board of Directors is asked to note the February 2019 CIP position.

Author: Wendy Pollard, Deputy Head of Resource Management

Director Sponsor: Andrew Bertram, Finance Director

Date: March 2019

Briefing note for the Board of Directors meeting 27 March 2019

1. Summary reported position for February 2019

1.1 Current position – highlights

Delivery – Full year Delivery is £23.6m as at February 2019 which is (109%) of the £21.7m annual target. This position compares to a delivery position of £19.8m in February 2018.

Part year delivery is £5.2m ahead of the profiled plan submitted to NHSI.

Four year planning – The four year planning shows a surplus of £10.5m. The position in February 2018 was a gap of (£2.3m).

Recurrent vs. Non recurrent – Of the £23.6m full year delivery, £13.4m has been delivered recurrently which is 62% of the overall target for 2018/19. Recurrent delivery is £5m ahead of the same position in February 2018. While recurrent delivery of £3.5m is attributed to the ADM, this is still an improvement of £1.5m on last year.

1.2 Overview

The over delivery of the efficiency programme at the end of February shows strong performance in what has been a challenging year. The improvement in recurrent delivery has been the result of the 'grip and control' action initiated by the Corporate Efficiency Team (CET) together with the principles agreed at last month's Efficiency Delivery Group on improving recurrent delivery.

The challenge remains in 2019/20 with a target of £17.1m to be achieved. Plans identified to date amount to £13.2m of which £1.3m are High Risk leaving a planning gap of £3.2m. The CET continue to work with Directorates and the Operational Team to close this gap and improve the planning position.

The Trust will introduce a new organisational care group structure in 2019/20 which will further strengthen accountability for delivery of the Efficiency Programme.

Transactional schemes

Transactional scheme Plans of £16.6m represent 76% of the overall Efficiency Target. Full year Delivery is £18.5m as at February 2019 of which £8.5m is recurrent.

Transformational schemes

Transformational scheme Plans of £5.1m represent 24% of the overall Efficiency Target. Full year Delivery is £5.1m as at February 2019 of which £4.9m is recurrent.

Current live Transformational schemes are summarized in Table 2 below.

Summary of Efficiency Programme by Category

The 3 tables below summarise the position of the overall Efficiency Programme by category.

- **Table 1** provides a summary of the over-arching Efficiency programme.
- **Table 2** provides a summary of the Transformational schemes.
- **Table 3** provides a summary of the over-arching Efficiency programme analysed by Carter category. This will include both transformational and transactional schemes.

Programme Category	Annual Plan £'m	Full Year Delivery £'m	Full Year Recurrent Delivery £'m	Full Year Non Recurrent Delivery £'m	NHSI Plan YTD £'m	Total Delivery YTD £'m
Transactional	£16.6	£18.4	£ 8.5	£ 9.9	£12.4	£ 17.6
Transformational	£ 5.1	£ 5.1	£ 4.9	£ 0.2	£ 4.6	£ 4.6
Total Programme	£21.7	£23.6	£13.4	£ 10.2	£17.0	£ 22.1

Transformational Scheme	Annual Plan £'m	Full Year Delivery £'m	Full Year Recurrent Delivery £'m	Full Year Non Recurrent Delivery £'m	NHSI Plan YTD £'m	Total Delivery YTD £'m
Theatre Productivity	£ 0.6	£ 0.6	£ 0.6	£ 0.0	£	£ 0.6
Outpatients	£ -	£ -	£ -	£ -	£	£ -
ADM	£ 3.5	£ 3.5	£ 3.5	£ 0.0	£	£ 3.2
Pharmacy	£ 1.0	£ 1.0	£ 0.8	£ 0.2	£	£ 0.8
Paperlite	£ 0.0	£ 0.0	£ 0.0	£ 0.0	£	£ 0.0
Printer Strategy	£ 0.0	£ 0.0	£ 0.0	£ 0.0	£	£ 0.0
Total Transformational Schemes	£ 5.1	£ 5.1	£ 4.9	£ 0.2	£ 4.6	£ 4.6

