NHS
York Teaching Hospital
NHS Foundation Trust

Board of Directors (Public Meeting)

29 May 2019

York Teaching Hospital
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

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

On: 29 May 2019

In: Discussion Room/Dining Room, Post Graduate Centre, Scarborough Hospital YO12 6QL

TIME	MEETING	LOCATION	ATTENDEES
8.30 – 11.30	Quality Committee	Cedar Room, Woodlands House	Directors Non-Executive Directors
8.30 – 11.30	Resources Committee	Discussion Room/Dining Room, Post Graduate Centre	Directors Non-Executive Directors
11.00 - 11.30	Resources/Quality Committee – Items for Escalation Discussion	Discussion Room/Dining Room, Post Graduate Centre	Directors Non-Executive Directors
12.00 – 1.45	Board of Directors meeting held in private	Discussion Room/Dining Room, Post Graduate Centre	Board of Directors
2.00 – 5.00	**Board of Directors meeting held in public**	**Discussion Room/Dining Room, Post Graduate Centre**	**Board of Directors Members of the public**

York Teaching Hospital
NHS Foundation Trust

Board of Directors (Public) Agenda

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	**Apologies for absence and quorum** To receive any apologies for absence	Chair	Verbal	-	2.00 – 2.05
2.	**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest or to consider any conflicts of interest arising from this agenda.	Chair	A	7	
3.	**Minutes of the meeting held on 27 March 2019** To receive and approve the minutes from the meeting held on 27 March 2019.	Chair	B	11	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes	Chair	Verbal	-	
5.	**Patient Story** To receive the details of a patient experience.	Chief Executive	Verbal	-	2.05 – 2.15

	SUBJECT	LEAD	PAPER	PAGE	TIME
6.	**Chief Executives Update** To receive an update from the Chief Executive	Chief Executive	C	25	2.15 – 2.25
Strategic Goal: To deliver safe and high quality patient care					
7.	**Quality and Resources Committees** Items for escalation to the Board. • Terms of reference approval • 27.3.19 Minutes for information	Committee Chairs	D D1	29 47	2.25 – 2.40
8.	**Chief Nurse Report** To receive updates from the Chief Nurse.	Acting Chief Nurse	E	71	2.40 - 2.55
9.	**Complaints Annual Report** To receive the Trust's Complaints Report published under Reg. 18 of the Local Authority and Social Services and NHS Complaints Regulation 2009	Acting Chief Nurse	F	83	2.55 – 3.05
10.	**Medical Director Report** To receive the Medical Director Report.	Medical Director	G	95	3.05 – 3.20
	Short Break				3.20 – 3.30

	SUBJECT	LEAD	PAPER	PAGE	TIME
11.	**Performance Report** To receive the Performance Report.	Chief Operating Officer	H	103	3.30 – 3.45
12.	**Home First Update** To receive an update on home First	Chief Operating Officer	I	117	3.45 – 3.55
13.	**Director of Estates & Facilities Report** To receive the Director of Estates and Facilities Report.	Director of Estates & Facilities/ LLP MD	J	123	3.55 – 4.10
	Strategic Goal: To support an engaged, healthy and resilient workforce				
14.	**Director of Workforce Report** To receive the Workforce Report.	Director of Workforce & OD	K	165	4.10 – 4.25
	Strategic Goal: To ensure financial sustainability				
15.	**Finance Report** To receive the Finance Report.	Finance Director	L	177	4.25 – 4.35
16.	**Efficiency Report** To receive the Efficiency Report.	Finance Director	M	195	4.35 – 4.45
	Governance				

	SUBJECT	LEAD	PAPER	PAGE	TIME
17.	**Reflections on the meeting** • Corporate Objectives - BAF 'at a glance'	Chair	N	201	4.45 – 4.55
18.	**Any other business**	Chair	-	-	4.55
19.	**Items for Information** • HCV Update		O	203	-
20.	**Time and Date of next meeting** The next meeting will be held on 31 July 2019 in the in the Boardroom, Foundation Trust Headquarters, York Hospital.				

Items for decision in the private meeting:

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

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

Register of directors' interests
May 2019

York Teaching Hospital
NHS Foundation Trust

Additions:

Changes:

Deletions: **Remove Dianne Willcocks (end of NED term)**

A

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders
Ms Susan Symington (Chair)	**Non-executive Director—**Beverley Building Society **Director** - Lodge Cottages Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member—**the Court of University of York	Nil
Jennifer Adams (Non-Executive Director)	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse is a Consultant Anaesthetist at the Trust	Nil
Michael Keaney (Non-Executive Director)	Nil	**Chair**—YTHFM LLP	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jenny McAleese (Non-Executive Director)	**Non-Executive Director**—York Science Park Limited **Director**—Jenny & Kevin McAleese Limited	**50% shareholder and Director**—Jenny & Kevin McAleese Limited	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee**—Graham Burrough Charitable Trust **Member**—Audit Committee, Joseph Rowntree Foundation	**Member of Court**—University of York	Nil
Dr Lorraine Boyd (Non-executive Director)	Nil	Equity Partner Millfield Surgery	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Ms Lynne Mellor (Non-executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Position with BT (telecom suppliers)

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	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Mike Proctor (Chief Executive)	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 (Executive Director Director of Finance/ Deputy Chief Executive)	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 (Acting Chief Nurse)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr James Taylor (Medical Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Wendy Scott (Director of Out of Hospital Care)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Brian Golding (Director of Estates and Facilities)	Nil	**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					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
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

B

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 May 2019
Public Board Minutes – 27 March 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
Ms L Mellor	Non-executive Director
Ms Dianne Willcocks	Non-executive Director

Executive Directors

Mr M Proctor	Chief Executive
Mr A Bertram	Deputy Chief Executive/Director of Finance
Mrs H Hey	Acting Chief Nurse
Mrs W Scott	Chief Operating Officer
Mr J Taylor	Medical Director
Ms P McMeekin	Director of Workforce & OD

In Attendance:

Corporate Directors

Mrs L Brown	Acting Director of Communications
Mr B Golding	Director of Estates and Facilities/LLP Managing Director

Trust Staff

Mrs L Provins	Foundation Trust Secretary

Observers:

Jeanette Anness - Public Governor – Ryedale and East Yorkshire
James Coates – Consultant Applicant

Ms Symington welcomed everyone to the meeting

19/21 Apologies for absence

Apologies were received from Mrs McAleese, Non-executive Director.

19/22 Declarations of interest

No further declarations of interest were raised.

19/23 Minutes of the meeting held on the 30 January 2019

The minutes of the meeting held on the 30 January 2019 were approved as a correct record.

19/24 Matters/actions arising from the minutes

Minute No: 19/8 – Chief Nurse Report – Isolation Facilities – A full survey of all wards has been carried out and reported to the Trust's Infection Prevention Steering Group which has looked at previously converted space from clinical to non-clinical usage. On one ward this has identified a meeting room that used to be a side room. It is envisaged that the costs of work to restore areas of this will be looked at.

Minutes No: 19/14 – Finance Report – Ms Mellor asked about any good news stories created. Mr Bertram stated that he had not done anything specifically, but Ms McMeekin stated that this was tied into case studies which were being created to help with positive promotions.

No further items were discussed.

19/25 Question from a member of the Public

Ms Symington noted that a question had been received by email from Catherine Blades, a member of the Save Scarborough and District Hospital Group:

Why are the current general surgeons at Scarborough on temporary/locum contracts? Why have they been told that these will not be reviewed after October 2019 and that they will be doing no further surgery in Scarborough?
This just leads us to believe that general surgery will be the next closure at Scarborough and that the proposed A & E department will only be a minor injuries unit/urgent care centre as it will not have the back up of surgical expertise and beds.

Mr Proctor responded that there are 8 substantive general surgery positions at Scarborough, but the Trust currently only has 2 general surgeons who are on substantive contracts. The other positions are filled by locums who are on locum contracts which is normal practice.

The reason the locum contracts are not being renewed after October 2019 is that a solution has been found to the current position of having a predominantly locum delivered service, and will involve having a rota of 18 general surgeons covering both York and Scarborough which will not require any locums and will enable a better surgical service to be provided at Scarborough than has been the case previously. Mr Proctor noted the aim of this work is to make the service sustainable and that the trust is grateful to the surgical team for supporting this new flexible approach to surgery in Scarborough.

Mr Proctor stated that he was grateful that this question was raised as it provided an opportunity to answer it publically as a whole host of things were appearing on the Save Scarborough and District Hospital website which were inaccurate.

19/25 Patient Story

Mr Proctor stated that the Board were aware of the issues around the Oncology Service at Scarborough following Hull's decision to withdraw the service they provided for more than 10 years, which had led the Trust into have to find an emergency solution to deal with the gap that was left. Breast oncology patients from Scarborough now must be seen in York or Hull to ensure that they are seen in a timely way. Mr Proctor stated that although the problem was not of the Trust's making this was of no consolation to patients and it was for the Trust to find a solution.

Mr Proctor read out a letter he had received about the problems these changes had created. He noted that the changes had caused dreadful problems for this patient and a solution had been found as a further consultant oncologist from Hull who was seeing a small number of bowel cancer patients attended Scarborough and this patient who had bowel cancer will be transferred to their care. However, he did note that the mobile chemotherapy unit was mentioned in the letter which the Trust had worked with York Against Cancer to provide and had made life significantly better for the patient. Mr Proctor stated that it renewed his resolve not to have to rely on other organisations for care and that the strategy would be to try to provide care from within the Trust in order that patients were not let down.

Mr Proctor also read a star award finalist citation regarding a medical secretary, Sue Murgatroyd who had gone out of her way to sort a prescription, collect the medication and deliver it to Driffield to ensure a patient did not go without their medication. He stressed that this was a non-clinical member of staff who absolutely demonstrated the Trust's values and went out of her way to alleviate a patient's anxiety.

It was resolved that the Board reflected on the two very different stories which reminded the Board of the Trust's fundamental purpose.

19/26 Chief Executive Update

East Coast Review – Mr Proctor highlighted the public facing document which had been published. The document identifies the challenges, and requests that patients and the population get involved in discussing their needs and feed into stage two of the review.

Oncology Service – Mr Proctor stated that there is a national shortage of oncology consultants and he was aware that the Cancer Team at the Trust wanted to look at the Trust's strategy and how they can make it work. He noted that a great director for the Care Group that includes cancer had been appointed.

Park and Ride Service – Mr Proctor stated that this service had been funded by the Charity and that it was great to finally be able to provide the service which had been in discussion for years and would alleviate pressure in the car park and also be environmentally friendly.

Cancer Alliance – Mrs Scott stated that a meeting was planned for both the HCV Cancer Alliance and West Yorkshire Cancer Alliance to meet up as it may be that to provide

cancer services over an expanded footprint will provide a solution to the current problems faced.

Mrs Adams asked whether something similar to the fantastic work with the surgery rota could be done for oncology. She noted that the patient letter was really powerful. Mr Proctor stated that a number of letters and emails had been received but that the issue was to do with the national shortage of consultants. He noted that the reason Hull had pulled the Scarborough service was that they could not recruit and that it was only big centres such as Leeds that appeared able to recruit so the idea of the 2 alliances meeting was to look at whether a hub and spoke model could be provided.

Mr Proctor stated that when the Trust had withdrawn its service from Harrogate, a number of the patients being seen at Harrogate had chosen to travel to York to be seen by the same consultant. It was felt that the Trust had to offer this as Hull had offered it to patients at Scarborough. He also noted that Trusts like this one did not generally offer oncology services because of the difficulties providing the service, but the Trust had to try to make the offer attractive enough to make oncologists want to come and work here. Mr Proctor is meeting with the Oncology Lead next week.

Mr Proctor stated that a letter had been received from a local MP and he would be challenging the MP by explaining that while changes are designed to improve patient outcomes at major centres, there was an impact on rural communities to be considered. Mrs Adams stated that the challenge is that health inequalities are exacerbated.

It was resolved that the Board noted and accepted the report and would continue to focus on the sustainability of services on the East Coast.

19/27 Quality & Resources Committees – Items for escalation

Ms Symington stated that the new Resources and Quality Committees had met for the first time this morning and that items would be escalated to this meeting for discussion so that the Board could seek assurance around some key issues. Please see appendix one.

It was resolved that the Board noted the new structure and process for the escalation of items for consideration by the Board.

19/28 Chief Nurse Report

Mrs Hey wished to escalate nurse staffing levels to the Board and in particular that staffing levels remain a significant challenge in Scarborough especially as there is always a lull at this time of year in recruitment until the universities release their newly qualified staff. The positive aspect of recruitment is that the Trust has secured 112 newly qualified staff who will join the Trust is the autumn, and importantly the Trust needs to maintain communication with these new recruits to ensure that they join and are not lured away by other organisations.

International recruitment also continues at pace which is positive and the Trust has some new staff of varying nationalities arriving in May followed by cohorts of staff joining the Trust in June. The foci for International Nurses Day in May will be to send all these new recruits a postcard from the Trust.

Ms Symington asked whether there is usually a short tenure for international recruits and Mrs Hey responded that it is normally European nurses who only stay for 18 to 24 months, but some of these recruits will bring their families across to settle in the UK.

A further item for escalation is the staffing in Scarborough SCBU raised by the Royal College of Paediatricians. There is an immediate risk here and not enough mitigation. The maternity and child health teams are looking at a schedule of restrictions for SCBU. The Trust does not seem to have issues recruiting staff but they come to train, however once trained the nurses then want to go to larger centres as the work is more challenging and varied. Mrs Hey stated that someone will be allocated the leadership role on the unit and a structure has been put in place to ensure escalation of staffing issues over the Easter period. She noted that it is likely that the Royal College will make a number of recommendations.

Mrs Adams asked whether smaller babies would have to go to other units including York. Mrs Hey responded that the team have excellent knowledge of the patients that they are aware of and have been having early conversations to ensure mums and babies are as safe as possible. Mrs Hey noted the risk is around those people that just present at the unit and gave an example of a recent patient who presented at 27 weeks who was on holiday in the area. Mr Proctor stated that it was about managing the clinical risk, but he noted the reputational risk due to another service being under pressure from staffing issues.

Mrs Adams asked about the issues with MRSA in the York SCBU and Mrs Hey noted that the unit was open and functioning.

Prof. Willcocks raised the issue of retaining band 6 staff and wondered if the posts could be made more attractive so that staff do not move on once trained.

Mrs Hey advised that there had been a re-emergence of the MRSA colonisation in York SCBU and that it was not a bacterial infection as babies were not poorly so the Trust had tested and ruled out staff which meant that it must be down to the environment. A theme had also been noted which was bay 2 so she wished to raise the refurbishment of SCBU as a priority. Mrs Hey noted that PHE were involved and supporting the microbiologists in order for the Trust to detect any source especially as there had been a similar outbreak in 2016 so there was the likelihood will continue to reoccur. The risk had been high on the Chief Nurse risk register previously, but the score had gone down so now it would be put back on the risk register.

Mr Golding stated that SCBU is an old and poor environment and the need to refurbish was clear. He asked whether this may be a suitable area for the Charity to raise money as it was noted that there was also a very active support group. However, Prof. Willcocks stated that some fundraising is already being done with this group of people.

Mrs Adams stated that this highlighted the scarcity of capital and it was now about how the Trust prioritises. She noted that the Capital Group needed to pick up on the high risk items and how the capital can be put to best use. It was also noted that the Infection Control Team have been around all the wards in order to prioritise the things that need doing.

Mr Proctor encouraged the board to remember that some risks are higher than others and he compared this to the risk around the fire alarm work which was obviously critical. Mr Golding noted that the capital programme is over -subscribed and that the Trust would need to find other funding sources.

Mrs Hey stated that there had been a further norovirus outbreak and that work was being done with PHE, the council and commissioners. She noted that there were some things for the Trust to work on like shared toilet facilities between wards and the use of side rooms, but there was also a system response. Mrs Hey stated that there was a different approach in Cumbria to things like this and that at the first sign of an outbreak the system worked together which involved GPs and Care and Nursing Homes especially as patients in Care and Nursing Homes could receive the same care staying in a side room at the home as they would in hospital.

Prof. Willcocks raised that Mrs Hey's report had raised a number of workforce issues in the Quality Committee and that she felt that Workforce would be better feeding into this committee rather than the Resource Committee. Ms Symington stated that workforce probably straddled both areas.

It was resolved that the Board noted the report especially the staffing challenges and the immense pressures on capital and that further prioritisation would be required.

19/29 Medical Director's Report

SHMI – Mr Taylor stated that SHMI was published quarterly and overall the Trust was doing well and sat within the control limits, but Scarborough's score was gradually drifting. Mr Bertram stated that the Trust now coded and submitted data more extensively so there was a much richer depth of information.

Mr Taylor stated that Dr Foster uses this information and sells data information services and highlights to the Trust when it is an outlier, but they also copy in the CQC. The Trust has received an outlier report on sepsis which is due to coding. Mr Taylor stated that a lot of work had been done on coding and this has seen a significant rise in the number of deaths linked to sepsis, but a corresponding drop in pneumonia deaths. Subsequently the Trust has received a letter from the CQC asking the Trust to audit this, which the Trust has done, reporting the findings back to them. The Trust has now received another letter asking for more detail. Mr Taylor has highlighted this to consultants and discussed it with the new Care Group Director and another audit will be performed.

Mr Taylor stated that he had also been asked to escalate concerns regarding senior review in 14 hours which had deteriorated. He noted that this had been being discussed for some time and so an audit was being performed this week to show the true picture and work out the best way to improve it. He noted that this had been fully discussed with Scarborough colleagues and the audit will raise awareness and has led to quite a bit of email correspondence.

Mr Taylor highlighted a recent Never Event to the Board which had been a medication error and had been registered in the Trust's name by primary care which the Trust were not aware of. Primary care have since investigated the incident and stated that it was for the Trust to deal with as it was about switching methotrexate from oral to muscular delivery. Unfortunately, the delivery was switched, but the patient continued to take their oral supply. Mr Taylor noted that this kind of switch has been done hundreds of time successfully, but it is categorised as a Never Event despite there being no significant harm. Mr Taylor stated that the Trust is looking at governance and record keeping as this was unfortunately not robust enough in this case.

Mr Taylor stated that the Quality Committee had approved the Patient Safety Strategy and asked for a one-page executive summary to be produced.

Prof. Willcocks stated that the Mortality Review Group was now starting to work really well and there was evidence of a higher level of clinical engagement and introduction of the new Medical Examiner Role.

Mrs Adams stated that Mr Taylor has described the mortality control limits as within the parameters, but she asked when the levels would trigger further action. Mr Taylor stated that this was looked at quarterly, but the control figures were also reset quarterly so the trigger point changes. Mrs Adams noted that her concern lay around the nearly 20 points different between York and Scarborough. Mr Taylor stated that you cannot compare hospitals or trusts as the context for each was totally different. However, it was noted that the CQC and the system remained interested in SHMI.

Ms Mellor asked if the Patient Safety Strategy should include something about digital as this was an enabler and should thread throughout the work. Mr Taylor agreed that this would be added to the document.

It was resolved that the Board noted the report and expressed continued interest in the SHMI. The board look forward to seeing the one-page summary of the Patient Safety Strategy.

19/30 Performance Report

Mrs Scott stated that she had been asked to escalate to the Board her concerns around ambulance handover times as the Trust was an outlier comparted to other Trusts. She noted that the Trust had asked the Emergency Care Intensive Support Team to come in and as a consequence was working with Patrick Farrell, a Consultant Ambulance Paramedic who had previously worked for YAS so was familiar with this patch. A working group has been established which has clinical input and some audit work has been undertaken along with some process mapping. A multidisciplinary workshop has been held and a written report of the findings is due shortly which will contain a number of recommendations. Mrs Scott stated that she had already received some verbal feedback and there had been a number of comments about the culture especially around clinical responsibility at the front door. She noted that success in other Trusts had focused on accepting responsibility of the patient as soon as the ambulance presented at the front door. Mrs Scott stated that the mind set would need to be changed so work would need to be done to understand the behaviour as it would need to be challenged.

Mrs Scott noted that there were also a range of other things which could be done in relation to streaming functions and gave an example of 'fit to sit'. It was also about improving diversionary pathways; such as patients with blocked catheters who could be dealt with by the Community Response Team and trying to put processes in place to ensure ED was bypassed altogether. She noted that in Scarborough all patients come through the front door. Mrs Scott stated that a lot of patients from Nursing Homes were transported in ambulance when there were alternatives that could be used such as despatching a response team from the community to the Nursing Home. There were also different pathways which could be used for mental health patients as these individuals tend to wait a long time in ED which was not a good environment for them.

Mrs Scott stated that there was some really positive work to do and that an action plan would be developed and shared with NHSI.

Ms Symington asked if staff would be consulted and Mrs Scott stated that they would, but there would also be some push back about batching ambulances which causes friction. It was also about providing some assurance to the regulators.

Mrs Scott escalated the CYC CQC review of the health and social care system in York as the system was an outlier. She noted that the second review report had been received in January, but there was still no action plan. The review had referenced some positive work around front-line staff, but stated that progress was slow. Currently, there seems to be little work on an action plan to own and drive this important issue forward.

Mr Proctor stated that the Trust is doing what it can to encourage progress, but this is about a system approach and that he felt partners were not used to the way the CQC worked, especially elements such as the Health and Wellbeing Board which works differently. He was concerned that if things carry on in this way the system will still be in the same position when the CQC come in again which was really frustrating.

Prof. Willcocks stated there was a lack of leadership and this would be worse as purdah was due to start. She asked what authority there was to deliver on this. The initial report had identified that there was a joint role identified to work on this on behalf of partners so it had been agreed, but nothing further has been done about it. It was agreed to use the record of the conversation in the minutes to try to get an outcome.

Ms Symington stated that this should be about the patients who were trapped in hospital without the right care and it was the Trust's duty to seek resolution for these patients. . Mr Taylor also stated that these patients were at risk of deconditioning by staying in hospital. It was recognised that it was not in the Trust's gift to lead the work, but there needed to be some action to get things done even if there was a reluctance for others to let the Trust lead.

Mrs Adams stated that it was frustrating as there was a lot of effort being put in to get things right at the front door and there were some really positive signs, but those areas where the Trust needs to work with others were more difficult

It was resolved that the Board noted the report especially the issues around ambulance handovers and the CYC CQC Report. The Board wished to be kept informed about progress in both areas.

19/31 Out of Hospital Care Update

Mrs Scott noted that the Board had received regular updates on the Out of Hospital Care Strategy. It was now proposed to refresh the strategy using the strategic themes from the 5 Year Strategy and change the name to the Home First Strategy which was more consistent with the 5 Year Strategy. Mrs Scott stated that work was also continuing with partners on place-based developments.

Ms Symington was pleased that the refreshed strategy would reflect one of the 5 strategic themes.

Mrs Adams asked if the strategy also included work on prevention. Mr Proctor responded that Kevin Smith from PHE had confirmed that providers do huge amounts of prevention including patient education. It was about making sure that every contact counts.

It was resolved that the Board noted the report and supported the refresh of the strategy and name change which would be more reflective of and aligned to the 5 Year Strategy.

19/32 Director of Estates & Facilities Report

Mr Golding highlighted a number of items from his report including the work to close band 1 and move staff to the band 2 pay scale which demonstrates the Trust's commitment to staff to honour A4C terms and conditions. In relation to the clinical waste issue Mr Golding stated that this was a national problem and other Trusts like Harrogate, Leeds and Hull are in the same position.

Mr Golding highlighted the Health & Safety report which covers both the Trust and LLP and noted a recent employer's liability claim regarding a member of staff slipping on a wet floor which has been successfully defended.

Mr Golding stated that the Model Hospital linked to the Carter objectives and is about the Trust benchmarking itself against other NHS organisations and against a range of services. He noted that the Trust performed satisfactorily and were below the national average on all but 3 of the areas. He stated that the Model Hospital was not just about facilities and he wanted to have a session at the Board to look at all the areas. Mrs Provins noted that a session was being programmed into the Board agenda in June.

Mr Golding stated his report provided a detailed update on the work of the Sustainable Development Team and that the Trust has been approached by the City of York Council to host a site hyper hub for electric vehicles which had been approved this morning by the Resources Committee. Mr Golding also noted that the Resources Committee had approved the travel plan.

Mr Golding stated that the Trust's PLACE scores had been disappointing last year and that a new Trust Assessment of the Patient Environment (TAPE) process had been put in place and was monitored quarterly. The results of the monitoring were on page 154 of the pack and were showing consistent improvement. He noted that the TAPE process mirrors

the PLACE process so he was hoping for the same improvements in this year's PLACE scores.

Ms Symington asked if Mr Golding was worried about the sickness and turnover rates which were high in his company, and she asked if the Board could be informed of what was being done to improve the situation especially in light of all the other recruitment initiatives being done in the Trust.

Ms McMeekin highlighted that the feedback from staff involved in the Staff Survey work was that there was an appetite for recycling in the Trust. Mr Golding stated that all the Trust's waste is picked up by one firm who then separate out the recycling. It was agreed that this message needed to be put out to staff.

Mrs Adams was encouraged by the improvement in the TAPE results.

Mrs Adams stated that a recent Internal Audit Report had noted that catering was not sourcing many products locally and Mr Golding responded that a Local Sourcing Strategy is being looked at.

It was resolved that the Board noted the report and were pleased with the improvements highlighted by the TAPE process and would like to be informed of how work on recruitment initiatives can help the LLP to decrease the high sickness and turnover rates.

19/33 Director of Workforce Report

Ms McMeekin highlighted the medical staff vacancy rate which had been 21% in July 2018, but had now dropped to 15.3% in Scarborough due to the work being done which included the work by Mr Keaney. She stated that the demand for bank and agency staff was being closely monitored and it had been noted to have increased due to winter pressures, but was now back down to pre-Christmas levels. She also noted that there are better bank fill rates for nursing although there is still a 15.3% vacancy rate and the agency fill rate has dropped.

Ms McMeekin stated that the Chief Nurse Team look at staffing on a shift by shift basis, providing professional oversight and 27% unfilled rate is the highest. She noted the high risk areas were in AMU A and B and elderly medicine. SCBU was also an issue but these positions were highly specialised. Fill rates were constantly being monitored.

Mrs Hey stated that at the recent Chief Nurse conference there was focus on fill rates and a triangulation with quality of care. It was highlighted that if you have a good leader in an area then generally there is good staff recruitment and retention and the example of the respiratory ward was given which had been fully recruited to and now had a waiting list. Ms Symington stated that this was also reflected in a recent message from NHSI who stated that good leadership equalled good quality care.

Mrs Adams asked if there were any particular gaps and it was acknowledged that there is concern about some of the acute medical units which only have 60-70% fill rates for RNs and incentives to take on tough jobs were being explored. It was noted that AMU/Cherry

was fully recruited for this autumn, but it was keeping staff and that staffing was managed on a daily basis which meant having to swap staff around.

It was resolved that the Board noted the report and the huge amount of work being done to increase staffing and retain staff.

19/34 Finance Report

Mr Bertram provided an overview of the report that detailed an £18.6m deficit against a planned deficit of £18.5m and meant the Trust had gone over the plan by a deficit of £100k, which was a significant improvement on the January position. There had been a low spend in February of £40.5m, but there were 10% less days in February. He noted that the charts in January had modelled 3 scenarios and the Trust was tracking the middle one.

Mr Bertram stated that it was fair to say that there had been a good response to the request to delay spend, although his team had intervened on a few occasions when it was obvious that spend could be delayed and had not been. He stated that the Trust was close to where it needed to be at the year end and that he was forecasting that the Trust would be on track. However, the emerging risk was that commissioners were not recognising some of the terms in the previously agreed memorandum of understanding developed under the aligned incentive contract. Scarborough & Ryedale CCG and East Riding CCG were not recognising the additional costs to be paid relating to additional activity which amounted to approximately £1m and this position could undermine the Trust's ability to hit financial balance.

Mr Bertram stated that he had pointed out to both CCGs that they were going to miss their control totals in any event and that by withholding this money from the Trust, the Trust may miss its control total and that would be a loss of approximately £12m funding into the system overall.

Mr Proctor was concerned that he had briefed staff at team brief about holding spend back and that one of the ways of judging whether there was effective management of this was to see whether any requisitions had to be bounced back. Mr Bertram had highlighted that some requisitions had been bounced back and Mr Proctor thought he needed to take this further.

Ms Symington stated that hitting the control total was a significant achievement especially in light of the £20m deficit last year and she commended Mr Bertram and his team. Mr Keaney stated that the CIP team had also done a fantastic job. Mr Bertram stated that the Trust is so close that it would be awful to miss out on the sustainability funding due to a small amount.

Mr Keaney stated that efficiency delivery had been taken really seriously and that a significant contribution to this had been the alternative delivery model.

Mr Bertram stated that in relation to the CIP programme £23.6m had been delivered against a target of £21.7m and £13.4m of that was recurrent, which was the highest ever percentage and reduces the carry over into next year. The programme for next year was £17m. Mr Bertram noted that there were no cash issues currently and the Trust had not

had to borrow cash in February or March, however, things could be a little precarious in the new financial year due to the timing of receiving funding. Discussions with the CCGs had been good and it was likely that they would pay the Trust as the start of the year, but there may need to be some cash borrowed in the short term in April or May.

Capital Programme – Mr Bertram stated that there was £25m of commitments next year against capital funding of £22m so the programme was overcommitted. Conversations were taking place with the operational team about prioritisation and he noted that these figures did not include anything for the refurbishment of SCBU at York which had been raised as a risk earlier in the meeting. He noted that the Trust's cash position prevented the Trust providing any additional funding. The capital plan will be brought back to the Board in April. He noted the comprehensive approach to capital planning and that this was the first year that the capital programme executive group was really struggling.

Mr Golding stated that he had been running the capital programme for the past 16 years and it was the first time that this position had been reached.

Mr Keaney highlighted that it was not about what the Trust is spending, but it was more to do with what the Trust was not spending and the consequences of not spending on ongoing maintenance and whether this was putting both staff and patients at risk.

Mrs Adams stated that the Audit Committee were looking closely at the Trust's borrowing due to the cash position and the fact that the Trust has gone from borrowing about £6m to £60m. Mrs Adams asked if there was a limit and whether the Trust was at the limit. Mr Bertram stated that there was no limit as it was judged on individual business cases. He noted that all the loans were through the Department of Health, but he genuinely believed that the leasing and loans all expanded the reach of the Trust's capital programme. Mr Bertram stated that capital for Scarborough would come from the centre and he still felt that the Trust was pushing the limits for the right reasons. However, Mrs Adams noted that this borrowing did affect the Trust's financial rating.

Ms Mellor stated that the efficiency work had been brilliant, but wondered if it was sustainable and wondered how the Trust moves forward in relation to transformation. Mr Bertram stated that there was more transformational work to be done and he highlighted work that is being done with the commissioners to look at OPD in relation to challenging the norm and creating capacity to see more patients by using technology and including how to help patients help themselves. He stated that the ground work has already been done by Mrs Scott's team. Mrs Scott added that there is a huge amount of clinical engagement in this.

Prof. Willcocks asked for the Board to be kept up to date on developments in respect of Bootham Park and the Community Stadium.

It was resolved that the Board noted the report and commended the work being done to achieve the control total and the achievement of the CIPs target.

19/35 Efficiency Report

This report was covered during the Finance Report item.

19/36 Modern Slavery Act

Mrs Provins provided a brief overview of the report and asked for approval to have the statement signed on behalf of the Board. She also noted that following the LLP training yesterday, the LLP would need a Modern Slavery Statement and further work would be required in relation to the Bribery Act for both the Trust and the LLP.

The Board approved the Statement for signature. The Statement will be placed on the website.

It was resolved that the Board approved the statement for signature.

19/37 Reflections on the Meeting

BAF – Ms Symington stated the meeting had covered all the strategic risks.

Ms Symington asked for comments on the meeting and noted that Mrs Scott had already mentioned that she felt that the meeting was a repeat of the items discussed at the Quality Committee.

Prof. Willcocks also thought that items had been covered a number of times.

Mr Golding enjoyed the time the 2 committees had together and felt that discussions had been better at the Board and more reflective of issues that needing escalating because of the previous discussions.

Mr Bertram stated that he had felt that the committees may work better on the private Board day as the private Boards tend not to spend as much time on directors' reports, but on more strategic items. Mrs Provins stated that the aim of having the committees on the public Board day was to cut down on the number of reports as it was only items of urgency required at the private Board for some directors. Mr Proctor agreed that there did not need to be a workforce report every month.

Ms Symington stated that she thought it had been enabled quality conversations at the Board and time had been well spent on the most challenging issues. She asked for any more thoughts to be shared with her and Mrs Provins as this was about a continual process of improvement

19/38 Any other Business

Staff Survey – Ms McMeekin stated that the Board had received feedback from staff survey, but noted that her team had been working with medical illustrations to provide a 2 page summary communication which could be more widely used and would go to team brief.

Ms Symington was really pleased with the way the feedback was presented and noted that she felt that the Trust had done well and improved in the survey as most things were going in the right direction, but there was also further work to do.

Mr Proctor added that the percentage of staff at Scarborough & North East Yorkshire NHS Trust who recommended that their relatives should be treated at Scarborough Hospital had been 32% in their final survey and now it was up to over 60% for the combined Trust.

Organ Donation - Mr Keaney noted that there had been some gaps in the organ donation team, but he stated that an excellent young emergency medicine and ITU consultant had been appointed as clinical lead and a new specialist nurse would start at the end of the month.

No further business was discussed.

19/39 Date and Time of next meeting

The next public meeting of the Board will be held on 29 May 2019 in the Discussion/Dining Room, Post Graduate Centre, Scarborough Hospital YO12 6QL.

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. Reviewed at CRC – 14.3.19	Ms Jamieson/ ~~Mrs Geary~~	~~Jan 19~~ ~~Feb 19~~ Apr 19
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	Completed
18/82	Mr Golding to bring the Carter metrics to the next meeting.	Mr Golding	~~Jan 19~~ ~~Feb 19~~ Apr 19

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NHS
York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 May 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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

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

The report provides updates on three key areas:
1. Ongoing discussions with commissioners and regulators on the current financial position of the system
2. Moving to a care group structure
3. Scarborough Acute Services Review

Recommendation

For the Board to note the report.

Author: Mike Proctor, Chief Executive

Director Sponsor: Mike Proctor, Chief Executive

Date: May 2019

1. System finance

Our system remains under considerable financial pressure and the recent regulatory changes, in particular the merger of NHS Improvement and NHS England, are leading to a sea change in the approach to these issues.

It is clear that it is no longer acceptable for each individual organisation to plough its own furrow and deal with its own problems regardless of the impact on other parts of the system. We all have to act as a single care system and work together in a cohesive and cooperative way.

In practice this means that the longstanding financial challenges that have plagued local commissioning organisations are now owned by the whole system, and we are working together as a single system to ensure we do not spend beyond our means.

This will inevitably lead to difficult decisions having to be made and implemented, and it is likely that these issues will continue to be a key focus of our board discussions in the coming months.

2. Moving to a care group structure

As I have briefed previously, we are setting up six new care groups to replace the directorate structure within the Trust.

Recruitment to the new structure continues apace and the next appointments will be deputy care group managers, who have been interviewed and the successful candidates will be announced in the coming days.

This will be closely followed by the head of community services who will be appointed by the end of May, and we expect to appoint the head of cancer services during the first week in June.

Other appointments which will follow later in June include the care group business managers, cancer improvement and performance manager, senior operational managers and operational managers.

The new structure takes effect from 1 August, in line with Simon Morritt joining the Trust as Chief Executive.

A summary of the appointments so far is below.

Care group 1: Acute, emergency, elderly medicine and community services (York)
Dr Mike Harkness, Care Group Director
Gemma Ellison, Care Group Manager

Care group 2: Acute, emergency and elderly medicine (Scarborough)
Dr Ed Smith, Care Group Director
David Thomas, Care Group Manager

Care Group 3: Surgery
Dr Amanda Vipond, Care Group Director
Liz Hill, Care Group Manager

Care Group 4: Cancer and support services
Mr Srinivas Chintapatla, Care Group Director
Kim Hinton, Care Group Manager

Care Group 5: Family health and sexual health
Dr Jo Mannion, Care Group Director
Jamie Todd, Care Group Manager

Care Group 6: Specialised medicine and outpatients services
Dr Mark Quinn, Care Group Director
Karen Cowley, Care Group Manager

Head of Allied Health Professional Standards
Vicky Mulvana-Tuohy

These are all strong appointments, and I am sure you will join me in congratulating all those named above as well as offering them your support as we start put the structure into working practice.

3. Scarborough Acute Services Review

The second stage of the review is now underway, following the publication in March of the Case for Change document which summarised the work done during stage one.

This second stage of the review will be focused on solution development, i.e. the modelling of scenarios of future acute hospital service provision in the priority clinical areas identified in Stage 1. This work will involve liaison with clinical teams both within Scarborough and across the broader health and care system. It will also involve working with the relevant Royal Colleges and other expert clinical bodies. Detailed financial modelling of these specific service areas will also take place alongside the clinical review work.

I will, along with my executive director colleagues, continue to keep the board updated as the review progresses.

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NHS
York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 May 2019
Terms of Reference Approval

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

Purpose of the Report

To approve the terms of reference for the Quality Committee and Resource Committee.

Executive Summary – Key Points

The Quality Committee and Resources Committee met for the first time in March 2019 and discussed their terms of reference. Amendments have been made to the terms of reference following the meeting discussions.

Recommendation

The Board is asked to approve the terms of reference for the Quality Committee and Resources Committee.

Author: Lynda Provins, Foundation Trust Secretary

Director Sponsor: Mike Proctor, Chief Executive

Date: May 2019

York Teaching Hospital NHS
NHS Foundation Trust

QUALITY COMMITTEE:

Summary of Governance

Version 0.02
April 2019

York Teaching Hospital NHS Foundation Trust

QUALITY COMMITTEE:
Summary of Governance

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QUALITY COMMITTEE

Terms of Reference

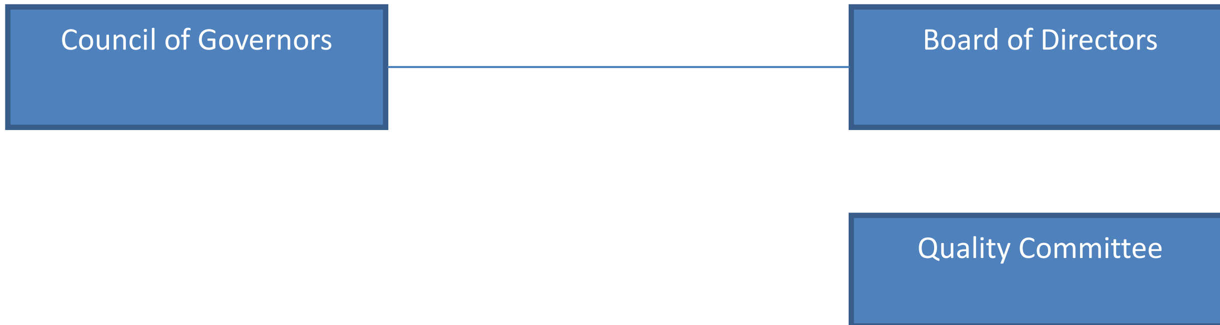
1	**Status**
1.1	The Quality Committee (the Committee) is a Committee of the Board of Directors.
2	**Purpose of the Committee**
2.1	The Committee ensures the Board of Directors receives assurance around patient safety and putting the interests of patients first around the Trust's performance on quality and safety, performance improvement and transformational quality improvement.
3	**Authority**
3.1	The Board of Directors has provided delegated authority to the Committee to seek assurance around the quality and safety, performance improvement and transformational quality improvement across the Trust and approve any policies within the remit of the Committee. The Committee will notify the Board of policies which have been approved.
4	**Legal requirements of the Committee**
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any legal requirements the Trust is expected to fulfil relating to quality and safety, performance improvement and transformational quality improvement.
5	**Roles and functions**
5.1	To gain assurance and provide challenge about the actions being taken to ensure the Trust has appropriate systems in place to maintain compliance with achievement of the required quality and safety standards, performance improvement and transformational quality improvement.
5.2	To work in conjunction with the other Board Committees sharing information and agreeing the location for the discussion of certain topics.
5.3	To regularly review the Corporate Risk Register and the Board Assurance Framework to gain assurance about the risks and mitigations around quality and safety, performance improvement and transformational quality improvement.
5.4	To escalate any areas of concern identified to the Board of Directors for further discussion and resolution. Issues will on occasions be discussed in private by the Board of Directors on the advice of the Committee.
5.5	The Committee will escalate items to the Board of Directors following each meeting and will submit minutes from its meetings to the Board of Directors for information.
5.6	To agree the Trust's quality priorities and receive the draft Quality Report and

	provide comment on the draft report.
6	**Membership**
6.1	The membership of the Quality Committee will comprise a minimum of:- • 3 NEDs – (1 to Chair) Any Director, the Chair or Chief Executive is able to attend at any time on an occasional basis subject to notifying the Chair in advance. The following Directors and officers will be in attendance: • Chief Nurse • Medical Director • Chief Operating Officer • Deputy Director of Healthcare Governance • Deputy Director of Patient Safety • Other officers as may be required by the work programme If those in attendance are unable to attend, an appropriate deputy should attend the meeting. The appropriate deputy must be fully briefed.
7	**Quorum**
7.1	The Committee will be quorate with 2 NEDs and 1 Director attending. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest.
8	**Meeting arrangements**
8.1	The Committee will meet prior to the Public Board of Directors meeting (minimum of 6 times per year). Copies of all agendas and supplementary papers will be retained by the Foundation Trust Secretary in accordance with the Trust's requirements for the retention of documents.
8.2	The agenda will be circulated in advance of the papers to the Chair. The standing items will be provided to the Committee not less than 7 days before the meeting. Any additional papers that should be discussed at the Committee should be notified to the Chair and Secretariat of the Committee not less than 14 days in advance of the meeting and circulated 7 days prior to the meeting. Only with prior agreement from the Chair can papers be tabled.
8.3	The Chair of the Committee has the right to convene additional meetings.
8.4	Where members of the Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the Committee and provide a deputy.
9	**Review and monitoring**
9.1	The Committee will maintain a register of attendance at the meeting. Attendance of

	less than 80% will be brought to the attention of the Chair of the Committee to consider the appropriate action to be taken. The attendance record will be reported as part of the annual report. The annual report will be presented to the Board of Directors.
9.2	The terms of reference will be reviewed every year.

Author	**Foundation Trust Secretary**
Owner	**Quality Committee Chair**
Date of Issue	
Version #	**V0.02**
Approved by	
Review date	

Governance Structure
Quality Committee



Work Programme

January	March
BAF/CRR Board Report	BAF/CRR Board Report Terms of Reference Review
Chief Nurse Report incl. staffing & NHSI updates **Medical Directors Report** Q3 – DIPC Report Q3 – Patient Experience Report Q3 – Pressure Ulcer Report/Falls Report Q3 – Clinical Audit & Effectiveness Report Q3 – Quality Priorities Report Maternity Report (half year) Quality Report Update incl: Priorities Approval for the next year SI & Incident Themes Report incl. Medication errors – SI Group Patient Safety Group & Clinical Effectiveness Group Minutes Safeguarding Children/Adults Half Year Reports CQC Quarterly Report	**Chief Nurse Report** incl. staffing & NHSI updates **Medical Directors Report** Q3 – Mortality Report SI & Incident Themes Report incl. Medication errors – SI Group Draft Quality Report Patient Safety Group & Clinical Effectiveness Group Minutes Acuity Audit (every 6 months) Duty of Candour 6 monthly review CQC Quarterly Report
Performance Report incl. CQUINs Winter Plan Monitoring Out of Hospital Care Report	**Performance Report** incl. CQUINs Winter Plan Monitoring Out of Hospital Care Strategy Update
May	**July**
BAF/CRR Board Report	BAF/CRR Board Report Annual Report
Chief Nurse Report incl. staffing & NHSI updates **Medical Directors Report** Q4 – Mortality Report Q4 – DIPC Report Q4 – Patient Experience Report Q4 – Pressure Ulcer Report/Falls Report Q4 – Clinical Audit & Effectiveness Report Q4 – Quality Priorities Report SI & Incident Themes Report incl. Medication errors – SI Group Information Governance - Annual Report Patient Safety Group & Clinical Effectiveness Group Minutes Regulation 18 Complaints Report CNST Action Plan Final Quality Report	**Chief Nurse Report** incl. staffing & NHSI updates CQC Quarterly Report **Medical Directors Report** Q1 – DIPC Report Q1 – Patient Experience Report Q1 – Pressure Ulcer Report/Falls Report Q1 – Clinical Audit & Effectiveness Report Q1 – Quality Priorities Report CQC Quarterly Report Maternity Annual Report Safeguarding Adults – Annual Report Safeguarding Children Annual Report End of Life Care Annual Report SI & Incident Themes Report incl. Medication errors – SI Group Patient Safety Group & Clinical Effectiveness Group Minutes In-Patient Survey

	DIPC Annual Report CNST Progress and Submission
Performance Report incl. CQUINs Winter Plan Review Out of Hospital Care Report	**Performance Report** incl. CQUINs Winter Plan Draft
September	**November**
BAF/CRR Board Report	BAF/CRR Board Report
Chief Nurse Report incl. staffing & NHSI updates **Medical Directors Report** Q1 – Mortality Report SI & Incident Themes Report incl. Medication errors – SI Group Duty of Candour 6 monthly Review Patient Safety Group & Clinical Effectiveness Group Minutes Acuity Audit (every 6 months) CQC Quarterly Report	**Chief Nurse Report** incl. staffing & NHSI updates **Medical Directors Report** Q2 – Mortality Report Q2 – DIPC Report Q2 – Patient Experience Report Q2 – Pressure Ulcer Report/Falls Report Q2 – Clinical Audit & Effectiveness Report Q2 – Quality Priorities Report SI & Incident Themes Report incl. Medication errors – SI Group Patient Safety Group & Clinical Effectiveness Group Minutes
Performance Report incl. CQUINs Winter Plan Monitoring Out of Hospital Care Report	**Performance Report** incl. CQUINs Winter Plan Monitoring Out of Hospital Care Report

York Teaching Hospital NHS
NHS Foundation Trust

RESOURCES COMMITTEE:
Summary of Governance

Version 0.02
April 2019

York Teaching Hospital NHS Foundation Trust

RESOURCES COMMITTEE:
Summary of Governance

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RESOURCES COMMITTEE

Terms of Reference

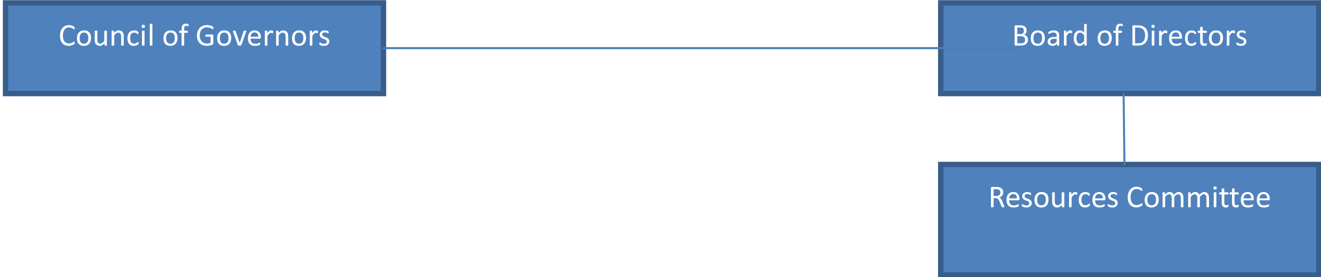
1	Status
1.1	The Resources Committee (The Committee) is a Committee of the Board of Directors.
2	**Purpose of the Committee**
2.1	The Committee provides assurance to the Board of Directors around patient safety and putting the best interests of patients first in relation to the Trust's financial, digital, estates, and workforce and organisational development performance.
3	**Authority**
3.1	The Board of Directors has provided delegated authority to the Committee to seek assurance around the financial, digital, estates, and workforce and organisational development performance across the Trust and approve any policies within the remit of the Committee. The Committee will notify the Board of policies which have been approved.
4	**Legal requirements of the committee**
4.1	There are no specific legal requirements attached to the functioning of the Committee. The Committee will however be made aware of any legal requirements the Trust is expected to fulfil relating to finance, digital, estates, and workforce and organisational development performance.
5	**Role and function**
5.1	To gain assurance and provide challenge about the actions being taken to ensure the Trust has appropriate systems in place to maintain compliance with achievement of the financial plan, digital strategy, the required performance standards around estates planning, and health and safety, fire and security and workforce and organisational development.
5.2	To work in conjunction with the other Board Committees sharing information and agreeing the location for the discussion of certain topics.
5.3	To regularly review the Corporate Risk Register and the Board Assurance Framework to gain assurance about the risks and mitigations around finance, digital, estates, and workforce and organisational development performance.
5.4	To escalate any areas of concern identified to the Board of Directors for further discussion and resolution. Issues will on occasions be discussed in private by the Board of Directors on the advice of the Committee.
5.5	The Committee will escalate items to the Board of Directors following each meeting and will submit minutes to the Board of Directors for information.
6	**Membership**

6.1	The membership of the Committee will comprise:- • 3 NEDs – (1 to Chair) Any Director, the Chair or Chief Executive is able to attend at any time on an occasional basis subject to notifying the Chair in advance. The following Directors and officers will be in attendance: • Finance Director • Director of Estates & Facilities/LLP Managing Director • Director of Workforce & Organisational Development • Deputy Finance Director • Head of Corporate Finance & Resources Management • Digital Development Team Manager • Head of IT Infrastructure • Other officers as maybe required. If those in attendance are unable to attend, an appropriate deputy should attend the meeting. The appropriate deputy must be fully briefed.
7	**Quoracy**
7.1	The Committee will be quorate with 2 NEDs and 1 Director attending. The Chair of the meeting will ensure that a deputy is appointed to preside over a meeting when the Chair is unavailable or has a conflict of interest.
8	**Meeting arrangements**
8.1	The Committee will meet prior to the Public Board of Directors meetings (minimum of 6 times per year). Copies of all agendas and supplementary papers will be retained by the Foundation Trust Secretary in accordance with the Trust's requirements for the retention of documents.
8.2	The agenda will be circulated in advance of the papers to the Chair. The standing items will be provided to the Committee not less than 7 days before the meeting. Any additional papers that should be discussed at the Committee should be notified to the Chair and Secretariat of the Committee not less than 14 days in advance of the meeting and circulated 7 days prior to the meeting. Only with prior agreement from the Chair can papers be tabled.
8.3	The Chair of the Committee has the right to convene additional meetings.
8.4	Where members of the Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group and provide a deputy.
9	**Review and monitoring**
9.1	The Committee will maintain a register of attendance at the meeting. Attendance of less than 80% will be brought to the attention of the Chair of the Committee to consider the appropriate action to be taken. The attendance record will be reported as

	part of the annual report. An Annual Report will be reported to the Council of Governors.
9.2	The terms of reference will be reviewed every year.