Carter Category	NHSI Annual Plan £'m	Full Year Delivery £'m	Full Year Recurrent Delivery £'m	Full Year Non Recurrent Delivery £'m	NHSI Plan YTD £'m	Total Delivery YTD £'m
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Carter W/force (Medical)	£ 2.1	£ 2.0	£ 1.3	£ 0.8	£ 1.9	£ 1.8
Carter W/force (Nursing)	£ 1.9	£ 3.3	£ 1.4	£ 1.8	£ 1.7	£ 3.1
Carter W/force (AHP)	£ 0.3	£ 0.8	£ 0.4	£ 0.3	£ 0.2	£ 0.7
Carter W/force (Other)	£ 2.4	£ 3.8	£ 0.5	£ 3.2	£ 2.2	£ 3.7
Carter Procurement	£ 2.9	£ 3.1	£ 2.2	£ 0.9	£ 2.7	£ 2.9
Carter Hospital Medicine & Pharmacy	£ 1.9	£ 2.1	£ 1.7	£ 0.4	£ 1.7	£ 1.9
Carter Corporate & Admin	£ 1.3	£ 2.7	£ 1.2	£ 1.6	£ 1.2	£ 2.6
Carter Estates & Facilities	£ 5.1	£ 4.0	£ 3.7	£ 0.3	£ 4.7	£ 3.7
Carter Imaging	£ 0.4	£ 1.1	£ 0.6	£ 0.5	£ 0.4	£ 1.1
Carter Pathology	£ 0.5	£ 0.6	£ 0.3	£ 0.2	£ 0.4	£ 0.5
Other Savings Plans/Unidentified	£ 2.9	£ 0.1	£ 0.0	£ 0.1	£ -0.1	£ 0.1
Total Programme by Carter Category	£21.7	£ 23.6	£13.4	£10.2	£17.0	£22.1

It should be noted that Transformational Schemes will also be included in the Carter Categories.

NHSI Operational Productivity and Model Hospital

Work continues with the Operational Productivity Team and Get It Right First Time (GIRFT). An update issued to NHSI on the improvement in the Trust's productivity and efficiency is attached in Paper C.

Corporate Services - The Trust has been identified as outliers in terms of its Corporate Services spend in the following areas: IM&T, HR and Finance. We recognise that further work needs to be undertaken to understand and identify the potential opportunities in these functions, particularly in relation to the separation of unavoidable structural costs from real efficiency and productivity opportunities. We are now engaging closely with NHSI's Operational Productivity Team to move this forward.

Quality Impact Assessment (QIA)

Quality Impact Assessments (QIA) are carried out following the Trust's Risk Management Framework.

There are 0 High Risk Schemes.

There are 35 moderate risk schemes.

There are 663 low risk schemes. These have been self assessed by the Directorate clinical teams as low risk under the QIA framework.

2019/20 Planning

The CIP Target for 2019/20 has been set at 3.8% equating to £17.1m of which £9.6m relates to the carry forward.

To be a valued and trusted partner within our care system delivering safe effective care to the population we serve.

The current planning position shows a combination of High, Medium and Low risk plans to the value of £13.2m giving a shortfall against target of £3.9m. The current split is £11m Transactional and £2.2m Transformational. Plans continue to be developed and the planning gap will reduce over the coming months. Table 4 below summarises the medium and high risk plans by Carter Category.

Table 4: 2019/20 Medium and High Risk Plans

Carter Category	Medium Risk Plans	High Risk Plans	Notes
Carter Workforce	£1,727,019	£1,210,651	Workforce schemes - incl reduced posts, rostering, job plans, skill mix and staffing reviews in line with Carter themes.
Carter Procurement	£24,612	£90,000	stock rationalisation and management improvements; improved procurement for clinical supplies and services in line with Carter themes
Carter Hospital Pharmacy and Medicine	£476,128	£0	Procurement savings; generic drugs and Biosimilar and Joint CCG initiatives in line with Carter themes.
Carter Estates and Facilities	£237,970	£0	Estates optimisation; improve energy consumption in line with Carter themes
Other Plans	£566,704	£65,000	Service development - improved productivity and performance
TOTAL	£3,032,433	£1,365,651	

The focus over the next few months will be to identify the enablers for the above schemes to convert to low risk deliverable schemes in 2019/20.

Procurement

The Procurement Efficiency Delivery Group met in March 2019 to review performance and planning. At month 11 the in-year delivery is £3m which is included in the Trust's overall delivery. Plans of £2.1m have been identified for 2019/20.

Risk

The main risks associated with the continued successful delivery of the Efficiency Programme are recurrent delivery, the planning gap, high risk plans and the implementation of the new Care Group Structure in 2019/20.

The CET will continue to work closely with all Teams to ensure focus remains on the delivery of efficiencies and improved productivity.



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Board of Directors – 27 March 2019

Modern Slavery and Human Trafficking Act 2015

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

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

Executive Summary – Key Points

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

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

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

The aim of the statement is to encourage transparency within organisations, although it is possible to comply with the provision by simply stating that no steps have been taken during the financial year to ensure that the business and supply chain is modern slavery free. It should be noted that although this may be an acceptable approach for the first year's statement, there is an expectation that further work will be undertaken to provide

these assurances. There are potential consequences for those organisations that do not appear to make progress in this area; especially for those that are funded wholly, or in part, by public money.

On-going assurance

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

Recommendation

It is recommended that the Board of Directors approve the statement for signature by the Chair and Chief Executive.