Author	**Foundation Trust Secretary**
Owner	**Resources Committee Chair**
Date of Issue	
Version #	**V0.02**
Approved by	
Review date	

Governance Structure
Resources Committee



Resources Committee Work Programme

January	March
BAF/CRR - Board Report	BAF/CRR - Board Report Terms of Reference Review
Finance Director's Report Efficiency Report (inc. Carter and Service Line Reporting) Reference Costs Capital Planning information Service Line reporting + Reference Costs	**Finance Director's Report** Efficiency Report (inc. Carter and Service Line Reporting) – Work Programme Review Tender register
IT/Digital Report Digital Report from AS/KB Information Governance Executive Group Snr Information Risk Officer Report incorp. IG	**IT/Digital Report** Digital Report from AS/KB Information Governance Executive Group Snr Information Risk Officer Report incorp. IG
Director of Estates & Facilities Report Inc. • Health Safety & Security Q3 Report - Fire Q3 Report incl. New Legislation • Sustainable Development • Premises Assurance – Compliance Report • Carter Report • Space Management Group Minutes • Travel & Transport Group Minutes	**Director of Estates & Facilities Report** Inc. • New Legislation • Health & Safety Strategy • Fire Safety Policy - Heatwave Policy • Sustainable Development • Premises Assurance – Compliance Report • Carter Report • Space Management Group Minutes • Travel & Transport Group Minutes
YTHFM LLP Report Inc. Policy & Procedure Schedule	YTHFM LLP Report Inc. Policy & Procedure Schedule
HR Directors Report Inc. • Strategy Review • Apprenticeship Update • ADM Workforce Report • Sickness, Stat/Mand training & Appraisal monitoring • Medical Vacancy Position - Temporary Workforce Demand	**HR Directors Report** Inc. • Strategy Review • Apprenticeship Update • ADM Workforce Report • Sickness, Stat/Mand training & Appraisal monitoring • Medical Vacancy Position - Temporary Workforce Demand Staff survey
May	**July**
BAF/CRR - Board Report	BAF/CRR - Board Report Annual Report
Finance Director's Report Efficiency Report (inc. Carter and Service Line Reporting) Capital Planning information Internal Audit Plan	**Finance Director's Report** Efficiency Report (inc. Carter and Service Line Reporting) Tender register
IT/Digital Report Digital Report from AS/KB Information Governance Executive Group Snr Information Risk Officer Report incorp. IG SIRO Annual Report	**IT/Digital Report** Digital Report from AS/KB Information Governance Executive Group Snr Information Risk Officer Report incorp. IG
Director of Estates & Facilities Report Inc. • Health Safety & Security Q4 Report - Fire Q4	**Director of Estates & Facilities Report** Inc. • Health Safety & Security Q1 Report & Fire

Report incl. New Legislation • Sustainable Development • Premises Assurance – Compliance Report • Carter Report • Space Management Group Minutes • Travel & Transport Group Minutes	Q1 Report & Annual Report incl. New Legislation • Sustainable Development • Premises Assurance – Compliance Report • Carter Report • Space Management Group Minutes • Travel & Transport Group Minutes
YTHFM LLP Report Inc. Policy & Procedure Schedule	**YTHFM LLP Report** Inc. Policy & Procedure Schedule
HR Directors Report Inc. • Strategy Review • Apprenticeship Update • ADM Workforce Report • Sickness, Stat/Mand training & Appraisal monitoring • Medical Vacancy Position - Temporary Workforce Demand R & D Strategy Update & Annual Report	**HR Directors Report** Inc. • Strategy Review • Apprenticeship Update • ADM Workforce Report • Sickness, Stat/Mand training & Appraisal monitoring • Medical Vacancy Position - Temporary Workforce Demand Staff Survey
September	**November**
BAF/CRR - Board Report	BAF/CRR - Board Report
Finance Director's Report Efficiency Report (inc. Carter and Service Line Reporting) Capital Planning information	**Finance Director's Report** Efficiency Report (inc. Carter and Service Line Reporting) & Work Programme Update Tender register CIP Review of poorly performing Directorates
IT/Digital Report Digital Report from AS/KB Information Governance Executive Group Snr Information Risk Officer Report incorp. IG	**IT/Digital Report** Digital Report from AS/KB Information Governance Executive Group Snr Information Risk Officer Report incorp. IG
Director of Estates & Facilities Report Inc. • New Legislation • Security Policy • Sustainable Development • Premises Assurance – Compliance Report • Carter Report • Space Management Group Minutes • Travel & Transport Group Minutes	**Director of Estates & Facilities Report** Inc. • Health Safety & Security Q2 Report - Fire Q2 Report incl. New Legislation • Sustainable Development • Premises Assurance – Compliance Report • Carter Report • Space Management Group Minutes • Travel & Transport Group Minutes
YTHFM LLP Report Inc. Policy & Procedure Schedule	**YTHFM LLP Report** Inc. Policy & Procedure Schedule
HR Directors Report • Strategy Review • Apprenticeship Update • ADM Workforce Report • Sickness, Stat/Mand training & Appraisal monitoring • Medical Vacancy Position - Temporary Workforce Demand	**HR Directors Report** • Strategy Review • Apprenticeship Update • ADM Workforce Report • Sickness, Stat/Mand training & Appraisal monitoring • Medical Vacancy Position - Temporary Workforce Demand

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NHS
York Teaching Hospital
NHS Foundation Trust

Quality Committee – 27 March 2019

Attendance: Lorraine Boyd (LB) (Chair), James Taylor (JT), Helen Hey (HH), Fiona Jamieson (FJ), Wendy Scott (WS), Dianne Willcock (DW), Neal Harris (NH), Charlotte Craig (CC), Lynda Provins (LP)

Apologies for Absence (1 minute)
Rebecca Hoskins (RB), Jenny McAleese (JM)

Observing
Sheila Millers (SM), Margaret Jackson (MJ)

Declaration of Interests (1 minute)

No declarations of interest in relation to any agenda item were noted.

Escalated Items

None at this time.

Board report (5 minutes)
BAF 6, 7

There was a discussion about where Workforce sat within the Board Committee structure as there was a huge amount of crossover with the Quality Committee agenda.
It was noted that a sustainable and transforming workforce is integral to the delivery of a quality service; and discussion in this forum would ensure the right dialogue and focus to gain the assurance required.
Attention to the Board: Workforce and its position in the new Committee structure

Chief Nurse Report (35 minutes)
BAF 1, 2, 3, 6, 7, 8

RN staffing remains a challenge, specifically in Scarborough. In SCBU staffing shortages mean the Trust has to consider this service. There are no problems recruiting Band 5s, however after their training to Band 6 they leave for Hull or South Tees for a more challenging case mix. The Trust are rotating midwives to support the service, and have found accommodation for an agency regular.

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The Committee acknowledged and discussed the staffing challenges and noted the actions undertaken to maintain a safe service. The need for further discussion including input from the Director of Workforce was identified and escalation for Board discussion agreed.

The Trust has offered positions to 112 newly qualified nurses for this autumn. The Trust has also offered positions to 45 international nurses, and are working on support networks to retain them. The key to this being successful is our personal connection with prospective recruits to ensure they remain committed to working for our Trust.
The Committee was pleased to hear about the successful nurse recruitment initiatives and the efforts to welcome and support new recruits with a view to encouraging a long term commitment to the Trust. Additional suggestions were put forward and further discussion between Chief Nurse and Director of Workforce suggested.
It was agreed that the nurse staffing update should be escalated to the Board for information.

There was an outbreak of Norovirus in January in York, and another in February in York and Scarborough which impacted patients, staff and visitors. The multi-agency and multi-professional meeting at the beginning of the month was well attended and are awaiting the notes. The Trust will form an action plan this summer.
The Committee discussed the implications of the outbreaks on safe service and performance and were assured by the undertaking of a multi-agency, multi professional review. The action plan will come to the Committee for information, discussion and assurance in July 19.
It was agreed the Board should be updated on the Norovirus outbreaks and the actions being undertaken to review and learn.

The Trust had a re-emergence of MRSA in York SCBU, all staff were screened and none identified with the organism. There were 4 babies who were carriers. All measures to protect babies' health were undertaken. Unfortunately we cannot clean the outdated environment properly. This has been re-escalated on the Chief Nurse Risk Register and hope this will push ahead the plans for a new SCBU.
The Committee were assured by the actions taken to contain and maintain a safe service, noting the limitations posed by the environment.
It was agreed to escalate the re-emergence of MRSA in York SCBU to the Board for wider discussion and consideration by the Director of Estates & Facilities.

Attention to the Board: RN staff challenges, particularly Scarborough SCBU
Update on qualified nurse recruitment campaigns
Update on Norovirus outbreaks
Reemergence of MRSA in York SCBU

CQC Action Plan Update

The Committee discussed the CQC action plan, noting that -

MD6 Staffing - now has a draft strategy and will turn green in the next report.

MD12 Good Governance - MCA/ DoLs. Our Trust did not have an understanding of how or when to apply. The Trust needs to reinforce statutory and mandatory training. JT to reach out to put this on the agenda of each governance meeting.

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The Committee asked if a short narrative or expected completion date could be included in the Target Completion date column of the action plan.

Maternity Services Annual Report - This report was due to the Board in January but has been deferred due to a family bereavement. Overall this is a positive report and Maternity Services should be congratulated for the continued progress against a wide range of regional and national initiatives.

In York stillbirth rates remain below the regional average. Progress has been made in reducing smoking in pregnancy in Scarborough. Midwife to birth ratios have improved due to the continued decrease in births, which reflects the national trend.
There is an overall reduction in experienced middle grade doctors which is being supported by agency staff; the Care Group will consider introducing consultant midwives to help fill this gap as a more sustainable option.

One to one care in labour has improved to over 80%, however does not meet the required 100% CNST standard. This year has further stretch and detail in the standards. The directorate recognises there is a risk of not achieving all 10 standards in 2019; this is on the risk register.

Our Head of Midwifery, Liz Ross is retiring in June. She will move to be the Acting Deputy Chief Nurse, until our new Chief Nurse arrives. Freya Oliver will be the Acting Head of Midwifery.

Medical Directors Report (32 minutes)
BAF 1

SHMI – the Trust remains under 100. With continued improvement in York, and a slight deterioration in Scarborough. There will be an in-depth look at mortality in Scarborough to determine why. So far the analysis has shown the excess deaths are after discharge, but the Trust is not sure what that means.
To aid understanding of the SHMI figures and the discrepancy between York and Scarborough JT explained that the figure quantifies the actual number of patients who die in the time period compared with the expected number taking account of a number of demographic variables, which will differ between the York and Scarborough sites. It does not in itself indicate poor care, but rather is an indication that further investigation may be required.
Action: JT will forward an expected update document on SHMI to the Chair when received.

The Trust additionally received a mortality outlier alert from CQC in relation to sepsis resulting in a further comprehensive case notes review. Following submission CQC has requested further information which will be forwarded.
The internal investigation has found this may be a coding issue. Pneumonia has been miscoded as sepsis. The Trust will respond to the request of the CQC on this matter.

Scarborough are conducting an audit into Senior Review within 14 hours of admission, which has shown a deterioration in performance over the past 5 months, this week. When the Trust discovers the problem the situation will improve.
The Committee is assured that the rise in SHMI in Scarborough and deterioration in Senior Review within 14 hours performance figures has triggered a review of potential cause and rapidly ascertain if this is primarily: a coding issue; a clinical issue associated with delayed

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senior review; or a combination of the two and if the two findings are linked. An update at the next meeting in anticipated.

It was agreed to escalate the SHMI report and CQC outlier alert in relation to sepsis to the Board for information and wider discussion.

Never Event
A Never Event has been declared in relation to an overdose of Methotrexate in May 18. This was reviewed at the time of reporting and thought to be a primary care incident and investigation by CCG indicated. After investigation it has now been declared a Trust Never Event. The MD was able to assure us that the Trust participated in the initial CCG investigation and has already implemented actions identified for the Trust to improve the safety of the Methotrexate shared care handover. This low harm event has led to improved governance, record keeping and an integrated care pathway.
It was agreed the declared Never Event should be escalated to the Board for information and further discussion.

Serious Incidents
The serious incident report was discussed. It was observed that the way SIs are presented can make it difficult to track progress of incidents and to gain a perspective on the scale or frequency of some of the issues.
The Committee also asked if themes from Serious Incidents could be provided to enhance assurance around the process.

Learning from death
DW was able to confirm that significant progress had been provided, particularly in relation to clinical and directorate engagement in the Mortality Review process since the Q3 report in the pack. She commended the Mortality review for improving and providing current data. JT responded that it has been hard work; Peter Wanklyn has now completed his Medical Examiner training and will be appointed as Medical Examiner soon.

Patient Safety Strategy - The Committee discussed and approved this with the caveat of an executive summary to be included, and a leaflet to be handed out to staff.
The Patient Safety Strategy will be escalated to the Board for approval with the above caveats.

Attention to the Board:
SHMI
CQC outlier alert
Never Event
Patient Safety Strategy.

Performance Report (24 minutes)
BAF 1, 2, 3, 4, 9, 10

The Trust did not meet the Emergency Care Standard (4 hour wait) planned trajectory of 82.5% for February 2019, with performance of 81.5%. There has been an increase in bed pressures, with both Scarborough and York experiencing bed occupancy of above 90% at midnight for all but one day of the month. Bed closures as a result of flu and Norovirus have impacted on patient flow and resulted in high bed occupancy levels.

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Ambulance handovers are on the Trusts radar, and we have invited Patrick Farrell from IST to help undertake audits and process mapping on ambulance arrivals . The Trust will be planning on the back of these recommendations: Fit to Sit policies to be encouraged; streaming ambulances; improving pathways to community. The example of a blocked catheter was used – this person does not need an ambulance to take them to hospital as a District Nurse could attend.

The Trust will be working with TEWV, who provide the Mental Health Services, on alternatives to coming to ED. Also working with nursing homes and GP surgeries regarding not calling ambulances for patients who do not need one.

The Trust achieved 85.4% against the 14 day Fast Track referral from GP target in January. Performance against the 62 day target improved to 82.5% in January. There were delays to diagnostic tests; the Trust secured additional funding for diagnostics towards improving the 62 day performance. By funding additional endoscopies, MRI activity and a third CT scanner on the York site performance should improve

The Trust has seen a 3.3% increase in the total incomplete RTT waiting list at the end of February, rising to 27144. There is a significant risk that the Trust will fail to reduce the incomplete RTT waiting list to 26303 by the end of March. It was on track but the Trust had a surge of GP referrals from Vale of York CCG in February: a GP practice held back referrals for admin reasons and Advanced Nurse Practitioners in Selby may have utilized low referral thresholds. . The Trust is being pro-active with the waiting list, and communicating with surgeries.

Attention to the Board: ambulance handovers

Draft Operational Plan 19/20 (10 minutes)
BAF 1, 2, 3

The Trust has received feedback to strengthen the narrative of the Winter 2019 section of the plan . Discussions are ongoing with commissioners on the affordability of the wider plan. The Committee discussed the Draft Operational Plan, acknowledged the affordability challenge but wished to ensure a safe and quality service remains a priority and recognise the national targets as a minimum to aspire to.
Action: WS to share finalised plan with Committee by email.

CYC CQC Action plan (8 minutes)
BAF 1, 2, 10

The CQC felt the pace was slow as there is no action plan as yet. The Trust is a partner, whilst the Council takes the lead.
Frustration was expressed at the lack of leadership and defined action plan and some discussion on how the Trust might help push this forward ensued, although options acknowledged to be limited.

Attention to the Board:
CYC CQC Action Plan

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Out of Hospital Care Update paper (1 minute)
BAF 1, 2, 6, 10

The Trust has provided regular updates and are in line with the long term plan.
The Committee agreed that the themes and priorities set out in the original strategy remain relevant and should be maintained.
The Committee approved the renaming to Home First Strategy.

Quality Report and 18-19 Quality Priorities update (9 minutes)
BAF 1, 2, 3

LP highlighted the Q3 update on the 2018-19 priorities and asked the Committee to discuss and approve the priorities which had been drafted for 2019-20. The Committee discussed further priorities and once LP receives updates she will email this to the Committee, and will need approval by email.
Action: WS suggested adding ambulance handover, and new CQUINs
Action: HH suggested expanding management of viral infections
Action: include Complaints satisfaction survey, new care groups, lessons learnt.
Action: include volunteering – expand the Discharge Lounge to Scarborough, and End of Life

Board Assurance Framework – Corporate Risk Register (4 minutes)

LP highlighted the latest version of the BAF and risk register and asked if there were any updates required. It was noted that risks had been discussed throughout the meeting.

Terms of Reference (6 minutes)
BAF 1, 2, 3, 5, 6

The Committee discussed the terms of reference and LP will make the discussed amendments. LP asked the Committee to think about how the Care Groups could be aligned/ attend the meeting.

JT suggested inviting Donald Richardson in his role as Chief Clinical Commissioner.
LP circulated the Overarching Integrated Governance structure to the Committee. The Committee felt that: Nutrition Steering Group, End of Life Care and GIRFT should report here.

Work Programme (2 minutes)
BAF 1, 2, 3, 6

The proposed work programme has been circulated
Any comments to LP.

Reflections on the meeting (6 minutes)
It was felt there had been good discussion covering a range of issues and some assurance gained in relation to many of the risks discussed

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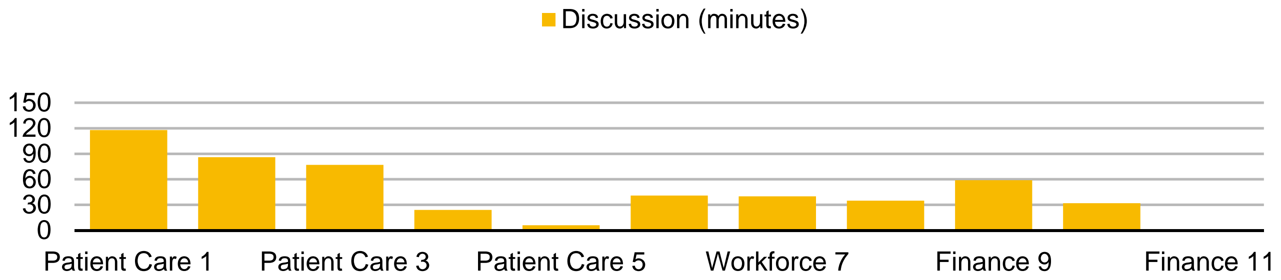

BAF Map

Any other business (4 minutes)

The Trust has received the CQC provider request, therefore an inspection is coming. There has been no request to Community as yet.

Next meeting of the Quality Committee: 29 May 2019, Cedar Room, Scarborough Hospital

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Action Log

Date of Meeting	Action	Responsible Officer	Due Date	Comments
27/3/19	To share operational plan 19/20	WS	25/5/19	
27/3/19	Add to Quality Priorities: ambulance handover, new CQUINs, management of viral infections, complaints satisfaction survey, new care groups, lessons learnt, volunteering – End of Life, expand discharge lounge to Scarborough	LP	25/5/19	
27/3/19	A short narrative or expected completion date to be included in the Target Completion date column.	FJ	25/5/19	
27/3/19	Patient Safety Strategy: an executive summary to be included, and leaflet to be handed out to staff.	JT	25/5/19	
27/3/19	Forward an expected update document on SHMI to the Chair	JT	25/5/19	

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Resources Committee – 27 March 2019

Attendance: Jennie Adams (JA) (Chair), Lynne Mellor (LM), Mike Keaney (MK), Andrew Bertram (AB), Graham Lamb (GL), Adrian Shakeshaft (AS), Brian Golding (BG), Steven Kitching (SK), Polly McMeekin (PM), Lynda Provins (LP) (for items 1-7 only), Lisa Gray (LG) (minute taker)

Apologies for Absence: Kevin Beatson (KB)

Observing: Jeanette Anness

Welcome

JA welcomed attendees to the first meeting of the Resources Committee, which JA explained will look to cover Finance, Estates, Digital and Workforce. JA additionally welcomed Jeanette Anness, Trust Governor who was observing the committee meeting to judge the Non-Executive Director's (NED's) performance to assist in their up and coming performance reviews with the Chair.

LP explained the purpose of the committee meetings was to ask questions to seek additional assurances, and not to run through the information already supplied in the committee reports pack.

JA noted her disappointment that there was not a written report for Digital, but LP explained AS wanted to come to the first meeting and establish what the NED's would like in the report. Going forwards AS & KB will issue a report for the committee reports pack.

Declaration of Interests

LP informed the committee this agenda item would feature on each committee agenda going forwards to allow committee members to declare if there was a conflict of interest for any of the items on the agenda. These will be recorded and taken into consideration throughout so as not to compromise discussions.

It was noted that BG, AB and MK had an interest in the LLP due to being the Managing Director, Director, and Chair respectively. AB noted that he would be standing down as Director on 31 March 2019, and GL would take up this role from 1 April 2019.

JA questioned whether BG was still also Director for Estates & Facilities for the Trust as well as Managing Director for the LLP. BG confirmed this was still the case for the time being.

Terms of Reference

LP asked the committee if there were any additions/amendments they wished to make to the draft terms of reference (ToR) before they approved them.

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JA pointed out that the ToR notes that papers should be available 7 days in advance of the meeting, which did not happen for the first meeting, or previous defunct committee meetings. JA noted this was unhelpful, especially now the committee meeting falls on the same day as the Board of Directors (BoD) meeting. LP noted that LG & Cheryl Gaynor (CG) had been working hard to find a way to share reports with committee members as & when they receive them (which can be up to two weeks before), before the reports are formatted & put into the full reports pack which can only be done once all reports are received. LG & CG have set up a page on the secure electronic papers page to be able to do this, and they will continue to develop this over the coming months. JA commented that this had been really helpful this month, and looked forward to see how this progresses. LP noted she will continue to work with people submitting reports to the committees to ensure they hit the report deadlines as well to enable LG & CG to publish the reports pack to the committee as set out in the ToR.

LM asked for assurance around patient safety to be added in to section 5 ‘the role and function of the committee’ as patient safety is at the heart of everything the Trust does, and JA asked for it to also come under section 2 ‘the purpose of the committee’.

JA asked for the wording for what the committee covers to match in section 3.1 and 4.1 as currently it does not.

AB requested section 5.5 be reworded as the minutes would not go to the next BoD meeting as it was on the same day as the committee meeting so it needed to be clear it would not be that same day.

AB noted section 7.1 needs ‘the’ removing before 2 NED’s.

AB queried whether JA would want members to have a discussion with her as Chair of the committee if they had additional items to add to the agenda if it was within the given timeframe, as noted in section 8.2. JA confirmed she was happy for items to be added without a discussion with her unless it was a last minute request, which she would want a conversation about first.

JA queried what the format would be when escalating issues to the Board, would it be the Chair of the Committee or the Executives? LP confirmed this was a work in progress but the Chair of the Committee should feedback about high level points only, as the Executives will feedback about key areas anyway. The committee asked for this to be added into the ToR.

The committee confirmed once the above changes had been made they were happy to approve the draft ToR to be submitted to the May BoD meeting.

Action: LP to make changes as listed above to the ToR and submit it to the May BoD meeting.

Work Programme

LP informed the committee that the work programme would be included in the committee reports pack each month for information, and to see if there were any tweaks/additions to be made.

JA & LM both asked for the Digital Report to be added to the work programme.

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AB asked the committee if they were happy to move the Data Quality Working Group (DQWG) to report to the Resources Committee rather than the Audit Committee. The committee agreed that this was a sensible fit.

AB queried whether he should continue to Chair and collate the agenda for the DQWG or whether it should become a formal assurance group with a NED as the Chair. JA agreed it made sense to discuss this at the next DQWG on 30 April 2019, and requested it be added to the DQWG agenda.

LM queried whether there would be confusion with having January listed on the work programme when the Committee only commenced in March 2019. LP confirmed this was a rolling yearly programme so it would not.

Action: LP to add the Digital Report to the work programme.

Action: AB to add a discussion on the DQWG agenda for 30 April on whether it should become a formal assurance group and who should Chair it.

Board Assurance Framework – Corporate Risk Register

Board Assurance Framework (BAF)
JA commented to the committee about the large number of BAF items that fall into the Resources Committee remit, 7 in total.

LP informed the committee that she will be reviewing the BAF on a quarterly basis with the Executive's and the next revised version would be taken to April's BoD meeting.

LP asked members to ensure that when they are reading through the reports that they are linking these to the BAF and reviewing whether there is anything that needs raising or if the scores require changing. JA enquired whether the committee is meant to be changing the score. LP confirmed that if there is a feeling a score is incorrect this should be escalated up to the BoD.

JA asked the committee if they felt anything was missing from the BAF.

LM noted the Trust needs to be clear on NHS Digital readiness against the NHS 10 year plan, and get ahead of the game. LP noted there was a current gap in this.

JA queried why there were no actions listed under the strategic goal 'To deliver safe and high quality patient care as part of an integrated system'. LP noted she was aware of this and was due to sit down with AS & KB to complete this section of the BAF.

LM informed the committee of two pieces of exciting work around digital:

1. A phone call had recently taken place with Health Education England (HEE) in regards to the Trust getting involved in '8 Dimensions of Being Digitally Ready' &
2. NHS Digital is working closely with the Trust, and is due to deliver a 2 hour session around digital at the April BoD meeting.

JA asked what feedback AS is getting from users of technology, as digital is an enabler so this is highly important. LP is to review this with AS & KB as part of their review.

JA requested that Quality Impact Assessments around the introduction of new nursing roles are added in to the workforce section.

Corporate Risk Register (CRR)
LP confirmed to the committee that as with the BAF members should read the reports with the CRR in mind, and challenge the Executives if items are not included or if there is a belief the score is incorrect on the CRR.

AS confirmed he was happy with the two items on the SNS CRR. JA worried that the SNS items were quite technical so asked for an idiots guide. AS explained that risk no. SNS1 will continue to be an ongoing security risk and it is more about when it is going to happen, rather than if it is going to happen. However it is focused on how the Trust continues to do what it can to avoid being hit by computer viruses or malware. Unfortunately it is doubtful the risk score will go below 15.

AS confirmed that risk no. SNS55 was listed on the CRR whilst the final set of disks migrated onto other systems, as it remained highly likely that there would be large amounts of system downtime. AB queried whether the risk would be removed from the CRR following the migration. AS confirmed it would be removed from the CRR however it would remain on the Directorates risk register as there was always a risk that the disks can fail.

LM noted the key thing is action taken against the risk, but also the status of the action. There are currently no review dates listed on the CRR.

BG noted to the committee that his 3 risks noted on the CRR had been there for some time however these would now be split between the Trust and the LLP, with one moving to the LLP risk register. BG noted that the CRR seemed different to the one he viewed at the Corporate Risk Committee meeting a few weeks prior. LP will raise this with Fiona Jamieson who holds the master CRR.

BG noted the risk CE6 needs to be removed.

MK raised his concerns about available capital, and queried whether a report from the LLP would be submitted to the committee about what it should be doing but can't due to reduced capital. LP confirmed BG would complete a report and this would come to the committee with a discussion also taking place at the BoD to agree capital spend.

Action: LP to work with AS & KB to update the Digital section of the BAF/CRR.

Action: LP to add in new nurse role 'Quality Impact Assessments' in to the workforce section of the BAF.

Action: LP to raise CRR version issue with FJ, and have CE6 removed.

Action: BG to submit a capital report to the Resource Committee and BoD.

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Escalated items

Review Estates and Digital Risks
See item 'Board Assurance Framework – Corporate Risk Register' for a discussion around the Estates and Digital Risks as JA confirmed the risks had been looked at throughout the CRR discussion.

Review of Hardware report
LP informed the committee that this report had been sent to them following concern at the Patient Safety Group, and the BoD agreed to escalate this to the committee to deal with.

AS felt the hardware report had come on the back of a few incidences, including a PC in the emergency department that was slow to log in, and not something that is being experienced routinely Trust wide.

AS informed the committee that previously the Trust's approach to PC hardware has been a rolling replacement programme to ensure no PC's are older than 5/6 years. Unfortunately due to cost pressures and competing IT priorities over the last 3 to 4 years the programme has not kept up pace and as a result approximately 70% of Trust PC's are now 5 years old or more.

In order to mitigate this over the last 2 years the most heavily used PC's have been replaced, followed by the oldest ones. This usually means prioritising the clinical PC's especially ones on the nurse's stations of which there are 300 across York and Scarborough. Up to 4000 users have logged onto these 300 PC's over the last six months, hence why they have been given priority.

New software was also rolled out to wards, theatres and emergency departments in 2018 to reduce log on times from 2-3 minutes to around 25 seconds. There is also a programme now which reduces the number of profiles that can be logged into a PC at any one time as this can dramatically slow down the PC function if a lot of people are logged in.

AS confirmed the IT team are currently evaluating what the best options are to support the Trust's desktop needs for now and in the future. One option being considered is use of 'virtual' desktops in key areas, one advantage being quicker log in times, however this would be more expensive than just replacing the PC's. The team are looking to pilot this and AS will ensure updates are given to the committee through the Digital Report.

AS noted there is a need to upgrade to Micro ID however 400 PC's were unable to do this so they need to be replaced first.

AS confirmed engineers do ward walk rounds to assist staff if there are any PC problems, and PC replacements are sought where required.

LM noted a virtual desktop would be good to consider but queried how it links to the Cloud strategy, as when you move into the Cloud application you can log in within seconds. It would be good to see how the PC's and background link together.

LM commented that at a Digital event she had attended there was one Trust she spoke to who felt Cloud was helpful as you don't have to stick with just one provider, there are many to choose from. LM asked for this to be looked at, as it is something the Trust can take advantage of as there are many benefits for staff and patient access. One benefit being

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the ability to seamlessly move from a Trust site to a patient house whilst being able to access all the information required digitally.

JA pointed out following AS' comments that it was more than a few PC's that had issues with logging on. JA is aware of many PC's that have this issue following patient safety walk rounds across the Trust sites, with some log ins taking up to 10-15 minutes. More needs to be done in terms of talking to end users.

JA noted that issues were also with EPMA. JA suggested that this topic might be worthy of escalation to the Board for further discussion.

AS confirmed that hardware issues were not currently listed on the CRR as it had been reviewed as if one PC has problems it won't stop people working as there are others to use, however he noted that if lots of PC's are experiencing this problem it does have an impact.

PM pointed out that when you weigh it up against productivity it is a huge cost, especially if MDT doesn't work.

AB asked AS if information on log in times could be made available to the committee as this would be useful to confirm if this is a problem right across the Trust. AS confirmed this could be done and would bring it in the next report to the committee.

LM queried whether the Trust could audit real time information? AS confirmed the Trust used Lakeside last year to gather this information but it would only give the Trust a way to identify which ones need replacing. LM noted it helps to map a case for change.
JA and LM felt that this would be a perfect candidate for a lean process improvement project.

Action: AS to give updates via Digital Report about the virtual desktop pilot.

Action: AS to compile data on log in times and to report back to the committee

Attention to the Board: IT challenges from legacy hardware and software – impact on staff productivity and care.

Board Report

LP informed the committee this report should be used to pick up anything that was not included in the reports which the NED's required further information/assurance on.

The committee did not have anything further to raise but LM commented that it was good to have an executive summary and key points at the beginning of each section.

Director of Estates & Facilities Report

BG confirmed to the committee that as the Director of Estates & Facilities for the Trust he has 3 key functions:

1. Non-clinical Health & Safety
2. Sustainable Development

3. Compliance – holding the LLP to their standards.

The master services agreement contract between the Trust and LLP has been submitted to the March BoD meeting for approval. The contract sets out how the Trust will manage the LLP.
BG informed the committee that the key highlight for the LLP is that at month 5 it is delivering against its financial plan.

BG confirmed the LLP has 3 key objectives for the first full year of operation:
1. Stabilisation
2. Development
3. Growth.

The third BG noted could not be achieved until the first two objectives had been met.

LM remarked that the objectives were good, and that for any new business set up the mind needed to be on the bottom line. The LLP needs to always be looking at ways to make improvements to drive efficiencies. BG confirmed a business plan was being worked up and it would be submitted to the Board in the next few months.

Workforce
BG informed the committee that the closure of band 1 posts took place at the start of December 2018, which has created a gap in recruitment however there are now plans in place to transfer most band 1 posts to band 2 posts. There remains a large number of staff worried about the extra responsibility and some who do no wish to transfer to the higher band. The difference between the band 1 and band 2 posts is having the knowledge of why they are completing certain duties, and knowing when to raise concerns, therefore further training of staff would be completed.

BG & PM noted that the Trust is seeking to be an employer of choice due to the new pay rates & development opportunities.

LM commented it was great that staff will be given the chance to gain more knowledge, and queried whether we had certain staff championing additional training to try encouraging others to make the move from band 1 to 2. PM confirmed that most of the resistance to move bands was due to government benefits, as many would lose these if they were given an increase in pay and not the additional training they would need to complete. LM asked if there was anything that could be done in regards to pay to close the gap, but PM said there was nothing happening nationally to reduce this. BG hoped that following work with Selby College that champions would naturally occur.

PM noted the amount of band 1's that remain in the LLP will be monitored over the next year, as it is expected pressure would be put on the Trust/LLP to totally eradicate band 1's longer term.

Clinical Waste
BG updated the committee in regards to the clinical waste which was still causing a risk to the Trust operationally and financially. The previous provider who had a national contract with approximately 40 Trusts was shut down by the Environment Agency. The Trust was then transferred to a new contract by NHSI however the replacement contractor has not been able to fulfil its contract meaning the LLP waste team is having to try to manage by storing the clinical waste on site as it is not being collected. BG noted that there was not enough incineration capacity nationally, so any company would fail to deliver.

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The committee noted the continued risk in terms of standards and additional and significant cost pressures.

Health and Safety
BG noted the H&S report covers both the Trust and the LLP. The key thing to note is that no serious incidents (RIDDORS) have been reported to HSE this quarter, however there have been 13 incidents so far this year. BG queried whether the committee would like to see a breakdown of the incidents in later meeting reports? The committee agreed this would be helpful as it would help spot any ~~alarming~~ trends.

Model Hospital
BG informed the committee the key highlight in terms of estates and facilities was that the Trust was performing above the national average with the exception of 3 domains:

1. Cleaning
2. Grounds & Gardens
3. Water & Sewerage.

BG confirmed he has met with NHSI to discuss these 3 domains. Currently the Trust is spending more than the average. SK noted it should be kept in mind the unusual way the Trust site is laid out compared to other Trusts when discussing these domains.

Sustainable Development Update
BG informed the committee the key things to note in the report are as follows:

1. Air quality is going to be pushed nationally

   LM commented on how the Trust could monitor this through a cut to the number of meetings between York & Scarborough, using the digital agenda.

2. The 'travel plan' is now ready to be launched – this will help support air quality

   JA queried whether previous concerns which had been discussed and raised at the old Environment and Estates Committee had been taken into consideration for the final version of the Travel Plan. BG confirmed they had. JA remained concerned that clinical staff, working irregular and unsociable hours are not prevented from using their cars, and queried whether changes to parking permits would cause issues for the recruitment and retention of staff. The review of permits will pick this up, and it was confirmed PM and Staff Side are feeding into the review of permits, and a pragmatic approach would be taken when the criteria is set so as not to penalise these members of staff. If anything it should reduce the stress when trying to find a parking space on site.

   LM questioned how the Trust was going to measure its success in increasing teleconferencing to reduce travel across sites and whether more areas than teleconferencing needed to be included, like using sharing platforms to pass on information. It was agreed AS & KB would work with BG on overall sustainability to help reduce travel/printed paperwork from a digital perspective.

   AS informed the committee it would be helpful to recruit IT champions across the Trust to encourage people in all areas of the Trust to work in other ways digitally. LM noted if

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people had laptops they could instantly Skype or instant message. AS noted the Trust cannot currently Skype as it is not set up, as we do not use NHS Mail. LM asked for the costs between Skype and WebEx could be looked into as WebEx can be costly. AS & LM to discuss outside of the committee.

JA felt the sustainability action plan was too big and needed to identify key priorities more clearly to make it achievable however BG noted that it was not just Jane Money working on these actions, she was linking into different work streams for the actions to be completed.

3. The new hospital Park & Ride scheme will commence on 29 April 2019

PM noted the Park and Ride scheme was really positive especially as the parking permit review is due to be undertaken, as staff will have the option to use this scheme.

JA noted there appeared to be some concern over the time of the last bus back to the Park & Ride not fitting with the end of shifts. BG confirmed shifts had been taken into consideration, and that it would be reviewed throughout the trial period, so times could be altered if all partners were in agreement.

BG commented that the Park and Ride may not be the solution for all staff.

4. The committee is asked to recommend to the March BoD meeting to approve the hyper hub at York Hospital.

It was noted that anyone with an electrical car could use these but it was predominantly aimed at taxi drivers. The City of York Council approached the Trust about this, and will fund any work that is required to input these on the hospital site. The committee felt this installation would help with the aim of improving air quality in the City.

5. The first case study on sustainable care models which shows a reduction in carbon emissions.

JA commented that the Trust doesn't always think about the impact on the environment when looking at service changes. The Trust/LLP needs to ensure it continually thinks of the green impact.

Action: BG to add in a breakdown of H&S RIDDOR incidents into his report.

Action: LM & AS to discuss differences in costs between Skype and WebEx.

Attention to the Board: The committee recommends approval of both the Travel Plan and Hyper Hub.

Director of Workforce Report

PM advised that the January sickness absence rate 4.87% was an increase to the previous month, but a reduction in comparison to the same time last year. PM confirmed the Trust has seen an increase in gastrointestinal episodes, equating to 1000 days lost. The LLP's sickness absence rates are steadily rising and this will continue to be reviewed.

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PM confirmed a revised sickness process has now been rolled out for Junior Doctors to improve consistency and to ensure data is not lost between rotations. The improvements address concerns raised at the Junior Doctors forum and through an internal audit report on sickness absence.

PM noted the nurse vacancy rate had seen a high uptake in shifts being filled by bank staff in February however the Trust saw its highest rates of unfilled shifts since the same month last year.

The Trust at the end of February was reporting a vacancy position on 15.35% therefore during March significant work has been undertaken to try and increase recruitment to hot spot areas across the Trust. Bespoke recruitment events have taken place at York Hospital, Scarborough Hospital and the University of York resulting in 47 nurses being offered appointments, the majority are due to graduate in the autumn.

In addition the Trust has worked with three recruitment agencies and undertaken Skype interviews with nurses based in the United Arab Emirates, India and the Philippines, resulting in 30 additional nurses being offered appointments. For both groups the onboarding process will commence early to ensure they remain committed to the Trust.

LM noted the work was great to reduce the vacancy rate, and expressed how fantastic it was that the recruitment team had been utilising Skype to undertake interviews nationally. PM noted that previous attempts to utilise WebEx had failed so SNS agreed to upload Skype to 4 of HR's PC's to allow the interviews to take place via Skype as Trust PC's do not have Skype as standard. LM noted she was keen to get on the front foot with digital and this was a great way forward, and asked for information to be cross shared with BG.

JA noted that the unfilled shifts appeared to be for the same, high acuity, areas on most occasions and asked what else the Trust can do to mitigate this? PM confirmed that the recruitment drive that had taken place throughout March and appointed 77 nurses had been assigned to these specific areas to help alleviate the problem.

PM confirmed medical vacancies on the East Coast have reduced to 15.3% which is a reduction from 21% in June 2018. MK commented that the Scarborough work being undertaken was fantastic and queried whether the work that the recruitment team had been undertaking to increase medical staff was going to continue. PM confirmed that Corporate Directors had signed off this work to continue for another 12 months. In addition to this the Trust is working with HEE to ensure that doctors are securing places with the Trust when training with the Trust. Phil Dickinson's SLAM course was proving popular too, and the next one is running in May 2019.

JA asked whether the Trust could look to incentivise staff for hot spot areas, for example free parking, medical staff coming in half way up the pay scale. PM noted that medical staff are more interested in job plans, research and teaching and where there are long standing vacancies the Trust is looking to train people up. The Trust has also managed to recruit good locums onto our payroll through offering these rather than looking at it from a monetary factor. The Trust has built attractive job plans within the main centre but within this it includes working out of hours in Scarborough/Bridlington where there is a struggle to recruit consultants.

PM advised that the HR team has been holding Stay Conversations with staff members who have been encouraged to contact them if they are thinking of leaving the Trust to discuss their reasons why and to seek solutions where possible in the hope they will stay

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with the Trust. Several people who have made contact this has been possible, and they plan to remain with the Trust. The feedback is also helping assist the Trust's Talent Management Strategy. One of the key reasons staff want to leave is the lack of staff development.

AB questioned whether the Trust calls leavers after 3 months to see if they would consider returning to work for the Trust, as it previously worked well when they tried this initiative in Theatres. PM confirmed that the previous Chief Nurse was not keen on the idea, so the Stay Conversations scheme was implemented however PM will pick this up again when the new Chief Nurse is in post to see if this could be explored further.

PM commented that the buying and selling annual leave scheme for 19/20 attracted 653 applications, which is a 350% increase since the scheme was introduced in 2011. The NHS has committed to rolling this scheme out nationally via a framework but the Trust believes its own scheme will be unaffected by this.

Action: PM to explore "grass isn't greener" follow up contact with leavers with new CN

Finance Report

GL reported the month 11 financial position for the Trust. The Trust is reporting an income and expenditure deficit of £13.8m, therefore reporting a £5.8m adverse variance to plan after all Provider Sustainability Funding (PSF) adjustments.

NHSI will assess the Trust's underlying performance before PSF, and on that basis the Trust is reporting a £0.1m adverse variance to pre-PSF plan, which is an improvement of £0.5m reported at month 10.

GL predicted the Trust would deliver to plan for the financial year 2018/19 after reviewing the forecast work which has been undertaken however, one of the risks to this was the Trust's expenditure for the rest of the year. AB noted that processes were in place to scrutinise all spending, and if there was no risk to patient safety staff were being asked not to place orders within this financial year.

GL confirmed the Trust is continuing to work with the three CCG's on the AIC agreement as there is disagreement on the activity and clauses within, and the Trust is currently owed money from the AIC.

AB informed the committee that the income side could end up being £1m out, which would mean the Trust misses Q4 PSF, but everything was being done to close this gap.

JA questioned whether the Trust had a shortfall of £5m+ due to missing out on Q1, 3 and 4 ECS, AB confirmed this was the case.

MK queried whether there was any financial penalty if we did not achieve the 18 weeks waiting time target. AB confirmed that currently there was no financial penalty but the Trust will be in trouble with NHSI and be expected to recover this next year.

JA noted that the agency spend was down, and queried what influence the Directors had over this? AB informed the committee that himself, PM and the Medical Director had an influence on high cost vacancy rates, and these had to be approved by them, and the

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team negotiating costs were working hard to bring these down, whilst ensuring patient safety.

JA noted the Trust's potential end of year position and queried what the picture was like nationally. AB confirmed nationally it was a grim outlook, with a total deficit of £2.8b. JA commented it would be helpful to see how the Trust has progressed over the years, to give a better understanding of how the Trust is performing. AB agreed to bring a report to the committee with this information once the Trust has the full Q4 detail.

Action: AB to submit a report detailing the Trust's long term financial performance and progression over the years.

Efficiency Report

SK informed the committee that the Trust is reporting at month 11 a Cost Improvement Programme (CIP) of £23.6m which is £1.9m over the 2018/19 target. The 2019/20 target is set at £17.1m with plans of £13.2m.

SK noted the key risks to the programme is £13.4m in 2018/19 is recurrent delivery, and in 2019/20 there is a planning gap of £3.9m, with high risk plans of £1.3m. SK confirmed the planning gap however was not unusual at this time of year.

A key driver going forwards is the system offering a cash bonus.

The Trust is starting to switch from in year planning to sustainable transformational planning. This year the move to the LLP was a big plus, delivering £3.5m recurrently.

SK informed the committee that the Trust moving to the Care Group Structure this coming year may contain some short term risks while key people are identified however it would bring longer term benefits.

JA and LM both noted their gratitude on achieving delivery this year.

LM made a suggestion on transformation, asking what the Trust can do when comparing it to the NHS Plan. AB noted that work was ongoing with the CCG's to make changes. For example outpatients - a GP will currently see a patient, and may then refer the patient to the Trust. However the Trust is looking for the GP to see the patient, and then the GP to consult with a specialist at the Trust before putting in a referral as it may not be required, and would in some instances avoid the patient becoming an inpatient. The CCG's are keen for the Trust and primary care to do more with what we have to avoid CCG growth.

Tender Report

AB confirmed that the Trust had adequate skilled personnel to cope with what was listed on the Tender report. The committee had no further questions, but AB noted if anyone did after the meeting they could pick them up with him.

Draft Operational Plan

GL noted that there were two papers within the reports pack, one for the Trust and a separate one for the LLP.

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The reports present the final version of the operational plan including details of the control total and other support funding being allocated to the Trust for 2019/20. These will form the basis of the submission to NHSI (deadline 4 April), which the BoD will be asked approve.

The Trust's draft plan was previously submitted to the January 2019 BoD meeting.

The BoD approval of the submission includes the Trust confirming its acceptance of the Control Total for 2019/20.

GL informed the committee that the income and expenditure within this plan has been developed using PbR in line with the NHS Standard Contract as no agreement has been reached yet over what form the AIC contract will take with the three CCG's. The Trust has every intention to enter into an AIC with the CCG's. Once sign off has been agreed, and signed off by both regulators as an agreed deviation away from the NHS Standard Contract a memorandum of understanding will be drawn up that will sit on top of the NHS Standard Contract.

GL confirmed that the payment reforms, control total and support funding sections remained the same as was in the draft report submitted to the BoD in January 2019.

The income and expenditure plans section includes an income increase from commissioners and other sources of £47.8m in 2019/20 compared to the previous year's plan baseline. This is primarily based on agreed system activity level increases to meet known access targets for 2019/20 and the revised PSF, MRET and FRF payments.

The CIP of £17.1m (3.4%) has been assessed, which comprises the national requirement of 1.6% plus an assessment of non-recurrent delivery from 2018/19 rolling forward into 2019/20.

GL asked the committee to note the marginal changes between the draft and final version of the operating plan which is detailed in section 5 of the report, whilst noting the main financial risk is that there was no signed contract with the three CCG's.

JA pointed out the increase in Clinical Negligence Scheme for Trusts (CNST) premium payments which have been rising rapidly in recent years and are now around £15m for 2019/20. The increase for the Trust is much higher than the national average. AB confirmed that this was a significant cost pressure but that other Trusts had similar or higher premiums.

JA made the link to large scale maternity related claims and wished to seek assurance around our learning from past claims in this area.

JA questioned whether the BoD was going to have a closer look at the Capital Programme. AB confirmed he was worried about the capital programme as currently it is overcommitted and there is not much in there. AB confirmed that himself and BG were going to be going through the programme in detail with Directorates to prioritise essential work and agree a programme. AB confirmed this would be raised at the BoD meeting.

Action: JA to communicate with Chair of Quality Committee around learning from clinical negligence claims

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Action: AB & BG to meet with Directorates to prioritise Capital Work Programme.

Attention to the Board: JA confirmed the committee was happy to recommend to the BoD approval of the control total for 2019/20.

Attention to the Board: AB and BG to raise the issue of the Capital Programme being overcommitted.

Digital Report

No report was submitted to the committee this month for discussion, but Digital was discussed throughout the meeting. AS & KB are now clear what to include in the report going forwards.

Action: AS & KB to ensure a Digital Report is submitted to each Resources Committee meeting.

Data Quality Group Update

See item 'Work Programme' for an update on the Data Quality Group.

Information Governance Executive Group

AB confirmed the minutes of the last Information Governance Executive Group was included in the meeting pack for information.

No queries were raised in relation to the minutes.

Reflections on meeting

JA expressed her feeling that there was a lot on the agenda to discuss in a 2.5hour meeting but noted as it was the first meeting of the Committee there were several agenda items that needed to be discussed/agreed at the beginning which wouldn't be the case going forwards.

The Committee agreed with JA's comments, and will continue to review the situation going forwards.

Any other business

No other business was discussed.

Consideration of items to be escalated to the Board or Quality Committee

The meeting closed and met with the Quality Committee to agree which items needed escalation to the March BoD meeting.

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Action Log

Meeting Date	Action	Owner	Due Date	Completed
27.03.19	LP to make changes to the ToR and submit to the May BoD meeting	LP	May 2019	
27.03.19	LP to add the Digital Report to the work programme	LP	May 2019	
27.03.19	AB to add a discussion on the DQWG agenda for 30 April on whether it should become a formal assurance group and who should Chair it	AB	April 2019	
27.03.19	LP to work with AS & KB to update the Digital section of the BAF/CRR	LP	May 2019	
27.03.19	LP to add in New nurse role 'Quality Impact Assessments' in to the workforce section of the BAF	LP	May 2019	
27.03.19	LP to raise CRR version issue with FJ, and have CE6 removed	FJ	April 2019	
27.03.19	BG to submit a capital report to the Resource Committee and BoD	BG	May 2019	
27.03.19	AS to give updates via Digital Report about the virtual desktop pilot	AS	Ongoing	
27.03.19	AS to compile data on log in times and to report back to the committee	AS	May 2019	
27.03.19	BG to add in a breakdown of H&S RIDDOR incidents into his report	BG	May 2019	
27.03.19	LM & AS to discuss differences in costs between Skype and WebEx	AS	May 2019	
27.03.19	PM to explore "grass isn't greener" follow up contact with leavers with new CN	PM	August 2019	
27.03.19	AB to submit a report detailing the Trust's long term financial performance and progression over the years	AB	July 2019	
27.03.19	JA to raise clinical negligence claims learning with LB (Chair of Quality Committee)	JA	April 2019	
27.03.19	AB & BG to meet with Directorates to prioritise Capital Work Programme	AB & BG	April 2019	
27.03.19	AS & KB to ensure a Digital Report is submitted to each Resources Committee meeting	AS & KB	Ongoing	

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NHS
York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 May 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	☒	For approval	☐
For discussion	☐	A regulatory requirement	☐
For assurance	☒		

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 aligns to the newly approved Patient Safety Strategy.

Executive Summary – Key Points

This report provides an update on:

- Patient Experience
- Workforce
- Infection Prevention and Control
- Care Quality Commission preparation
- Hello My Name is – planned refresh

For specific attention:

- Nurse staffing levels, specifically in Scarborough acute site continue to be challenging. The Trust Board is fully sited on the emergent safe staffing challenges over the summer months. Both newly qualified and international recruitment RN is very positive, but neither will impact until the autumn.

- Infection Control, specifically the C. Difficile position and C. Difficile major outbreak on the Scarborough site. The assessment and control measures being adopted to address the infections and the challenges.

- 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 root cause was identified. The Trust is being supported by PHE to undertake an epidemiological study to assist in identifying a specific root cause.

- 'Hello My Name Is'. Following a rise in formal complaints associated with staff not introducing themselves and the findings of the 2018 NHS Inpatient Survey by the request of the Patient Experience Team and Matron Team the Trust has agreed to fully refresh the Hello My Name Is Campaign and the Trust Board are asked to give their full support to this.

Author: Helen Hey, Interim Chief Nurse

Executive Sponsor: Helen Hey, Interim Chief Nurse

Date: May 2019

1. Patient Experience and Communication

Trust Board should note that the following reports are presented in May 2019:
- Q4 Patient Experience Report
- Complaints Annual Report 2018/19

The Trust received 38 formal complaints in March 2019. The main themes are:
- Clinical Treatment
- Patient Care

As previously reported to Trust Board, the Directorate performance for responding to complaints within 30 days continues to be below target. The delivery of this target and the associated accountability needs to form a major component of the governance arrangements for the newly established Care Groups from August. The Chief Nurse has written to all newly appointed Care Group Directors and invited them to nominate their key leads for complaints management. The July Patient Experience Steering Group, has been rearranged to deliver a workshop, in order to engage with the Care Groups, so they can influence the operational management of the complaints process and the revisions to the new Complaints Policy.

In response to feedback from service users in relation to communication, specifically:
- An increase in complaints related to staff not introducing themselves to patients
- NHS National in-patient survey 2018 where the Trust scored in the bottom 20% of Trusts to 'did you know which nurse was in charge of looking after you?'

The Chief Nurse discussed the options of fully refreshing the Trusts' approach to 'Hello My Name Is' with the Matron and Patient Experience Teams. Both teams were really enthusiastic to deliver a refreshed campaign to improve this aspect of our care. A paper has been presented to Corporate Directors and the proposal to deliver a new campaign from September 2019 has been approved with full support. The Trust Board is asked to support this proposal and engage with the planned activities this September.

The change from Friends and Family Test to Fast Feedback Tool has been enacted; however, the Trust is awaiting formal guidance from NHSI/E on the measurement. The Trust continues to perform positively for satisfaction either at or just above national average. The main concern reported by the FFT is long waiting times and communication in both Emergency Departments (ED); this triangulates with our ED performance. Assurance is sought daily on how nurses and other care staff are supporting people who are waiting in EDs, specifically in the morning.

Following the successful rollout of FFT text messaging for out-patients in February the team have progressed this work and delivered FFT text messaging for all inpatient areas in March. The team will be monitoring the feedback to see if this new method of communication adds value.

In March, the Trust reported the positive volunteer recruitment activity and since then the focus from the volunteering team has been to train and place volunteers where they can have the most significant impact. This has increased our active volunteer numbers by 44 to 289. The next planned recruitment cycle is in July 2019.

Currently the Volunteer Team is working with Communications Team on the visual image of Volunteer Services. The aim is to have a set or professional materials for the use in advertising and at engagement events.

2. Infection Prevention and Control

Trust Board should note that the following report is presented in May 2019:

- Q4 Infection Control Report

2.1 Norovirus - update

As previously reported the Norovirus infection outbreaks in both acute hospitals between January and March 2019 significantly impact our patients and staff. Patients and staff were unwell and areas had to be closed. This further impacts patients as capacity was reduced resulting longer waiting times in Emergency Departments and the inability to treat as many patients as planned.

A comprehensive action plan has now been generated and circulated to the attendees of the system meeting.

The Trust has started to deliver some local actions. A key action is to develop and deliver and system wide approach to viral outbreak and Tom Jacques, Lead Nurse will deliver this work stream with appropriate key stakeholder. An update on this activity will be delivered to the July Trust Board, with a final version of a system plan to be approved by the September Trust Board.

2.2 MRSA on SCBU York - update

During February and March there were 6 cases of MRSA colonisation on SCBU. No babies developed a bacterial infection and therefore, as with the previous period of increased incidence there was no harm to babies. Whilst the period of increased incidence ended this nevertheless is concerning.

The organism is similar to an organism detected during a period of increased incidence in 2016. This is highly unusual and a specific root cause has yet to be determined.

The Trust has delivered a number of remedial actions and enhanced some aspects of clinical care on the unit. An opportunity has arisen to move some office space and create improved storage on the unit, which has been delivered immediately.

Public Health England (PHE) is supporting the microbiology team and will visit the Trust to undertake an epidemiological study. This indicates that the organism source may be one single member of staff that carries the organism transiently. The SCBU Team will be fully supported during the PHE activities and if a single source is identified that member of staff will be further supported.
There are no specific concerns maintaining activity on the unit and the Senior Nurses and Matron will support parents who have any questions.

2.3 Clostridium Difficile

The Trust is experiencing a high number of C Difficile cases with 9 reported on the York site and 10 on the Scarborough site. This is 9 over the annual trajectory for the Trust.

Both York and Scarborough incidence is concerning but the outbreak is of significant concern on the Scarborough site. Scarborough only had 3 C Difficile cases attributed in 2018/19 so this outbreak is a major concern.

All Trust infection control activities have been placed under scrutiny and an action plan has been developed and is being delivered.

Two specific concerns at the Scarborough site is the inability to deep clean and HPV areas due to operational demand and the challenges the Trust faces with timely discharge to Care Homes or packages of care in peoples' own homes. The CCG are fully aware of the requirement to clear ward spaces to HPV and are supportive of the Trusts' actions.

The second concern is the ward layout, specifically, Anne Wright and Graham Wards. Graham Ward has been fully closed during the outbreak. The two wards, as previously reported, are listed on the Chief Nurse Corporate Risk Register.

The Trust Board is specifically asked to recognise the challenges that reportable infections are causing both in terms of the impact on patients and staff and the impact the level of infection is having on delivering constitutional targets. Future planning requirements will need to acknowledge the absolute need to create some decant space on the Scarborough acute site.

3. Nurse and Care Staffing Report

Trust Board should note that the following report is presented in May 2019:

- Biannual Acuity and Dependency Audit

As the Trust Board is in receipt of the Biannual Acuity and Dependency Audit which contains a large volume of data in relation to nurse staffing levels, this report contains:
- Vacancy position data and associated narrative

- Recruitment update
- Specific description in relation to registered nurse staffing levels on the Scarborough site

Nurse and care staffing remains challenging and is included on the Chief Nurse risk register.

3.1 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 April 2019 overall planned versus actual

Registered Nurse		Care Staff	
Day	Night	Day	Night
93.6%	93.1%	125.6%	126.1%

From the data presented in Appendix 1, 18 wards are identified as challenged from a Registered Nurse (RN) numbers perspective, having less than 80% fill rate on either the day or night shift or both. However, 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.

Of particular concern is the challenging position on the Scarborough site with excluding ICU, 5 wards have achieved less than 70% fill rate during the day. Whilst this has been offset by very high Care Staff fill rate this does not eliminate the risk associated with having fewer registered nurses than planned on some shifts. Work is being undertaken to specifically examine RN staffing on the Scarborough site.

3.2 Nurse Recruitment

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

- Bespoke recruitment continues to operate effectively across specialty areas
- International recruitment is underway with the first recruits arriving 24 May 2019 and a further cohort to commence in June 2019
- Local recruitment events held have yielded a similar cohort of newly qualified nurses for York, site but satisfyingly a much higher number for Scarborough for this autumn

- The Senior Nursing Team delivered a really high profile celebration of International Nurses Day on all sites including community units. The days generated a great deal of interest on social media

3.3 Trust wide and site nurse and care staffing data

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

Nurse Midwifery and Care Staff – Staffing Data - April 2019

Trust wide

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
													WTE			%		
	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3
Grand Total	1,648.65	60.37	908.76	1,351.78	74.67	855.04	23.00	0.00	1.53	24.44	0.00	8.00	295.43	-14.30	47.25	17.92%	-23.69%	5.20%

York Acute Hospital

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
													WTE			%		
	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3
York	844.39	42.81	475.03	697.52	52.37	432.56	12.8	0	1.53	17.44	0	1	142.23	-9.56	43.00	16.84%	-22.33%	9.05%

Scarborough and Bridlington Acute Hospitals

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
													WTE			%		
	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3
Scarborough	498.25	17.56	306.71	364.56	19.30	303.26	10.2	0	0	3.8	0	6.2	140.09	-1.74	-2.75	28.12%	-9.91%	-0.90%

Community Services

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
													WTE			%		
	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3
Community	127.13	0.00	81.70	110.45	3.00	76.11	0	0	0	2.4	0	1.8	14.28	-3.00	3.79	11.23%	0.00%	4.64%

Midwifery

	Budgeted Establishment			Staff in post			Confirmed Leavers			Starters in next 3 month			Net Vacancy					
													WTE			%		
	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3
Midwifery	178.88	0.00	45.32	179.25	0.00	43.11	0	0	0	0.8	0	0	-1.17	0.00	2.21	-0.65%	0.00%	4.88%

The data represents a declining picture specifically on the Scarborough site which for RNs has seen a decline from 24.4% vacancy in March to 28.12% in April. The position has improved marginally in York.

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 acuity and dependency data is provided in a separate report this month. The next six monthly episode of data collection is in June 2019 and will be reported in September 2019. The teams will work to realign the staffing data to the new Care Groups from September 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 underway and will be reported to the July 2019 Quality Committee.

4. Care Quality Commission

The Trust has received the formal request for information to be submitted to the CQC as part of the routine formal inspection process. The Trust has completed the electronic submission for all requested material.

The Trust can expect to receive a letter with a specific date for the CQC to conduct a well led review and between that date and the date of the receipt of the letter the Trust can expect an unannounced visit of a range of the services delivered.
At the last inspection undertaken in 2017, whilst the Trust achieved a high number of 'GOOD' ratings the overall rating was 'REQUIRES IMPROVEMENT'. The Trust is aiming to achieve 'GOOD' this time but is conscious that this is on the backdrop of a number of challenges, all of which are discussed at Trust Board and reflected on the Trusts' Corporate Risk Register.

The CQC have conducted a number of focus groups and all main sites and one in the community.

All Matrons, Managers and the newly appointed Care Group Directors are in receipt of a CQC tool that they can use with their teams to help staff feel prepared and supported for the visit.

5. Detailed Recommendation

Trust Board is asked to accept this report for information.

Trust Board is asked to acknowledge the declining Registered Nurse staffing position at Scarborough acute site.

Trust Board members ask asked to support Infection Control activities and ensure this is a focus of Board level walkabouts.

Trust Board is asked to fully support the 'Hello My Name Is' refresh planned for September 2019.

Appendix 1

Safe Staffing (Rota Fill Rates and CHPPD) Collection																				
		Only complete sites your organisation is accountable for			Day				Night				Care Hours Per Patient Day (CHPPD)				Day		Night	
Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Ann Wright	430 - GERIATRIC MEDICINE		1,261.00	861.5	768	1,199.50	660	660	660	714.67	501	3.0	3.8	6.9	68.3%	156.2%	100.0%	108.3%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Ash	100 - GENERAL SURGERY		834	823	785	785.25	630	641.5	0	374.75	409	3.6	2.8	6.4	98.7%	100.0%	101.8%	-
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Beech	300 - GENERAL MEDICINE		1,221.00	985.5	1,602.50	1,622.25	990	1,004.75	990	987.5	889	2.2	2.9	5.2	80.7%	101.2%	101.5%	99.7%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Cherry	326 - ACUTE INTERNAL MEDICINE	300 - GENERAL MEDICINE	1,973.00	1,331.00	1,612.50	1,630.25	1,602.75	1,118.50	1,290.00	1,295.00	698	3.5	4.2	7.7	67.5%	101.1%	69.8%	100.4%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Chestnut	301 - GASTROENTEROLOGY	300 - GENERAL MEDICINE	1,220.00	1,113.50	1,364.75	1,475.75	660	660	990	1,031.75	801	2.2	3.1	5.3	91.3%	108.1%	100.0%	104.2%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Coronary Care Unit	320 - CARDIOLOGY		2,386.00	1,463.50	778.5	955.75	1,320.00	999.5	330	911.75	565	4.4	3.3	7.7	61.3%	122.8%	75.7%	276.3%

RCBCA	SCARBOROUGH GENERAL HOSPITAL	Duke of Kent	420 - PAEDIATRICS		1,497.50	1,463.25	790	659.5	660	676.08	330	331	214	10.0	4.6	14.6	97.7%	83.5%	102.4%	100.3%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Graham	430 - GERIATRIC MEDICINE		856.75	801.17	979	1,080.00	660	671	660	631.83	498	3.0	3.4	6.4	93.5%	110.3%	101.7%	95.7%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Hawthorn	501 - OBSTETRICS		2,406.25	2,352.75	843	817	2,070.00	2,070.00	690	667	160	27.6	9.3	36.9	97.8%	96.9%	100.0%	96.7%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Holly	110 - TRAUMA & ORTHOPAEDICS		1,220.75	800.5	966	1,512.00	630	640.5	630	847.83	566	2.5	4.2	6.7	65.6%	156.5%	101.7%	134.6%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Intensive Therapy Unit	192 - CRITICAL CARE MEDICINE		2,736.00	1,827.00	795.5	335.5	2,070.00	1,760.75	345	35	126	28.5	2.9	31.4	66.8%	42.2%	85.1%	10.1%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Lilac	101 - UROLOGY		1,590.17	1,177.92	1,456.00	2,403.67	630	892.5	630	1,197.50	918	2.3	3.9	6.2	74.1%	165.1%	141.7%	190.1%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Maple	100 - GENERAL SURGERY		1,608.00	1,343.08	966.25	1,310.25	945	1,048.83	630	663	607	3.9	3.3	7.2	83.5%	135.6%	111.0%	105.2%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Oak	430 - GERIATRIC MEDICINE		1,341.42	1,128.92	2,067.17	2,286.25	990	902.83	990	1,272.25	965	2.1	3.7	5.8	84.2%	110.6%	91.2%	128.5%
RCBCA	SCARBOROUGH GENERAL HOSPITAL	Stroke	328 - STROKE MEDICINE		1,572.63	1,091.58	736.5	1,096.50	945	833.5	315	596.92	430	4.5	3.9	8.4	69.4%	148.9%	88.2%	189.5%
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL	Johnson	430 - GERIATRIC MEDICINE		906.5	859	1,344.00	1,424.00	630	619.5	315	482.75	804	1.8	2.4	4.2	94.8%	106.0%	98.3%	153.3%
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL	Kent	110 - TRAUMA & ORTHOPAEDICS		1,104.25	863.5	863	700	630	399	0	94.5	96	13.2	8.3	21.4	78.2%	81.1%	63.3%	-
RCBNH	BRIDLINGTON AND DISTRICT HOSPITAL	Lloyd	100 - GENERAL SURGERY		969.5	479.5	650.75	337.5	189	84	189	84	25	22.5	16.9	39.4	49.5%	51.9%	44.4%	44.4%
RCB55	YORK HOSPITAL	11	100 - GENERAL SURGERY		1,603.25	1,319.07	953	1,323.50	660	661.75	660	774	840	2.4	2.5	4.9	82.3%	138.9%	100.3%	117.3%
RCB55	YORK HOSPITAL	14	100 - GENERAL SURGERY		2,251.25	1,974.08	1,385.00	1,373.92	1,035.00	1,008.75	690	719.5	752	4.0	2.8	6.8	87.7%	99.2%	97.5%	104.3%
RCB55	YORK HOSPITAL	16	100 - GENERAL SURGERY		2,051.00	1,867.33	999	1,046.67	1,320.00	1,320.00	660	671.75	551	5.8	3.1	8.9	91.0%	104.8%	100.0%	101.8%
RCB55	YORK HOSPITAL	17	420 - PAEDIATRICS		1,233.50	1,014.00	381	318	1,320.00	1,239.40	330	309	290	7.8	2.2	9.9	82.2%	83.5%	93.9%	93.6%
RCB55	YORK HOSPITAL	23	430 - GERIATRIC MEDICINE		1,395.50	976.25	1,143.75	1,528.25	630	630.25	945	1,281.00	877	1.8	3.2	5.0	70.0%	133.6%	100.0%	135.6%
RCB55	YORK HOSPITAL	25	430 - GERIATRIC		1,369.00	1,069.25	1,123.17	1,395.92	630	621.75	945	1,197.00	714	2.4	3.6	6.0	78.1%	124.3%	98.7%	126.7%

			MEDICINE																	
RCB55	YORK HOSPITAL	26	430 - GERIATRIC MEDICINE		1,427.08	1,112.00	1,141.75	1,558.00	630	633.25	945	1,208.00	881	2.0	3.1	5.1	77.9%	136.5%	100.5%	127.8%
RCB55	YORK HOSPITAL	28	110 - TRAUMA & ORTHOPAEDICS		1,496.83	1,292.17	1,115.75	1,247.25	630	627	945	1,070.50	812	2.4	2.9	5.2	86.3%	111.8%	99.5%	113.3%
RCB55	YORK HOSPITAL	29	110 - TRAUMA & ORTHOPAEDICS		1,550.75	1,045.13	762	608.75	630	557.5	315	304	339	4.7	2.7	7.4	67.4%	79.9%	88.5%	96.5%
RCB55	YORK HOSPITAL	31	370 - MEDICAL ONCOLOGY		1,739.50	1,545.00	765	781.25	944	843.75	315	596.75	514	4.6	2.7	7.3	88.8%	102.1%	89.4%	189.4%
RCB55	YORK HOSPITAL	32	320 - CARDIOLOGY		1,604.17	1,520.75	1,165.25	1,327.50	660	640.75	990	1,215.25	749	2.9	3.4	6.3	94.8%	113.9%	97.1%	122.8%
RCB55	YORK HOSPITAL	33	301 - GASTROENTEROLOGY		1,514.83	1,401.67	1,064.00	1,245.25	630	635	945	1,228.50	864	2.4	2.9	5.2	92.5%	117.0%	100.8%	130.0%
RCB55	YORK HOSPITAL	34	340 - RESPIRATORY MEDICINE		1,543.00	1,346.50	1,131.00	1,231.00	660	693.25	990	1,229.75	870	2.3	2.8	5.2	87.3%	108.8%	105.0%	124.2%
RCB55	YORK HOSPITAL	35	430 - GERIATRIC MEDICINE		1,311.17	905.92	1,153.50	1,554.75	630	632	945	1,218.00	868	1.8	3.2	5.0	69.1%	134.8%	100.3%	128.9%
RCB55	YORK HOSPITAL	37	430 - GERIATRIC MEDICINE		927.5	883.25	1,481.00	2,267.92	630	630	630	1,281.00	605	2.5	5.9	8.4	95.2%	153.1%	100.0%	203.3%
RCB55	YORK HOSPITAL	39	328 - STROKE MEDICINE		1,220.58	843.17	1,293.00	1,841.08	630	613.75	630	935.5	699	2.1	4.0	6.1	69.1%	142.4%	97.4%	148.5%
RCB55	YORK HOSPITAL	36 - Acute Stroke Unit	328 - STROKE MEDICINE		1,615.00	1,387.75	1,305.75	1,145.83	945	939.92	945	1,087.00	617	3.8	3.6	7.4	85.9%	87.8%	99.5%	115.0%
RCB55	YORK HOSPITAL	Acute Medical Unit	326 - ACUTE INTERNAL MEDICINE		2,303.00	1,431.08	1,575.00	1,494.25	1,329.50	1,171.00	990	1,054.25	757	3.4	3.4	6.8	62.1%	94.9%	88.1%	106.5%
RCB55	YORK HOSPITAL	Frailty Unit	430 - GERIATRIC MEDICINE		1,933.75	1,460.50	1,478.00	1,500.00	1,320.00	1,210.00	990	1,152.25	813	3.3	3.3	6.5	75.5%	101.5%	91.7%	116.4%
RCB55	YORK HOSPITAL	Coronary Care Unit	320 - CARDIOLOGY		1,670.00	1,466.17	285.5	209.5	1,320.00	1,272.75	0	11	224	12.2	1.0	13.2	87.8%	73.4%	96.4%	-
RCB55	YORK HOSPITAL	Extended Stay Area	100 - GENERAL SURGERY		2,929.00	2,434.17	2,493.00	1,488.92	630	577	0	283.5	399	7.5	4.4	12.0	83.1%	59.7%	91.6%	-
RCB55	YORK HOSPITAL	G1	120 - ENT		1,610.00	1,216.08	788.7	1,073.28	990	765.75	330	736.75	577	3.4	3.1	6.6	75.5%	136.1%	77.3%	223.3%
RCB55	YORK HOSPITAL	G2	501 - OBSTETRICS		1245	1156.5	670.5	584	817.5	795.5	330	319	256	7.6	3.5	11.2	92.9%	87.1%	97.3%	96.7%
RCB55	YORK HOSPITAL	G3	501 - OBSTETRICS		900	856.5	447.75	328.75	660	649	0	0	157	9.6	2.1	11.7	95.2%	73.4%	98.3%	-
RCB55	YORK HOSPITAL	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		5,033.92	4,476.10	399	309.5	4,291.75	3,778.50	330	331	353	23.4	1.8	25.2	88.9%	77.6%	88.0%	100.3%
RCB07	SELBY AND DISTRICT WAR MEMORIAL HOSPITAL	Inpatient Unit	925 - COMMUNITY CARE SERVICES		1,133.25	1,034.25	1,098.00	1,137.92	660	502.25	330	497	560	2.7	2.9	5.7	91.3%	103.6%	76.1%	150.6%

RCBTV	ST HELENS REHABILITATION HOSPITAL	St Helens	925 - COMMUNITY CARE SERVICES		887	866.75	1,003.50	967.5	631	522	315	425.25	589	2.4	2.4	4.7	97.7%	96.4%	82.7%	135.0%
RCB05	ST MONICAS HOSPITAL	St Monicas	925 - COMMUNITY CARE SERVICES		574	568.33	604.5	569.5	360	360	360	360	289	3.2	3.2	6.4	99.0%	94.2%	100.0%	100.0%
RCBP9	WHITE CROSS REHABILITATION HOSPITAL	Whitecross Court	925 - COMMUNITY CARE SERVICES		877.8	858	989	935.5	630	513.5	315	452.5	648	2.1	2.1	4.3	97.7%	94.6%	81.5%	143.7%
		Total			73655.35	60093.89	49563.79	54024.38	43765.5	40728.06	27099	34168	26736			7.1	81.6%	109.0%	93.1%	126.1%

NHS
York Teaching Hospital
NHS Foundation Trust

Trust Board of Directors – 29 May 2019
Complaints Annual Report 2018/19

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

Purpose of the Report

The NHS Complaint Regulations require every NHS organisation to produce a complaints annual report.

Executive Summary – Key Points

This report has given an overview of the complaints the Trust received in 2018-19.

The Trust complies with statutory regulations for complaint handling i.e. The NHS and Social Care complaint Regulations 2009

Recommendation

The report will be presented to the Patient Experience Steering Group on 29 April 2019. Trust Board to approve report.

Executive Team to ensure complaints management, specifically a focus on responding to complaints within the thirty day target and reducing the number of dissatisfied complaints that need to be reopened forms a key part of the new Care Group governance arrangements and is discussed at each Care Group assurance meeting.

Author: Justine Harle, Lead for Complaints & PALS

Director Sponsor: Helen Hey, Interim Chief Nurse

Date: April 2019

1. Introduction and Background

The NHS Complaint Regulations require every NHS organisation to produce a complaints annual report. The information set out below meets each requirement as set out in the NHS Complaint Regulations.

2. Detail of Report and Assurance

The number of complaints which the responsible body received and the number of complaints which the responsible body decided were well-founded

New complaints	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total
York Hospital	63	57	66	61	**247**
Scarborough Hospital	29	49	37	51	**166**
Bridlington Hospital	5	6	6	3	**20**
Community Services	0	3	2	7	**12**
Total	**97**	**115**	**111**	**122**	**445**

445 complaints were reported via the statutory KO41 return to the Health and Social Care Information Centre. In addition, ninety two cases were reopened at the request of the complainant and a further investigation conducted.

Dissatisfied	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total
York Hospital	15	15	7	10	**47**
Scarborough Hospital	11	7	9	9	**36**
Bridlington Hospital	1	1	3	1	**6**
Community Services	0	1	2	0	**3**
Total	**27**	**24**	**21**	**20**	**92**

The decision as to whether a complaint is well founded is made by the investigating officer based on the outcome of the investigation. A sample of cases is reviewed as part of the quarterly complaints audit process.

The table below shows the outcomes of cases closed in 2018-19

	Not upheld	Partially Upheld	Upheld	Total
York Hospital	102	116	24	**242**
Scarborough Hospital	53	88	28	**169**
Bridlington Hospital	9	12	0	**21**
Community Services	4	3	0	**7**
Total	**168**	**219**	**52**	**439**

Parliamentary and Health Service Ombudsman (PHSO)

The PHSO opened a total of 3 cases in 2018-19 compared to 10 cases in 2017/18, 18 in 2016/17 and 24 in 2015/16.

New cases	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total
York Hospital	0	1	0	0	1
Scarborough Hospital	0	0	2	0	2
Bridlington Hospital	0	0	0	0	0
Community Services	0	0	0	0	0
Total	0	1	2	0	3

The table below shows the outcomes of all Parliamentary and Health Service Ombudsman cases closed in 2018-19.

Of the eight cases closed, seen were received in 2017-18 and one in 2018-19. One case received in 2017-18 and two cases received in 2018-19 remain open.

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total
Not upheld	0	0	0	1	1
Partially upheld	2	2	1	1	6
Upheld	1	0	0	0	1
Total	3	2	1	2	8

The table below shows the outcomes for cases closed in 2018-19 by directorate

	Not upheld	Partially Upheld	Upheld	Total
Elderly Medicine	1	0	0	1
General Medicine	0	1	0	1
Gen surgery & urology	0	2	1	3
Head & Neck	0	1	0	1
Operations	0	1	0	1
Specialist Medicine	0	1	0	1
Total	1	6	1	8

The subject matter of complaints that the responsible body received

The data below shows the complaints received by directorate.

Directorate	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total
AHPs	2	1	2	4	9
Child Health	4	4	8	5	21
Community Services	0	3	0	2	5
Elderly Medicine	15	12	13	15	55

Emergency Medicine	18	17	15	28	**78**
Estates & Facilities	2	1	1	0	**4**
General Medicine	14	12	15	18	**59**
Gen surgery & urology	11	25	18	18	**72**
Head & Neck	2	2	7	4	**15**
Laboratory Medicine	1	0	1	0	**2**
Medical Governance	0	0	1	0	**1**
Nursing & improvement	0	2	0	0	**2**
Obs & Gynaecology	8	7	7	8	**30**
Ophthalmology	1	3	5	3	**12**
Orthopaedic & Trauma	10	13	8	7	**38**
Pharmacy	1	0	0	0	**1**
Radiology	2	5	1	2	**10**
Sexual Health	0	0	1	0	**1**
Specialist Medicine	1	5	1	6	**13**
Systems & Networks	1	0	1	0	**2**
TACC	4	3	6	2	**15**
Total	**97**	**115**	**111**	**122**	**445**

The table below shows the number of complaints received by subject.

Subject	**18/19 Q1**	**18/19 Q2**	**18/19 Q3**	**18/19 Q4**	**Total**
Access to treatment or drugs	4	7	1	4	**16**
Admissions, transfers and discharges	27	30	25	40	**122**
Appointments	6	13	16	15	**50**
Clinical treatment	87	119	116	91	**413**
Commissioning	0	2	0	0	**2**
Communication	42	47	52	57	**198**
Consent	2	2	3	2	**9**
End of Life Care	3	1	3	11	**18**
Facilities	7	6	7	5	**25**
Patient care	55	56	60	60	**231**
Patient concerns	3	2	4	5	**14**
Prescribing	8	8	5	10	**31**
Privacy, dignity and respect	23	4	8	7	**42**
Staff numbers	0	3	4	1	**8**
Trust policies & procedures	12	20	16	13	**61**
Staff values and behaviours	34	51	43	49	**177**

Waiting times	8	4	7	8	**27**
Total	**321**	**375**	**370**	**378**	**1444**

One complaint may have several subjects associated with it and this reflects the complexity of many complaints.

The table below shows the top five subjects for 2018-19

Subject	Admissions, Transfers and Discharges	Clinical Treatment	Communication	Patient Care	Total
Delay or failure in treatment or procedure	0	107	0	0	**107**
Care needs not adequately met	0	0	0	103	**103**
Discharge Arrangements	91	0	0	0	**91**
Delay or failure to diagnose	0	77	0	0	**77**
Communication with Patient	0	0	71	0	**71**
Total	**91**	**184**	**71**	**103**	**449**

Any matters of general importance arising out of those complaints, or the way in which the complaints were handled

The number of complaints closed within the Trust target of thirty working days has ranged from 24% at the beginning of the year to 49% as at March 2019. The Patient Experience Team will continue to work with directorate managers to improve response times.

Responses within target timescale	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Number of cases closed	37	32	50	30	60	35	47	38	43	40	36	37
Closed within 30 days	9	10	16	12	17	11	16	18	13	15	16	18
%	**24%**	**31%**	**32%**	**40%**	**28%**	**31%**	**34%**	**47%**	**32%**	**38%**	**44%**	**49%**

Reporting and Data

A monthly Patient Experience report is sent to all matrons, directorate managers and deputy directorate managers. The report includes data on compliance with the thirty day target for complaints responses and upheld rates by directorate.

In addition, higher-level reports are produced for the Patient Experience Steering Group and the Board of Directors.

The complaints officers continue to provide support and hold regular meetings with the directorates that receive the highest number of complaints. A key agenda item is reviewing the progress of each open case, offering support where necessary and, if required, prompt the investigating officer to keep the complainant informed about progress. Concerns about specific cases are escalated to the chief nursing team and the deputy chief operating officers.

Each directorate has a Datix dashboard, which shows the real-time caseload and themes/trends over the current and past financial year. There are thematic dashboards for end-of-life/palliative care, dementia and equality/diversity. This allows the professional leads for these services to access learning from any relevant complaints, concerns and compliments.

Any matters where action has been or is to be taken to improve services as a consequence of those complaints.

Below are some examples of improvements that have been implemented by directorates over the last year as a result of complaint investigations.

Elderly Medicine
The son of a patient shared his concerns about his mother's care and treatment including her personal hygiene. He considers that he should have received better communication from the staff caring for his mother as she has a dementia and he has power of attorney. The complainant met with Matron and offered suggestions for improving services. As a result, additional questions will be added to the neck of femur pathway and effectiveness of this change will be audited. 'This Is About Me' documentation was not completed and ward staff will be made aware of this via a safety briefing. The completion of this document will be audited.

Elderly Medicine
The patient was referred for an urgent CT scan. He was admitted to Ward 23 and the scan was undertaken. He was not eating or drinking and had lost three stones in weight. He was discharged without a care plan and with no equipment, pads or urine bottles. The patient subsequently died and the investigation found that there was insufficient recognition that the patient was in the last days of his life. The matron and end of life nurse held a debrief session to share the learning from the investigation and agree team actions to ensure better recognition of palliative care needs when discharge planning. The session highlighted that palliative care is not just physical but emotional, psychological and practical. Staff were given the opportunity to reflect on the importance of inter professional communication to ensure that issues are addressed in a cohesive way and that families are supported.

Emergency Medicine
On the advice of his GP, the patient attended ED with chest pain and was admitted to Cherry Ward. During his stay he had several ECG's and blood tests to determine the cause of his chest pain. The patient was diagnosed with indigestion and discharged with a

follow up endoscopy appointment. The patient subsequently died at home and the coroner reported that his death was caused by a longstanding stenosing atheroma. The complaint was partly upheld and individual feedback was provided to the doctor concerned for reflection and learning. In addition, the clinical error was discussed at the Quality & Safety group.

Emergency Medicine
The patient was taken to ED at Scarborough Hospital and when her daughter rang to see if she had arrived, she was informed that staff were struggling to obtain a blood sample. The daughter explained that blood could be obtained from the patient's foot as an alternative. Thirteen attempts were made to take blood from the back of the hand before the foot was used, leaving the patient's hands bruised and torn and the patient distressed and traumatised by the event. As a result, a note has been placed on CPD to alert staff to check the purple folder held in the department. This contains guidance notes for review before treatment.

Emergency Medicine
The patient was not allocated as a priority 2 patient quickly enough. As a result there has been a revision of the physical layout and processes around prioritisation to ensure this is carried out with maximum efficiency, to eliminate delays that could have a negative impact on the health of a patient. In addition, the patient needed to have soft food and this instruction was misunderstood; he was only offered pureed food. The directorate has provided staff with additional education around nutrition and requirement for soft and/or pureed food. This is now part of the handover process and recorded in deputy sister training records.

Emergency Medicine
Complainant raised concerns about the discharge arrangements for his partner. The patient was discharged late at night in unsuitable clothing and when the taxi driver was unable to wake the partner he woke the neighbour to request the taxi fare. It was a cold night and the patient was left on the doorstep. As a result of this complaint the senior sisters and charge nurses raised awareness of the discharge process for vulnerable adults. All staff have had an update on the proforma and this has also been raised at the daily safety briefing.

Emergency Medicine
The patient had been self-catheterising due to urinary incontinence and had caused urethral trauma to himself. The patient contacted NHS 111 and was seen in the UCC and then in A&E as blood was still leaking. The patient contacted NHS 111 again due to continuous pain in his bladder and a YDUC Nurse visited the patient at his home. Upon examination, the nurse noticed that the patient still had a cannula in situ from his A&E attendance. The nurse removed the cannula and there was no sign of infection.
As a result of this error, a reminder to all staff to document cannula insertion on CPD was added to the team safety brief. The service is trialling a new discharge checklist in the style of a flowchart and staff are now aware that a checklist needs to be completed for all patients. Part of this checklist is to ensure cannula removal.

Estates & Facilities
A patients handbag was gathered up in the bed linen and sent to the off-site laundry. The facilities manager is introducing additional training for the facilities team to ensure that additional checks are undertaken before bed linen is placed in the laundry skips.

General Medicine
The complainant was unhappy about the end of life care his late father received on Beech Ward, Scarborough Hospital. He also questioned the bed side manner of staff and felt that his father was neglected. When a relative visited the patient he was screaming for help as he was in agony but none of the staff were prepared to sit him up. The patient was given a cup he could not drink from and food was left in front of him but he could not feed himself. When the patient died the family were shown very little compassion by the doctor and no explanation was given about the patient's final hours.

Staff were reminded at a daily safety brief about the importance of ensuring patients are appropriately positioned to aid eating and drinking. In the future, patients will be assessed for alternative drinking vessels whilst in bed and will be referred to the occupational therapist if adaptive cutlery is required. At a daily board round it was agreed that doctors will assess patients at the point of admission/transfer for pain relief and prescribe accordingly. The medical directorate holds a junior doctor induction day and this will include a talk from the bereavement officer on the impact of staff behaviour on grieving relatives.

General Medicine
The daughter of a patient who died in York hospital of pneumonia and influenza complained about his care. She believed that there were errors in his care that increased his risk of infection and that his deterioration was not identified and treated early enough. She complained about the medical decisions made during his time in hospital and about the poor nursing care.

The investigation concluded that the advice from the microbiologist was not followed and that further awareness of the sepsis pathway was required. This work is ongoing with the consultant teams. Communication was poor and the flu policy was not adhered to and the matron will work with ward staff to improve practice. The issue about incorrect information on the death certificate was discussed at the mortality meeting in May 2018.

General Surgery & Urology
The patient was not satisfied with the care she received from the breast clinic team. Despite being advised that she would be informed of the investigation results and any treatment she required she received no communication. As a result of this complaint, the breast clinic team will ensure that information regarding outcomes of all investigations are clearly explained to patients at their appointment and that it is clearly communicated and documented how this information will be given. This will be monitored to ensure compliance.

General Surgery & Urology
The complainant was not satisfied with the care and treatment his mother received at Scarborough Hospital when she was an inpatient, including the attitude of a nurse on Maple Ward. As a result of this complaint, Sister will speak to the member of staff involved about appropriate communication with patients and their family and the employee will

attend relevant training to improve communication. This will be monitored and reviewed as part of the staff appraisal. A referral was not sent to the Orthopaedic team. Matron will discuss this with the team on AMU to ensure that referrals are sent in a timely manner and that communication with patients reflects what has actually taken place. Results of swab tests were not explained to the patient or her family. Sister will discuss with the staff on Maple Ward the importance of discussing results of swab tests and the implications for the patient and their family, allowing the opportunity to ask questions. The investigation found that staff were not adhering to infection control policies and were not wearing gloves when required and were not washing their hands before leaving the side room. Sister will ensure that staff on Maple are up to date with IPC training and request IPC updates on Maple Ward from the IPC team. Sister will undertake audits to monitor IPC standards on the ward.

General Surgery and Urology
The complainant was not satisfied with some aspects of the care given to her aunt, who has Alzheimer's/vascular dementia, whilst she was inpatient on Lilac Ward at Scarborough Hospital. The complainant felt that some of the staff treated the patient like a nuisance. The relatives were asked to find a nursing home, which they did, however, when the patient was due to be discharged this was delayed and she was sent home after 17:00 on a freezing cold night, frightened. When she arrived at the nursing home staff allegedly hadn't prescribed the patient antibiotics for the chest infection that had just been diagnosed.

Sister shared the concerns with the staff on Lilac Ward to ensure that they are aware of how their attitude and manner can come across to patients and relatives and to recognise how they can demonstrate a compassionate and caring attitude. Staff will be expected to communicate fully with patients and relatives and to ensure that understanding has taken place. In future, registered nurses on Lilac Ward will ensure that when patients are being discharged a full check will be undertaken to ensure that all prescribed medications are dispensed. When appropriate this check should be made in the presence of the patient and appropriate explanations given.

General Surgery and Urology
The patient had an ERCP procedure where a piece of equipment came off inside her. It was retrieved and removed during the procedure. The patient was discharged but became unwell and readmitted to hospital. The patient passed away less than two months later. It was acknowledged that upon discharge, only verbal information was provided about what had happened and after-care. Normal process is for a gastroscopy leaflet to be handed to patients to provide useful information but it is not tailored specifically for ERCP procedures. As a result of this complaint the directorate has produced a new ERCP leaflet for patients to take away and refer to.

Obstetrics & Gynaecology
Patient’s cancer diagnosis was delayed due to the unavailability of the histopathology report. This was due to the outsourcing of the sample. Ongoing recruitment efforts within the histopathology department will reduce the need to outsource in the future

Obstetrics & Gynaecology
The patient complained about poor communication throughout her care. As a result of this complaint a checklist was developed for nurses to use when talking to women on the

telephone to ensure a consistent approach. A display board for leaflets was ordered for G1 and staff were reminded of the importance of providing women with information when they are discharged. There was an issue with the time the patient waited for an ultrasound scan and an EPAU cross site working group has been established and a consultant scanning clinic commenced to aid capacity issues. Work is ongoing to utilise all appointments on every site.

Orthopaedic & Trauma
A patient with dementia had surgery on his ankle. The patient's daughter felt that the negative impact of this surgery was not fully explained and does not think it should have been carried out. The directorate acknowledged that due to the patient's dementia his capacity to consent to surgery may have been impacted, and an AMTS (Abbreviated Mental Test Score) should have been carried out. Directorate staff apologised for this error and explained they were implementing AMTSs as part of the Standard Operating Procedure on patient admission, the results of which will be recorded on patient medical records.

Orthopaedic & Trauma
The complainant was admitted to York Hospital in February 2015 with a spiral fracture of the tibia and had an operation to repair the fracture with a plate and screws. Numerous follow up appointments were cancelled and it was several months before he was seen. He had an x-ray which showed the plate had broken and his leg had started to bow. He had a CT scan in December 2015 but no follow up appointment was issued and he had to contact the department to arrange a follow-up appointment. He was told his leg had not healed and he would have to now go to a trauma hospital to see a specialist frame surgeon. As a result of this complaint the directorate will review the process for recalling patients to clinic following a scan.

Orthopaedic & Trauma
The patient dislocated her arm and attended Scarborough A&E. She was informed that it was broken and it was put it in a sling. The patient was unhappy about the attitude of the doctor she then saw in the fracture clinic. He said her arm was not broken and to go home and treat it like a dislocation but he did agree to refer her for a scan. Three weeks later her arm was still not right, so she arranged for a private MRI scan which showed she had a fracture. She attended a clinic appointment at James Cook and was informed that she required emergency surgery.

The directorate did not have a formal protocol or guidelines on pathway management for a glenoid fracture. As a result a protocol was written and is now in use at Scarborough, Bridlington & York Hospital Fracture Clinics. There was also a lack of understanding of the diagnostic and surgical time-frames for a glenoid fracture. As a result of the complaint, timescales for surgical treatment will be recorded on scan cards so urgent requests can be treated within the appropriate timeframe. A future audit of practice at fracture clinics at each hospital site will be undertaken to ensure improvements have been achieved.

Orthopaedic & Trauma
A patient had an operation for an ulnar nerve release and received very little information and only a few exercises for his hand after the procedure. At a follow-up appointment he was told to continue with arm and elbow exercises but he had never been advised of these. The patient had chronic pain and a longer recovery time than expected. As a result

of this complaint the directorate has amended the discharge process to include a check that patients have been provided with relevant exercise sheets and that they are recorded in the discharge notes prior to the patient leaving hospital.

Pharmacy
The patient brought in medication from home but it was removed from the patient's bedside without the patient's knowledge. The pharmacy team is currently developing a Patient's Own Drug (POD) Policy, which will ensure consent is received from the patient before medication is disposed of or removed.

Pharmacy (Lloyds)
A patient received the incorrect dose of medication from the pharmacy at York Hospital. As a result, any drug that may be in a similar/same coloured box is now clearly labelled with a LASA label (look alike sound alike) and segregated on the shelf. A new tick system has been introduced where receivers of the prescription, labellers, dispensers and pharmacist now have a specific coloured pen and they will tick the prescription at every stage of their process i.e. checking the drug, form, strength, dose, frequency and quantity.

Radiology
Patient has cancer and is under the care of the oncology team. The complainant had concerns about the fact that the patient hadn't had any scan results for over eight months. Each time the patient attended her appointments with the specialist they apologised for the fact that the results were not available. The patient had no idea if the cancer was progressing.

The radiology directorate secured funding to utilise an external company to report radiology reports and clear the backlog of reporting to a maximum of a two week wait. This work is ongoing and the directorate is sending out cohorts of scans to be reported externally every week to maintain the maximum two week standard. In addition, funding was secured to recruit a consultant locum radiologist to support the Scarborough site due to long term problems in being able to recruit to permanent posts. The directorate also plans on releasing consultant radiologist capacity to report CT and MRI scans by developing a team of specially trained radiographers who are skilled to report a cohort of plain film x-rays. A review of capacity and demand within the department was undertaken to measure the current gap in resources. Finally, the directorate commenced a review of current referral pathways in to radiology, in conjunction with primary care and GP practices, to ensure the patients who need access to radiology the most are receiving this.

Specialist Medicine
After being under the care of the rheumatology service for over one year the patient had no diagnosis or care plan. The consultant rheumatologist left the organisation, which meant that she had no continuity of care. The patient was seen by nurses but did not feel that she was getting anywhere. When she saw a doctor for injections in her knees, he suggested that she had a different condition to the one the consultant rheumatologist had discussed with her. At this stage she still had no pain relief and she stated that the letter following her rheumatology consultation was riddled with errors.

The patients experience was shared with the clinical team (consultants, doctors & nurse specialists) so that the team could reflect on their practice. The directorate will also

develop an electronic referral for Injections to the medical elective suite and the Deputy Directorate Manager liaised with the I.T. department for a solution.

3. Next Steps

Looking Ahead: Quality Priorities 2019-20

The Concerns and Complaints Policy will be reviewed following the organisational restructure. The Patient Experience Team will undertake engagement events with the new care group teams to inform revisions to the policy and processes, ensuring that they are fit for purpose.

The Patient Experience Team will develop an in-house training package for all staff involved in complaints management. The aim is to support staff in implementing the complaints policy and procedure, ensuring that staff meet their responsibilities in responding efficiently and effectively to feedback, comments, concerns and complaints in an appropriate and timely manner.

In 2018/19 the Patient Experience Team developed and piloted a complaint satisfaction survey to obtain feedback form people who have made complaints to the Trust and received a response. The introduction of the survey will remain a key priority for the coming year and results will help identify improvement priorities for complaints management.

Objectives: Deliver improvements to policy and provide staff with the tools to confidently undertake complaints management

Outcome: Improved complaints management

Indicators: Increase in cases closed within target, reduction in complaints about directorate complaint management and positive survey results.

4. Detailed Recommendation

The Trust Board is asked to receive this report as assurance on the central complaints management process.

The Executive Team to establish appropriate governance for accountability and assurance for complaints management through the new Care Group governance structures. A specific focus should to be on improving the timeliness of complaints responses and reducing the number of dissatisfied complaints that are reopened.

G

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 May 2019
Medical Director's 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 ☒
For discussion ☒
For assurance ☐
For approval ☐
A regulatory requirement ☐

Purpose of report

This report provides an update from the Medical Director on salient issues aligned to the Patient Safety Strategy.

Executive Summary -Key Points

Seven day services
This report provides a self-assessment of the 4 key Clinical standards as defined by NHSI. It provides a brief overview of performance against a number of other standards.

The standard for 14 hour Consultant review was not met.
The standard for access to diagnostics was met.
The standard for ongoing review was not met.

Recommendation

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

Author: Rebecca Hoskins, Deputy Director of Patient Safety

Director sponsor: Mr. James Taylor, Medical Director

Date: May 2019

1. Introduction and Background

The Medical Director's report will now report against key areas of work identified within the Patient Safety Strategy.

Early Detection & Treatment

Areas of Frequent Harm

Learning from Death

Infection Prevention & Control

Consistency of Care

2. Key areas of work

2.1 Early Detection and Treatment

2.1.1 NEWs 2

Due to unforeseen circumstances, the implementation of NEWS2 was delayed until 21 May 2019. The impact of implementation will be monitored and reported in due course.

2.2 Areas of Frequent Harm

2.2.1 Never Events

There have been no Never Events declared since the last report.

2.2.2 Medical Air update

Piped Medical Air is used in general medical/respiratory wards to drive nebulisation of inhaled drugs for patients who are at risk of oxygen toxicity and type 2 (hypercapnoeic) respiratory failure, if the nebulisers are driven by oxygen.

York Hospital moved to the use of piped medical air for driving nebulisation in "at risk" patients in clinical areas where these patients are commonly managed.