Author: Lynda Provins, Foundation Trust Secretary

Director Sponsor: Mike Proctor, Chief Executive

Date: March 2019



Modern Slavery and Human Trafficking Act 2015

Annual Statement 2019

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

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

York Teaching Hospital NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately **800,000** people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering **3,400 square miles**. The annual turnover is approximately **£0.5bn**. We manage 8 hospital sites, **1,127 beds** (including day-case beds) and have a workforce of over **9,000 staff** working across our hospitals and in the community.

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

The Procurement Department's senior team are all Chartered Institute of Purchasing and Supply (CIPS) qualified and abide by the CIPs code of professional conduct. The trust intranet includes a link to an ethical procurement training module which is available to all members of staff. Competency assessments are currently being developed for all bands in the department some of which will include requirements around modern slavery.

Modern Slavery is referenced in the Trust Safeguarding Adults Policy and features as part of the safeguarding adults training following the changes in the Care Act. The Safeguarding Adults Staff intranet resource includes signposting to help and advice for patient's affected by Modern Slavery.

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

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

Aim

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

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

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

.....
Susan Symington
Chair

.....
Mike Proctor
Chief Executive

27 March 2019



Five Year Strategic Objectives (including BAF 'at a glance')



Strategic Goals

- To deliver safe and high quality patient care as part of an integrated system
- To support an engaged, healthy and resilient workforce
- To ensure financial stability

Goal	Strategic Risks	Original Risk Score	Residual Risk Score	Target Risk Score
Patient Care	1. Failure to maintain and improve patient safety and quality of care	16	9 ↔	3
Patient Care	2. Failure to maintain and transform services to ensure sustainability	20	12 ↔	6
Patient Care	3. Failure to meet national standards	25	12 ↔	1
Patient Care	4. Failure to maintain and develop the Trust's estate	25	12 ↔	4
Patient Care	5. Failure to develop, maintain/replace and secure IT systems impacting on security, functionality and clinical care	20	9 ↔	6
Workforce	6. Failure to ensure the Trust has the required number of staff with the right skills in the right location	25	16 ↔	1
Workforce	7. Failure to ensure a healthy, engaged and resilient workforce	16	9 ↔	2
Workforce	8. Failure to ensure there is engaged leadership and strong, effective succession planning systems in place	16	4 ↔	1
Finance	9. Failure to achieve the Trust's financial plan	25	12 ↔	6
Finance	10. Failure to develop and maintain engagement with partners	16	9 ↔	4
Finance	11. Failure to develop a trust wide environmental sustainability agenda	20	4 ↔	1

Five Year Strategic Objectives

Strategic Goal	Sub-domain	SMART Objective	Lead	Timescale	BAF Link
To deliver safe and high quality patient care as part of an integrated system	High quality care	CQC rating of Outstanding for whole trust All sites have a CQC rating of at least Good – aim to improve safety year on year	Mike Proctor JT/BG/WS	Sept 2023 Sept 2021	Failure to maintain and improve patient safety and quality of care
	Safe Care	To support staff to deliver safe effective, evidence based care base on local and national quality improvement work and in so doing to reduce unwarranted variation Reduce stranded patients to 1/3 occupied beds	James Taylor Wendy Scott	2024 Sept 2023	Failure to maintain and improve patient safety and quality of care
	Integrated System	Working as part of an Integrated Care Partnership for North Yorkshire & York	Mike Proctor	Sept 2021	Failure to develop and maintain engagement with partners
	Engaged staff	Staff engagement score is in the top 20% of comparator Trusts	Polly McMeekin	Sept 2021	Failure to ensure a healthy, engaged and resilient workforce
To support an engaged, healthy and resilient workforce	Healthy Staff	Staff sickness reduced to below 3.9%	Polly McMeekin	September 2020	Failure to ensure a healthy, engaged and resilient workforce
	Resilient Staff	Staff turnover due to voluntary resignations below 10% (headcount)	Polly McMeekin	September 2019	Failure to ensure a healthy, engaged and resilient workforce
To ensure financial stability	Internal	Delivery of the Trust control total through each year of the strategy	Andrew Bertram	Sept 2023	Failure to achieve the Trust's financial plan
	System	Delivery of wider system back to financial balance	Andrew Bertram	Sept 2023	Failure to develop and maintain engagement with partners

Strategic Theme	Objective	Measurement	Lead	Timescale	BAF Link
Deliver clinically sustainable services for our patients	Develop our patient-focussed clinical strategy for the East Coast	East Coast clinical strategy in place	Wendy Scott	To be confirmed once support arrangements finalised	Failure to maintain and transform services to ensure sustainability
	Accelerate progress in delivering seven day services	Compliant with 7 day audit standards: To continue to support, engage and recruit staff to deliver seven day services.	James Taylor	2024	Failure to maintain and transform services to ensure sustainability
	Reflect the enabling work required to deliver our vision for services	Board-approved strategies in place for: <ul style="list-style-type: none"> Digital technology Estates Workforce 	Mike Proctor Brian Golding Polly McMeekin	Feb 2019 June 2019 Feb 2019	Failure to maintain and transform services to ensure sustainability
	Build on our role in health promotion and ill-health prevention	Patient activation increase referral to smoking cessation and alcohol reduction services	Bev Geary James Taylor	Jan 2020	Failure to maintain and transform services to ensure sustainability
	Develop a digital ready workforce	Secure help from NHSI, Digital and HEE to support a programme for delivery	Mike Proctor	Achieved Jan 19	Failure to maintain and transform services to ensure sustainability