Incorrect connection to Medical Air instead of Oxygen is classed as a Never Event (NHS Improvement 2018).

NHS England and NHS Improvement have issued further information in relation to the 'unintentional connection of a patient requiring oxygen, to an airflow meter'. They report that there have been 15 such Never Events in the North region; 8 of which have occurred within the Yorkshire & Humber sub-region.

The Trust has taken appropriate action to mitigate risk of repetition following a previous SI investigation.

2.2.3 Cancer Harm Review

A summary of the cancer harm reviews undertaken during Q1 2018/19 is available in Appendix A.

2.2.4 Medication Safety Strategic Action Plan

The medication strategic action plan focusses on improving reporting & learning from medication incidents; reducing harm from high risk medicines & processes; ensuring support for safe & secure use of medicines and learning from and contributing to the national medication safety agenda.

A summary of progress is available in Appendix B.

2.2.5 Patient Safety Group

There have been no Patient Safety Group meetings since the last Quality Committee and therefore no minutes to present in this report.

2.3 Consistency of Care

2.3.1 Clinical Effectiveness Group

There have been no Clinical Effectiveness Group meetings since the last Quality Committee and therefore no minutes to present in this report.

3 Recommendation

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

Assurance Framework Responsive

Summary of Clinical Harm Reviews during April – June 2018

Operational Update

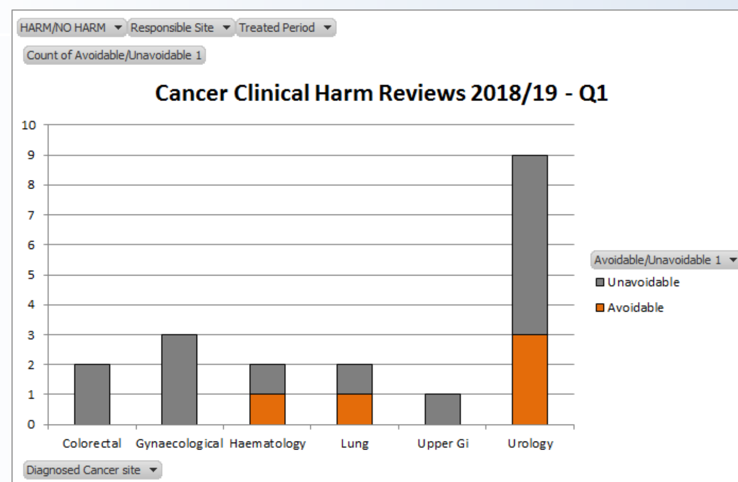
Unfortunately 1 case in this time period was declared an SI and is being investigated currently (WEB 101881)

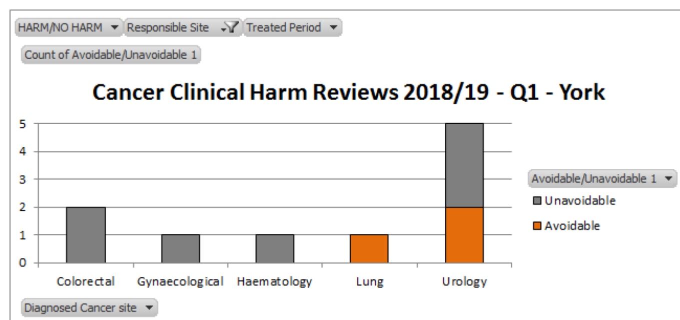
Actions were taken, in the moment, following clinical and directorate reviews of the RCA's and CHR's. These included monitoring turn-around times for reporting of results through meetings, telephone calls or monitoring active patients . Directorates have been monitoring and managing their own service capacity to endeavour to meet the demand but lack of CT Guided Bx and CT/ MRI capacity was cited as being a limiting factor. Non-diagnostic sampling and the need to repeat often led to delays with some complex patients having an extended diagnostic pathway.

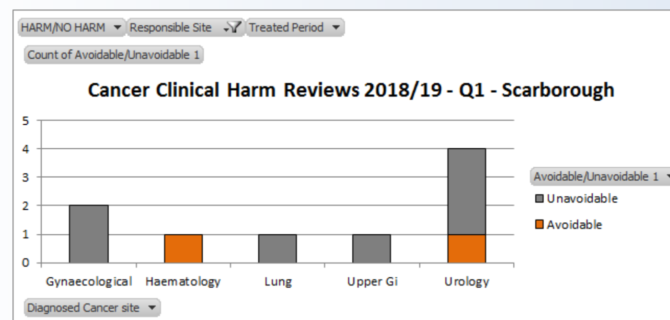
Further factors included capacity and turn around times in other hospitals and local hospital bed capacity. Patients also contributed to delays due to choice, holidays or not being able to make appointments during the diagnostic and treatment phase. Cross site referrals were also a factor.

Data:

Site	Avoidable	Unavoidable	Total	% avoidable
Breast			0	
Colorectal		2	2	0%
Gynaecological		3	3	0%
Haematology	1	1	2	50%
Head And Neck	1	1	2	50%
Lung			0	
Muo / Cup			0	
Sarcoma			0	
Skin			0	
Upper GI		1	1	0%
Urology	3	6	9	33%
Grand Total	**5**	**14**	**19**	**26%**







Assurance Framework Responsive

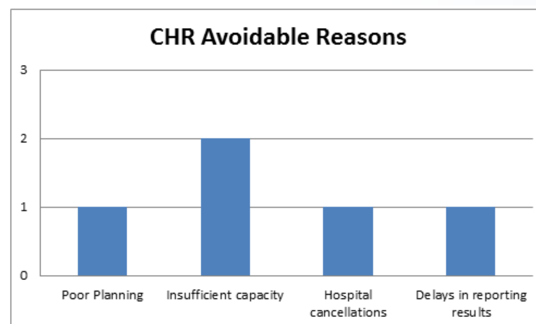
Summary of Clinical Harm Reviews during April – June 2018 continued

Operational Update

Focus needs to be given by the directorate clinical and management teams to those CHR's that were recorded as Avoidable and action plans need to improve. As a result of further review of the process, the CHR template was revised to more accurately record the actions taken by Directorates to improve. The templates used for this quarter did not have that information on so recording of actions was limited for this time period.

Avoidable reasons: (Primary reason only)

Reason	Count
Poor Planning	1
Insufficient capacity	2
Hospital cancellations	1
Delays in reporting results	1
	5

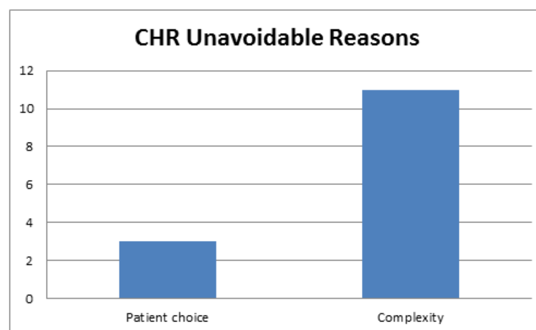


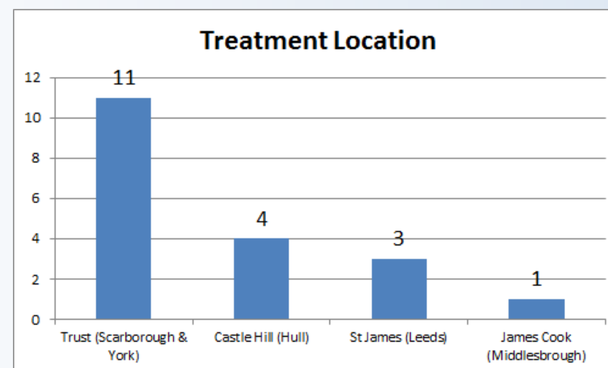
Where Treated ?

Location	Count
Trust (Scarborough & York)	11
Castle Hill (Hull)	4
St James (Leeds)	3
James Cook (Middlesbrough)	1
	19

Unavoidable reasons: (Primary reason only)

Reason	Count
Patient choice	3
Complexity	11
	14





Note: more than half of all CHRs have a primary reason of 'complexity'. Of these two had a secondary reason of 'Casemix' and two had 'patient choice'.

Medication Safety Strategy Action Plan - UPDATE				
Period covered by report	**From:**	**Jan 2019**	**To:**	**April 2019**

Achievements

Improving reporting and learning from medication incidents

- New dispensary error groups established , processes and feedback mechanisms established
- Initiated work on SPC charts to identify priorities for learning from and reducing harm from incidents

Reducing harm from high risk medicines and processes

- Commenced work to develop a process and audit template to ensure on going compliance with previous NPSA/NHSI alerts. This is a massive piece of work involving 67 historic alerts
- Business case approved for Pharm Outcomes – a mechanism to enable secure transformation of information to community pharmacies on discharge
- Scoping work commenced for pharmacists to perform medication reviews in patients at risk of falls
- Work commenced to support medication section of the falls CQUIN
- Risk assessment and prioritisation of the EPMA action log
- VTE Root Cause Analysis now up to date

Ensuring support for safe and secure use of medicines

- Commenced work to develop a training package to ensure on going awareness of historic NPSA/NHSI alerts. This is a massive piece of work involving 67 historic alerts
- Tentative discussions have taken place about having a slot at junior doctor induction on safe prescribing of high risk medicines and developing a SIM training package
- Completed O&G VTE protocol

Learning from and contributing to the national medication safety agenda

- Working with paediatrics to consider the implications of the NHSI alert of over infusion of neonatal TPN
- Helen Holdsworth is now leading the Yorkshire regional MSO group and coordinating the e-mail network
- Learning from local incident about confusion between NaCl 30% and 0.9% presented at the national MSO webex
- Learning from our local SI about the theophylline dispensing error shared at UKCPA masterclass

Creating a culture of medication safety within the trust, encompassing the entire multidisciplinary team, and patients

- Bi monthly meeting established between MSO and Deputy Director of Patient safety

Anticipated work next quarter
Improving reporting and learning from medication incidents • Establish a process to review and share learning from pharmacy medicines reconciliation and clinical validation errors • Continue the work to develop SPC charts **Reducing harm from high risk medicines and processes** • Complete the review and audit template to demonstrate on going compliance with NPSA/NHSI alerts • IT to integrate Pharm Outcomes with our IT systems • Develop guidance for pharmacy staff as to when and how to use Pharm Outcomes • IT to develop a system within EPMA so pharmacists can identify and prioritise patients for a pharmacist review • Pilot data collection for Falls CQUIN, raise awareness amongst all staff groups and commence data collection • Gentamicin survey for junior doctors to asses knowledge and learning requirements about Gentamicin prescribing **Ensuring support for safe and secure use of medicines** • Complete work to develop a training package to ensure on going awareness of historic NPSA/NHSI alerts. • Review Illoprost prescription chart • Complete paediatric VTE protocol **Learning from and contributing to the national medication safety agenda** • Organise a meeting for regional MSOs to share problems, improvements and learning • Attend Regional Chief Pharmacist meeting to agree priorities for the regional group • Present our work on SPC charts at an Improvement Conference in Sheffield **Creating a culture of medication safety within the trust, encompassing the entire multidisciplinary team, and patients** • Investigate the use of SPC charts to improve reporting on medication incidents to board

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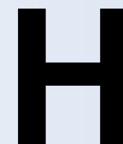


Performance and Activity Report

April 2019 performance

Produced May 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

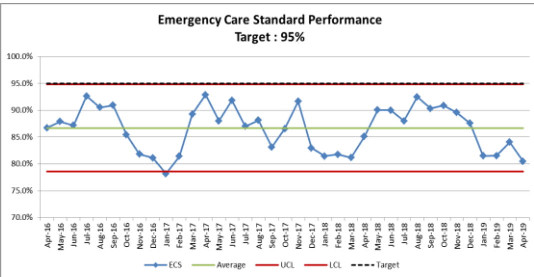
To ensure financial stability

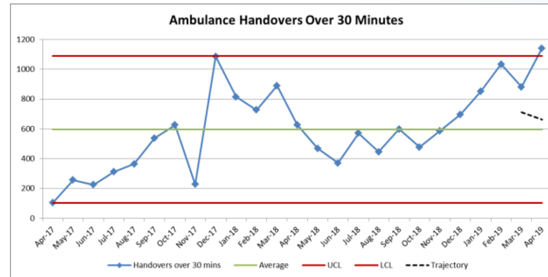
Assurance Framework Responsive

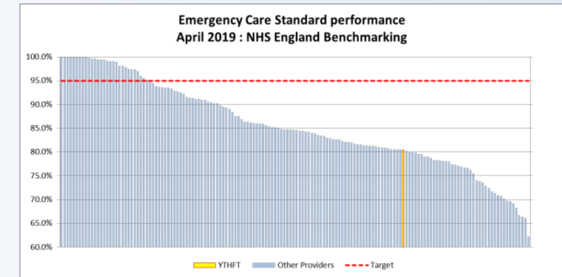
Key Performance Indicators – Trust level

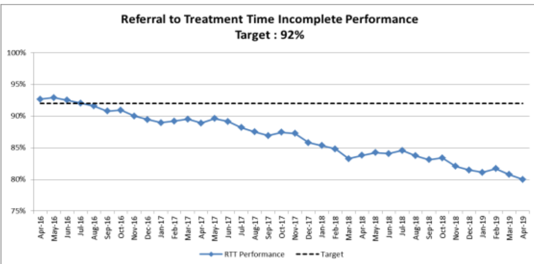
Operational Performance: Key Targets	Target	Sparkline / Previous Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Emergency Care Standard Performance	95%	▼	85.1%	90.1%	90.0%	88.0%	92.5%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%	84.0%	80.5%
Ambulance handovers waiting 15-29 minutes	0	▲	702	762	765	785	766	883	891	840	1083	935	892	915	956
Ambulance handovers waiting 30-59 minutes	0	▲	325	317	260	355	342	360	345	389	463	470	556	484	593
Ambulance handovers waiting >60 minutes	0	▲	302	152	110	216	104	238	132	197	233	380	477	397	548
RTT Incomplete Pathways	92%	▼	83.8%	84.2%	84.1%	84.5%	83.7%	83.1%	83.4%	82.0%	81.5%	81.1%	81.7%	80.8%	80.0%
RTT Open Clocks	26303	▲	27087	27454	27842	27796	27756	27525	27616	27164	26433	26278	27144	27536	28344
RTT 52+ Week Waiters	0	▼	1	14	9	0	0	1	1	1	0	0	0	3	0
Cancer 2 week (all cancers)	93%	▼	93.9%	93.7%	93.5%	86.6%	86.6%	83.8%	90.2%	92.1%	94.6%	85.4%	95.7%	90.7%	-
Cancer 2 week (breast symptoms)	93%	▼	96.2%	96.1%	93.6%	94.7%	97.4%	99.0%	100.0%	93.3%	92.8%	93.4%	93.2%	90.7%	-
Cancer 31 day wait from diagnosis to first treatment	96%	▼	98.2%	99.2%	98.9%	98.4%	99.2%	97.6%	98.6%	98.4%	96.8%	96.4%	98.7%	96.9%	-
Cancer 31 day wait for second or subsequent treatment - surgery	94%	▲	96.6%	97.4%	100.0%	97.6%	94.3%	92.9%	96.9%	93.2%	95.0%	90.5%	92.3%	97.4%	-
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	◀▶	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▲	78.0%	78.4%	82.0%	72.0%	81.1%	76.6%	82.3%	75.3%	81.7%	82.5%	79.4%	83.5%	-
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	▲	90.9%	84.3%	96.5%	91.3%	93.0%	87.7%	93.6%	92.9%	88.6%	90.6%	89.1%	92.7%	-

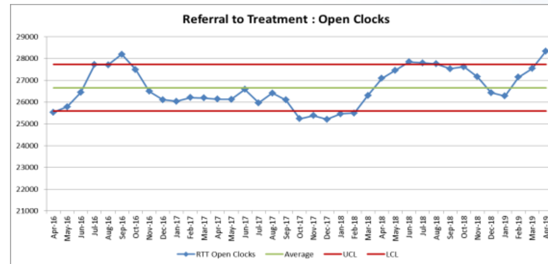
note: cancer one month behind due to national reporting timetable

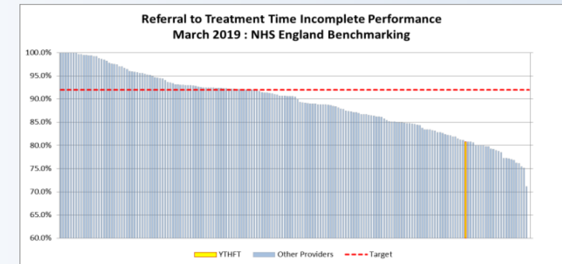


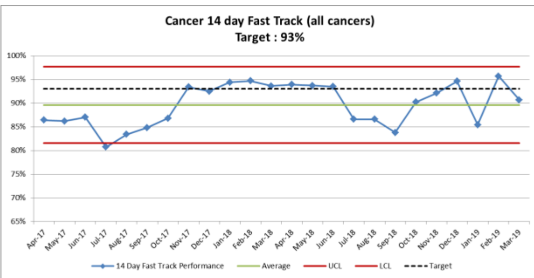


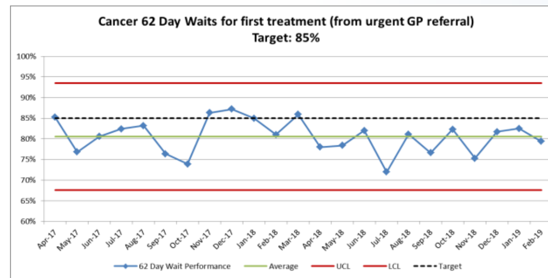


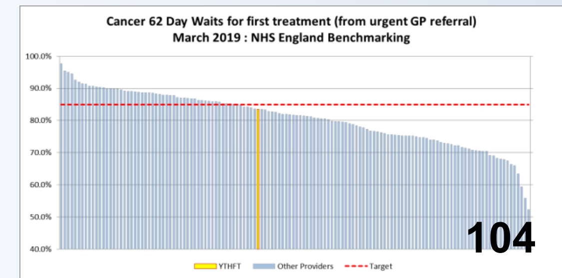












Assurance Framework
Responsive

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

Operational Performance: Unplanned Care	Target	Sparkline / Previous Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Emergency Care Attendances		▲	16374	17985	17242	18903	18215	17073	16960	16191	16571	16575	15500	17489	18055
Emergency Care Breaches		▲	2439	1786	1722	2266	1366	1650	1545	1686	2059	3069	2863	2791	3525
Emergency Care Standard Performance	95%	▼	85.1%	90.1%	90.0%	88.0%	92.5%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%	84.0%	80.5%
ED Conversion Rate: Proportion of ED attendances subsequently admitted		▲	39%	38%	38%	37%	38%	38%	38%	39%	41%	38%	38%	36%	36%
ED Total number of patients waiting over 8 hours in the departments		▲	607	195	159	260	110	212	216	242	324	904	802	687	1007
ED 12 hour trolley waits	0	▼	13	0	0	0	0	0	0	0	0	16	8	28	24
ED: % of attendees assessed within 15 minutes of arrival		▼	64%	67%	63%	62%	70%	61%	65%	63%	63%	62%	59%	63%	58%
ED: % of attendees seen by doctor within 60 minutes of arrival		▼	41%	42%	40%	41%	50%	42%	45%	49%	50%	43%	40%	38%	37%
Ambulance handovers waiting 15-29 minutes		▲	702	762	765	785	766	883	891	840	1083	935	892	915	956
Ambulance handovers waiting 15-29 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	846	829
Ambulance handovers waiting 30-59 minutes		▲	325	317	260	355	342	360	345	389	463	470	556	484	593
Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	380	365
Ambulance handovers waiting >60 minutes		▲	302	152	110	216	104	238	132	197	233	380	477	397	548
Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	-	-	-	-	330	297
Non Elective Admissions (excl Paediatrics & Maternity)		▼	4430	4783	4599	4834	4723	4577	4643	4563	4713	4524	4029	4580	4336
Non Elective Admissions - Paediatrics		▼	703	732	638	665	535	689	862	1042	942	921	865	892	670
Delayed Transfers of Care - Acute Hospitals		▲	1134	1092	1020	1071	1336	1180	1251	1059	1212	1093	1067	1178	1456
Delayed Transfers of Care - Community Hospitals		▼	464	358	262	307	301	381	357	358	337	385	295	377	277
Patients with LOS 0 Days (Elective & Non-Elective)		▼	1388	1518	1448	1571	1476	1431	1447	1368	1375	1421	1278	1362	1184
Ward Transfers - Non clinical transfers after 10pm	100	▼	106	58	71	73	38	76	83	85	85	100	71	94	87
Emergency readmissions within 30 days		▼	782	885	822	914	831	857	837	861	875	852	735	-	-
Stranded Patients at End of Month - York, Scarborough and Bridlington		▼	413	377	366	385	369	379	403	363	368	439	386	442	422
Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington		▼	399	357	342	347	325	371	398	374	376	431	433	409	405
Super Stranded Patients at End of Month - York, Scarborough and Bridlington		▼	150	123	118	125	118	132	159	132	116	153	130	153	138
Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington		▲	156	124	113	115	115	125	142	147	129	151	166	143	147

Operational Performance: Planned Care	Target	Sparkline / Previous Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Outpatients: All Referral Types		▼	18960	20089	19327	20165	18625	17806	20684	19619	16892	19847	19274	18866	17749
Outpatients: GP Referrals		▼	10049	10424	9902	10524	9707	9209	10762	10201	8630	10044	10429	9808	9132
Outpatients: Consultant to Consultant Referrals		▼	2073	2290	2140	2252	1974	1931	2412	2255	1961	2530	2204	2244	2102
Outpatients: Other Referrals		▼	6838	7375	7285	7389	6944	6666	7510	7163	6301	7273	6641	6814	6515
Outpatients: 1st Attendances		▼	8900	9959	9587	9700	9051	8470	10248	10157	8059	9864	9007	9310	8614
Outpatients: Follow Up Attendances		▼	16133	17566	16737	17100	15635	15545	17737	17533	14446	18032	15413	16453	15051
Outpatients: 1st to FU Ratio		▼	1.81	1.76	1.75	1.76	1.73	1.84	1.73	1.73	1.79	1.83	1.71	1.77	1.75
Outpatients: DNA rates		▲	5.7%	5.8%	5.9%	6.5%	6.4%	6.1%	6.0%	5.8%	6.4%	6.1%	5.7%	5.5%	5.9%
Outpatients: Cancelled Clinics with less than 14 days notice	180	▼	168	149	145	184	173	160	180	163	162	206	193	209	180
Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons		▼	849	728	885	945	1070	884	941	865	802	1039	997	1168	1142
Diagnostics: Patients waiting <6 weeks from referral to test	99%	▼	96.1%	96.1%	96.3%	95.6%	93.5%	94.9%	96.2%	93.9%	91.1%	90.6%	92.9%	93.0%	87.5%
Elective Admissions		▼	635	774	752	736	612	575	766	718	602	614	554	688	647
Day Case Admissions		▼	5462	6059	6049	6094	6117	5714	6595	6287	5344	6621	5868	6084	5824
Cancelled Operations within 48 hours - Bed shortages		▲	62	18	7	10	4	34	68	12	33	22	10	17	32
Cancelled Operations within 48 hours - Non clinical reasons		▼	117	103	89	98	96	106	137	131	91	114	90	141	130
Theatres: Utilisation of planned sessions		▲	88%	92%	92%	92%	93%	91%	90%	93%	88%	86%	87%	90%	92%
Theatres: number of sessions held		◄►	565	628	636	608	553	555	674	661	523	586	506	576	576
Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)		▼	76	60	61	74	63	76	79	66	66	53	89	[illegible]	99

Assurance Framework Responsive

Performance Summary by Month – Trust level continued

18 Weeks Referral To Treatment	Target	Sparkline / Previous Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Incomplete Pathways	92%	▼	83.8%	84.2%	84.1%	84.5%	83.7%	83.1%	83.4%	82.0%	81.5%	81.1%	81.7%	80.8%	80.0%
Waits over 52 weeks for incomplete pathways	0	▼	1	14	9	0	0	1	1	1	0	0	0	3	0
Waits over 36 weeks for incomplete pathways	0	▲	409	450	438	390	369	298	361	355	431	497	530	606	669
Total Admitted and Non Admitted waiters	26303	▲	26967	27480	27425	27796	27756	27525	27616	27164	26433	26278	27144	27536	28344
Number of patients on Admitted Backlog (18+ weeks)		▲	2303	2334	2330	2273	2272	2245	2219	2299	2352	2463	2470	2738	2850
Number of patients on Non Admitted Backlog (18+ weeks)		▲	2070	2002	2041	2023	2245	2401	2369	2578	2550	2500	2505	2556	2825

Cancer (one month behind due to national reporting timetable)	Target	Sparkline / Previous Month	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Cancer 2 week (all cancers)	93%	▼	93.9%	93.7%	93.5%	86.6%	86.6%	83.8%	90.2%	92.1%	94.6%	85.4%	95.7%	90.7%	-
Cancer 2 week (breast symptoms)	93%	▼	96.2%	96.1%	93.6%	94.7%	97.4%	99.0%	100.0%	93.3%	92.8%	93.4%	93.2%	90.7%	-
Cancer 31 day wait from diagnosis to first treatment	96%	▼	98.2%	99.2%	98.9%	98.4%	99.2%	97.6%	98.6%	98.4%	96.8%	96.4%	98.7%	96.9%	-
Cancer 31 day wait for second or subsequent treatment - surgery	94%	▲	96.6%	97.4%	100.0%	97.6%	94.3%	92.9%	96.9%	93.2%	95.0%	90.5%	92.3%	97.4%	-
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	◀▶	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▲	78.0%	78.4%	82.0%	72.0%	81.1%	76.6%	82.3%	75.3%	81.7%	82.5%	79.4%	83.5%	-
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	▲	90.9%	84.3%	96.5%	91.3%	93.0%	87.7%	93.6%	92.9%	88.6%	90.6%	89.1%	92.7%	-

Variation and Assurance symbols key:

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

Assurance Framework Responsive

Emergency Care Standard and Unplanned Care

Operational Context

The Trust did not meet the Emergency Care Standard (ECS) planned trajectory of 85% for April 2019, with performance of 80.5%. Whilst the Trust did not achieve the NHSE&I trajectory or the ECS national standard of 95%, significant improvement has been seen over the last year as the Trust's performance for eight out of the last twelve months has been above the rolling four-year average of 85%. The Trust performed below the national position for April (85.1%).

Unplanned care continues to be challenging, Type 1 and 3 attendances were up 10% on the same period in 2018/19 (up 3% on plan). In total an extra 1,681 patients attended the main EDs, UCCs and MIUs compared to April 2018, with the main EDs (Type 1) seeing and treating an additional 1,524 patients; a rise of 16%.

There were 24 twelve hour trolley waits in April. All occurred on the Scarborough site and have been reported to NHS Improvement as required. All 24 breaches were due to capacity constraints in ED and a lack of capacity within the inpatient bed base.

Ambulance arrivals continue to increase, with 10 of the last 11 months above the two-year average. April 2019 saw the highest level of ambulances over the last two years (4,401). The continued increase in demand during April combined with increased bed occupancy on both Scarborough and York sites contributed to 1,141 ambulances being delayed by over 30 mins, above the improvement trajectory of 661 submitted to NHSE&I. The increase in ambulance arrivals has, after seeing relatively stable performance in the first two-thirds of 2018/19, seen 5 consecutive months where the number of ambulances being delayed by over 30 mins has been above the two-year average. Ambulance handovers are therefore a continuing area of concern and risk. The NHS Improvement ECIST team are offering support to both Scarborough and York Hospitals to support improvements in 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 Paramedic Lead on the York site. Following a diagnostic exercise undertaken jointly with the ED team that took place in March, a programme of work that builds on best practice from other areas has been agreed. A similar exercise is now underway on the Scarborough site.

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 throughout the entire month. The Delayed Transfers of Care (DToC) position increased in April with performance continuing to be 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.

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.
- Submission made to NHSE&I for £1.92m capital project to co-locate facilities for same day emergency care / CDU with ED at York.
- 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. A similar mapping exercise is underway at Scarborough.
- Introduction of assessment area at Scarborough Hospital expected to further relieve ambulance handover pressures.
- Ring-fencing of the assessment nurse role has played a role in reducing delays and the number of acute care practitioners available to undertake First Assessment is increasing.
- Revision of full capacity protocol and revised escalation processes for ambulance assessment areas.
- Initiatives being considered include use of the HALO role alongside YAS, greater use of fit to sit and self-handovers, and enabling fast-track to the RAFA suite.

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 April 2019 was 85%.

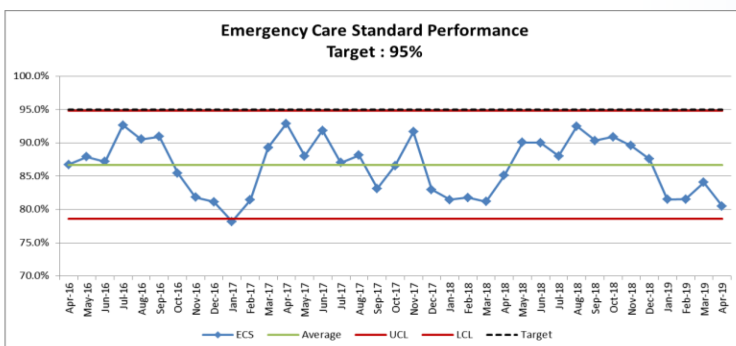
Consequence of under-achievement

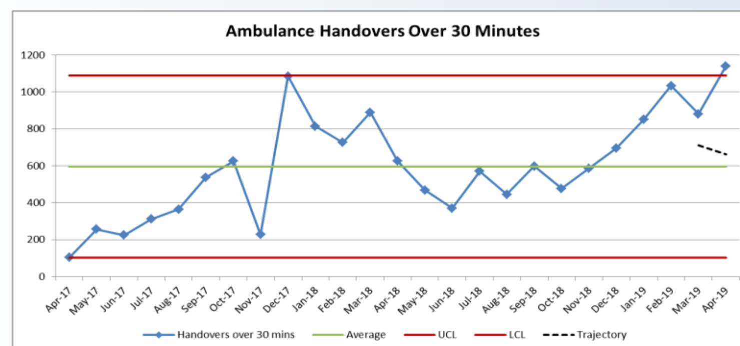
Patient experience, clinical outcomes, timely access to treatment, regulatory action and loss of the Provider Sustainability Fund (Access Element).

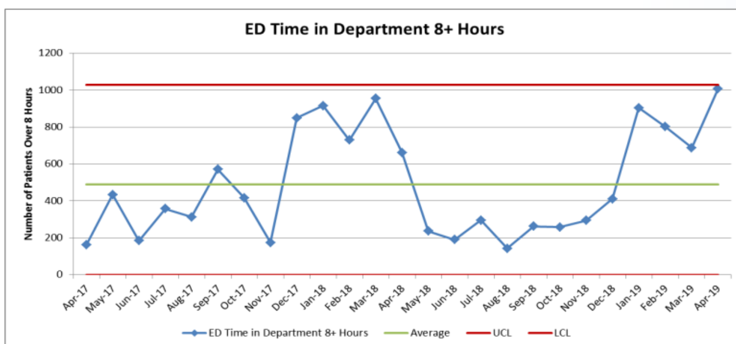
Performance Update:

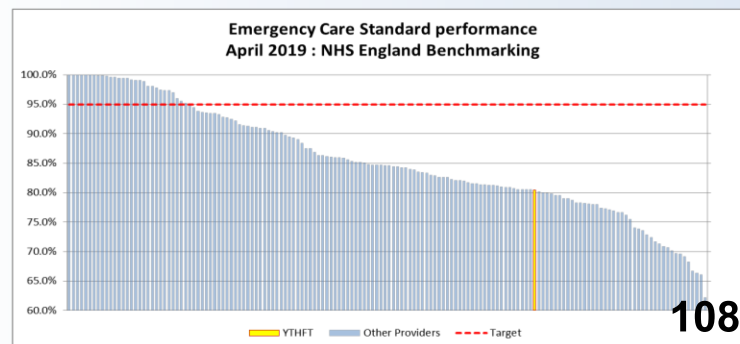
- The Trust achieved 80.5% in April 2019 against the planned trajectory of 85%.
- Type 1 and 3 attendances were up 10% on the same period in 2018/19 (up 3% on plan). In total an extra 1,681 patients attended the main EDs, UCCs and MIUs compared to April 2018, with the main EDs (Type 1) seeing and treating an additional 1,524 patients; a rise of 16%.
- The number of patients waiting over 8 hours has showed improvement in 2018/19, with eight months below the four-year average. However in April 2019 there were 1,007 patients who waited over 8 hours. There were 24 twelve hour trolley waits on the Scarborough site.
- Ambulance arrivals have, after seeing relatively stable performance in the first two-thirds of 2018/19, seen 5 consecutive months where the number of ambulances being delayed by over 30 mins has been above the two-year average.

Performance:









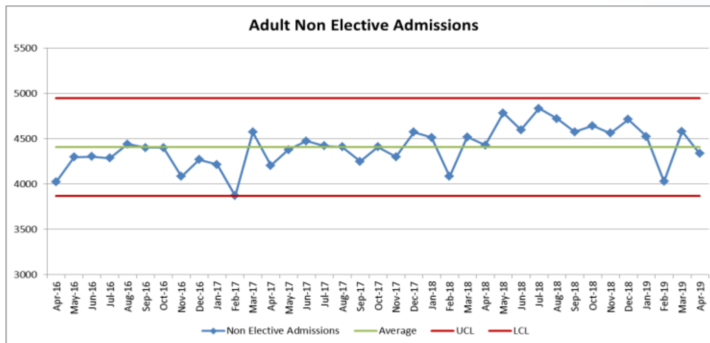
Assurance Framework Responsive

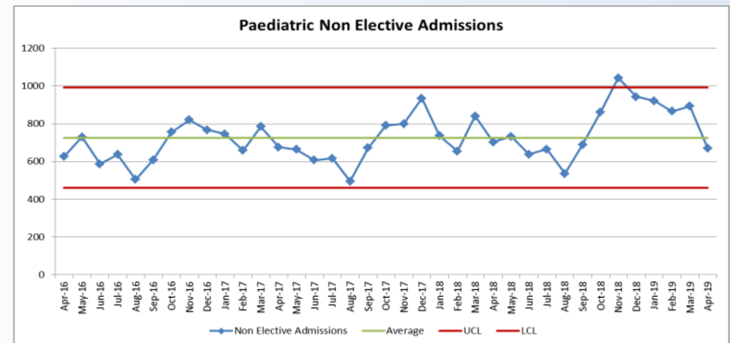
Unplanned Care

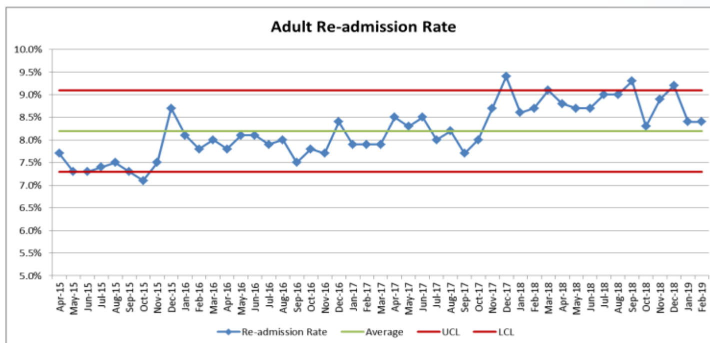
Performance Update:

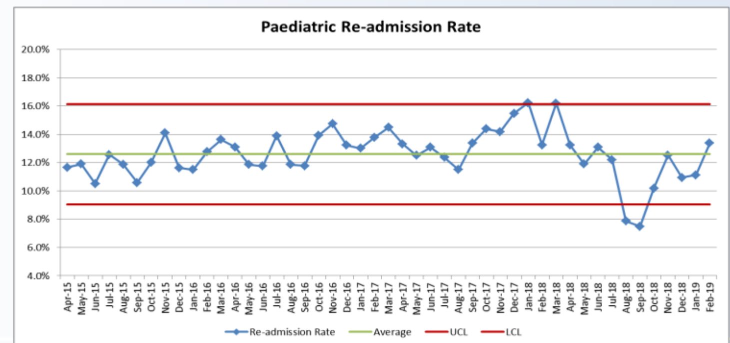
- The number of non-elective admissions YTD increased by 5% in 2018/19 compared to 2017-18 (+2,401). For eleven of the past thirteen months adult admissions have been above the four year average however April 2019 was below the average. Paediatric admissions continue to be high with 5 of the last 6 months significantly above the four year average.
- The adult readmission rate despite falling in April continues to be above the four year average and is being investigated by the Trust's analytics team. Paediatric readmissions were above the four year average for the first time in 8 months.
- 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 throughout the entire month.
- The number of stranded patients at month end decreased in April, with the average daily number of beds occupied by a stranded patient showing a small reduction compared to March.
- The number of beds occupied by super-stranded patients (patients who stay more than 21 days) also decreased compared to March, however there was a small increase in the average daily number of beds occupied by a super-stranded patients compared to March.

Performance:









Assurance Framework
Responsive

Cancer Waiting Times

(Reported a month in arrears)

Operational Context

Overall, the Trust achieved 90.7% against the 14 day Fast Track referral from GP target in March. National performance for March was 91.8%.

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 February to March (79.4% to 83.5%), the highest performance for 12 months but remains below the 85% national target. National performance for March was 79.7%. The Trust's performance equated to 133 patients treated in March, with 22 accountable breaches (31 patients). These were spread across a range of tumour pathways, with the highest number of breaches seen in Urological and Lung cancers. Of the reported patient breaches, 45% relate to delays to diagnostic tests or treatment plans/lack of capacity, 35% relate to complex or inconclusive diagnostics and 20% were due to patient unavailability or delays for medical reasons.

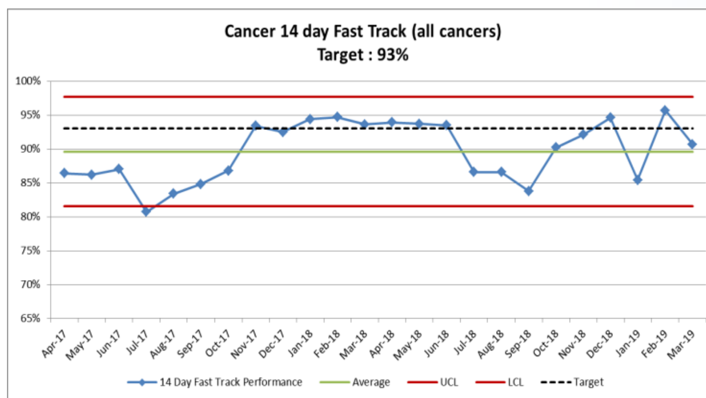
With the exception of the 14 day Symptomatic Breast standard, all other cancer waiting time targets were met in March. The Trust has had a recent post-implementation review of progress against the changes made as a result of the last visit by the NHSI Intensive Support Team, which noted improvement in internal processes.

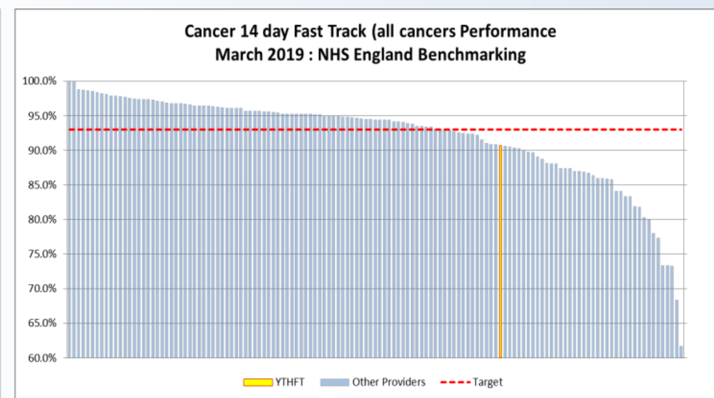
Progress towards the April 2020 target to diagnose 95% of patients within 28 days continues, with performance of 77.0% in March compared to 60.1% in August 2018; this target is currently being shadow reported. National comparative data is not yet available.

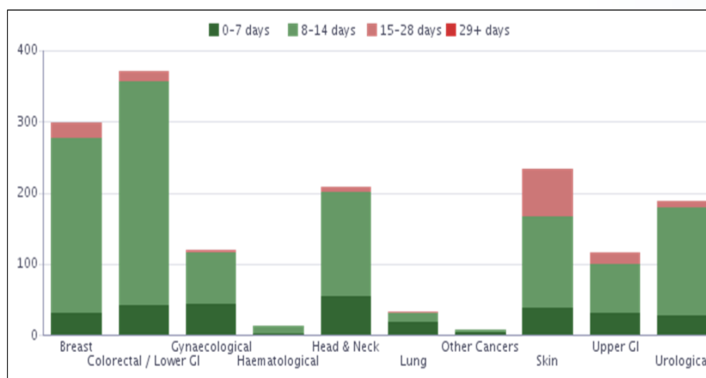
Targeted actions

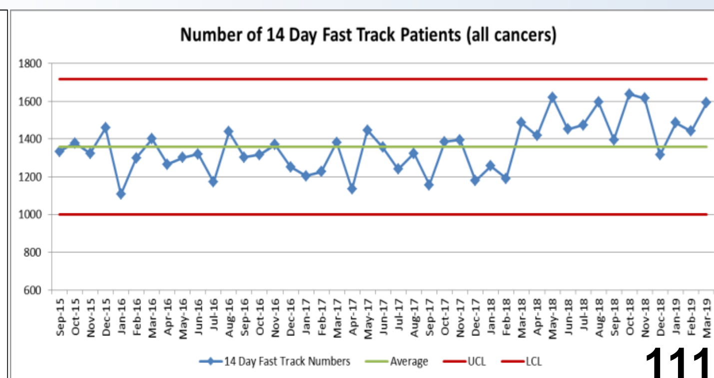
- Continued implementation of the Standard Operating Procedure (SOP) for removing patients from the Cancer Patient Tracking List (PTL) commenced, with weekly monitoring seeing over 500 patients removed from the PTL.
- Weekly Monday AM meeting established between Chief Operating Officer and Directorate Managers to implement "senior plan for every patient" above 28 days. The aim is to remove 7-14 day marginal delays in order to prevent further 62 day breaches in the future.
- A revised criterion 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.
- Pathways have been reviewed for all the major tumour groups and work is ongoing to embed the timed pathways.
- Collaborative work with primary care and commissioners is ongoing to support referral processes.
- Continued engagement in regional Cancer Alliances and with the STP on increasing capacity.
- Review of cancer governance arrangements in place following a visit to James Cook Hospital.

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 90.7% against the 93% target in March 2019. The 93% target was met for Colorectal, Gynaecological, Haematology, Head and Neck, Lung and Urological. • We are continuing to experience high demand in relation to cancer fast track referrals, with a 16% increase in referrals seen in 2018/19 compared to 2017/18.
Performance:	





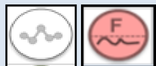




Assurance Framework
Responsive

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.

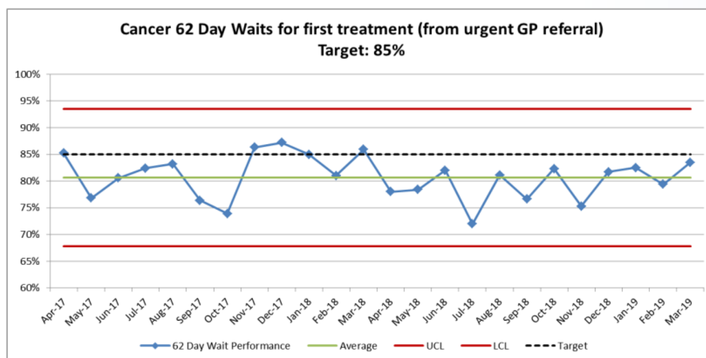
Consequence of under-achievement:

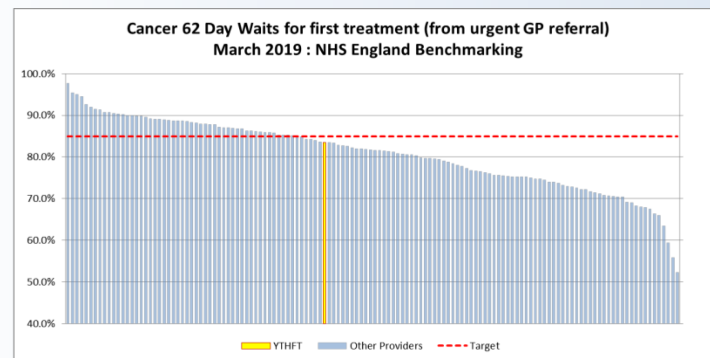
Patient experience, clinical outcomes and potential impact on timely access to treatment.

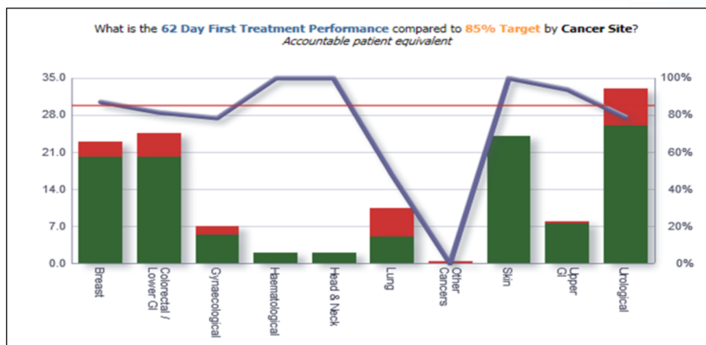
Performance Update:

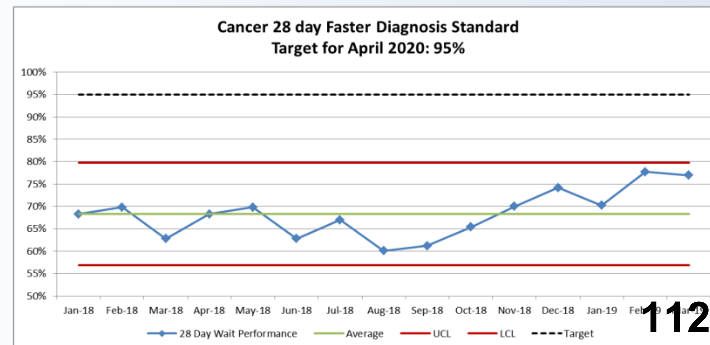
- Performance against the 62 day target from referral to treatment improved from February to March (79.4% to 83.5%), the highest performance for 12 months but remains below the 85% national target. There were 22 accountable breaches (31 patients). These were spread across a range of tumour pathways, with the highest number of breaches seen in Urological and Lung cancers.
- Of the reported patient breaches, 45% relate to delays to diagnostic tests or treatment plans/lack of capacity, 35% relate to complex or inconclusive diagnostics and 20% were due to patient unavailability or delays for medical reasons.

Performance:









Assurance Framework
Responsive

Planned Care

Operational Context

The Trust has seen a 3% increase in the total incomplete RTT waiting list (TWL) at the end of April, rising to 28,344.

Referrals received by the Trust in April were below the four year average for the second consecutive month, the number received was in line with April 2017 but were a 6% reduction on those received in April 2018, this will have been partially impacted by April 2019 having an extra bank holiday compared to April 2018.

The Trust achieved the planned activity levels for day cases and elective inpatients during April but did not deliver the planned level of outpatient appointments. Ophthalmology (-977 1st and follow up attendances) and Maxillo-Facial Surgery (-357 attendances) were particularly down against plan and therefore saw the largest numerical rises in TWL compared to the end of March 2019. The extra bank holiday will have impacted on capacity, the Trust's activity profile does not take the timing of bank holidays into account, however analysis is being undertaken by the Trust's Performance and Planning Team to understand the disparity in TWL changes across specialties.

The Trust's RTT position for April was 80.0%. The backlog of patients waiting more than 18 weeks has increased, an inevitable consequence of the planned reduction in elective activity in Q4 of 2018/19 and the reduction in outpatient activity during April. Detailed recovery work is underway in Ophthalmology and Dermatology, both with significant backlogs and identified clinical risk. Recovery plans are also being developed for Maxillo-Facial surgery and Respiratory Medicine.

The number of long wait patients (those waiting more than 36 weeks) has increased in April. These delays are across multiple specialities, with weekly monitoring in place by the Corporate Operations Performance and Planning team.

There were no patients waiting over 52 weeks at the end of April.

The Trust has recently completed a project with the North of England Commissioning Support team (NECS). NECS conducted a diagnostic analysis on the Trust's TWL and provided a report to NHSE&I that gave assurance that the Trust has "appropriate validation, training and SOPs in place" for RTT and is "in control of the RTT TWL".

The Trust has seen a decline against the national 6 weeks diagnostic target in April, with performance of 87.5%, against the standard of 99%. Pressures remain in endoscopy, Echo CT, Non-Obstetric Ultrasound 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 and funding has been agreed to provide this list going forward.

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.
- 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.
- Weekly Monday AM meeting established between Chief Operating Officer and Directorate Managers to implement senior plan for every long wait patient.

Assurance Framework Responsive

18 Weeks Referral to Treatment

Standard(s):

The total incomplete RTT waiting list must have less than 26,303 open clocks by March 2020. The Trust must not have any 52 week breaches in 2019-20.

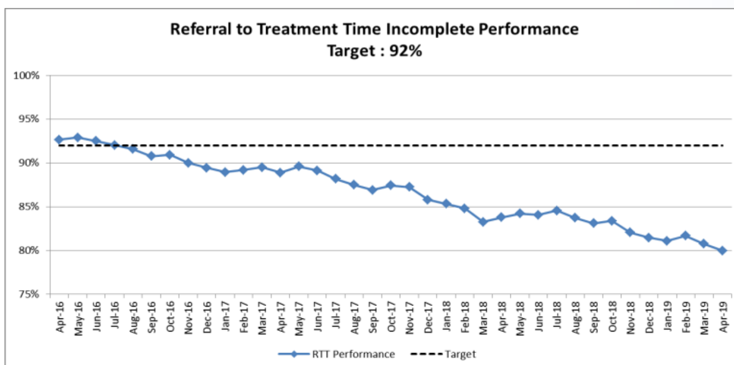
Consequence of under-achievement:

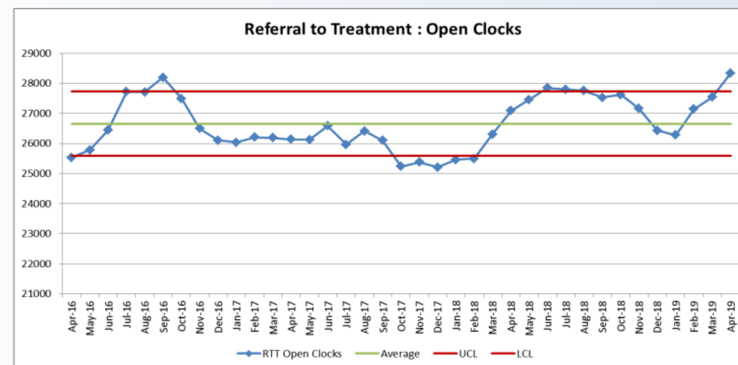
Patient experience, clinical outcomes, timely access to treatment and regulatory action.

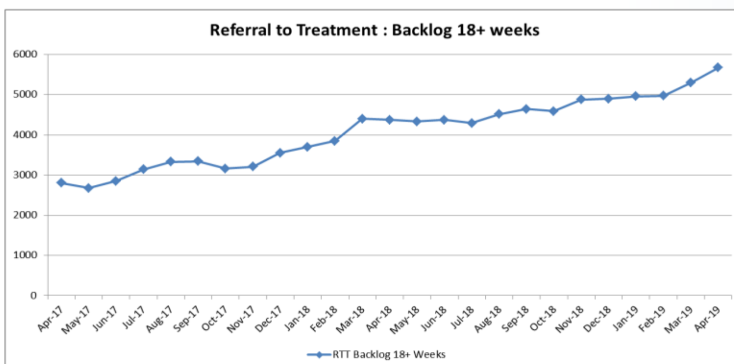
Performance Update:

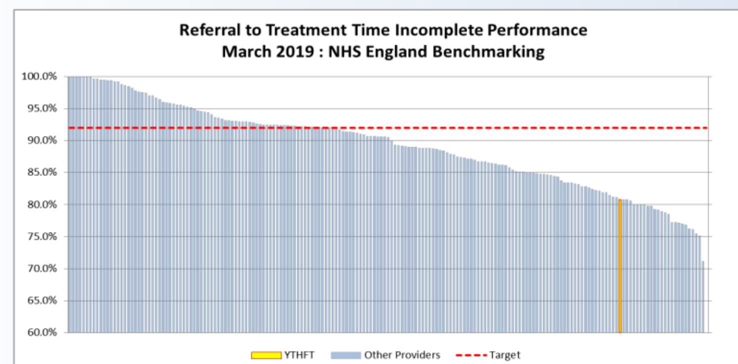
- The Trust achieved 80.0% RTT at the end of April, with 5,675 patients waiting over 18 weeks.
- The total number of patients on an RTT incomplete pathway was 28,344 at the end of April.
- The Trust 'Did Not Attend/Was Not Brought' (DNA) rate increased to 5.9% in April. Work is ongoing to move the Trust from a 1-way text reminder service to a 2-way opt-out service.

Performance:









Assurance Framework Responsive

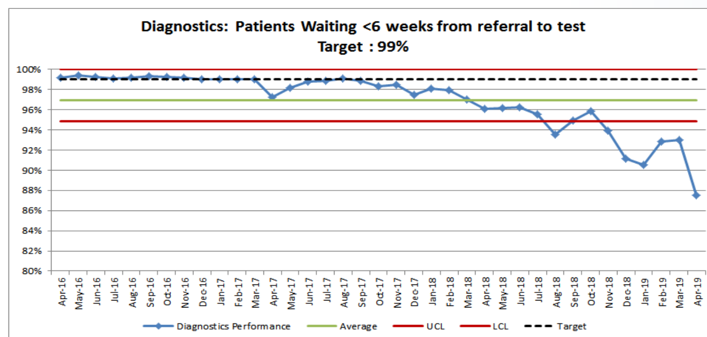
Diagnostic Test Waiting Times

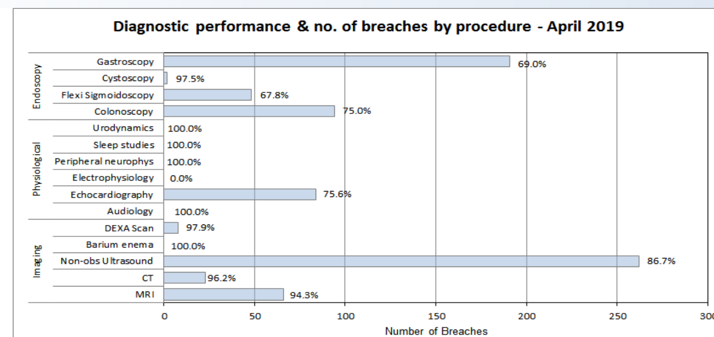
Standard(s): Ensure at least 99% of patients wait no more than 6 weeks for a diagnostic test.

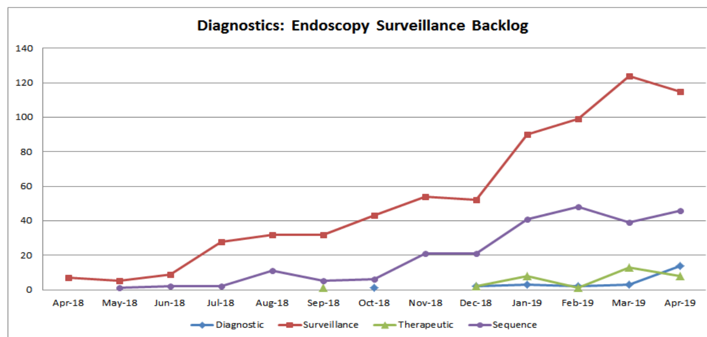
Consequence of under-achievement: Patient experience, clinical outcomes, timely access to treatment and regulatory action.

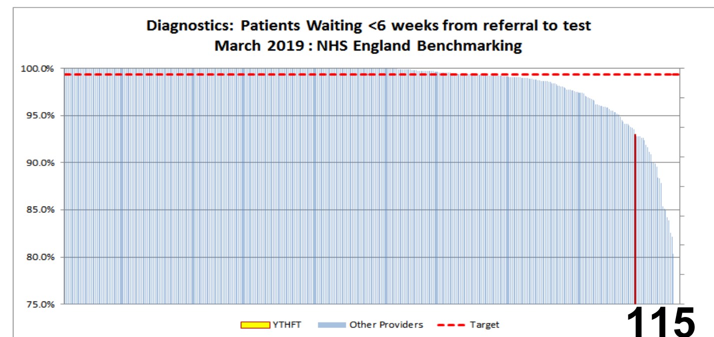
Performance Update: The Trust has seen a decline against the national 6 weeks diagnostic target in April, with performance of 87.5%, against the standard of 99%. Pressures remain in endoscopy, Echo CT, Non-Obstetric Ultrasound and MRI and MRI under General Anaesthetic (MRI GA). Echo-cardiographs have 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 and funding has been agreed to provide this list going forward.

Performance:









Assurance Framework
Responsive

Commissioning for Quality and Innovation (CQUIN): 2019-20

CQUIN Name & Description	Executive Lead	Operational Lead	Quarter 1 RAG & Risks	Quarter 2 RAG & Risks	Quarter 3 RAG & Risks	Quarter 4 RAG & Risks
CCG1a: Antimicrobial Resistance; Urinary Tract Infections	James Taylor	To be confirmed - Rachel Davidson	**Amber** **Discussions ongoing with CCG to agree local arrangement to deliver QI project**			
CCG1b: Antimicrobial Resistance; Colorectal Surgery	James Taylor	To be confirmed - Michael Lim	**Green**			
CCG2. Uptake of Flu Vaccinations **Improving the uptake of flu vaccinations for frontline clinical staff within Providers to 80%.**	Polly McMeekin	Karen O'Connell	**Amber** **Due to performance in 2018/19**			
CCG7 – Three high impact actions to prevent Hospital Falls	Helen Hey	Rebecca Hoskins	**Green**			
CCG9 – Six Month Reviews for Stroke Survivors	Wendy Scott	Jamie Todd	**Green**			
CCG11 – Same Day Emergency Care; Pulmonary Embolus, Tachycardia with Atrial Fibrillation and Community Acquired Pneumonia	Wendy Scott	David Thomas and Jamie Todd	**Amber** **Baseline and improvement trajectory to be agreed**			
PSS3 Cystic Fibrosis Supporting Self-Management	Wendy Scott	Karen Cowley	**Green**			

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 May 2019
Home First 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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☒		

Purpose of the Report

The purpose of the report is to provide the Board of Directors with assurance regarding the delivery of the Home First Strategy.

Executive Summary – Key Points

The report provides updates on the development of integrated teams in localities, specifically the emerging Primary Care Networks and the opportunities and challenges these will bring for further integration. It provides a progress update on the community nursing workforce reconfiguration and implementation of mobile working in the community.

It describes the work to strengthen the interface between acute and community services with a review of the Complex Discharge Programme and a description of the priorities identified for 2019-20. It also updates on capacity and demand modelling taking place across the health and social care system in the City of York.

Finally, it provides an example of pathways moving into community settings with the pilot of a First Contact Practitioner based in a GP practice in the North Locality.

Recommendation

The Board of Directors is asked to note the progress to date and discuss the contents of this report.

Author: Steve Reed, Head of Strategy
Director Sponsor: Wendy Scott, Chief Operating Officer
Date: May 2019

1. Introduction and Background

The purpose of the report is to provide the Board of Directors with assurance regarding the delivery of the Home First Strategy.

The Home First Strategy has three key aims:

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

This is a regular report providing an update on successful changes that have been implemented and emerging risks to achieving the aims of the strategy.

2. Update since previous report

2.1 Delivering integrated care in localities

National re-negotiation of the General Practice contract has seen a drive to increase primary care delivered at scale, introduce new roles into the workforce and to direct planned additional investment into primary care in line with the Long Term Plan. The result is the emergence of Primary Care Networks (PCNs). These are expected to be groups of existing GP practices, serving a population of 30-50,000 people and covering a defined geographic area. Networks will have a Clinical Director and will be expected to integrate with other health and care organisations. In 2019-20, PCNs will receive central funding to employ one social prescriber per network and funding to cover 70% of the cost of a clinical pharmacist. Future years will see additional funding for physiotherapists, paramedics and physicians associates. These roles were identified as not being in shortage nationally and would be able to see patients that traditionally were seen by a GP.

In the Vale of York, the rules set nationally for establishing PCNs have created a challenge. Practices can only be part of one network, and there are a number in the City of York who are already the recommended size for a network but whose defined geography covers the whole city. This leaves a tension with the Primary Care Home model, which was based on practices working together in defined geographical areas of the city. Further work is required to address this contradiction, although an emerging view is that networks can provide a structure to receive additional funding and workforce and undertake work exclusive to general practice. For the delivery of integrated services or where it makes sense for networks to collaborate, this could take place on the Primary Care Home footprints. Both nationally and locally, the commissioning direction is that PCNs will be the building blocks that make up Integrated Care Systems and so the developments are significant for the Trust. The Trust remains engaged through the Primary Care Home Steering Group and is discussing opportunities for shared approaches with the emerging PCN leads (for example in the expansion of clinical pharmacy roles).

The PCNs expected to be submitted for the Vale of York are shown in Appendix 1.

The reconfiguration of the community nursing workforce has been briefed previously and implementation continues. Recent months have seen significant engagement with

community teams and wider stakeholders to develop a shared delivery model. The next stage will see consultation with affected staff regarding changes to shift patterns and a move to geographic working. The proposal (reflecting some of the challenges described with the emerging PCNs) is that teams will work in defined localities to enable integrated working and achieve efficiencies but that District Nurses will be aligned to GP practices to maintain strong communication and joint working.

The work to identify the optimal team size for each locality has highlighted a gap between the existing resources and the capacity that should be required for existing demand. Further work is required to quantify this.

An innovation that has been planned to address some of this capacity gap (by reducing current duplication of recording and administrative burden for community teams) is the introduction of mobile working. Funding has been secured through the Health and Care Partnership and mobile devices purchased. New electronic care plans have been developed through the electronic record, based on learning from the previous pilot. The final requirement for implementation is the installation of new server equipment. This is expected to take place by early June to allow the first phase for mobile working to commence.

2.2 Improving the interface between acute and community services

The multi-agency Complex Discharge Programme has recently carried out a review of 2018-19 and noted the following successes:

- The cultural change in partnership working with greater understanding, support and shared decision making between teams;
- Delivery of the integrated discharge hubs on both sites, improving the quality of communication between the teams supporting discharge pathways;
- The improved speed of recovery / resilience of the system;
- Improved visibility of data for sharing successes;
- The way partners have come together to design the new joint protocol for the transfer of care.

A review of the programme key performance indicators showed the number of bed days occupied by older people is lower than the baseline (2016-17) in York but not consistently below the target reduction of 10%, Scarborough remains above the baseline.

York has achieved its target for length of stay reduction of 1 day consistently, Scarborough has seen a reduction but not consistently to target. There has been little change in weekend discharge rates and the Delayed Transfer of Care (DToC) target for the system overall (3.5%) was not met in any month. However Scarborough acute site does consistently achieve this, whereas performance has worsened on the York acute site and non-acute sites consistently do not achieve this level.

The Steering Group has identified the following priorities for 2019-20:

1. Complete delivery of the High Impact Changes to Reduce Delayed Transfers of Care – achieving ‘established’ in all categories (and sub-categories) and moving to ‘mature’;

2. Responding to the capacity and demand modelling of the health and care system – including influencing market shaping activities;
3. Implement the 'Why not home? Why not today?' joint protocol for the transfer of care.

The group also identified a number of projects that the group would not be directly responsible for delivering but would monitor progress to identify links with other work programmes and support delivery:

- Supporting care homes to avoid the need for admitting residents to hospital;
- Primary care networks;
- Cultural programme around deconditioning;
- End of life care / fast track;
- Use of digital technology and shared care records.

The second priority (responding to the capacity and demand modelling) refers to an external company, Venn Consulting, who have been commissioned to produce a model showing capacity and demand of the City of York health and social care system. As well as quantifying the current gaps and where people are being supported in the wrong environment for their needs, it will also provide a scenario modelling tool which will project the impact of any planned changes across the system.

Formal feedback and presentation of the model will take place on the **1** July but interim feedback has been:

- A really positive reception from staff when they have done the on-site information gathering with frontline teams – Venn suggested that the engagement reflected good system working;
- The significant challenge in capacity for long term packages of care – Venn suggested that the issues were less to do with how flow is managed, which is good, but was more about capacity, and that the system is unusual in that the pressure is then manifesting in a number of different areas (usually they find it bottlenecks in one place);
- Noted the significant workforce constraints but that our retention is better than some other areas they have been to;
- Noted some services such as Home IV Antibiotics and 24 hour care service are relatively new and yet to mature but these should be persevered with;
- Noted limited ability of the system to flexibly respond during surges in activity (as working at full capacity most of the time).

2.3 Moving pathways out of hospital settings into the community

A pilot has recently commenced in the North Locality (Easingwold and North Ryedale) with a physiotherapist working as a First Contact Practitioner (FCP) embedded with a GP practice and seeing patients who contact the practice with musculo-skeletal complaints. The pilot is utilising resource from the existing musculo-skeletal (MSK) service and is allowing the joint development of governance for the role between the practice team and the Trust. The intention is that this will provide both the learning and a model for future deployment of physiotherapists within the primary care workforce.

3. Recommendation

The Board of Directors is asked to note the progress to date and discuss the contents of this report.

4. Appendices

Appendix 1 – Anticipated Primary Care Networks in the Vale of York

1. York Medical Group.
2. Priory Medical Group.
3. Jorvik Gillygate; Dalton Terrace; Unity; East Parade.
4. Haxby; Front Street; Old School.
5. My Health; Pocklington; Elvington.
6. Millfield; Stillington; Tollerton; Helmsley; Kirkbymoorside; Pickering.
7. Beech Tree; Posterngate; Scott Road; Escrick.
8. Tadcaster; Sherburn-in-Elmet; South Millford.

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 May 2019
Director of Estates and Facilities Report – May 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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☒		

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 and Board of Directors 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
- Sustainability

Recommendation

The Board of Directors is asked to note the updates and assurance provided.

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

Date: 7 May 2019

1. Director's Overview

YTHFM senior managers held an away day last month. Key messages were: continued focus on financial control, action plans to recover slippage in the Premises Assurance Model scores and formulation of a business plan.

Following approval of the Master Service Agreement (MSA) by the Board of Directors, we now need to establish a Performance Management Group through which the MSA will be managed. Terms of Reference will need to dovetail with the Management Group and Resources Committee. Draft Terms of Reference will be brought to the next meeting of the Resources Committee.

2. Band 1 to Band 2 Transition

The Band 1 workforce split in thirds with a third opting to undergo additional training and move into Band 2, a third opting to remain as Band 1 and a third not responding.

The Payroll team are now processing the applications for the staff who opted to become Band 2.

3. Health, Safety and Security

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

At the time of this report, there have been no reportable accidents recorded for this month.

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

4. Estates and Facilities Compliance and Annual Premises Assurance Model (PAM) Return

The April report from the Trust's Estates and Facilities Compliance Unit is attached as Appendix 2. This report will be presented to the LLP Management Group and the LLP Operational Management Group.

A copy of the annual PAM return is attached as Appendix 3. Whilst it is of concern that the scores have deteriorated in the safety domain, this is as a result of records transitioning between the Trust and LLP systems. This was discussed at the YTHFM away day and managers have been tasked with recovering the position over the next three to six months and then implementing action plans for further improvement over the course of the year.

5. Sustainability Update

The latest meeting of the Trust's Sustainable Development Group took place on 30th April. The members of the Group wished to highlight a number of items to the Resources Committee as follows:

- The sustainability section of the Annual Report and Accounts 2018/19 has now been prepared and will be presented to the Board of Directors in due course.
- The report details the Trust's score for the 2019 submission of the Sustainable Development Assessment Tool (SDAT); 58% was received in comparison to last year's score of 49%. The group noted that the individual score for each module had improved overall. The report also confirms the key updates in relation to each module and areas for improvement; further work will be undertaken to improve the score in relation to green space and biodiversity. A summary document containing further details of the SDAT results is attached as Appendix 4.
- The Trust's Park and Ride bus service has now been launched and further communication work is planned to promote this across departments.
- The Sustainable Development Group wish for the revised Terms of Reference attached as Appendix 5 to be approved by the members of the Resources Committee.

Summary Note: Committee members are asked to note the contents of this report and approve the revised Terms of Reference of the Sustainable Development Group.

6. Energy Procurement

As Managing Director, I have granted approval for the YTHFM LLP to use a Flexible Set and Reset Strategy for its gas flexible procurement contract. Further details are included within the attached report. (Appendix 6)

7. Detailed Recommendation

The Board of Directors 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 – April 2019

1. Introduction

This report relates to April 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. April Summary

Opened Employee and Public Liability Claims

Trust Claims
One Trust employee claim was logged in April relating to an alleged slip on ice at York Hospital. At the time of writing this report, confirmation of liability (Trust or LLP) for this claim is to be ascertained and agreed.

LLP Claims
At the time of writing this report, confirmation relating to the above employee liability claim is to be ascertained.

Reported Non–Clinical Serious Incidents
At the time of this report no information had been received in regards to April non-clinical serious incidents; any incidents from April will be reported on in the May report.

Reported - Non-clinical Risk Safety Alerts.

For April 2019 there were no new non-clinical safety alerts reported to the Trust/LLP.

Health and Safety Performance Monitoring - Summary of April

Review of Datix reported incidents for April indicate the average reported incidents for the month were in-line or down against the Trust's monthly[1] averages, with the exception of reported fire alarm activations which were 71% up and security incidents 52% down.

Review of the fire reports found the increase was related to fire alarm activations at York site with 8 reports versus against a monthly average of 3 for the site. Of these reports 5 un-identified activations, 2 were related to steam leaks and 1 patient using an aerosol.

For security, reports were down across all reporting categories.

For each reporting category under E&F non-clinical incidents on Datix (Trust HES and YTHFM) categories, Table 1 below shows the percentage change against the monthly average and a summary below shows the long term trend review of incidents in all categories.

The reporting categories and the associated number of incidents reported are detailed in Table 1 shown below:

Incident Type	April19	Ave month	% var month
E&F Contact With	0	0	0%
Slips, Trips & Falls (Patient & Others)	198	246	-19.5%
Staff Incidents	87	83	4.8%
Security	12	25	-52%
E&F Equipment Issues	26	25	4%
E&F Facilities	15	14	7%
E&F Fire	12	7	71%
E&F Health & Safety	7	7	0%
Cumulative Total Month	357	407	-12%
Total Datix	1217	1283	-5%

Long Term Trend Monitoring for Incident Type Category

April review of the reports has found the reporting categories to be in-line with the average for each category with the exception of STF's and Security; in these categories the decrease across all sub categories with no specific reduction in one incident type. It is noted there was a significant decrease in STF's category with the number reported being the lowest since Sept 2016, which was 196 and the lowest reported since production of this report. The categories for Fire saw an increase in reports (noted earlier in this report).

For April 2019, the Trust (SHE) and YTHFM LLP were responsible for leading on investigations into 61 incidents on Datix equating to 5.01% of the total number of incidents reported on Datix.

[1] Recorded incidents from Oct 2015

The combined Trust (SHE) and YTHFM LLP functions reported 27 incidents on Datix, equating to 3.86% of the total number of incidents reported on Datix for all Directorates. In both cases, these figures are nearly double the reports for March 2019.

Reporting under Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

For April 2019, no RIDDOR accidents were reported on Datix.

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.

For April the general themes from the reported categories are detailed below:

- 1 compliment – offering a huge thank you to car parking staff for their kind and caring treatment;
- 2 enquiries – both relating to car parking queries – 1 is being responded to currently, 1 is resolved;
- 3 comments – 1 regarding rude manner of car parking staff – this is being looked into, 1 regarding a car parking bay not being reserved as requested – a response has been provided, 1 in relation to security at Scarborough Hospital – this has been resolved.

3. External Authorities

There were no reported H&S/non-clinical interventions from external authorities for the month of April 19.

4. Conclusion

This report highlights the performance of health, safety and non-clinical risk in the Trust (SHE) and YTHFM LLP for April 19, forming part of the ongoing oversight of the Trust's governance arrangements.

5. Recommendation

The Resources Committee 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: 02 May 2019

APPENDIX 2

York Teaching Hospital
NHS Foundation Trust

FM Contract (YTHFM)

Monthly FM Compliance Report

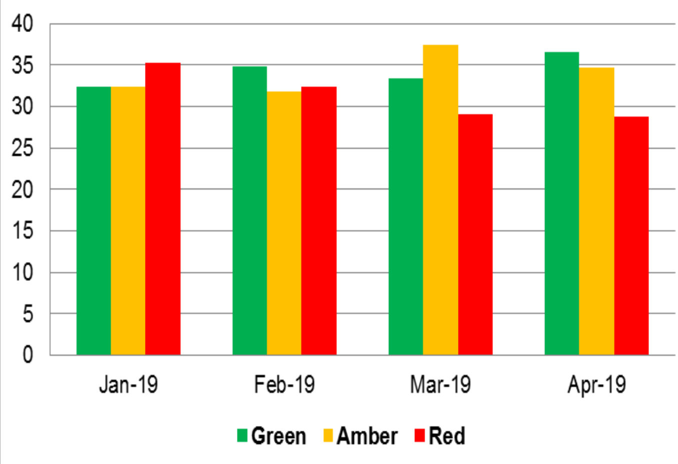
Month	April 2019
David Biggins	Head of FM Compliance & Performance
(Quarter) /Year	(1) 2019/2020
Version	1.0

Facilities Management Key Performance Indicator Dashboard- Month 1 - April 2019

Metric Description	KPI	York Site	SGH Site	Brid Site	Selby Site	Malton Site
Policies & Procedures identified on the Policy and Procedure Register are approved and within review dates	100%	80%	80%	80%	80%	80%
TAPE Assessment						
All sites are achieving KPI against the Trust Assessment of Patient Environment (TAPE)	80%	81.80%	84.85%	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%	8.00%	7.20%	7.60%	7.60%	8.00%
YTHFM is demonstrating less than 20% amber or red ratings against NHS Premises Assurance Model; **Safety and Patient experience Domains**	<20%	25.3%	50%	44.1%	44.9%	55.4%
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	27	25	27	29	28	33
Grounds & Gardens Surveillance	92%	92%		42.80%	80.00%	
Medical Equipment Surveillance	90%	92.50%	94.00%	94.50%	93.50%	95.00%
Cleanliness Technical Audits						
Very High Risk Areas (av)	>98%	96.38	97.59	98.36	96.68	
High Risk Areas (av)	>95%	88.80	95.58	97.29	90.67	91.41
Significant Risk Areas (av)	>85%	81.88				92.72
KPIs Met		4	4	5	7	5
KPIs Partially Met		6	5	4	6	3
KPIs Not met		5	4	5	1	5
KPIs measured in period	69	15	13	14	14	13

Master KPI Summary - All Sites

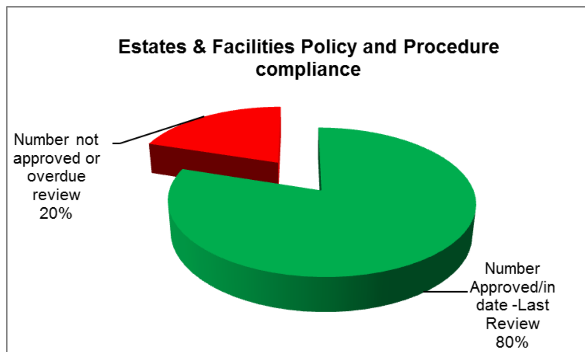
2019-2020		Apr-19	%
Green	KPI ratings within a range that indicates operational arrangements are effective and generally being met		36.5
Amber	KPI Ratings within a range that indicates some elements of good practice but also elements that require moderate improvement		34.7
Red	KPI ratings within a range that indicates weak operational controls and significant improvement required		28.8



Policy and Procedure Compliance- Directorate

Estates & Facilities Directorate Policies & Procedure Register

	Title	Format	Current Status	Policy in date or outstanding	Next Review Date	Authors	Approving Group/Committee	Parent Committee/Group
1	Asbestos Management	Policy	Approved		Oct-20	K Needham	Health & Safety Committee	Health,safety & Non Clinical risk group
2	Asset Management & Maintenance	Procedure	Approved		TBC	J Dickinson	Premises Assurance Group	LLP Operational group
3	Environmental Cleaning Policy	Policy	Approved		Oct-19	C Birch	Trust Infection Prevention Group	Environment & Estates Committee
4	Health & Safety Policy	Policy	Approved		Mar-19	C Weatherill & K Needham	Health, Safety & Non Clinical Risk Group	LLP Operational group
5	Catering	Procedure	Approved	not published	TBC	S Mollier	Site Faciliites Management Group	LLP Operational group
6	Medical Gas Pipeline services management Policy	Policy	Approved		Oct-19	D Moon	Medical Gas Committee	Health,safety & Non Clinical risk group
7	Non Piped Gas	Procedure	Approved		TBC	J Dickinson	Health & Safety Committee**	Health & Safety Committee
8	Water Safety & Legionella	Policy	Approved		Sep-18	D Moon	Water Safety Group	Health,safety & Non Clinical risk group
9	Electrical Safety	Plan	Approved	overdue review	Feb-18	P Johnson	Electrical Safety Group	Health,safety & Non Clinical risk group
10	LOLER/Lifts	Procedure	Approved		TBC	J Dickinson	Health & Safety Committee	Health,safety & Non Clinical risk group
11	Ventilation & Air Conditioning	Procedure	Approved		Dec-19	J Dickinson	Ventilation Steering Group	Health,safety & Non Clinical risk group
12	Pressure Systems	Procedure	Approved		TBC	J Dickinson	Health & Safety Committee**	Health,safety & Non Clinical risk group
13	Decontamination	Policy	Approved		Jun-19	D Biggins/J Brockway	Decontamination Steering Group	Trust Infection Prevention Group
14	Fire Safety	Policy	Approved		Jan-19	M Lee & K Hudson	Health & Safety Committee**	Health,safety & Non Clinical risk group
15	Waste Management	Policy	Approved		May-21	C Weatherill.	Health, Safety & Non Clinical Risk Group	Health,safety & Non Clinical risk group
16	Medical Device Management	Policy	Approved		Mar-20	J Wilsher	Medical Device Management Group	Health,safety & Non Clinical risk group
17	Security	Policy	Approved		Sep-19	J Mason	Security Committee	Health, Safety & Non Clinical Risk Group
18	Travel & Transport Policy	Procedure	Approved	not published	Jun-18	J Money	Transport & Travel Committee	Environment & Estates Committee
19	Pest Control	Policy	Approved		Jul-20	J Knott	Health & Safety Committee	Health,safety & Non Clinical risk group
20	Switchboard & Patient Multimedia	Procedure	Approved		Jul-19	L David	Site Faciliites Management Group	Environment & Estates Committee
21	Portering	Procedure	Approved	not published	Jul-18	J Louth/H Stelmach	Site Faciliites Management Group	Environment & Estates Committee
22	Heatwave	Plan	Approved		Mar-19	C Weatherill.	Health & Safety Committee	Health,safety & Non Clinical risk group
23	Capital Projects Policy	Policy	None	not published	TBC	A Bennett	CPEG	CPEG
24	Inclusive built environment policy	Policy	Approved		2021	D Biggins.	Premises Assurance Group	Fairness Forum
25	Control of substances hazardous to health	Policy	Approved		Jul-20	K Needham	Health & Safety Committee	Health,safety & Non Clinical risk group



Last Review	25/04/2019
Next Review	25/05/2019

Decontamination of Reusable Medical Devices- Site

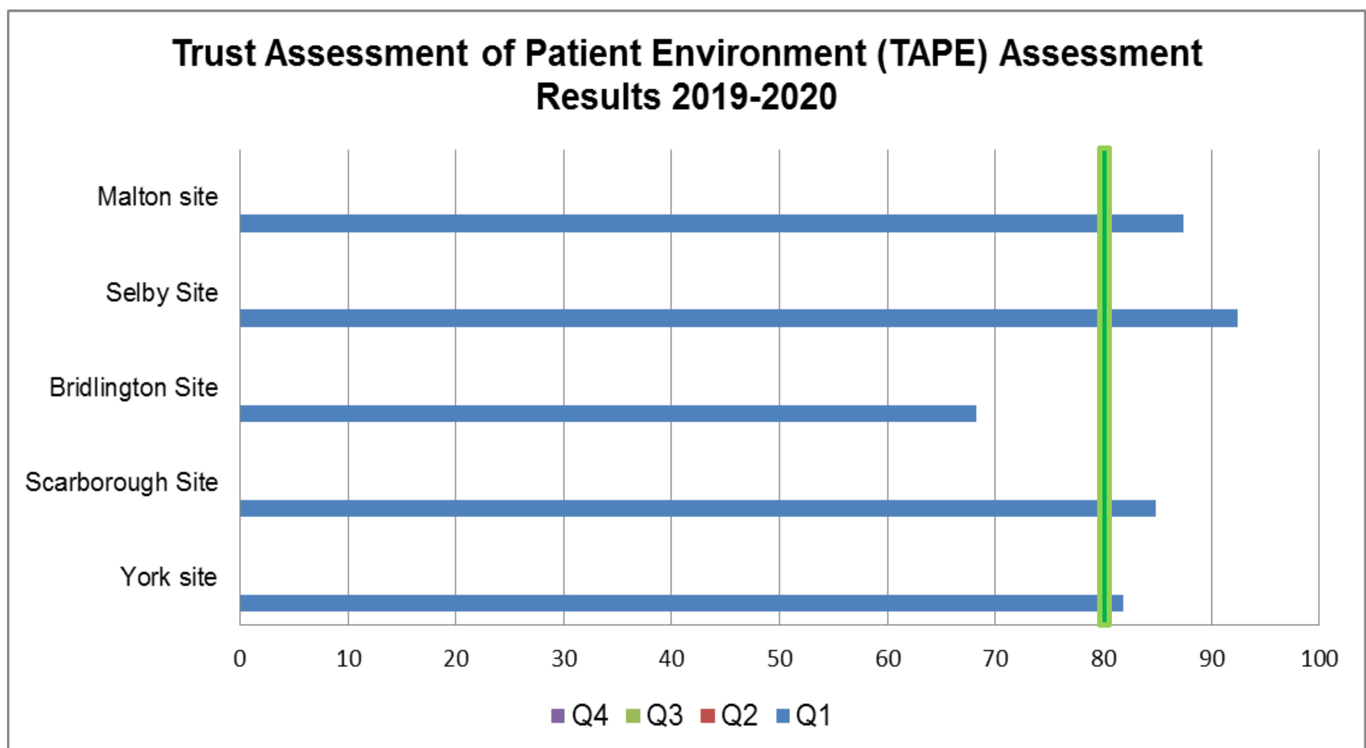
Decontamination of Reusable Medical Devices- Audit Dashboard — Reviewed: 18th April 2019

Audit Activity	Last Audit	Next Audit	Annual Audits to date / Overall Compliance	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20
			No of Major Corrective Actions at Last audit								
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

The Trust Assessment of Patient Environment process for 2018/2019 has been commenced with initial assessment at the Scarborough site completed and shown below.The results shown for the other sites are the Quarter 4 results from 2018/2019.



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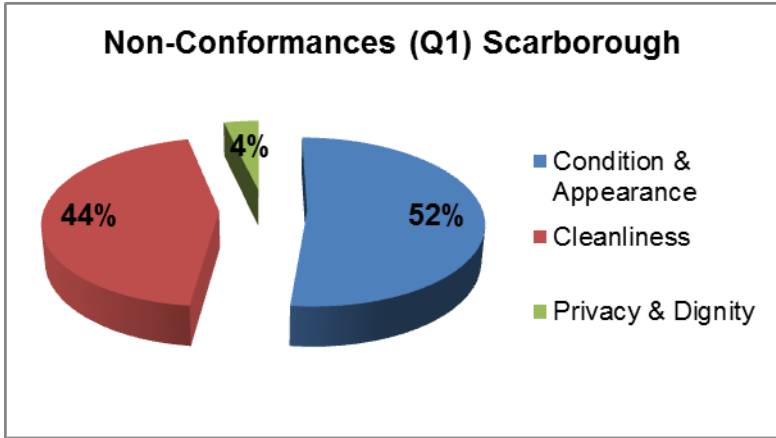
There were a number of cleanliness and conditon and appearance defects identified at the Scarborough site TAPE Assessment. The ration of these is shown below. The Trust FM Compliance team maintains a register of these defects and will check whether defect rectification as taken place by the LLP FM providers on a 6 weekly basis.

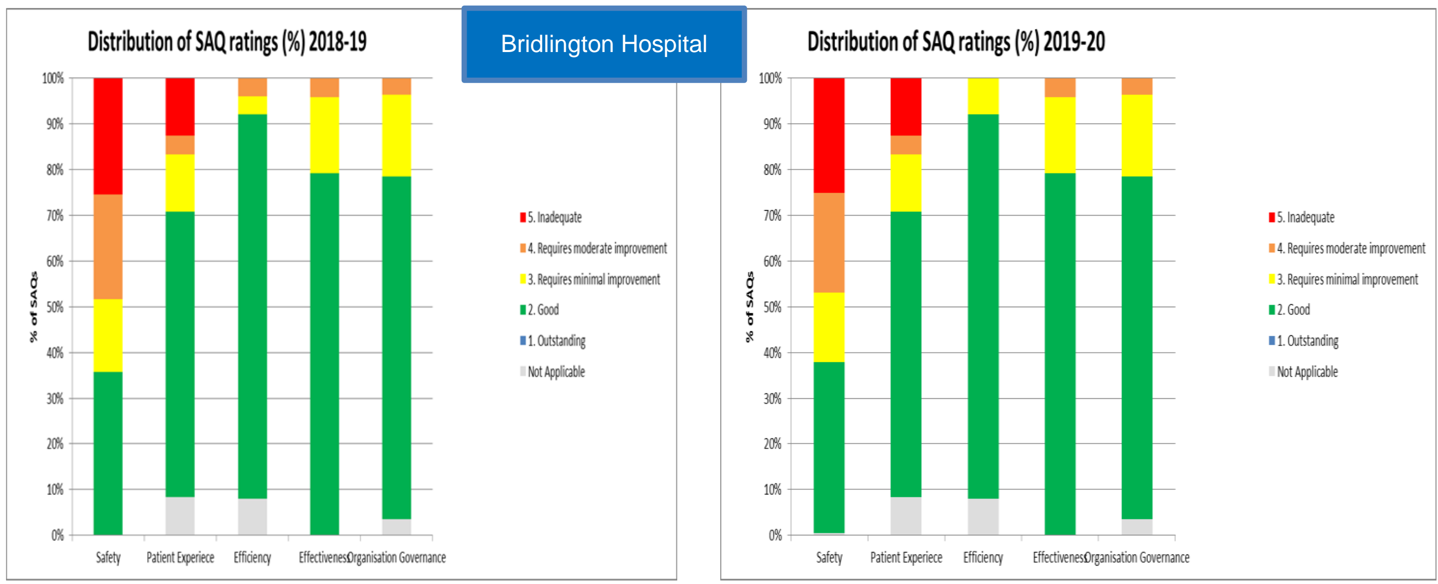


NHS Premises Assurance Model Position 2019/2020

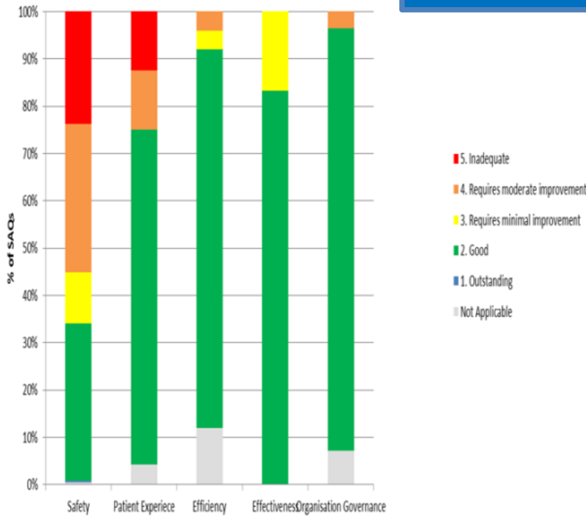
The LLP FM provider (YTHFM) is reporting an increase in compliance against the safety domain of the NHS Premises Assurance Model at the York Hospital site. The FM Compliance team will review the actions taken to achieve this improvement with LLP colleagues.

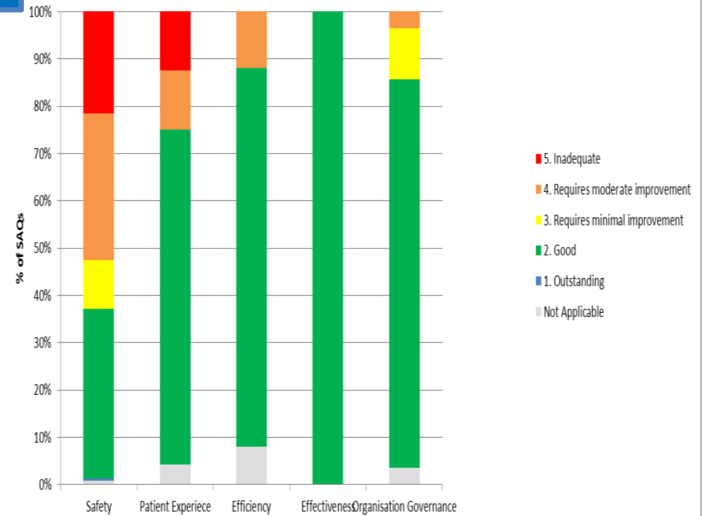
Overall the organisation still has limited assurance of compliance with the NHS Premises assurance model.

March 2019 | **April 2019**

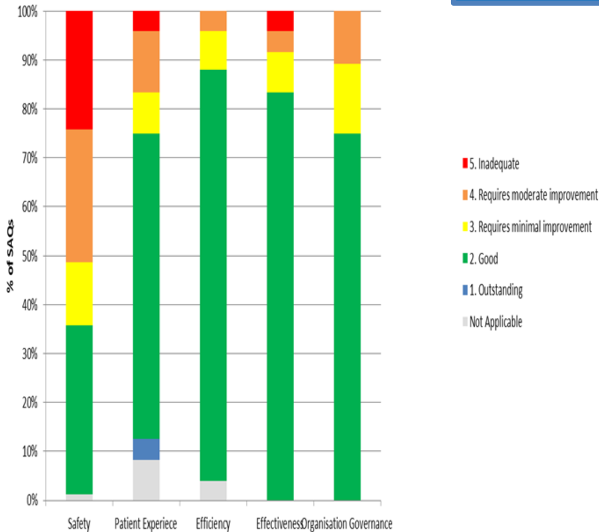


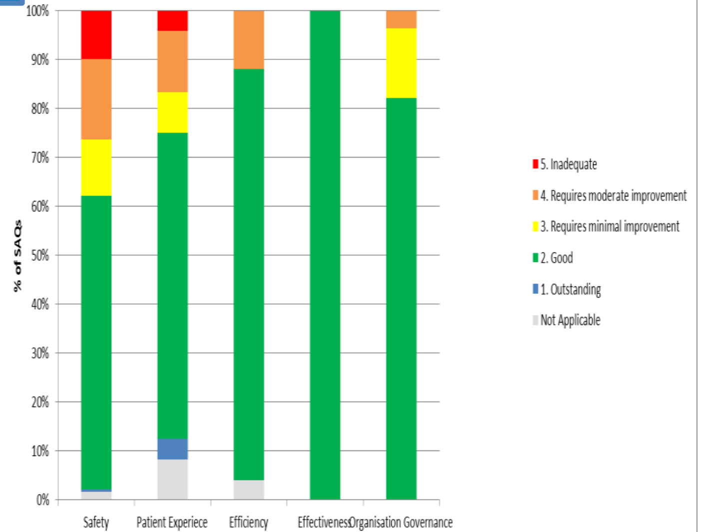
Scarborough Hospital



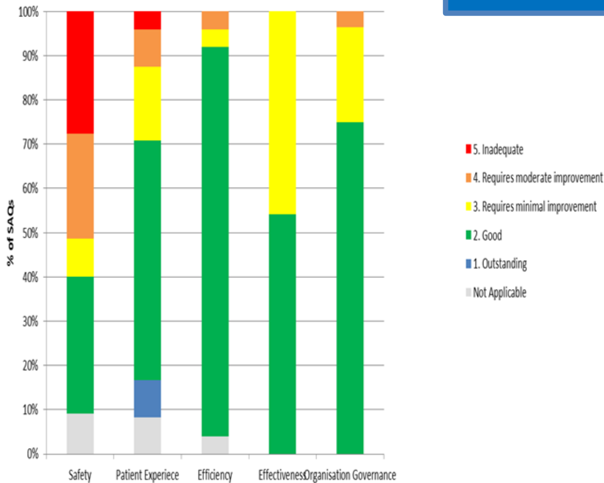


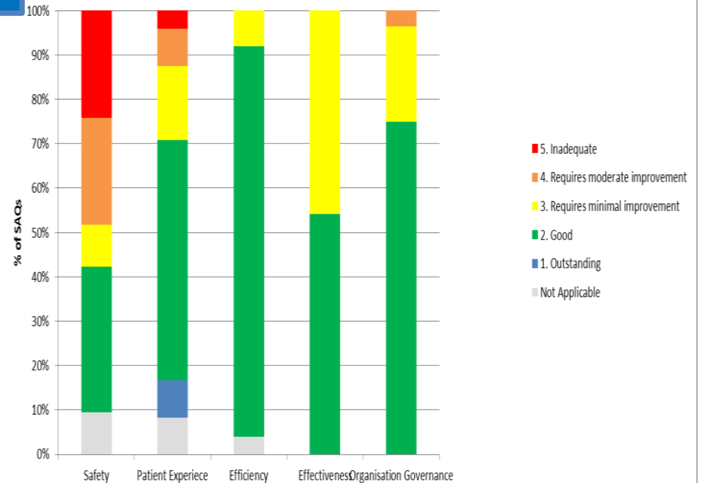
York Hospital



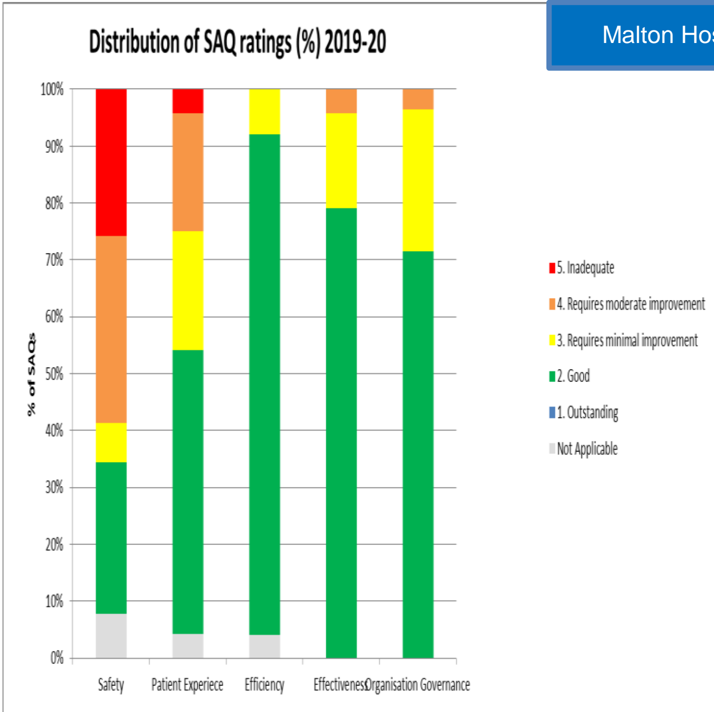


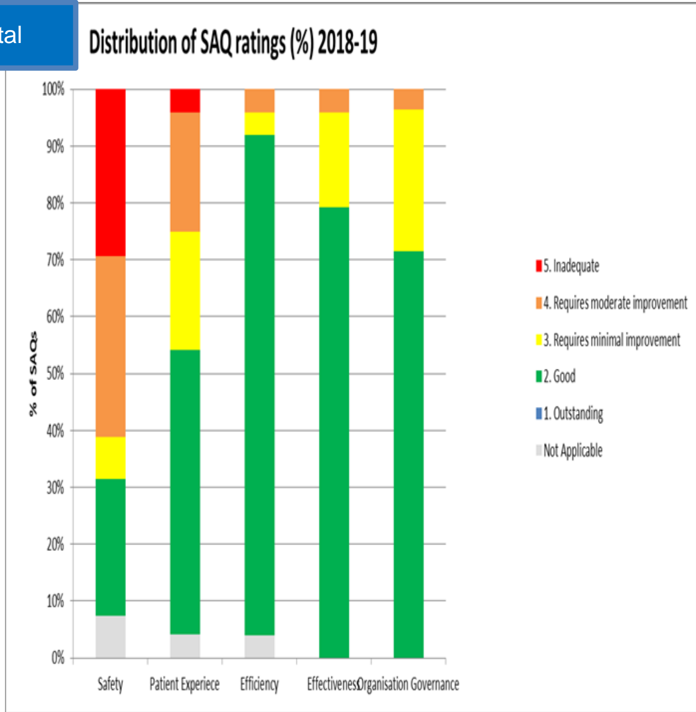
Selby Hospital





Malton Hospital





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

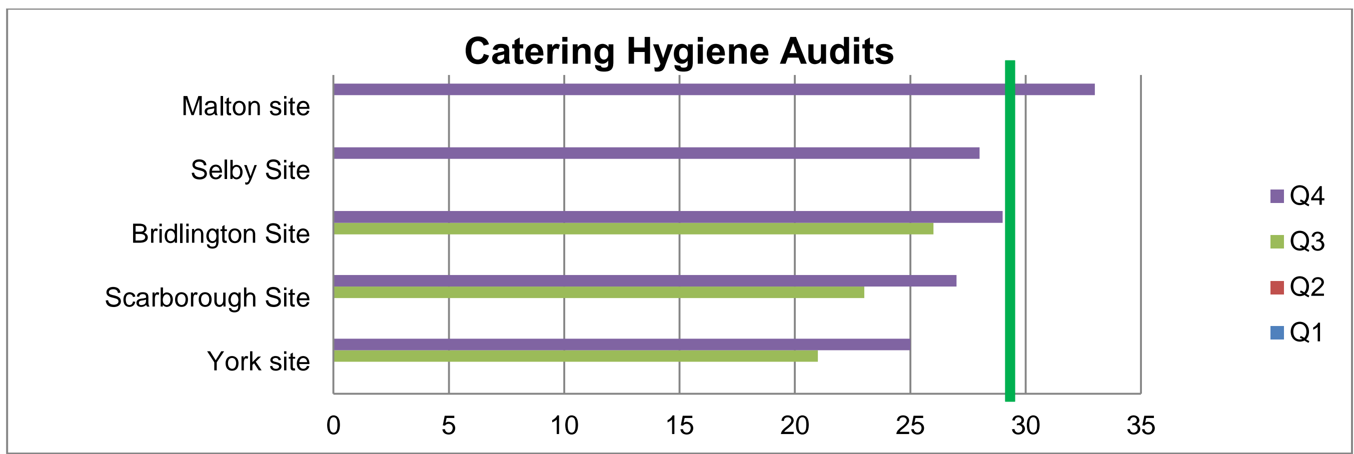
		CLN Score %	Food Score %	PDW Score %	C&A Score %	DEM Score %	DIS Score %
RCB55	York Hospital	95.27%	78.84%	76.41%	85.66%	58.98%	67.21%
RCBCA	Scarborough Hospital	92.98%	81.36%	70.94%	86.67%	58.74%	68.71%
RCBNH	Bridlington Hospital	96.87%	70.12%	77.11%	87.10%	52.45%	50.20%
RCB05	St Monicas Hospital	97.68%	78.03%	73.17%	92.26%	78.12%	80.94%
RCB07	The New Selby War Memorial Hospital	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%

(red)	Not meeting national average
(green)	Meeting national average
(amber)	Not meeting national average but improvement on previous year
(purple)	Not meeting national average and worse positon than previous year

Catering Hygiene Audits

Quarterly Catering Hygiene audits for main food production units and kitchens were commenced in November 2018 and provide a more detailed appraisal of environmental hygiene in these areas.