Overall Board lead for theme: Mike Proctor

Strategic Theme	Objective	Measurement	Lead	Timescale	BAF Link
Develop people to improve care	Deliver a cultural change programme	Overall staff engagement score in the top 20% of comparator trusts	Polly McMeekin	2020/2021	Failure to ensure the Trust has the required number of staff with the right skills in the right location
	Develop new roles	Reduction in vacancy rates for priority staff groups (nursing 10% - medical 7%)	Beverley Geary / James Taylor Polly McMeekin	2020/2022	Failure to ensure there is engaged leadership and strong, effective succession planning systems in place
	Work with training providers to develop the workforce of tomorrow	Full utilisation of apprenticeship levy	Beverley Geary / James Taylor / Polly McMeekin	2020	Failure to ensure the Trust has the required number of staff with the right skills in the right location
	Bring together our quality improvement, research, innovation, global health and patient safety specialists	Improved staff survey results in this area	Polly McMeekin	2020/2021	Failure to maintain and transform services to ensure sustainability

Overall Board lead for theme: Polly McMeekin

Strategic Theme	Objective	Measurement	Lead	Timescale	BAF Link
Adopt a Home First approach	Deliver integrated care closer to patient's homes with partner agencies	All community nursing teams to be aligned to primary care networks	Wendy Scott	Dec 19	Failure to maintain and transform services to ensure sustainability
	Increase awareness amongst staff of harm caused by prolonged hospital stays	33% of acute admissions to be discharged on the same day	Wendy Scott	Sep 19	Failure to maintain and improve patient safety and quality of care
	Implement SAFER approach across all inpatient areas	90% areas robustly implemented foundation elements of SAFER house	Wendy Scott	Dec 19	Failure to maintain and transform services to ensure sustainability
	Implement new home-based pathways for treatment traditionally delivered in hospital	Home IV Service in place and supporting at least 30 patients per day	Wendy Scott	Dec 19	Failure to maintain and transform services to ensure sustainability

Overall Board lead for theme: Wendy Scott

Strategic Theme	Objective	Measurement	Lead	Timescale	BAF Link
Work collaboratively in our partnerships and alliances	Work with our acute trust partners as part of Humber, Coast and Vale to develop collaborations	Collaborations to be in place in: <ul style="list-style-type: none"> • Radiology reporting • Pathology 	Wendy Scott	Dec 21	Failure to develop and maintain engagement with partners
	Develop our role in the wider community through volunteering, apprenticeships and community engagement	Increase number of volunteers by 20%	Beverley Geary	Dec 2019	Failure to develop and maintain engagement with partners
		Increase number of apprentices to fully utilise the levy	Polly McMeekin	2020	
	Continue to develop mutually beneficial alliances with Harrogate and District NHSFT	Enhance joint services including: <ul style="list-style-type: none"> • Cardiology • Breast Screening • Hepatology 	Wendy Scott	Dec 19	Failure to develop and maintain engagement with partners
	Develop meaningful relationships with commissioners, primary care and social care as part of an Integrated Care System	Integrated Care System in place with Trust as a member	Mike Proctor	System Leaders initial meeting Feb 2019. Timescales to be agreed with partners at that meeting	Failure to develop and maintain engagement with partners
Draw on national funding to support capital schemes	Secure investment for investment in infrastructure & ED at Scarborough	Mike Proctor	Achieved Dec 18	Failure to maintain and develop the Trust's estate	

Overall Board lead for theme: Mike Proctor

Strategic Theme	Objective	Measurement	Lead	Timescale	BAF Link
Make best use of every pound	Use new technology and automation to support best use of resources	Deliver efficiencies through the use of new technologies	Andrew Bertram	September 2023	Failure to develop, maintain/replace and secure IT systems impacting on security, functionality and clinical care
	Find more innovative ways to deliver services to reduce the cost of service delivery	Deliver 2019-20 CIP	Andrew Bertram	March 2020	Failure to achieve the Trust's financial plan
	Through Aligned Incentive Contract work with commissioners to focus on the most cost-effective care delivery	Delivery of the system financial recovery plan	Andrew Bertram	March 2023	Failure to develop and maintain engagement with partners

Overall Board lead for theme: Andrew Bertram