An initial KPI of 87% compliance with the audit tool has been set; currently Malton Hospital and Bridlington Hospital are achieving this key performance indicator. The results below show the end of 2018/2019 positon. Quarter 1 2019/2020 catering hygiene audits are due to be undertaken within the next 4 weeks.

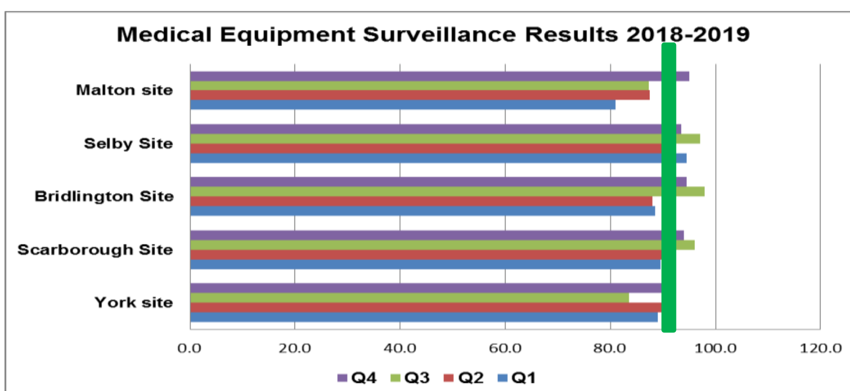


Medical Equipment Surveillance Results

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.

All sites at Quarter 4 are meeting the key performance indicators The next surveillance will be undertaken over the next 4 weeks.



Cleanliness monitoring results

Neither York, Scarborough nor Selby sites have on average met the key performance indicator of the reporting period with regards to cleanliness of very high risk areas.

Additionally, York & Selby hospitals did not meet the key performance indicator for high risk areas.

Bridlington Hospital met key performance indicators for cleanliness for both very high risk and high risk areas.

Very high risk areas- Operating Theatres

At last monitoring period (week commencing 15th April) Operating Theatres at both Scarborough and Bridlington site were meeting the required key performance indicator for cleanliness.

York Hospital were meeting this indicator at one out of the three Operating Theatre departments as can be seen from the tables below.

Audit Type	Hospitals	Areas	DATE OF WEEK COMMENCING	
Facilities	BDH	Theatres		
FUNCTIONAL AREA	**ZONE**	**RISK LEVEL**	**1** 01/04/19	**3** 15/04/19
Main Theatres	Theatres	Very High	98.34	99.31
Vanguard	Theatres	Very High	97.75	98.11
Shepherds Daycase Theatre	Theatres	Very High	96.17	98.25
Key Performance Indicator			98	98

Audit Type	Hospitals	Areas	DATE OF WEEK COMMENCING			
Facilities	SGH	Theatres				
FUNCTIONAL AREA	**ZONE**	**RISK LEVEL**	**1** 01/04/19	**2** 08/04/19	**3** 15/04/19	**4** 22/04/19
Main Theatres	Theatres	Very High	99.36	99.66	97.46	98.88
Key Performance Indicator			98	98	98	98

Audit Type	Hospitals	Areas	DATE OF WEEK COMMENCING			
Facilities	YH	Theatres				
FUNCTIONAL AREA	**ZONE**	**RISK LEVEL**	**1** 01/04/19	**2** 08/04/19	**3** 15/04/19	**4** 22/04/19
Theatres - Patient Areas	Theatres	Very High	98.56	92.81	92.03	94.68
Day Theatres	Theatres	Very High	96.58	96.7	97.4	97.16
Eye Theatres	Theatres	Very High	100	100.00	99.32	98.98
Key Performance Indicator			98	98	98	98

Inclusive built environment/accessibility

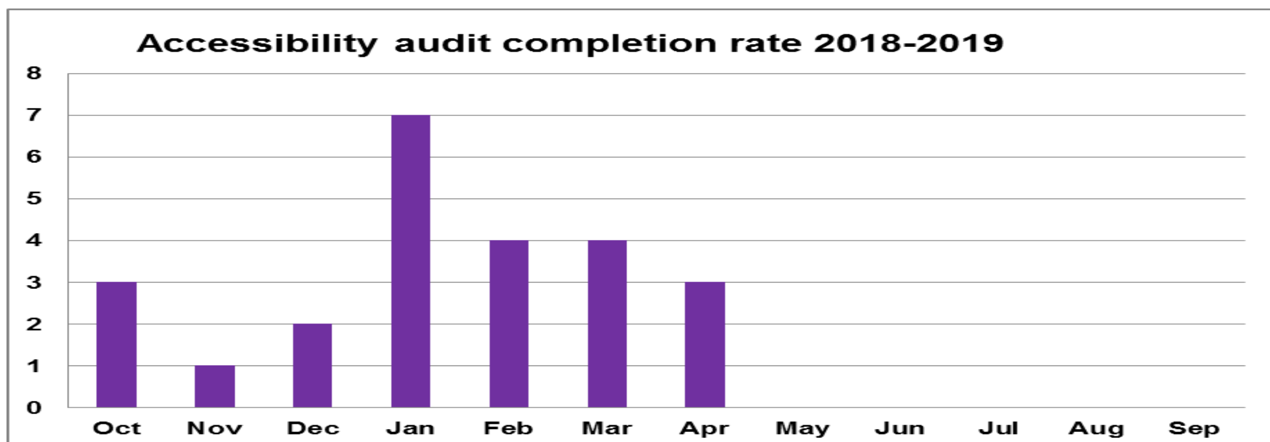
The Trust has commissioned through its Equality Objectives for 2018, a series of building access audits to be undertaken across our sites over the coming 18 months, in order to better understand patient, visitor and staff experience in terms of accessibility and measure compliance against relevant standards. To date access audits shown in the table below have been completed. The aim is to complete all Trust owned sites over the next 6 months.

Access audit reports and any necessary planning of improvements or reasonable adjustments as required are being prepared following each audit. The reports are being disseminated to Estates, Facilities and Site Managers for information. An additional 3 audits have been completed in this Month (1).

Table 1

Access Audit Register (Cross site)

	Site	Date	Area Auditted	Standard	Report Date
1	York	24/10/2018	Park House Building	AD M	24/10/2018
2	York	22/10/2018	Physiotherapy gym building	AD M	26/10/2018
3	BDH	22-26/10/2018	Bridlington whole site	AD M	03/11/2018
4	SGH	07/12/2018	Emergency Dept/Fracture clinic and Urgent Treatment centre	AD M/BS 8300	18/12/2018
5	York	17/12/2018	Main Entrance & Reception	ADM/BS8300	28/12/2018
6	SGH	09/01/2019	Post graduate Centre for Education & HYMS Floor	AD M	11/01/2019
7	SGH	09/01/2019	West Entrance	AD M	11/01/2019
8	SGH	09/01/2019	Chapel	AD M	18/01/2019
9	York	17/01/2019	Accessible parking -cross site	AD M	18/01/2019
10	SGH	22/01/2019	Accessible car parking area, main entrance, reception, retail,PALS, WCs	AD M/BS 8300	24/01/2019
11	WXC	30/01/2019	White Cross Court	ADM	30/01/2019
12	SGH	30/01/2019	Occupational health building	AD M/BS 8300	31/01/2019
13	Malton	04/05/02/2019	Malton Hospital	AD M/BS 8300	12/02/2019
14	SGH	11/02/2019	North Entrance- sgh	AD M/BS 8300	13/02/2019
15	SGH	18/02/2019	Springhill House	AD M/BS 8300	19/02/2019
16	Selby	26/02/2018	Selby Hospital buildings and grounds	AD M/BS 8300	28/02/2019
17	York	11/03/2019	Centurion House	AD M/BS 8300	14/03/2019
18	York	21/03/2019	Tang hall Health centre	AD M/BS 8300	25/03/2019
19	York	27/03/2019	South Entrance-York Hosp	AD M/BS 8300	27/03/2019
20	SGH	28/03/2019	Woodlands House(Ground Floor)	AD M/BS 8300	29/03/2019
21	E Wold	04/04/2019	St Monicas Hospital building and grounds (including Physio builiding)	AD M/BS 8300	10/04/2019
22	SGH	11/04/2019	Haworth Unit	AD M/BS 8300	16/04/2019
23	York	23/04/2019	Ellerbys (York) Restaurant	AD M/BS 8300	24/04/2019



York Teaching Hospital
NHS Foundation Trust

NHS Premises Assurance Model Return 2018/2019

Estates & Facilities Directorate
15th March 2019

York Teaching Hospital
NHS Foundation Trust

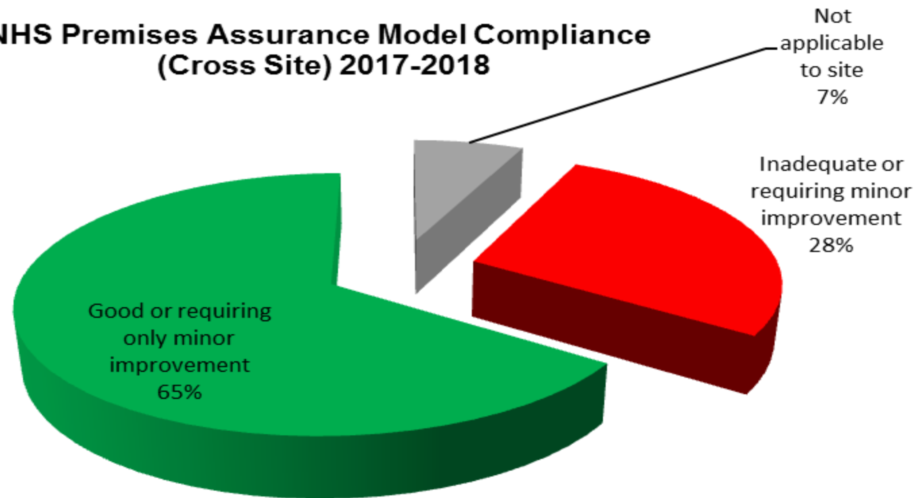
ESTATES & FACILITIES DIRECTORATE

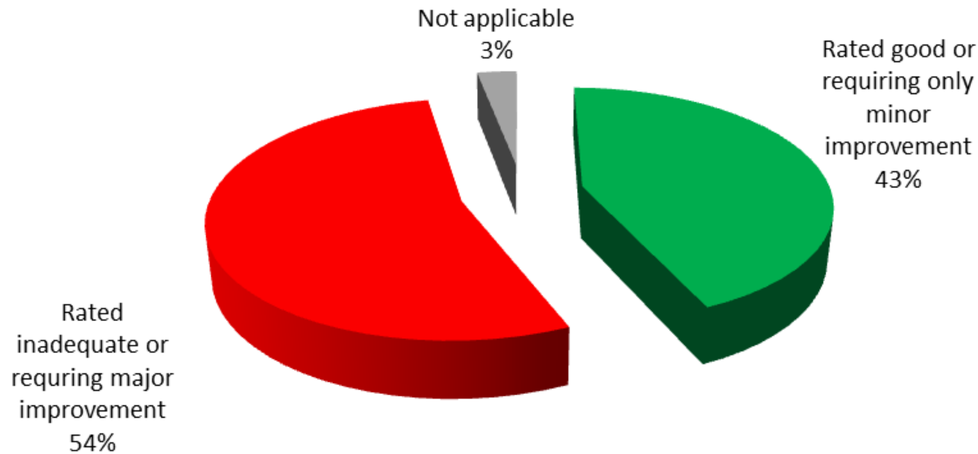
Commissioned By	York NHS Teaching Hospital Foundation Trust
Author	David Biggins; Head of Facilities Management Compliance
Approved by and Date of approval	Brian Golding, Director of Estates & Facilities 21st March 2019

NHS Premises Assurance Model (PAM) Return 2017-2018

Contents

- Cross Site NHS PAM Compliance comparison
- Scarborough Hospital Site Position
- York Hospital Site Position
- Bridlington Hospital Site Position
- Selby Community Hospital Site Position
- Easingwold Hospital site Position
- Malton Hospital site Position
- Individual site compliance comparisons

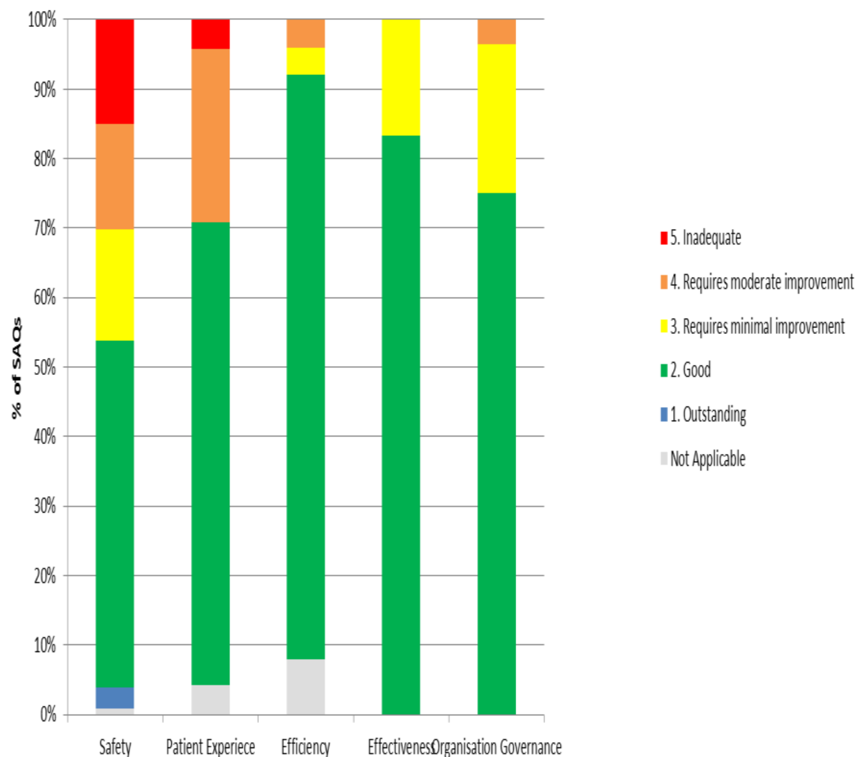


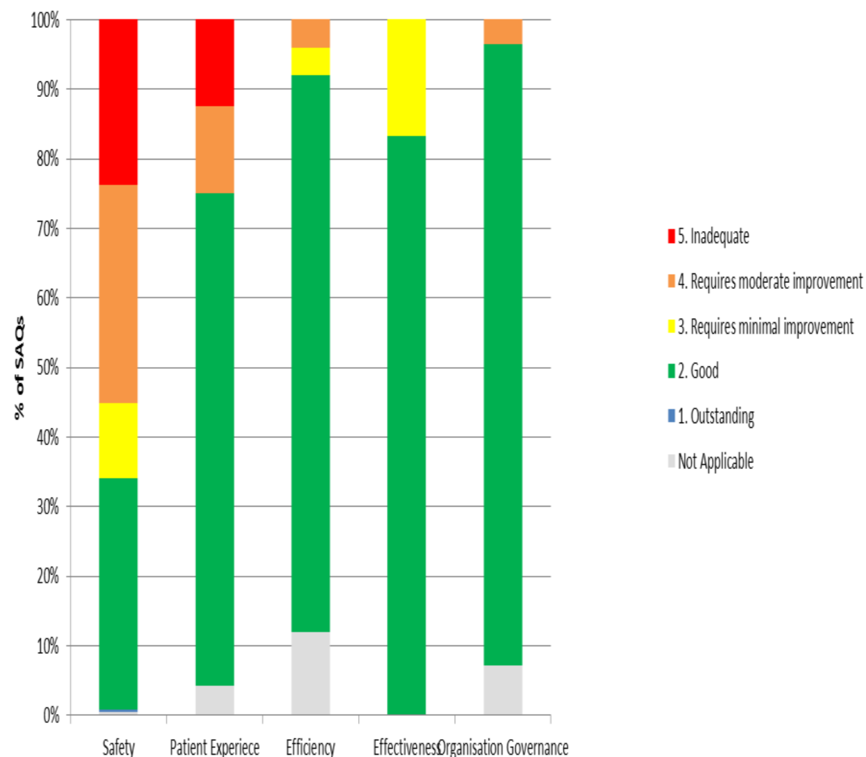


NHS
York Teaching Hospital
NHS Foundation Trust

Scarborough Hospital Site Position

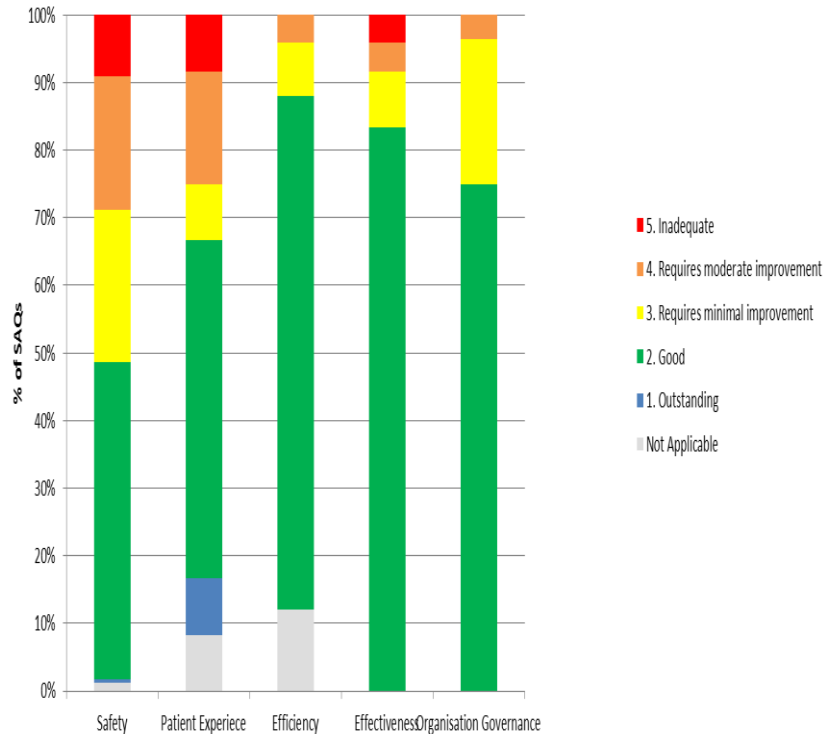
March 2018	March 2019



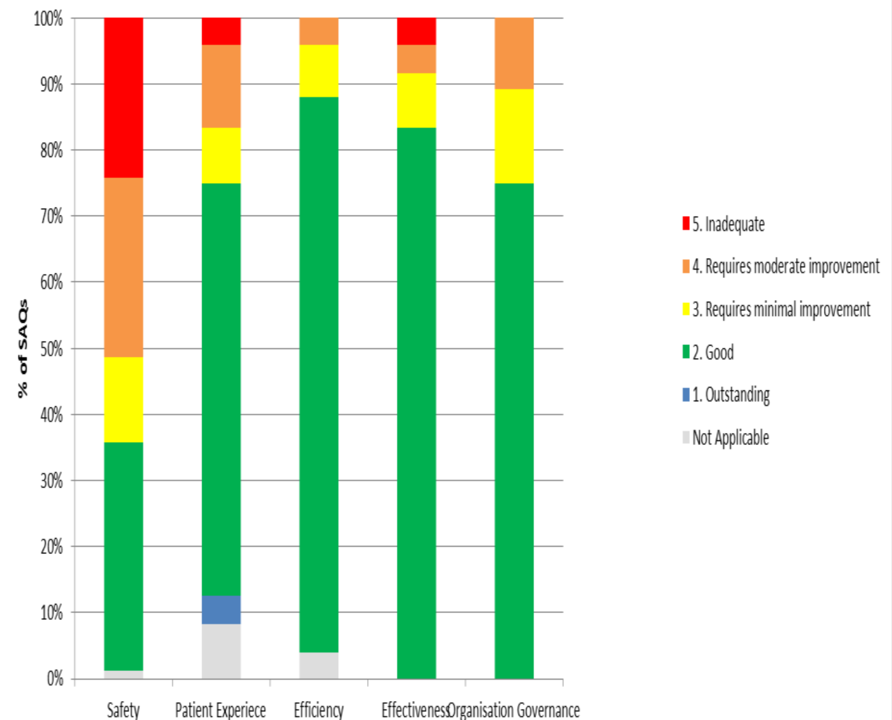


York Hospital Site Position

March 2018

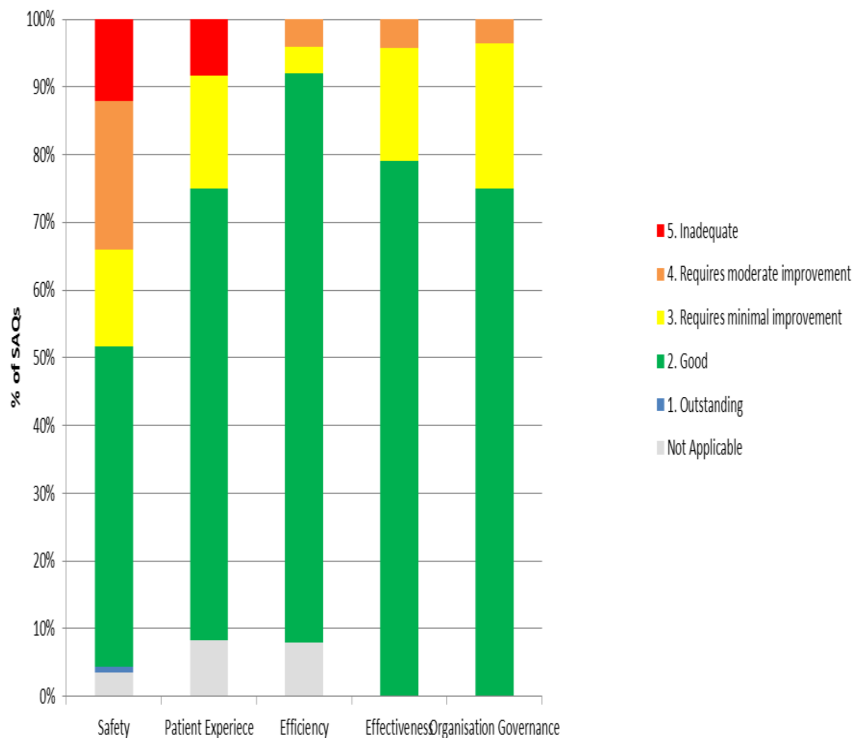


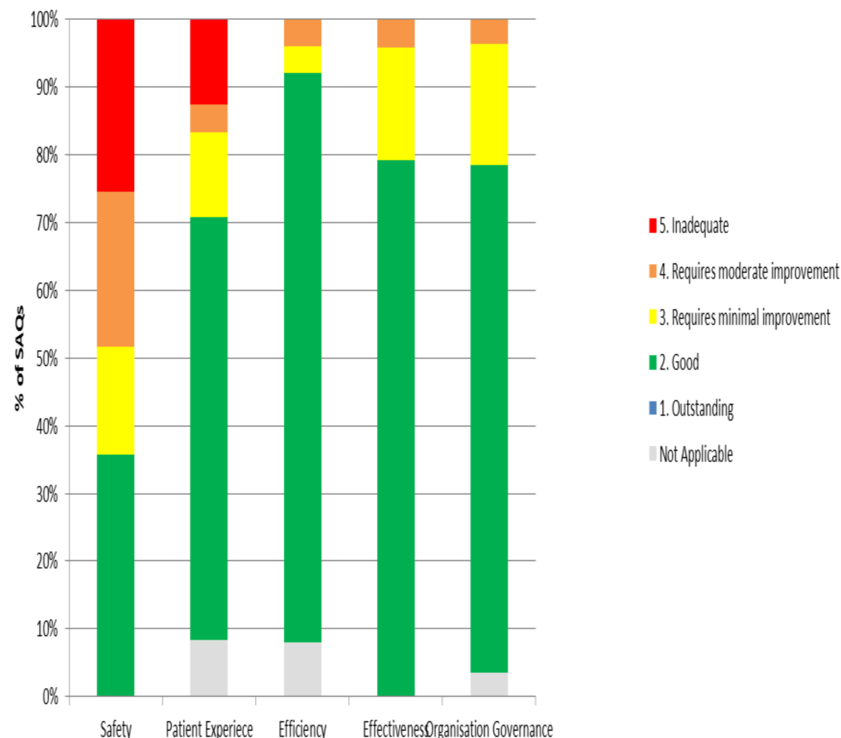
March 2019



Bridlington Hospital Site Position

March 2018	March 2019

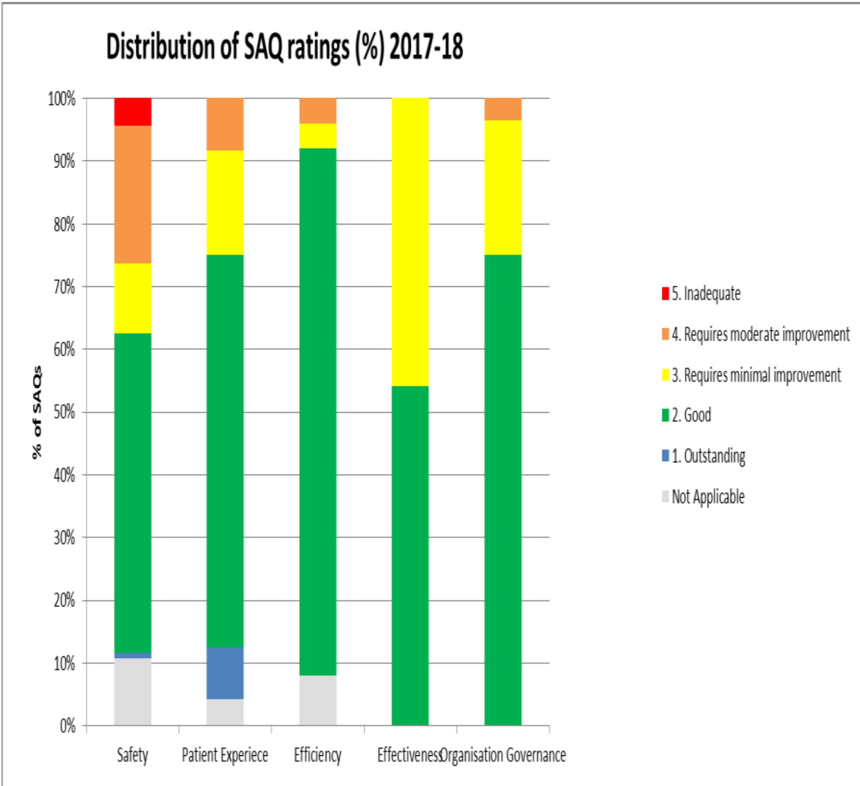


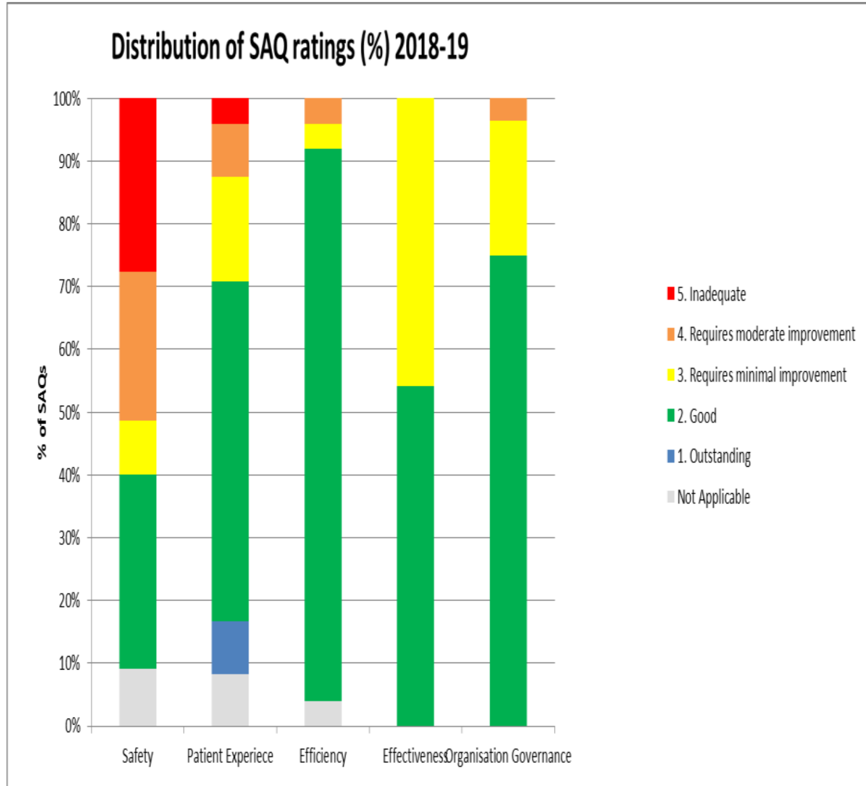


Selby Hospital Position

March 2018

March 2019

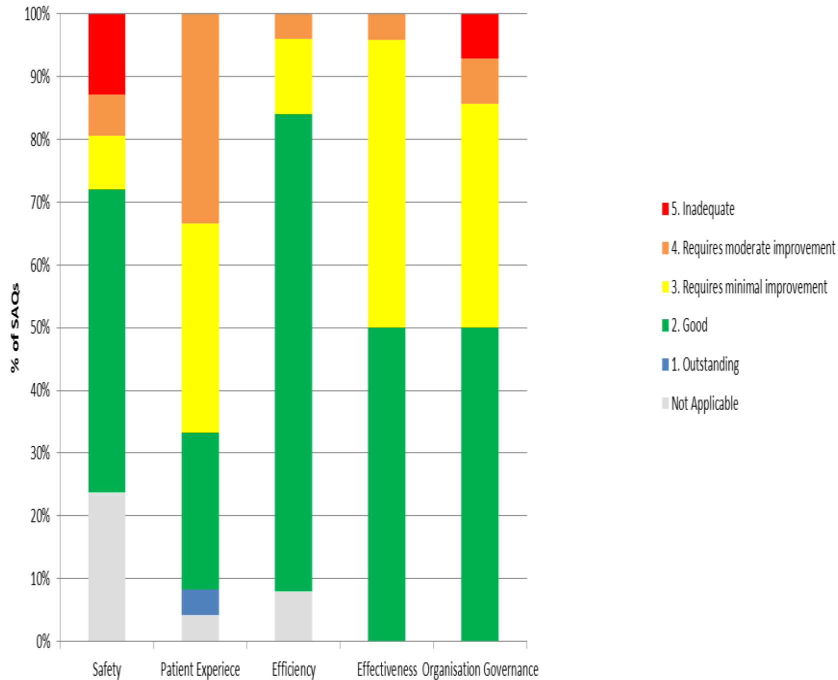


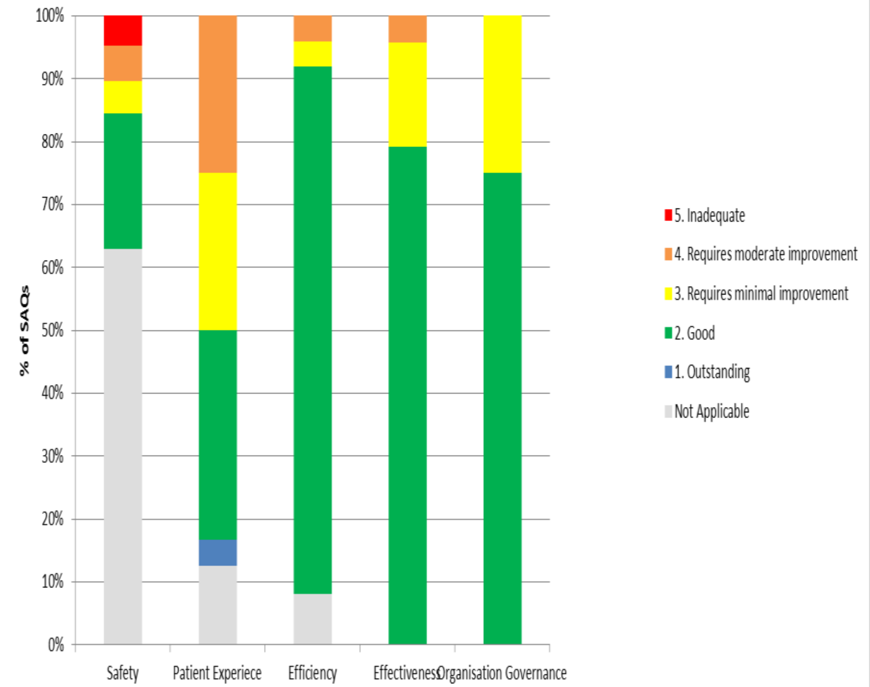


Easingwold Hospital Position

March 2017

March 2018

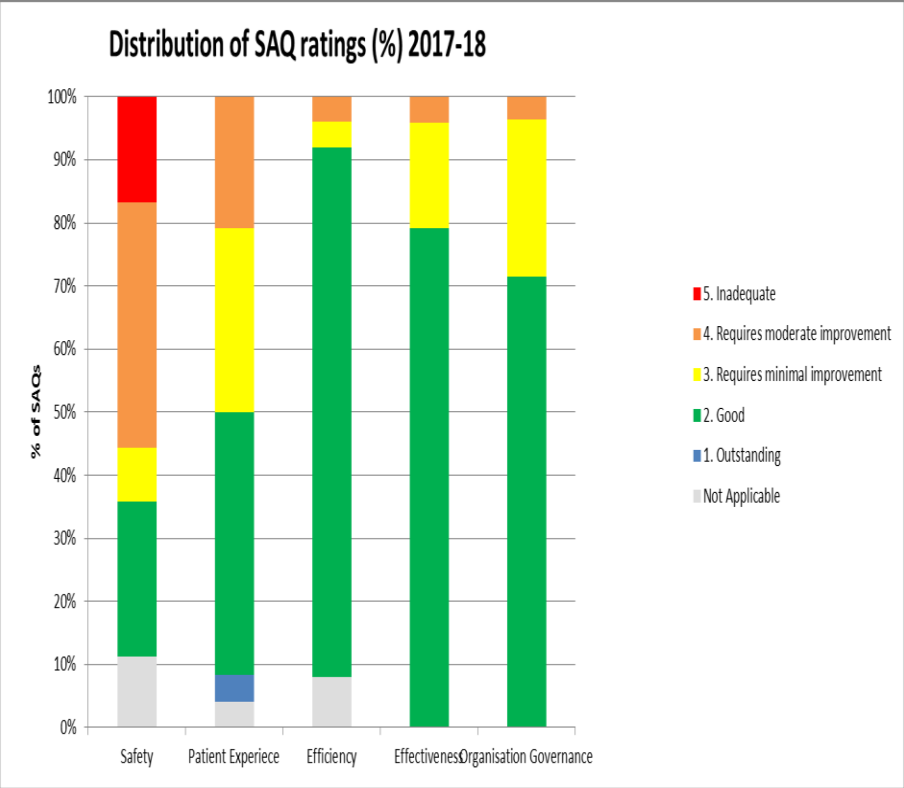


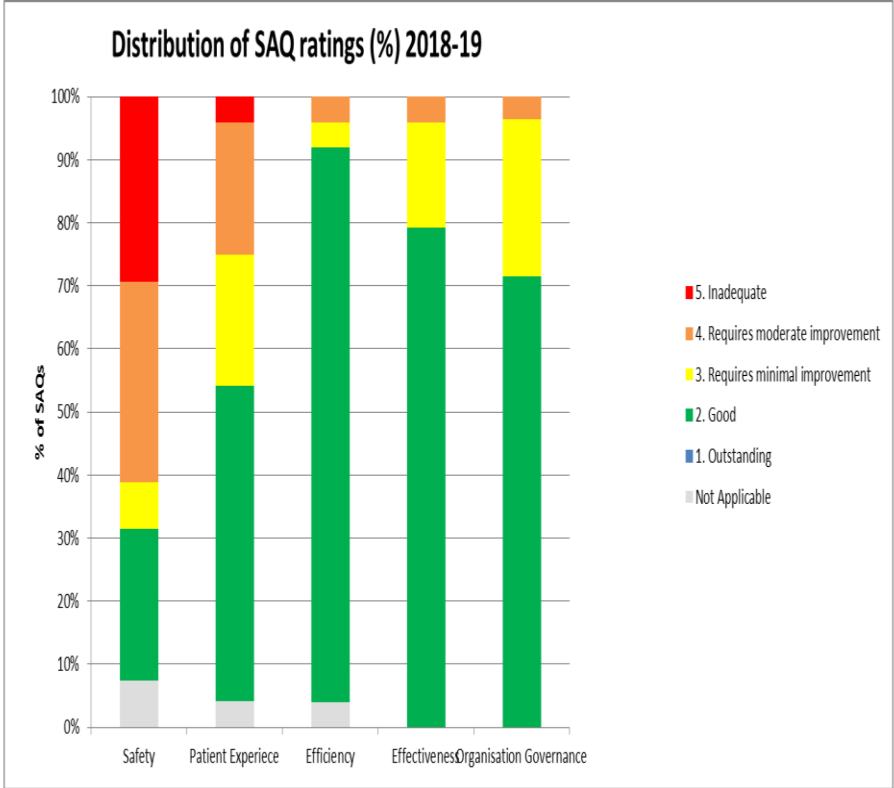


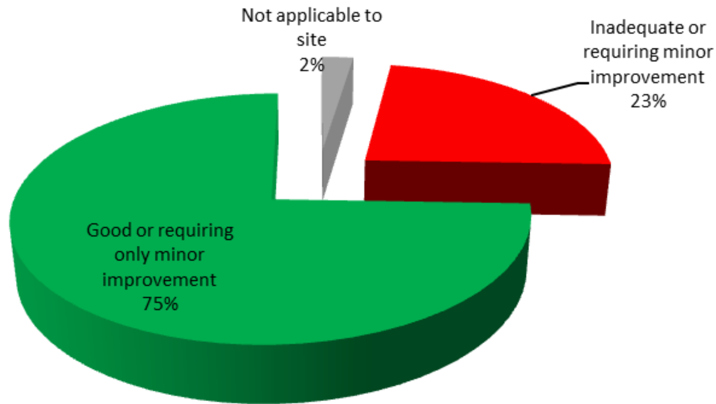
Malton Hospital Position

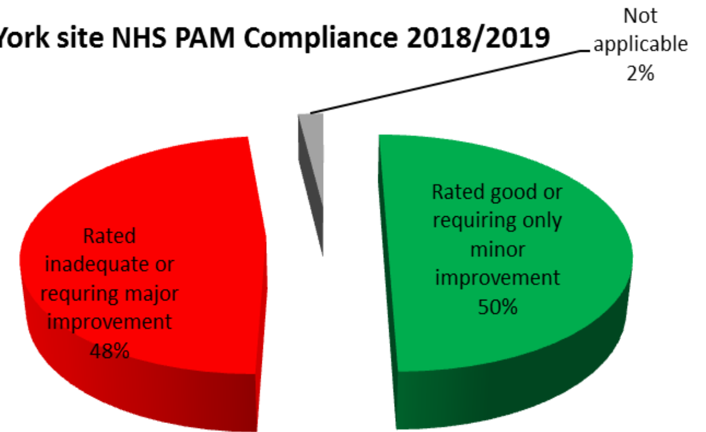
March 2018

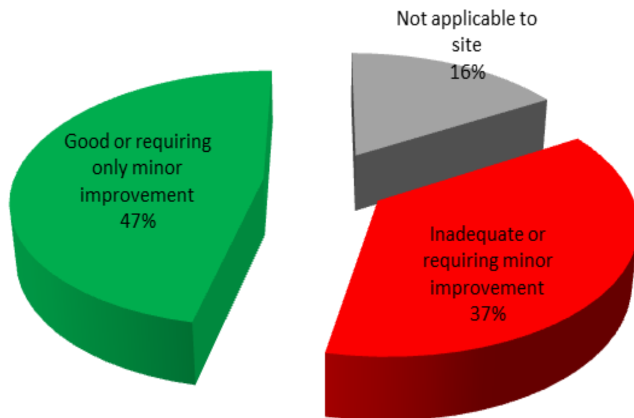
March 2019

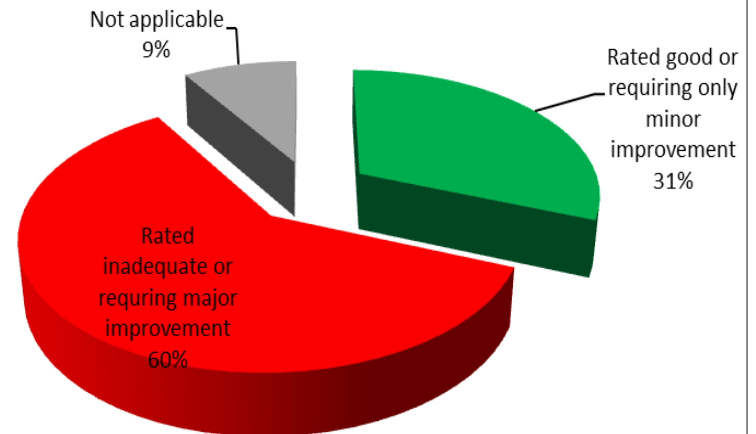


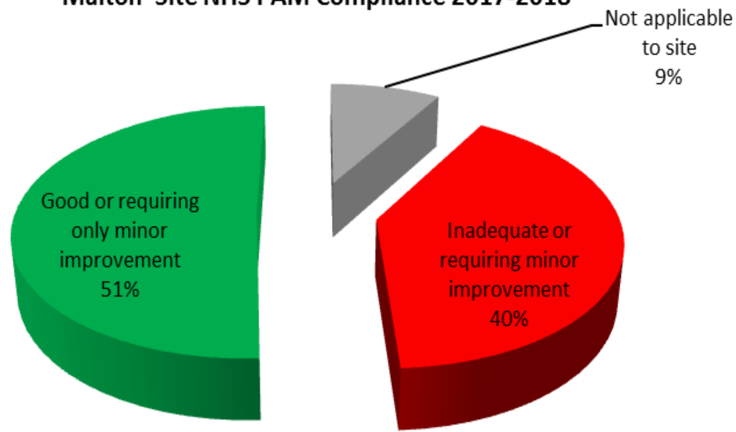


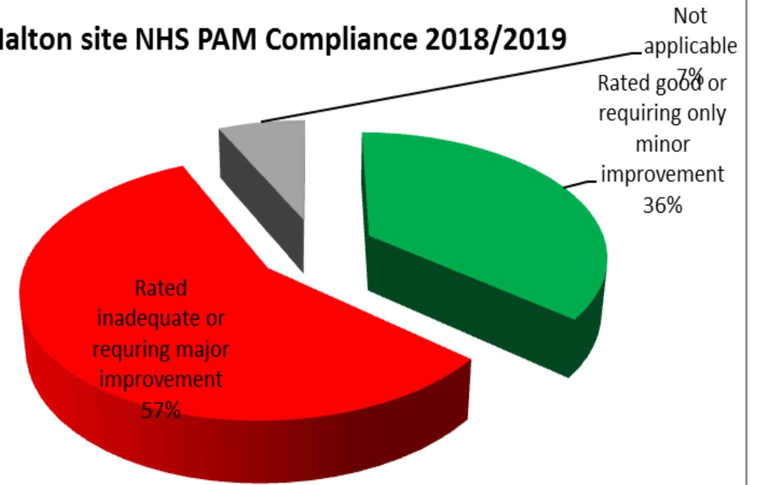

York Site NHS PAM Compliance 2017-2018
Not applicable to site 2%
Inadequate or requiring minor improvement 23%
Good or requiring only minor improvement 75%

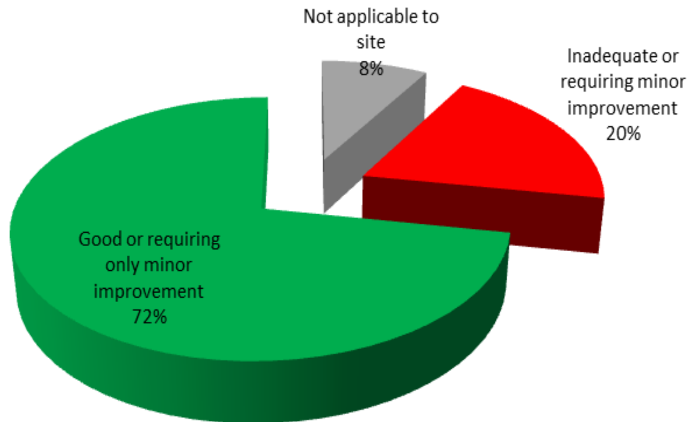

York site NHS PAM Compliance 2018/2019
Not applicable 2%
Rated inadequate or requring major improvement 48%
Rated good or requiring only minor improvement 50%

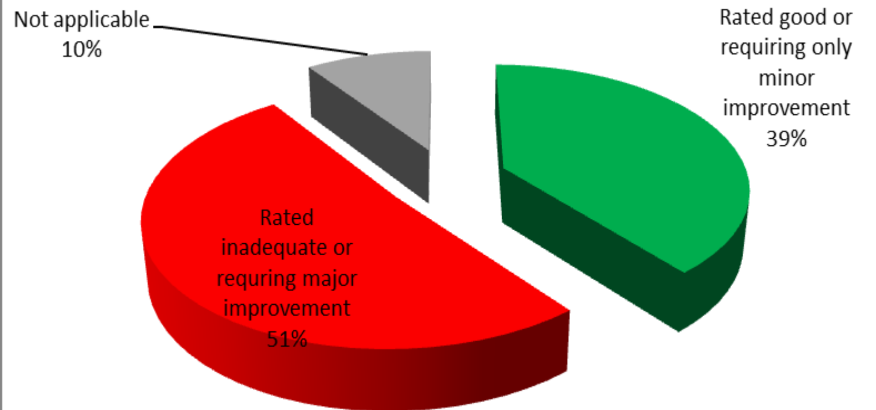

Easingwold Site NHS PAM Compliance 2017-2018
Not applicable to site 16%
Good or requiring only minor improvement 47%
Inadequate or requiring minor improvement 37%

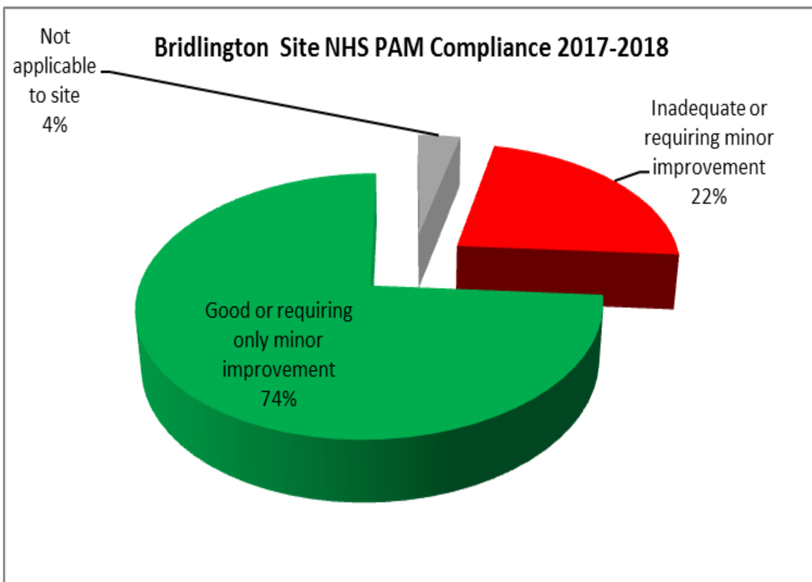

Easingwold site NHS PAM Compliance 2018/2019
Not applicable 9%
Rated good or requiring only minor improvement 31%
Rated inadequate or requring major improvement 60%

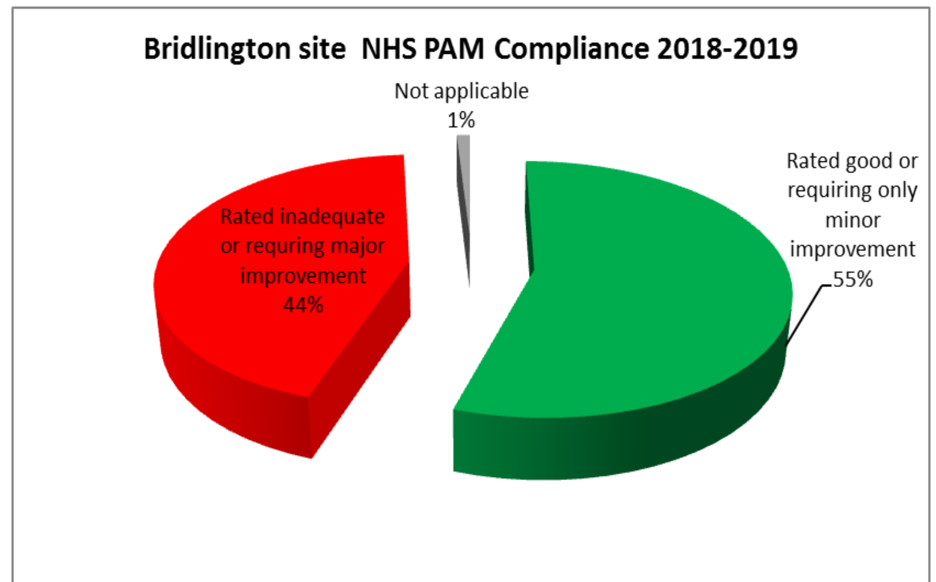

Malton Site NHS PAM Compliance 2017-2018
Not applicable to site 9%
Good or requiring only minor improvement 51%
Inadequate or requiring minor improvement 40%

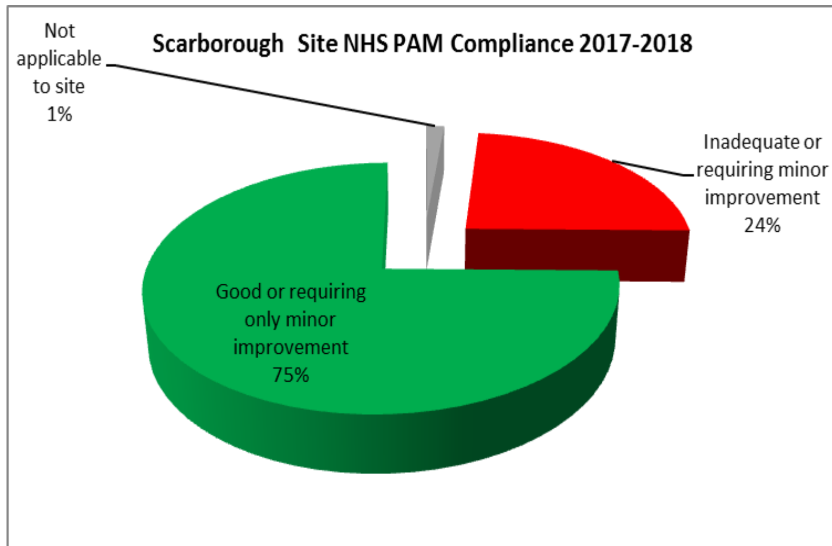

Malton site NHS PAM Compliance 2018/2019
Not applicable 7%
Rated good or requiring only minor improvement 36%
Rated inadequate or requring major improvement 57%

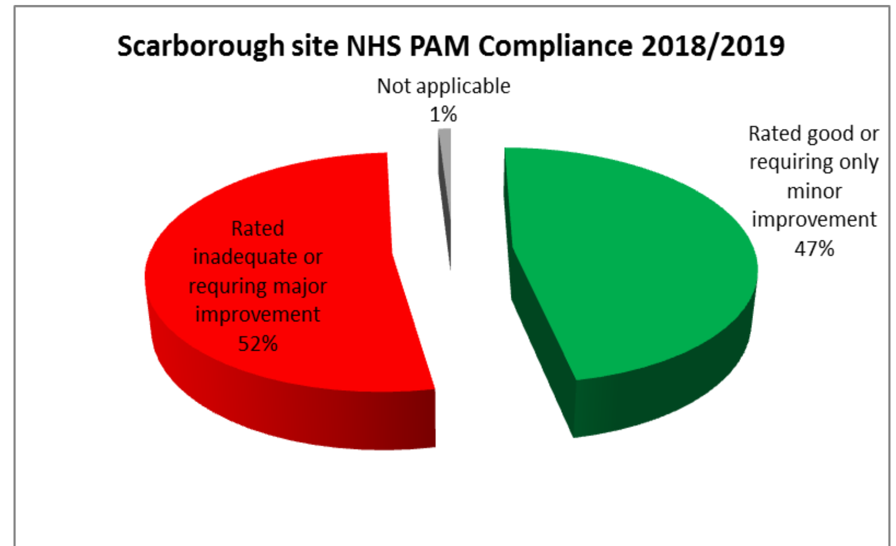

Selby Site NHS PAM Compliance 2017-2018
Not applicable to site 8%
Inadequate or requiring minor improvement 20%
Good or requiring only minor improvement 72%


Selby site NHS PAM Compliance 2018/2019
Not applicable 10%
Rated good or requiring only minor improvement 39%
Rated inadequate or requring major improvement 51%


Bridlington Site NHS PAM Compliance 2017-2018
Not applicable to site 4%
Inadequate or requiring minor improvement 22%
Good or requiring only minor improvement 74%


Bridlington site NHS PAM Compliance 2018-2019
Not applicable 1%
Rated inadequate or requring major improvement 44%
Rated good or requiring only minor improvement 55%


Scarborough Site NHS PAM Compliance 2017-2018
Not applicable to site 1%
Inadequate or requiring minor improvement 24%
Good or requiring only minor improvement 75%


Scarborough site NHS PAM Compliance 2018/2019
Not applicable 1%
Rated inadequate or requring major improvement 52%
Rated good or requiring only minor improvement 47%

York Teaching Hospital
NHS Foundation Trust

York NHS Teaching Hospital Foundation Trust
Wigginton Road
York
Y031 8HE

Estates & Facilities Directorate
NHS Premises Assurance Model Return Report 2018/2019

Report Commissioned by	Brian Golding Director of Estates & Facilities York NHS Teaching Hospital Foundation Trust
Report Author	David Biggins Head of FM Compliance York NHS Teaching Hospital Foundation Trust
Date	15th March 2019
Version	1.0
Distribution	Director of Estates & Facilities, York Facilities Management LLP

APPENDIX 4

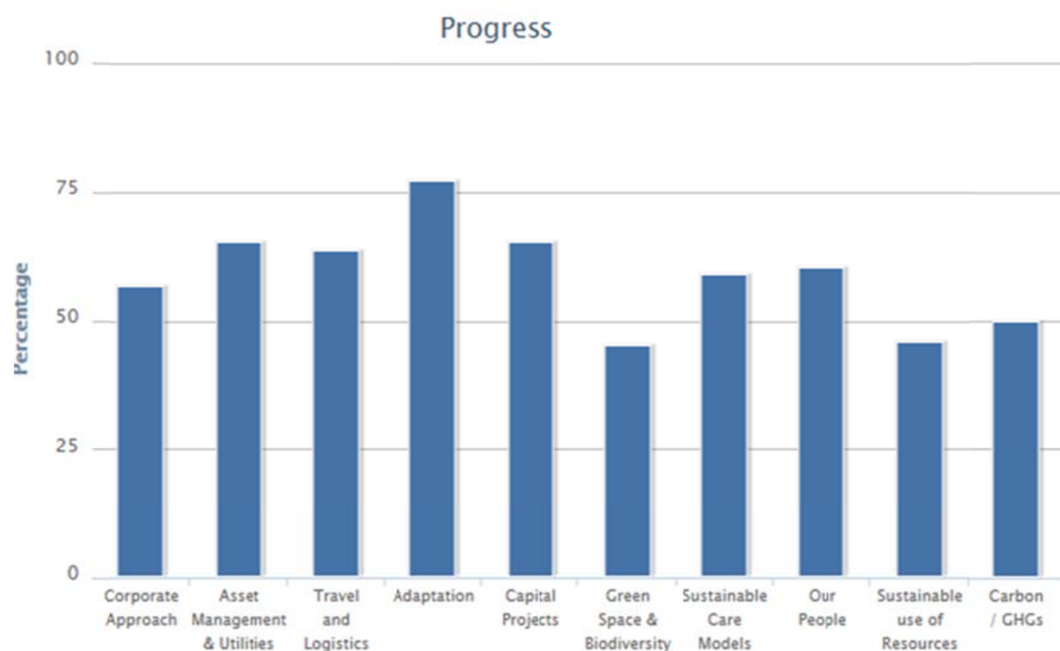
2018 Position

This Trust's review work and completion of the Sustainable Development Assessment Tool (SDAT) template in 2018 achieved an overall score of 49%.

Each module achieved the following scores:

Corporate Approach	**49%**
Asset Management& Utilities	**64%**
Travel and Logistics	**45%**
Adaptation	**76%**
Capital Projects	**66%**
Green Space & Biodiversity	**38%**
Sustainable Care Models	**41%**
Our People	**47%**
Sustainable Use of Resources	**40%**
Carbon/ Green-House Gases	**39%**

2019 Position



2019 Results & Benchmarking

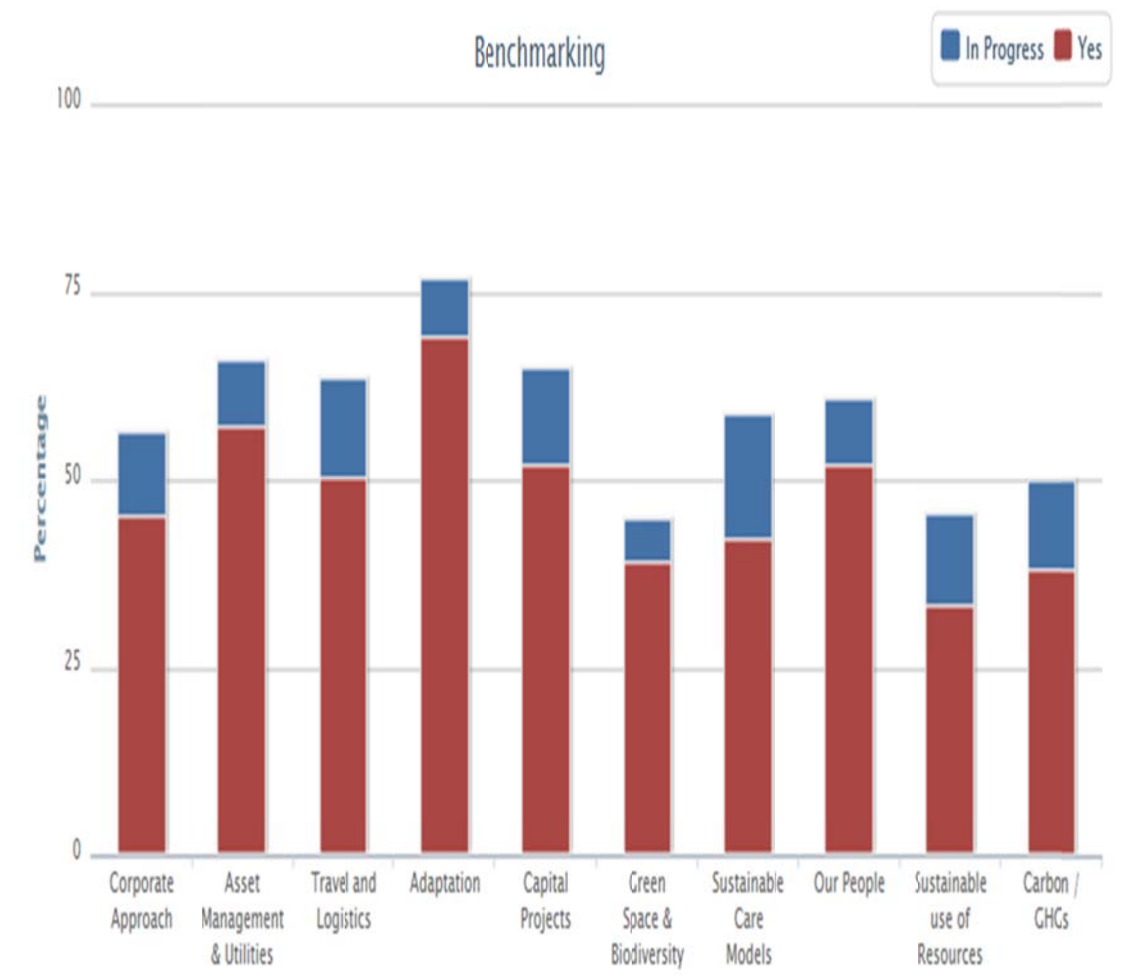
This Trust's review work and completion of the Sustainable Development Assessment Tool (SDAT) template in 2019 achieved an overall score of 58%.

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

Latest assessment score

58%

Module	Score
Corporate Approach	56.6%
Asset Management & Utilities	65.22%
Travel and Logistics	63.54%
Adaptation	76.92%
Capital Projects	65.08%
Green Space & Biodiversity	44.93%
Sustainable Care Models	58.97%
Our People	60.22%
Sustainable use of Resources	45.83%
Carbon / GHGs	49.55%



Sustainable Development Goals

The 2019 SDAT submission confirmed that our organisation is contributing to the following United Nations international Sustainable Development Goals:

Next Steps

Preparations will commence for the 2020 submission of the SDAT; an update and proposed process will be discussed further at the next Sustainable Development Group meeting.

York Teaching Hospital NHS
NHS Foundation Trust

APPENDIX 5

Sustainable Development Group: Summary of Governance

Version 5
April 2019

York Teaching Hospital NHS Foundation Trust

Sustainable Development Group: Summary of Governance

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DRAFT
SUSTAINABLE DEVELOPMENT GROUP
TERMS OF REFERENCE

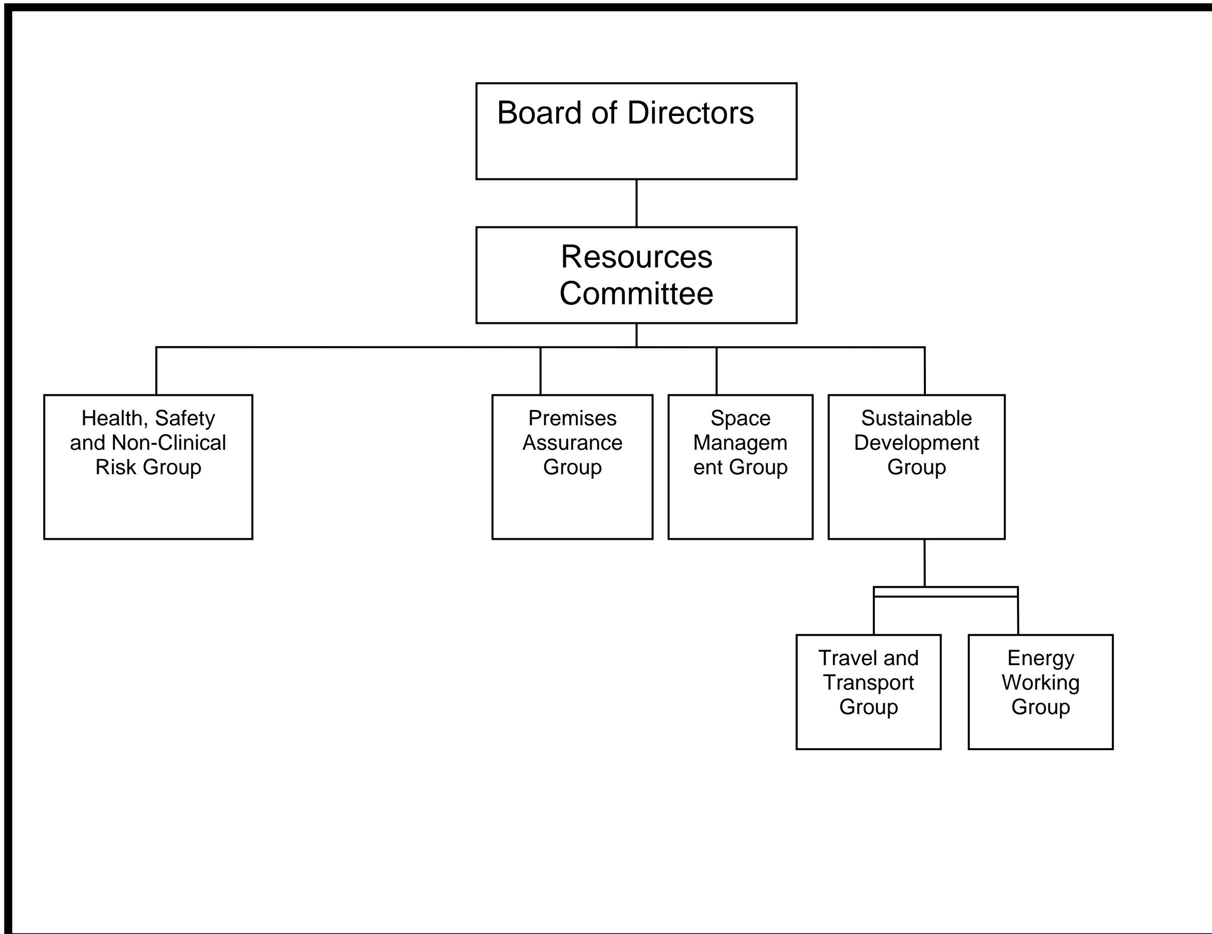
1	**Status**
1.1	The Sustainable Development Group is a sub group of the Resources Committee who report to the Board of Directors; updates will be provided via a report prepared by the Director of Estates and Facilities.
1.2	The Group will have a core membership receiving assurance. Other named parties will be in attendance and provide assurance to the Group.
2	**Purpose of the Group**
2.1	The Sustainable Development Group will ensure the establishment and maintenance of a Sustainable Development Management Plan (SDMP). The Management Plan will coordinate the social, environmental and financial elements of sustainable development and will ensure integration and provide assurance of sustainability into all areas of Trust business. The Trust also has agreed a SDMP mission statement as follows: *The York Teaching Hospital Foundation Trust strives to actively encourage, promote and achieve environmental sustainability in all that it does*. It should be noted that whereas the Trust appreciates that sustainability is achieved when social, economic and environmental needs are met, our SDMP mission statement is aimed at ensuring that sustainability goes beyond that and is not focused solely on the financial and social aspects of “sustainability” as defined in the context of the Sustainability and Transformation Plan Guidance.
3	**Authority**
3.1	The Sustainable Development Group is a sub group of the Resources Committee.
4	**Legal requirements of the group**
4.1	The Sustainable Development Group must ensure that all legal requirements with regard to any new, or amended, legislation are reviewed on behalf of the Trust and addressed accordingly.
4.2	The Sustainable Development Group will prepare an Annual Report addressed to the Resources Committee and will be shared with the Board of Directors.
5	**Roles and functions**
5.1	The Group will establish and maintain the Trust’s Sustainable Development Management Plan to include: • Compliance with relevant environmental legislation and regulatory requirements • Include climate change in the Trust’s Risk Register, specifically climate change mitigation risk, climate change adaption risk and associated climate change

	financial risk • Develop emergency preparedness strategies for climate change risk and adaption risk.
5.2	The Group will coordinate the Trust's commitments to undertaking the Sustainable Development Assessment Tool and developing action plans to improve performance and also to achieve the carbon reduction targets in accordance with the Climate Change Act 2008 and NHS Sustainability Guidance and Carbon Reduction guidance including target setting, monitoring and reporting on the 10 thematic areas: • **Corporate Approach** • **Asset Management & Utilities** • **Travel and Logistics** • **Adaptation** • **Capital Projects** • **Green Space & Biodiversity** • **Sustainable Care Models** • **Our People** • **Sustainable Use of Resources** • **Carbon/ Green-House Gases**
6	**Membership**
6.1	Membership of the Sustainable Development Group will comprise the following staff: • Chair – Director of Estates & Facilities • Vice Chair – Head of Sustainability • Head of Estates and Facilities • Lead for Travel and Logistics • Lead for Transport Air Pollution and Health Impacts (Head of Safety and Security) • Lead for Waste Management • Facilities Manager to advise on Sustainable Food and Catering • Lead for Energy Management • Estates Manager to advise and lead on Green space management opportunities • Head of Capital Projects • Head of Procurement • Sustainable Care Model Lead • Lead for Resilience • Senior Finance Manager • Senior HR Manager/Workforce lead • Local authority sustainable development lead – tbc • Non- Executive Director - tbc • Secretariat Service Further officers of the Trust may be asked to attend the Group when appropriate. The Sustainable Development Group will maintain a register of attendance at the meeting. Attendance of less than 50% will be brought to the attention of the Chair. The attendance record will form part of the Annual Report.
7	**Quoracy**

7.1	The meeting will be quorate with 7 members; this must include either the Chair or Vice Chair.
8	**Meeting arrangements**
8.1	The Sustainable Development Group will meet quarterly and all supporting papers will be circulated 7 days in advance of the meeting. Copies of all agendas and supplementary papers will be retained by the Director of Estates & Facilities Office in accordance with the Trust's requirement for the retention of documents.
8.2	The Chair of the Sustainable Development Group has the right to convene additional meetings should the need arise, and in the event of a request being received from at least 2 members of the Group.
8.3	Where members of the Sustainable Development Group are unable to attend a scheduled meeting, they should provide their apologies in a timely manner to the Secretary of the Group and send a nominated deputy.
8.4	Reporting: The Resources Committee will receive updates from the Sustainable Development Group in line with governance arrangements.
9	**Review and monitoring**
9.1	The Terms of Reference and membership of this group will be reviewed and monitored at regular intervals on the instruction of the Chair and will be reviewed in their entirety at an interval of not less than two years.

Author:	**Brian Golding, Director of Estates & Facilities**
Owner	**Brian Golding, Director of Estates & Facilities**
Date of Issue	**April 2019**
Version	**5**
Approved by	
Review date	

Governance Structure



APPENDIX 6

NHS
York Teaching Hospital
NHS Foundation Trust

Energy Procurement
Choice of Procurement Strategy from October 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	☐	For approval	☐
For discussion	☐	A regulatory requirement	☐
For assurance	☒		

Purpose of the Report

To update on the procurement strategy that York Teaching Hospital Facilities Management (YTHFM) is to take for the purchase of gas from October 2019.

Executive Summary – Key Points

- In order to maximise opportunities for cost savings on the commodity prices for gas and electricity, a flexible buying strategy has been successfully implemented on behalf of the Trust for a number of years. This involves buying gas and electricity well in advance in order to benefit from market intelligence but also allows for purchase right up to the point of delivery if market conditions are favourable.
- A new public sector framework provider, Laser Energy, was appointed in February to purchase gas and electricity for YTHFM who are responsible for managing energy budgets for the Trust. Laser Energy offer two flexible products a well-established Price within Period model and a more recently implemented Flexible Set and Reset strategy that allows for a more dynamic purchasing strategy to be employed.

Recommendation
That the Flexible Set and Reset strategy from is employed from October 2019 for gas purchases for YTHFM from Laser Energy, buying gas up to 3 years ahead.

Author: Don Mackenzie, Energy Manager

Director Sponsor: Brian Golding, Director of Estates and Facilities

Date: 9 May 2019

1. Introduction and Background

YTHFM and the Trust have been in negotiation with Laser Energy since February when Laser was appointed as the Framework Energy Provider for gas and electricity from April 1st 2019. A six month fixed price bridging contract was signed for gas procurement until October 2019 when the standard Laser basket of products is available. Electricity will come on board with a contract from April 2020 and it is proposed to run concurrent contracts from October 2020 for a four year period that will allow for extension into a new framework agreement. One of the reasons for opting for a 4 year agreement with Laser was to allow the gas and electricity contracts to become co-terminus. The Electricity contract will transfer to Laser's framework in April 2020.

A decision is required on the best long-term buying strategy for gas that allows highs and lows in the commodity markets to be tracked and procurement of gas made at the most economically advantageous point. It is intended that a similar decision for the procurement of electricity will be made before September 2019.

As a public sector buying organisation, Laser (owned by Kent County Council), have a conservative approach to risk management but also are under obligations to maximise clients opportunities to buy energy at low prices.

Laser have offered two products for YTHFM and the Trust's consideration, their well-established Price within Period model which uses a risk managed approach and market intelligence to buy when the market is low up to 2 years in advance and a more recently introduced Flexible Set and Reset strategy that allows for a more dynamic purchasing strategy to be employed that potentially involves reselling and rebuying from the market. The energy for the Trust will be bought together with energy for a number of public sector organisations to minimize risk and allow greater access to the market. The strategy employed will be reviewed, however and can be changed annually if required when we are in a long term relationship with Laser.

A decision is required on the product that we wish to purchase for the delivery period October 2019 to September 2020 by early May 2019.

2. Detail of Report and Assurance

Laser have supplied data on the performance of its two baskets over the past 5 six month purchasing windows from Winter 2016 to Winter 2018 and prospective prices from Summer 2019 (the period we are in now) to Summer 2020.

		W16	S17	W17	S18	W18	S19	W19	S20
PWP Gas	Closed Volume	100%	100%	100%	100%	100%	70%	48%	32%
	Price p/therm	42.5	37.78	48.58	48.91	63.6	51.22	64.72	55.07
FSAR Gas	Closed Volume	100%	100%	100%	100%	100%	74%	36%	26%
	Price p/therm	45.53	39.74	49.07	49.12	62.81	48.36	64.03	53.47
	FSR v PWP Price	6.65%	4.93%	1.00%	0.43%	-1.26%	-5.91%	-1.08%	-2.99%
	Cost difference	-£81,200	-£52,500	-£13,100	-£5,600	£21,200	£76,600	£18,500	£42,900

Although the Price within Period (PWP) product performed better at the outset due to volumes of gas not being bought ahead through the Flexible Set and Reset (FSAR) portfolio, this advantage has been eroded and we can say with a reasonable level of confidence that FSAR is the most economically advantageous approach to procuring gas for Winter 2019 through to the next winter.

2.1 Mitigating Risk

As Laser has a large public sector portfolio we have been assured that we can commit for a 4 year period but move from one strategy to another each year within this period. If the advantages of the FSAR strategy begin to be eroded then a switch to the alternative PWP strategy from October 2020 could be facilitated. The Performance of the procurement strategy we are using will be benchmarked against this alternative and also prices for a small part of the YTHFM portfolio that remains under the Crown Commercial Services portfolio.

The energy buying team in Kent has been visited by the Trust's Head of Sustainability and YTHFM Energy Manager and the professionalism and expertise of the Laser team gave confidence that the FSAR strategy would be well managed and gave opportunities for greater savings at low risk.

3. Next Steps

Inform Laser that YTHFM wish to procure gas under the Flexible Set and Reset strategy from October 2019

4. Detailed Recommendation

That the Flexible Set and Reset strategy from is employed from October 2019 for gas purchases for YTHFM from Laser Energy, buying gas up to 3 years ahead.

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 May 2019
Workforce Report – May 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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of the Report

To provide the Board with key workforce metrics (up to April 2019), and an overview of work being undertaken to address workforce challenges.

Executive Summary – Key Points

- The monthly sickness absence rate in March for the Trust was 3.88%. Sickness absence for York Teaching Hospital Facilities Management was 7.04%. Both sickness absence rates decreased from the previous month.
- Demand for temporary nurse staffing in April 2019 equated to 477.19 FTE. 54.71% of these shifts were filled by bank staff whist the agency fill rate was 23.32% - overall providing the highest fill rate proportionately in the last six months.
- The Trust's Gender Pay Gap position reported for 2018 showed a mean pay gap of 27.73% weighted towards men. The median pay gap was 9.39% weighted towards men. The concentration of males in the medical and dental workforce continues to have an impact on the organisation's overall average pay gap.

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: May 2019

1. Introduction and Background

May'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. Included in the report is a summary of the 2018 Clinical Excellence Awards and an update on the Trust's clinical trials patient accrual target as part of the Yorkshire & Humber Clinical Research Network. Finally the report also provides an overview of the Trust's Gender Pay Gap position for 2018.

2. Detail of Report and Assurance

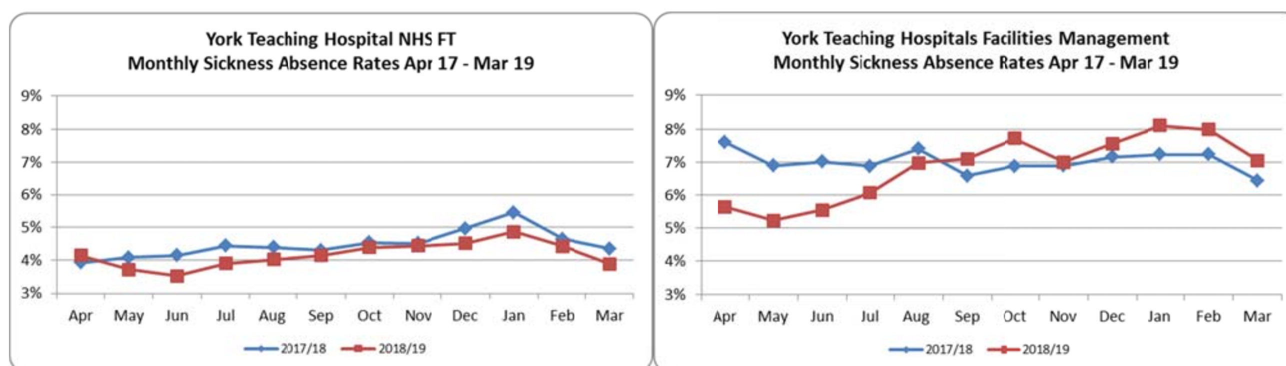
The work referred to in the report forms part of regular discussions around workforce, including at Staff Side Committees.

2.1 Sickness Absence

Graph 1 shows the monthly sickness absence rates for the period from April 2017 to the end of March 2019. Sickness information for York Teaching Hospital Facilities Management (YTHFM) is reported separately (and benchmarked against the Estates and Facilities directorate absence rate figures prior to the transfer).

The monthly absence rate in March 2019 for the Trust was 3.88%, a decrease from the sickness absence rate of 4.42% in February 2019 and lower than in the same month of the previous year (4.37% for March 2018).

Graph 1 – Monthly Sickness Absence Rates



Source: Electronic Staff Record

The monthly sickness absence rate for YTHFM in March 2019 was 7.04%, a reduction from the absence rate reported in the previous month (7.98%). In March 2018, the absence rate for the Estates and Facilities directorate was 6.44%.

Sickness Absence Reasons

The top three reasons for sickness absence in the year ending March 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 March 2019

York Teaching Hospital NHS FT	
Top three reasons (days/FTE lost)	**Top three reasons (episodes of absence)**
Anxiety/stress/depression – 22.7% of all absence days lost	Gastrointestinal – 23.4% of all absence episodes
MSK problems, inc. Back problems – 15.1% of all absence days lost	Cold, Cough, Flu – 19.7% of all absence episodes
Gastrointestinal – 8.9% of all absence days lost	MSK problems, inc. Back problems – 8.28% of all absence episodes
YTHFM	
Top three reasons (days/FTE lost)	**Top three reasons (episodes of absence)**
Anxiety/stress/depression – 25.4% of all absence days lost	Gastrointestinal – 22.4% of all absence episodes
MSK problems, inc. Back problems – 19.6% of all absence days lost	Cold, cough, flu – 16.7% of all absence episodes
Gastrointestinal – 5.5% of all absence days lost	MSK problems, inc. Back problems – 11.0% of all absence episodes

In the year to March, anxiety / stress / depression and MSK problems were the main causes of sickness absence in both organisations (days lost). Seasonal sickness reasons such as gastrointestinal problems and cold, coughs and influenza proportionately formed the majority of the number of episodes of sickness absence.

2.2 Temporary Staffing

Temporary Medical Staffing

115.91 FTE Medical & Dental roles were covered in April by a combination of bank (36%) and agency workers (64%).

The implementation of "Patchwork" (Bank Management platform) went live across the Trust at the beginning of March. Initial results from the first month of the trial have demonstrated the following results:

- 30 shifts totaling 368.9 hours were converted from Agency to Bank which achieved a cost avoidance of £4,751;
- 46 hours of work a month have been saved by removing the processing of paper timesheets, and utilising an electronic output from Patchwork.

We continue to work collaboratively with Patchwork to develop the system to achieve interoperability with other platforms and optimise the benefits the technology can bring the Trust.

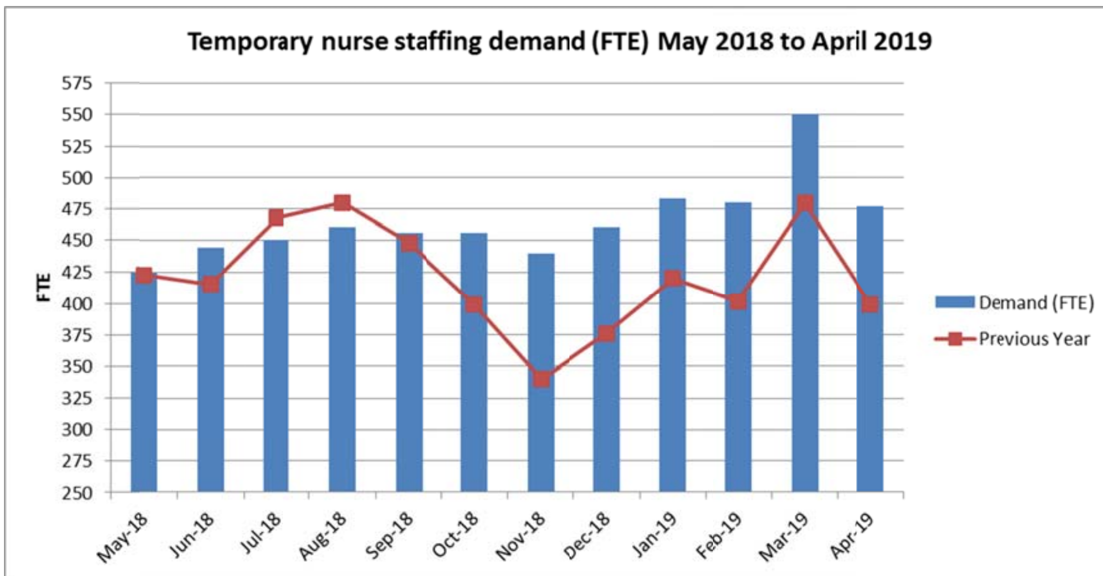
Temporary Nurse Staffing

Demand for temporary nurse staffing (RNs and HCAs) in the last year has equated to an average of 465 FTE staff per month. Demand in April 2019 equated to 477.19 FTE. This

was a reduction from the previous month, when the end of the annual leave year produced a peak in demand (in March, demand was the equivalent of 550.58 FTE). Compared with April 2018, the present month's figures represent an increase of almost 20% (399.01 FTE in April 2018).

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

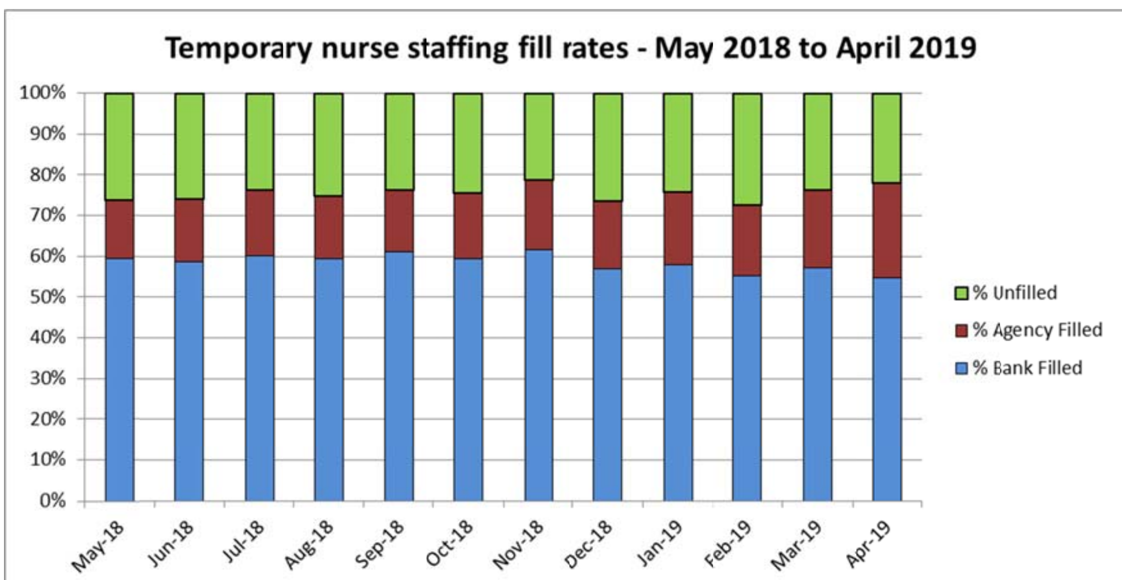
Graph 2 – Temporary Nurse Staffing Demand



Source: BankStaff

Graph 3 shows the proportion of all shifts requested that were either filled by bank, agency or were unfilled. Overall, 54.71% of shift requests in April 2019 were filled by bank staff. The agency fill rate was 23.32%. The proportion of shifts that remained unfilled in April was 21.97%, the lowest unfilled shift rate in six months.

Graph 3 – Temporary Nurse Staffing Fill Rates



Source: BankStaff

The Temporary Staffing Office has recently negotiated cheaper rates with the Trust's most expensive agency provider. This re-negotiation will present savings for the Trust in the region of £22,000 over the next 12 months, based on the supplier's present fill-rate.

2.3 Medical Vacancies

As of April, the Trust is reporting an overall medical vacancy position (headcount) of 9.7%, which was an increase from 8.9% recorded in March. Vacancies in York increased by 0.2% (to 7.2%) whilst in Scarborough, they increased by 2.1% (to 15.5%). The rates were affected by seven new vacancies/resignations in the medical workforce across a range of training and non-training grades. The resignations have not been concentrated in a single specialty or on a particular site. In several cases, Trust Grade Doctors have given notice of their intention to take up places on the national training programme; while two doctors have also recently made the decision to relocate from Scarborough.

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

2.4 Clinical Excellence Awards

In 2018, NHS Employers and the BMA agreed changes to the Local Clinical Excellence Award (LCEA) scheme, endorsed by the Department of Health and Social Care. Schedule 30 in the national terms and conditions outlines this agreement, which is in place from April 2018 to March 2021.

Under this arrangement, the Trust must determine the remuneration attached to an award and the payment period (up to 2021). In 2018/19, following a ballot of the Consultant body, the Trust distributed LCEA money to all eligible Consultants without an application process. Subsequently, 311 Consultants receiving payment in February 2019.

The Medical Director, BMA and HR met in April to discuss arrangements for the 2019/20 LCEA round, and arrangements will be confirmed following the release of the investment ratio and further materials from NHS Employers.

2.5 Research and Development

Yorkshire & Humber (Y&H) is one of 15 regions forming part of the Clinical Research Network (CRN). Every CRN is set a target number of patients for entry into a clinical trial in a financial year, which is then used to set targets at Trust-level. The Trust's research income is determined by performance against its target.

In 2018/19, the Trust had a target of 3,800 patients. The number of patients recruited and receiving relevant health services provided or sub-contracted by the Trust in the period was 4,940, 30% above target. These patients were recruited across a wide range of specialties. Studies that have performed particularly well include:

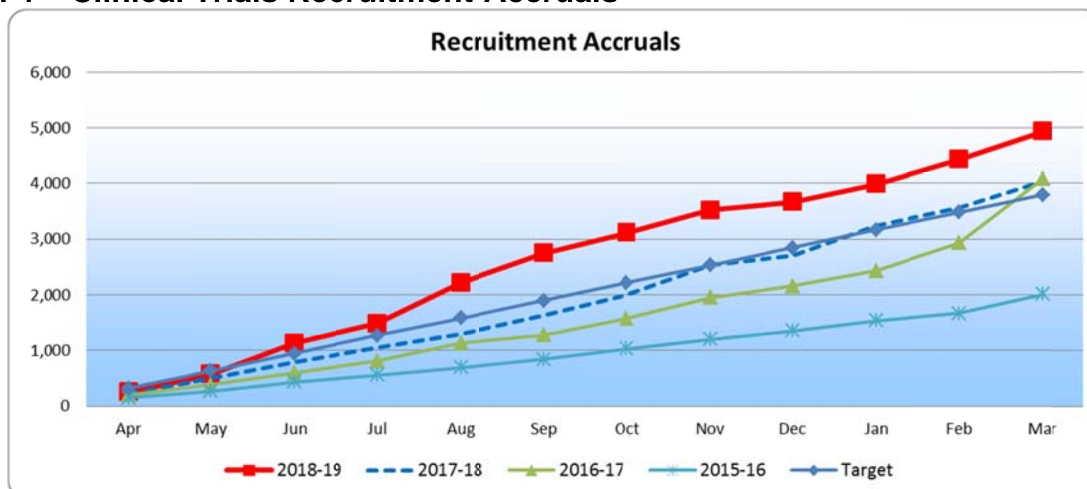
- Sexual Health – this study assesses the impact of implementing Pre-exposure prophylaxis (PrEP) treatment into the NHS for patients with a high risk of contracting HIV;

- Perioperative Medicine – patients recruited by Anaesthetics trainees to the national Drug Allergy Label Study;
- York & Scarborough Gastroenterology Research teams won Yorkshire & Humber Clinical Research Network (CRN) Gastro Team of the Year in recognition of their work that helped the Trust achieve the 4th highest recruitment figures in the country.

In addition, the Trust supported two large programmes involving other NHS organisations by recruiting:

- 2,353 patients to the Yorkshire Health Study (set-up to gain an insight into the health of the people in Yorkshire) over 18-months;
- 908 staff to the Stopping Slips among Healthcare Workers study.

Graph 4 – Clinical Trials Recruitment Accruals



Plans for Research and Development at the Trust in 2019/20 include: involvement in CArDiNAL, a new initiative to pilot a clinical-doctoral network to support the development of clinical academic pathways for Nurses, Midwives and Allied Health Professionals in the Yorkshire region; and work to increase the research capacity and capability within the organisation, supported by two recently-appointed Clinical Leads for Research.

2.6 Corporate Learning and Development

A recent internal audit was undertaken around statutory / mandatory training compliance. The objective of the review was to gain assurance that the Trust has sufficient processes in place, and access, to ensure that its employees have the right skills, knowledge and ability to undertake their roles to the required standard. Access to training is based on staff profiles and although a Learning Hub account is created for all staff, not all have a computer log in. For these employees, a paper SMT workbook has been created which is uploaded into Learning Hub by Corporate Learning once completed, to demonstrate compliance. There have been several changes to Learning Hub recently including the addition of appraisal documentation, Development Zone and new courses. We are also at the start of a new three year refresher cycle for core training, so compliance levels have

dropped slightly from our target of 85% compliance to 82 % and 83% for the core and essential skills respectively. The audit highlighted two known factors which may affect compliance and going forward the teams will be looking at how these can be mitigated. The result of the audit was Significant Assurance.

All Hospital Volunteers now have an account on Learning Hub so they can access Trust learning.

The Postgraduate teams have been putting on the Care of the Critically ill surgical patient course (CcRISP) on both main sites for a number of years now. The course is open to CST and above trainee doctors, working within surgery. It provides teaching starting from the first post – operative hour and beyond, focussing on critically ill patients who may also have complex co-morbidities. The Royal College of Surgeons (RCS) has been trying to launch a similar, but lower level course for Foundation trainees, (START - Systematic Training in Acute illness Recognition and Treatment for Surgery), who will have a surgical rotation in their first year. Working together with the RCS, Mr Steven Cavanagh, the national lead for CcRISP and Mr Craig Irving (regional Head of Foundation School), York Medical education will be piloting a new course on the 17th June. It will bring together medical and surgical faculty to teach on the course. Currently this faculty is part of a working group at RCS who are re-writing the course material to ensure it meets Medical and Surgical requirements and Human Factors. There is full support from the Head of Foundation School regionally to make this a mandatory Regional Training day for all F1 doctors, once evaluated. The plan is that in Aug 2019/2020 this training will be mandatory for all F1s joining York and Scarborough and from Aug 2020/2021 it will be made mandatory for all F1s in Yorkshire and the Humber region.

From 2020 onwards it will be introduced and wider rollout supported across the UK. The York Medical Education Team will play a pivotal part in leading the roll out of this programme to other Hospitals within our region and in the future to other Foundation Schools.

2.7 Gender Pay Gap

Gender Pay Gap legislation requires all employers of 250 or more employees to publish their gender pay gap annually. In line with this requirement and the most recent reporting deadline, the Trust published a snapshot of pay within the organisation on 31 March 2018, encompassing:

- Gender pay gap (mean and median averages)
- Gender bonus gap (mean and median averages)
- Proportion of men and women receiving bonuses
- Proportion of men and women in each quartile of the organisation’s pay structure

The gender pay gap shows the difference in average pay of all men and the average pay of all women employed by the Trust. This is different to equal pay which deals with pay difference between men and women who carry out the same or similar jobs or work of equal value.

The concentration of Medical and Dental staff in the upper pay quartile has once again had an impact on the Trust’s gender pay gap. Although the Trust’s gender profile was

79% women and 21% men, the make-up of the Medical and Dental Consultant group was 30% women and 70% men. In addition, the average number of years' service for male Consultants was higher than for women, impacting salary values. To demonstrate the effect on the Trust's data, figures are also provided which exclude Medical and Dental staff from the calculations.

Table 2 - The proportion of men and women in each quartile of the organisation's pay structure on 31 March 2018

(NB. Staff in the Upper Quartile were those with the highest hourly rates of 'ordinary pay', while the Lower Quartile was made up of staff with the lowest rates):

Quartile	All Trust Staff		Excluding Medical & Dental Staff	
	Male	Female	Male	Female
Upper	30.03%	69.97%	14.29%	85.71%
Upper Middle	15.15%	84.85%	14.42%	85.58%
Lower Middle	17.75%	82.25%	18.42%	81.58%
Lower	20.20%	79.80%	20.53%	79.47%

- The Trust's mean gender pay gap was 27.73% weighted towards men. Taking the mean average, men in the organization earned £5.47 per hour more than women.

- The median gender pay gap was 9.39% weighted towards men. Taking the median average; men in the organization earned £1.31 per hour more than women.

- When Medical and Dental staff were removed from the analysis, there was a 0.02% mean gender pay weighting towards women, with women earning £0.30 per hour more than men.

- Similarly, taking the median data for non-medical staff, the weighting towards women was 0.08%, equating to women in the Trust earning £0.89 per hour more than men.

Compared with the 2016/17 Gender Pay Gap report, the Trust's mean Gender Pay Gap has reduced from 28.7% to 27.7%, and the median Gender Pay Gap has reduced from 9.5% to 9.4%.

Bonus payments were made to 219 staff during 2017/18 in the Medical and Dental group (for Clinical Excellence Awards). As a result:

- Proportionately, more men received bonuses than women (163 out of 2,067 male employees [7.89%], compared to 55 out of 7,852 female employees [0.70%]).

- The mean gender bonus pay gap was 39.18% weighted towards men. Taking the mean average, men in the organization received £4,097.78 more than women in bonuses.

- The median gender bonus pay gap was 50.00% weighted towards men. Taking the median average, men in the organization received £4,520.52 more than women in bonuses.

The Trust continues to pursue a number of plans which will, over time, contribute to a reduction in its gender pay gap:

- The Staff Benefits Team, in conjunction with Capital Planning and the City of York Council, have taken forward a scoping exercise for the provision of an on-site nursery for staff working at York Teaching Hospital;

- The organisation's Salary Flexibility Scheme, which is aimed at high earners, is under review;

- Reviewing the approach to LCEAs with consideration for the half of eligible Consultants who do not hold an award (analysis has shown that this group includes a high proportion of female Consultants);

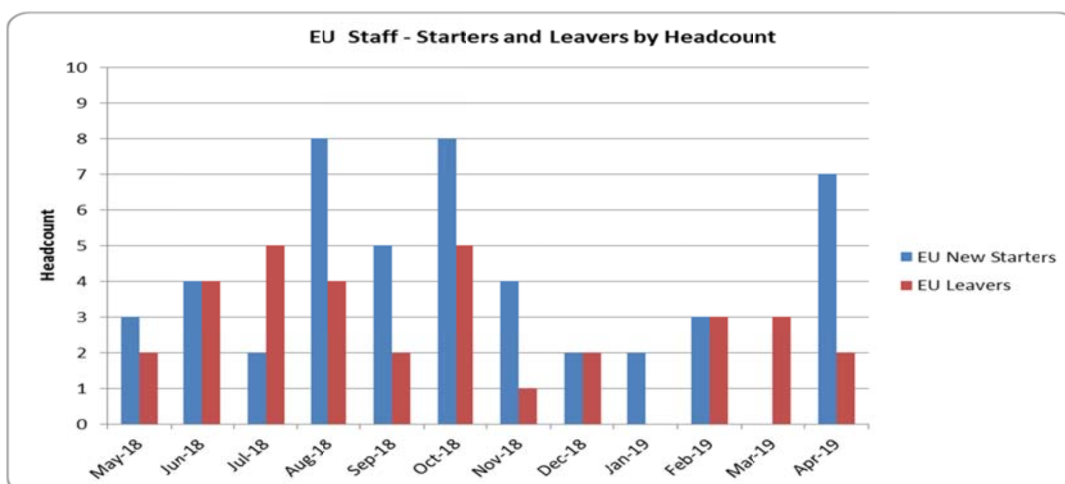
- Development of a self-rostering programme, aimed at making work schedules more inclusive and equitable.

2.8 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 30 April 2019, records showed 339 EU nationals employed by the Trust. In the year to April a total of 48 staff from within the EU joined the organisation while 33 staff left over the same time period. The turnover rate of EU staff (based on headcount) between 1st May 2018 and 30th April 2019 was 10.6%.

Graph 5 – EU Staff Starters and Leavers



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	18	1	1	1	**5.6%**	5	1	0	1	**0.0%**	10	1	0	0	**10.0%**						33	3	1	2	**6.1%**
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	2	0	0	**33.3%**	2	0	0	0	**0.0%**	13	3	1	0	**30.8%**	4	0	0	0	**0.0%**	25	5	1	0	**24.0%**
Emergency & Acute	9	5	0	0	**55.6%**	11	5	0	3	**18.2%**	18	4	1	0	**27.8%**	4	0	0	0	**0.0%**	42	14	1	3	**28.6%**
General Medicine	15	4	0	1	**20.0%**	4	1	0	0	**25.0%**	18	3	0	0	**16.7%**	17	1	0	0	**5.9%**	54	9	0	1	**14.8%**
General Surgery & Urology	8	1	0	0	**12.5%**	5	1	0	1	**0.0%**	8	3	0	2	**12.5%**	9	0	0	0	**0.0%**	30	5	0	3	**6.7%**
Head & Neck	0	0	0	0		3	0	0	0	**0.0%**	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	0	**66.7%**	1	0	0	0	**0.0%**						8	4	0	1	**37.5%**
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	8	0	0	0	**0.0%**	5	1	0	1	**0.0%**	5	1	0	1	**0.0%**	2	0	0	0	**0.0%**	20	2	0	2	**0.0%**
Total	**97**	**22**	**1**	**3**	**20.6%**	**44**	**12**	**0**	**6**	**13.6%**	**93**	**17**	**2**	**3**	**17.2%**	**44**	**1**	**0**	**0**	**2.3%**	**278**	**52**	**3**	**12**	**15.5%**

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	51	2	0	2	**0.0%**	9	1	1	0	**22.2%**	20	3	0	0	**15.0%**	3	0	0	0	**0.0%**	83	6	1	2	**6.0%**
Child Health	17	0	0	0	**0.0%**	1	0	0	0	**0.0%**	17	0	0	0	**0.0%**	4	1	0	0	**25.0%**	39	1	0	0	**2.6%**
Elderly Medicine	15	3	0	0	**20.0%**	2	0	0	0	**0.0%**	20	0	0	0	**0.0%**	8	0	0	0	**0.0%**	45	3	0	0	**6.7%**
Emergency & Acute	18	0	0	0	**0.0%**	7	2	0	0	**28.6%**	19	1	0	0	**5.3%**	6	0	0	0	**0.0%**	50	3	0	0	**6.0%**
General Medicine	38	5	0	0	**13.2%**	10	1	1	0	**20.0%**	26	1	0	0	**3.8%**	21	0	0	0	**0.0%**	95	7	1	0	**8.4%**
General Surgery & Urology	36	4	0	4	**0.0%**	12	2	1	1	**16.7%**	15	1	0	1	**0.0%**	16	0	0	0	**0.0%**	79	7	1	6	**2.5%**
Head & Neck	20	1	0	1	**0.0%**	11	1	0	0	**9.1%**	14	1	0	0	**7.1%**						45	3	0	1	**4.4%**
Laboratory Medicine	13	2	0	0	**15.4%**	2	0	0	0	**0.0%**	6	2	0	0	**33.3%**	1	0	0	0		22	4	0	0	**18.2%**
Obstetrics & Gynaecology	12	1	0	0	**8.3%**	2	0	0	0	**0.0%**	10	3	1	0	**40.0%**	3	0	0	0	**0.0%**	27	4	1	0	**18.5%**
Ophthalmology	20	3	0	2	**5.0%**	6	2	0	0	**33.3%**	6	0	0	0	**0.0%**						32	5	0	2	**9.4%**
Radiology	25	2	0	2	**0.0%**	1	1	0	0	**100.0%**	8	0	0	0	**0.0%**						34	3	0	2	**2.9%**
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	2	**0.0%**	5	2	0	0	**40.0%**	13	2	0	0	**15.4%**	2	0	0	0	**0.0%**	55	6	0	2	**7.3%**
Trauma & Orthopaedics	13	0	0	0	**0.0%**	8	0	0	0	**0.0%**	9	4	0	0	**44.4%**	4	0	0	0	**0.0%**	34	4	0	0	**11.8%**
Total	**315**	**25**	**0**	**13**	**3.8%**	**83**	**13**	**3**	**1**	**18.1%**	**185**	**19**	**1**	**1**	**10.3%**	**68**	**1**	**0**	**0**	**1.5%**	**651**	**58**	**4**	**15**	**7.2%**

Net vacancy % = (Vacancies + Leavers Pending - Starters Pending) / Establishment
Leavers = currently serving notice
Starters = accepted appointment, now pending start date

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NHS
York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 May 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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☒		

Purpose of the Report

The purpose of this report is to advise the Board of Directors of the financial position for month 1 of the 2019/20 financial year.

Executive Summary – Key Points

The income and expenditure position for the opening month of the 2019/20 financial year confirms the Trust has met its pre-PSF control total. It is therefore appropriate to apply PSF and FRF to the month 1 position; this position will be subject to the usual end of quarter checks.

Recommendation

The Board of Directors is asked to note the report.

Author: Andrew Bertram, Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: May 2019

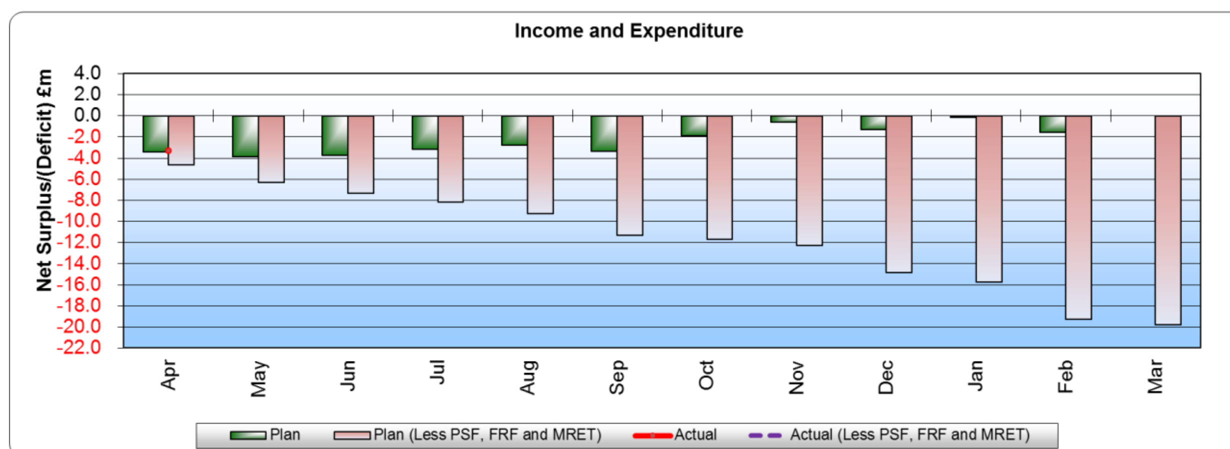
1. Year to date Summary Financial Position

The income and expenditure position for the opening month of the 2019/20 financial year confirms the Trust has met its pre-PSF control total. It is therefore appropriate to apply PSF and FRF to the month 1 position; this position will be subject to the usual end of quarter checks.

Before the application of any sustainability or financial recovery funding the Trust had planned for a £4.7m deficit position. The actual reported position is a deficit of £4.6m with the Trust reporting a £0.1m favourable variance against pre-PSF control total.

After applying PSF and FRF the Trust is reporting a planned deficit of £3.4m and an actual deficit of £3.3m, thus reporting a positive £0.1m variance to plan.

The chart below summarises the pre and post PSF plan for the year alongside the actual performance for April.



2. Summary Financial Commentary

Income for the first month of the financial year is difficult to assess, especially with such a range of complex tariff changes across the range of services provided. Largely income is reported as meeting planned levels with a small reduction to reflect early trend indications. These are still to be validated as the first months activity coding is completed. The income position has been reported prudently for the first month of the financial year with a reported shortfall against plan of £0.3m.

Expenditure is reported overall as £0.4m better than plan, with a small £0.3m underspend against pay provisions and an underspend of £0.3m against excluded from tariff drugs and devices. There are a number of other unremarkable variances on expenditure. Notwithstanding the pay underspend, agency expenditure has started the year with an immediate pressure breaching the NHSI set cap of £1.3m with a monthly spend value of £1.6m. Notable pressure is evident in nursing agency costs running £0.3m above the indicative nurse agency cap. Clearly this position is reflective of the current vacancy pressure and staffing difficulties across many of the Trust's wards and departments.

In terms of the Trust's efficiency programme, month 1 delivery has been positive with £3.8m delivered against the 2019/20 plan of £17.1m. Encouragingly this has almost all been removed recurrently. The profile of the delivery has had a negative impact of £0.3m on the month 1 profile expectation but this is not causing concern at this stage.

3. Supplementary Actions

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

- Expenditure discipline and control
- Efficiency programme delivery
- QIPP system cost recovery delivery through the STB
- Cash flow management
- The second iteration of a medium term system financial plan is now being worked on in partnership with our local commissioners. This will be shared with the Board in due course.

Finance Risks:

- The Board should be aware that delivery of system cost reduction through QIPP is essential for the system going forward. The Board will be updated on the latest contract position and cost reduction work.
- Control over our expenditure position remains a key risk. Expenditure discipline remains at an enhanced level, whilst recognising key patient safety considerations.
- Pressure on our agency position is causing this to run ahead of the NHSI cap (Trust plan).

4. Recommendation

The Board of Directors is asked to note the positive opening income and expenditure position for the Trust in relation to delivery of control total.

Finance Performance Report

April 2019

Produced May 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

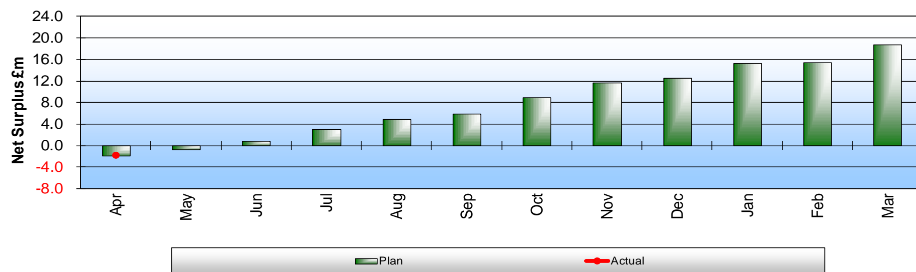
Summary Income and Expenditure Position

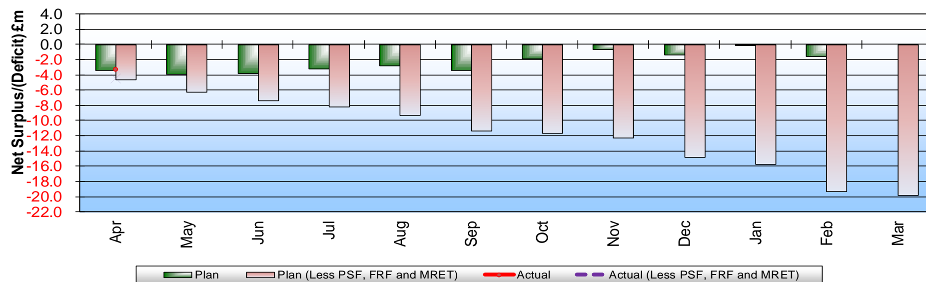
Month 1 - The Period 1st April 2019 to 30th April 2019

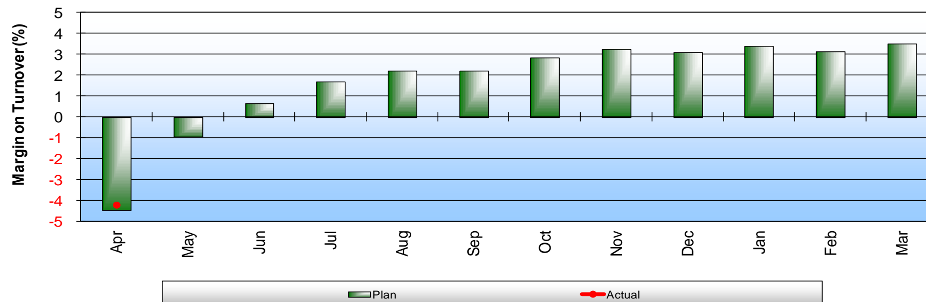
York Teaching Hospital NHS Foundation Trust

Summary Position:

* The Trust is reporting an I&E deficit of £3.3m, placing it £0.1m ahead of the operational plan.
* Income is £0.3m behind plan, with clinical income being £0.3m behind plan.
* Operational expenditure is behind of plan by £0.4m, with further explanation given on the 'Expenditure' sheet.
* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is -£1.8m (-4.24%) compared to plan of -£1.9m (-4.46%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	24,996	1,994	1,847	-147	24,996	0
Planned same day (Day cases)	42,058	3,211	3,308	97	42,058	0
Non-Elective Income	140,733	11,234	10,627	-607	140,733	0
Outpatients	65,972	5,218	4,928	-290	65,972	0
A&E	20,460	1,671	1,787	116	20,460	0
Community	20,169	1,681	1,687	6	20,169	0
Other	108,325	8,641	9,243	602	108,325	0
Pass-through excluded drugs expenditure	45,060	3,629	3,552	-77	45,060	0
	467,773	**37,279**	**36,979**	**-300**	**467,773**	**0**
Non-NHS Clinical Income						
Private Patient Income	1,105	92	57	-35	1,105	0
Other Non-protected Clinical Income	1,713	143	149	6	1,713	0
	2,818	**235**	**206**	**-29**	**2,818**	**0**
Other Income						
Education & Training	16,734	1,394	1,479	85	16,734	0
Research & Development	2,425	202	233	31	2,425	0
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	623	52	52	0	623	0
Other Income	21,981	1,832	1,745	-87	21,981	0
Sparsity Funding	2,600	217	217	0	2,600	0
PSF, FRF and MRET	19,814	1,206	1,206	0	19,814	0
	64,176	**4,903**	**4,931**	**29**	**64,176**	**0**
Total Income	**534,767**	**42,417**	**42,117**	**-300**	**534,767**	**0**
Expenditure						
Pay costs	-362,291	-30,935	-30,660	276	-362,291	0
Pass-through excluded drugs expenditure	-45,060	-3,629	-3,552	77	-45,060	0
PbR Drugs	-9,042	-807	-457	350	-9,042	0
Clinical Supplies & Services	-53,901	-4,198	-4,146	52	-53,901	0
Other costs (excluding Depreciation)	-59,035	-5,048	-5,088	-40	-59,035	0
Restructuring Costs	0	0	0	0	0	0
CIP	13,360	307	0	-307	13,360	0
Total Expenditure	**-515,969**	**-44,310**	**-43,903**	**407**	**-515,969**	**0**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**18,798**	**-1,894**	**-1,787**	**107**	**18,798**	**0**
		-4.46%	-4.24%			
Profit/ Loss on Asset Disposals	0	0	0	0	0	0
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation - purchased/constructed assets	-10,999	-917	-917	-0	-10,999	0
Depreciation - donated/granted assets	-401	-33	-33	0	-401	0
Interest Receivable/ Payable	130	11	15	4	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	-936	-78	-78	0	-936	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	0	0	0	0
PDC Dividend	-6,291	-524	-524	0	-6,291	0
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**1**	**-3,435**	**-3,324**	**111**	**1**	**0**

Summary Trust Run Rate Analysis

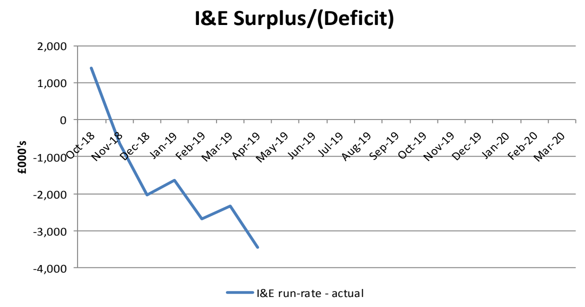
Month 1 - The Period 1st April 2019 to 30th April 2019

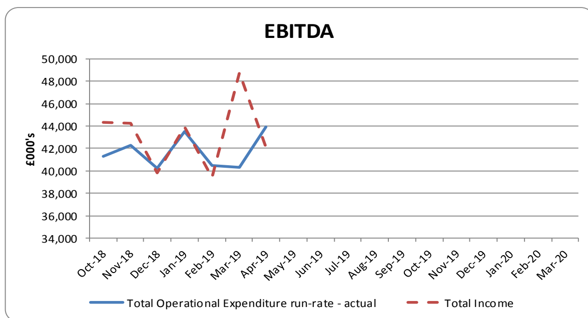
York Teaching Hospital NHS Foundation Trust

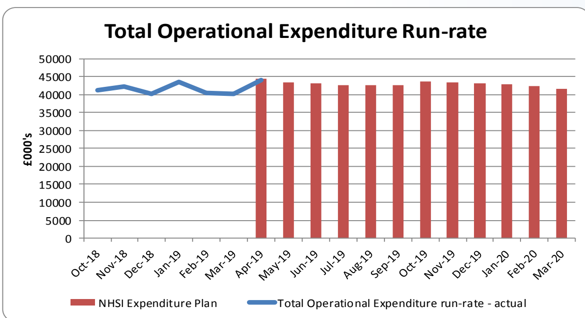
Key Messages:

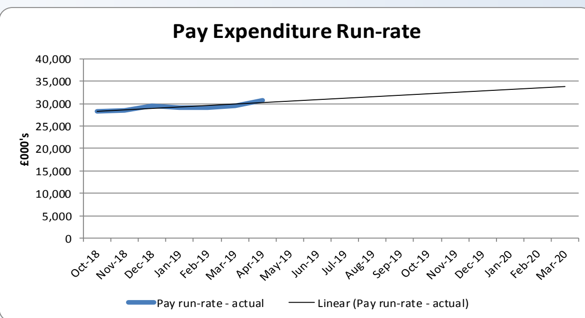
* The total operational expenditure in April was £43.9m. The average total operational expenditure in the previous six months was £41.3m. Resulting in an adverse variance of £2.5m.

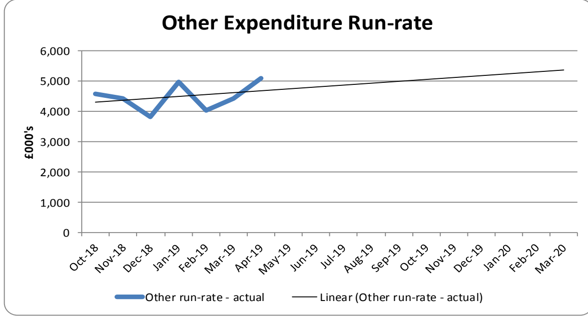
* In month operational expenditure exceeded income by £1.8m, resulting in a negative EBITDA for the month.

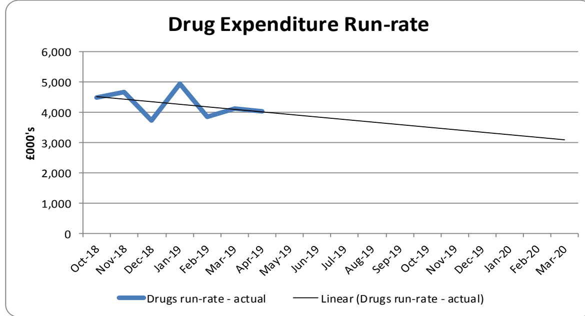


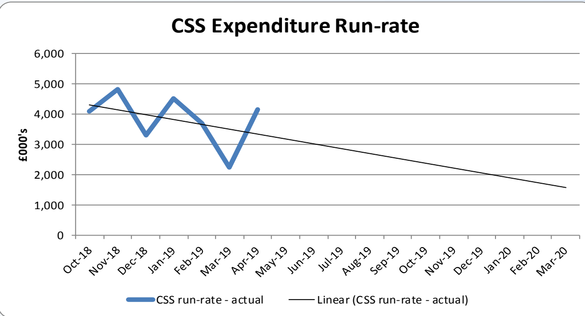












	Monthly Spend																		Monthly Ave	Variance
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20		
Total Income	44,347	44,277	39,808	43,908	39,422	48,743	42,117	0	0	0	0	0	0	0	0	0	0	0	43,418	-1,301
Pay Expenditure	-28,178	-28,451	-29,396	-29,165	-28,990	-29,535	-30,660	0	0	0	0	0	0	0	0	0	0	0	-28,953	-1,707
Drug Expenditure	-4,465	-4,660	-3,711	-4,934	-3,824	-4,117	-4,009	0	0	0	0	0	0	0	0	0	0	0	-4,285	276
CSS Expenditure	-4,071	-4,796	-3,301	-4,494	-3,677	-2,235	-4,146	0	0	0	0	0	0	0	0	0	0	0	-3,762	-384
Other Expenditure	-4,575	-4,409	-3,820	-4,949	-4,029	-4,411	-5,088	0	0	0	0	0	0	0	0	0	0	0	-4,365	-723
EBITDA	3,058	1,961	-420	366	-1,098	8,445	-1,786	0	0	0	0	0	0	0	0	0	0	0	2,052	-3,838

Contract Performance
Month 1 - The Period 1st April 2019 to 30th April 2019

York Teaching Hospital NHS Foundation Trust

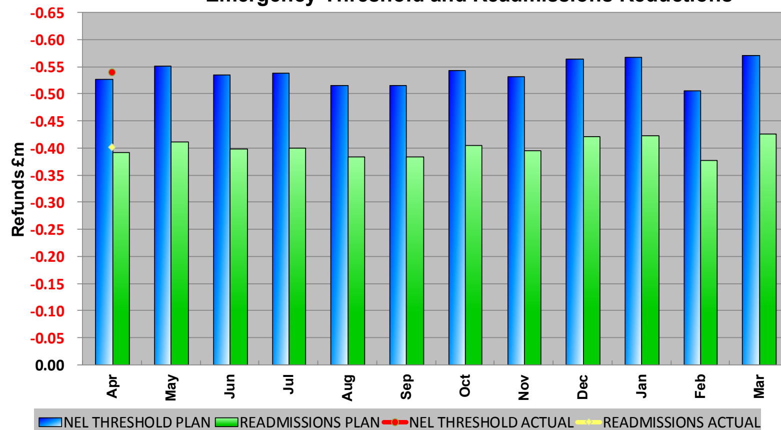
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	241,106	19,314	19,077	-237
Scarborough & Ryedale CCG	83,972	6,601	6,846	245
East Riding CCG	46,522	3,650	3,765	115
Other Contracted CCGs	18,807	1,489	1,483	-6
NHSE - Specialised Commissioning	48,611	3,914	3,729	-185
NHSE - Direct Commissioning	15,020	1,198	1,132	-66
Local Authorities	4,392	367	364	-3
Total NHS Contract Clinical Income	**458,430**	**36,533**	**36,396**	**-137**

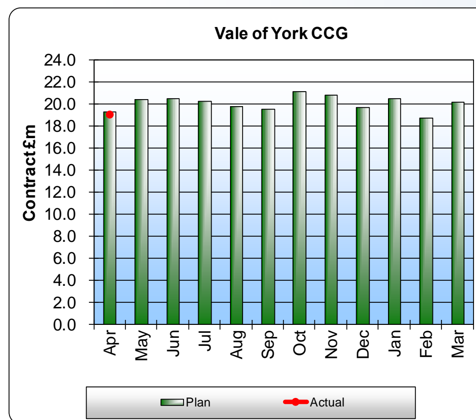
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	9,343	746	800	54
Risk Income	0	0	0	0
Total Other NHS Clinical Income	**9,343**	**746**	**800**	**54**

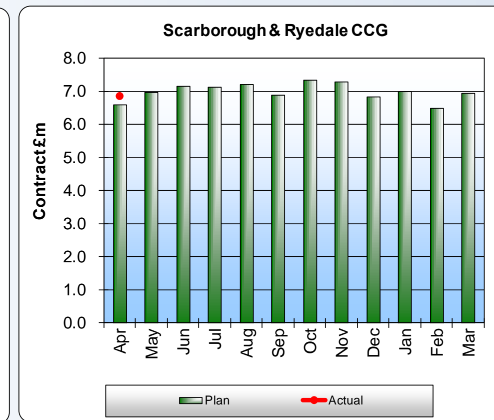
Sparsity funding income moved to other income non clinical	-217
Winter resilience monies in addition to contract	0

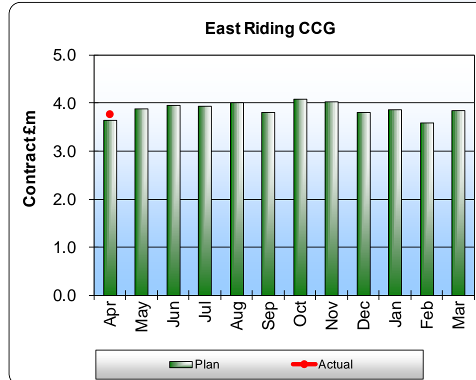
Total NHS Clinical Income	**467,773**	**37,279**	**36,979**	**-300**

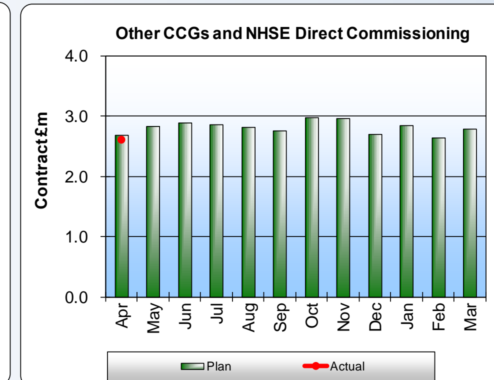
Activity data for April is 60% coded. There is therefore an element of income estimate involved for the uncoded portion of activity.

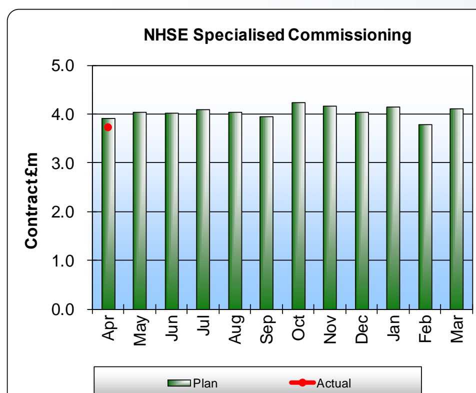


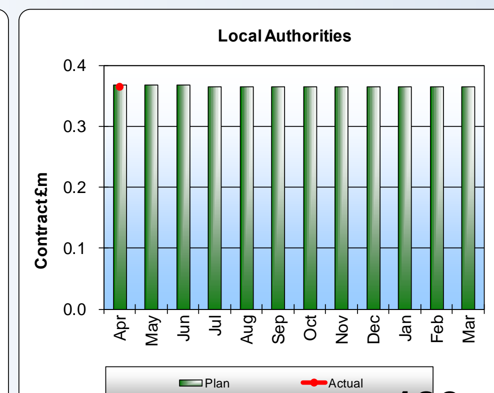












Agency Expenditure Analysis
Month 1 - The Period 1st April 2019 to 30th April 2019

NHS
York Teaching Hospital
NHS Foundation Trust

Key Messages:

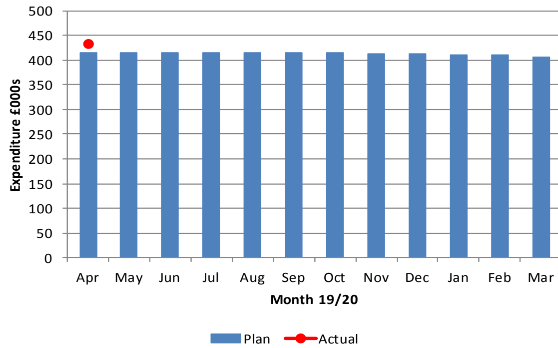
* Total agency spend year to date of £1.6m, compared to the NHSI agency ceiling of £1.3m.

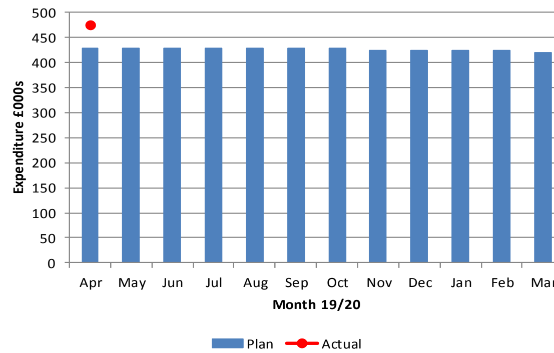
* Consultant Agency spend is on plan.

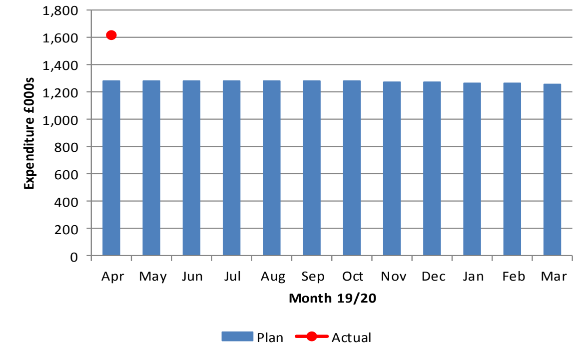
* Nursing Agency is £0.3m ahead of plan.

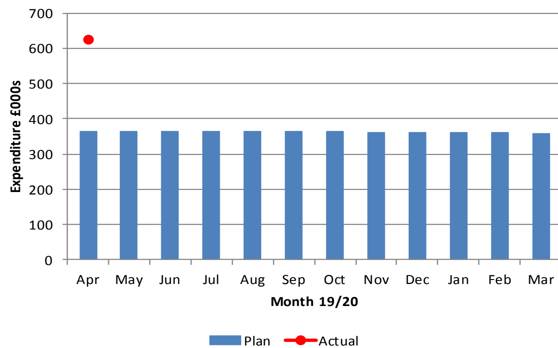
* Other Medical Agency spend is on plan.

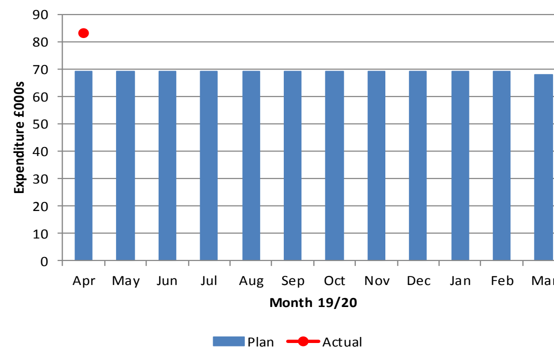
* Other Agency spend is on plan.

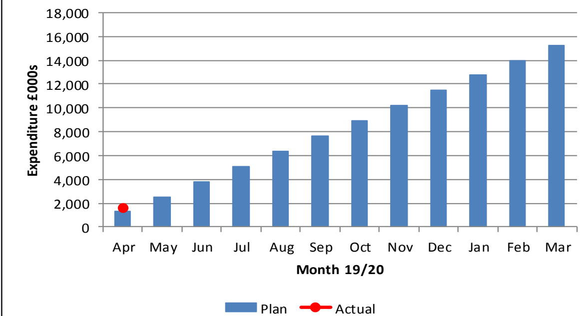












Expenditure Analysis
Month 1 - The Period 1st April 2019 to 30th April 2019

York Teaching Hospital NHS Foundation Trust

Key Messages:

There is a favourable expenditure variance of £0.4m at the end of April 2019. This comprises:

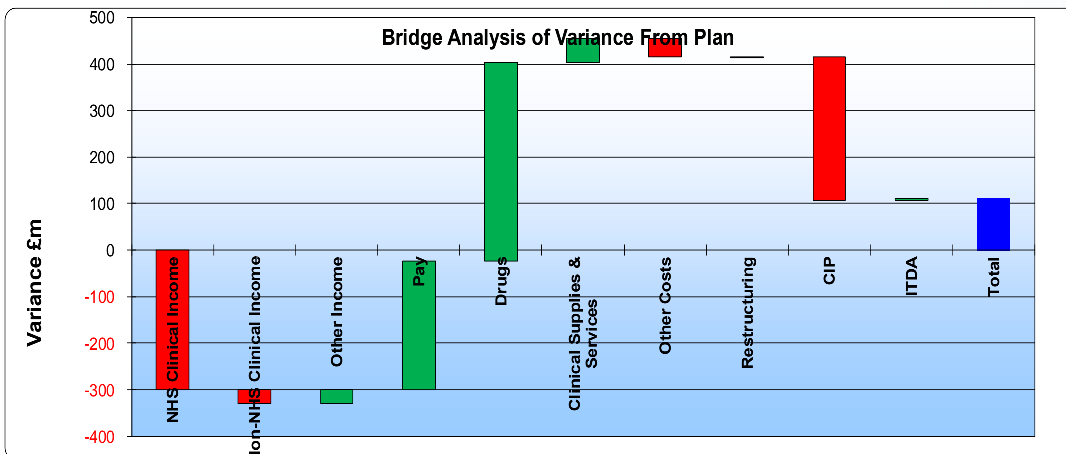
* Pay expenditure is £0.3m behind plan.

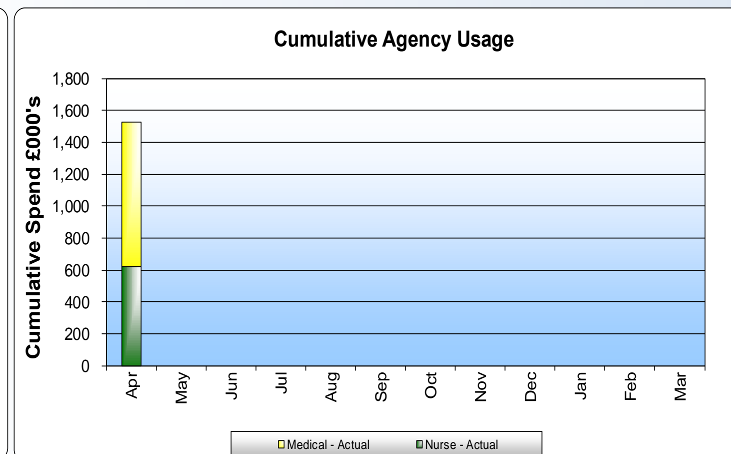
* Drugs expenditure is £0.4m behind plan.

* CIP achievement is £0.3m behind plan.

* Other expenditure is on plan.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	65,483	5,654	4,589	-	92	-	432	5,113	541	0	
Medical and Dental	34,473	3,072	3,136	-	9	-	474	3,619	-547	0	
Nursing	90,036	6,791	6,932	64	16	897	624	8,532	-1,741	0	
Healthcare Scientists	15,222	3,131	1,052	3	1	1	11	1,068	2,063	0	
Scientific, Therapeutic and technical	17,707	1,610	1,330	9	0	3	18	1,360	251	0	
Allied Health Professionals	27,970	2,552	2,052	16	19	3	17	2,107	445	0	
HCAs and Support Staff	56,177	5,100	3,986	79	7	5	31	4,108	992	0	
Chairman and Non Executives	191	17	14	-	-	-	-	14	3	0	
Exec Board and Senior managers	17,213	1,637	1,224	-	-	-	-	1,224	413	0	
Admin & Clerical	43,662	3,957	3,367	20	9	8	6	3,410	546	0	
Agency Premium Provision	4,241	353	0	0	0	0	0	0	353	0	
Vacancy Factor	-11,276	-3,038	0	0	0	0	0	0	-3,038	0	
Apprenticeship Levy	1,192	99	105	0	0	0	0	105	-6	0	
TOTAL	**362,291**	**30,935**	**27,786**	**191**	**154**	**917**	**1,612**	**30,660**	**275**	**0**	





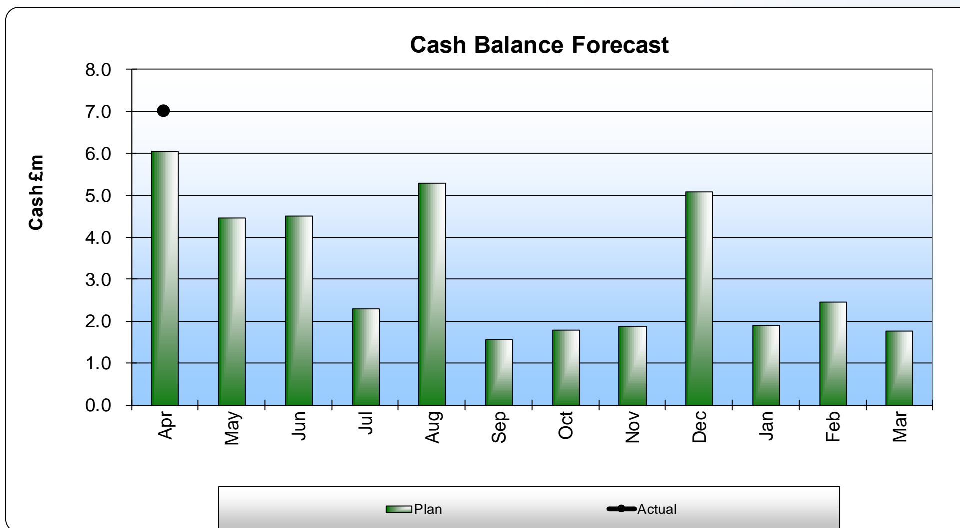
Cash Flow Management

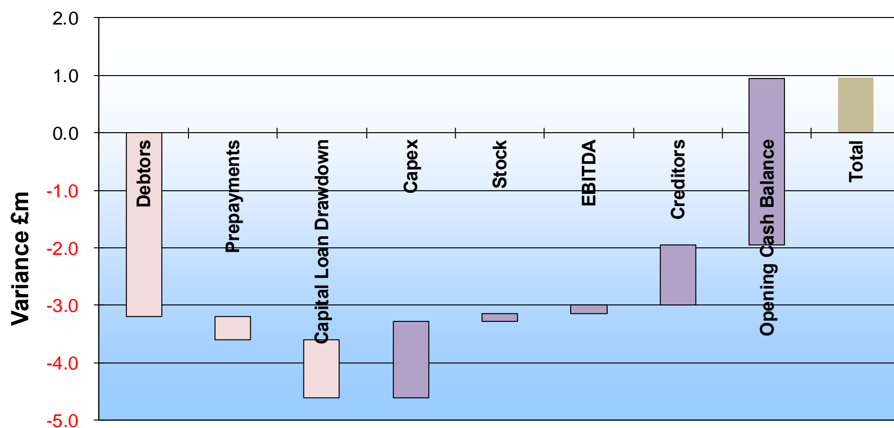
Month 1 - The Period 1st April 2019 to 30th April 2019

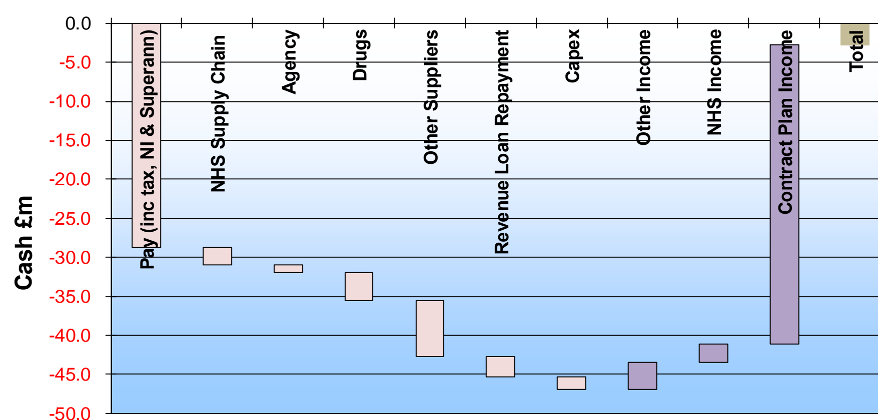
York Teaching Hospital NHS Foundation Trust

Key Messages

* The cash position at the end of April was £7m, which is £1m above plan.The main factors for this are:
* The 19/20 opening cash position was £3m above plan, mainly due to the receipt of additional contract income agreed with the commissioners as part of the year end process.
* This positive variance is offset by a £2m adverse variance, mainly caused by accrued income levels which are above plan.







Cash Flow Management

Month 1 - The Period 1st April 2019 to 30th April 2019

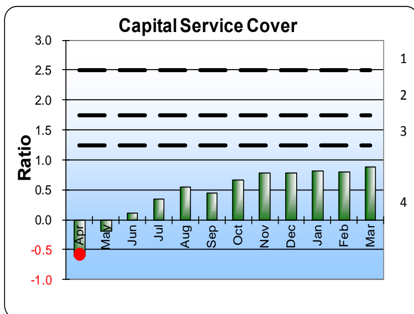
Key Messages:

* The receivables balance at the end of April was £13.2m, which is above plan.
* The payables balance at the end of April was £19.46m, an increase on March and remaining above plan by £4m.
* The Use of Resources Rating is assessed is a score of 3 in April, and is reflective of the I&E position.

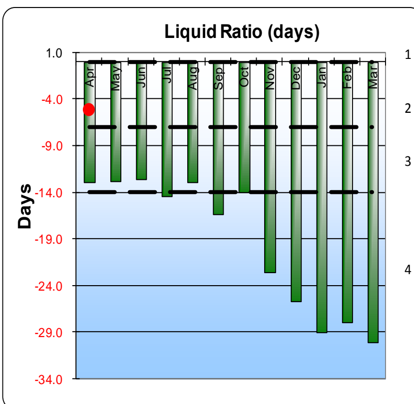
Significant Aged Debtors (Invoices Over 90 Days)

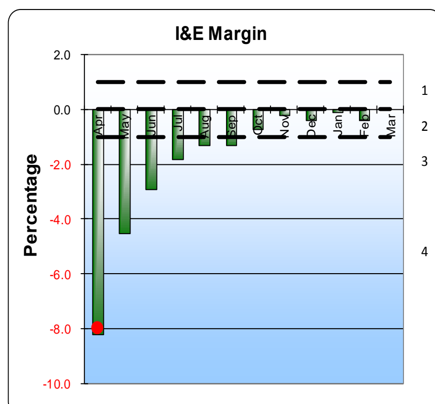
Humber NHS Foundation Trust	**£286K**
NHS Property Services	**£260K**
City Health Care Partnership	**£260K**
Harrogate & District NHS Foundation Trust	**£225K**

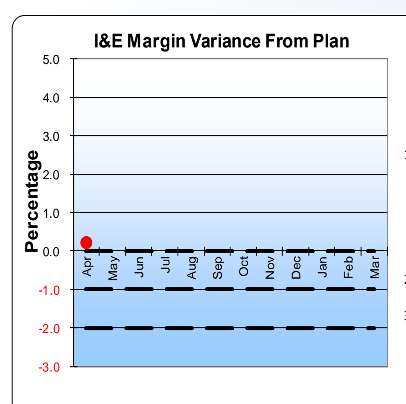
	Current £m	1-30 days £m	31-60 days £m	Over 60 days £m	Total £m
Payables	9.30	4.19	1.50	4.47	19.46
Receivables	7.93	2.22	0.57	2.47	13.18

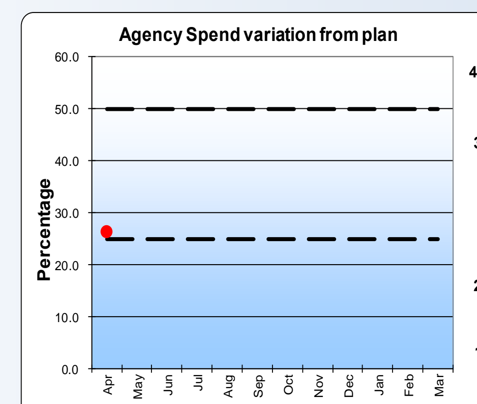


	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Capital Service Cover (20%)	4	4	4	4
Liquidity (20%)	4	3	2	4
I&E Margin (20%)	2	4	4	2
I&E Margin Variance From Plan (20%)	1	1	1	1
Agency variation from Plan (20%)	1	2	3	1
Overall Use of Resources Rating	**3**	**3**	**3**	**3**





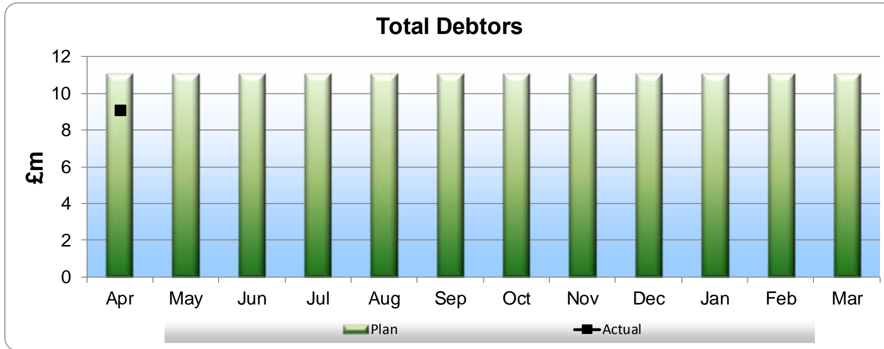


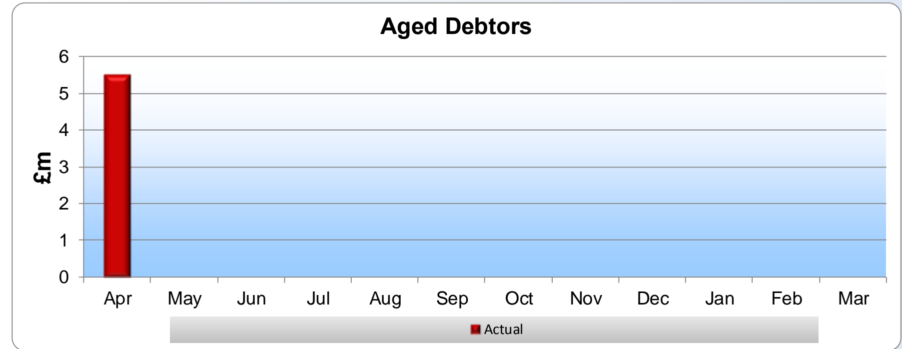


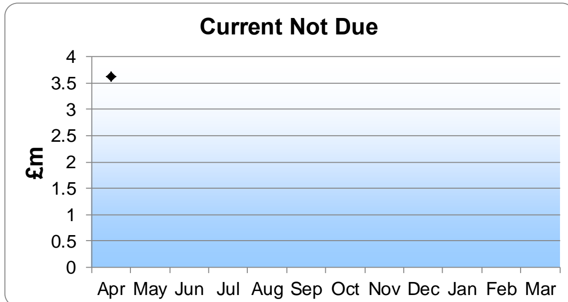
Debtor Analysis
Month 1 - The Period 1st April 2019 to 30th April 2019

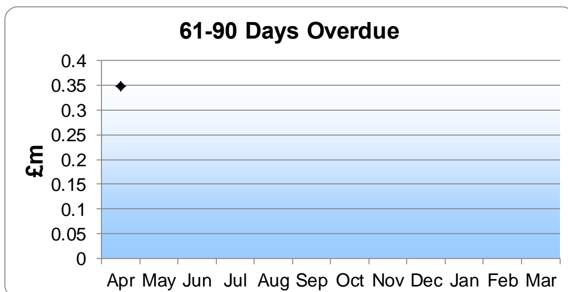
Key Messages

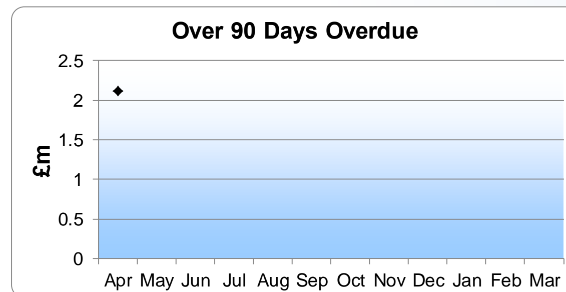
* At the end of April, the total debtor balance was £9m, which is £2m below plan.
* This debtor reduction is partially reflected in the increased accrued income figure detailed below.
* £3.6m of the total debtor balance relates to 'current' invoice not due. Aged debt totalled £5.2m.
* Long term debtors (Over 90 Days) remain at similar levels to the March position and continue to be a focus area for the Trust.
* Accrued income is £5m above plan, which requires focus to ensure that invoices are raised in a timely manner to maintain cash flow.

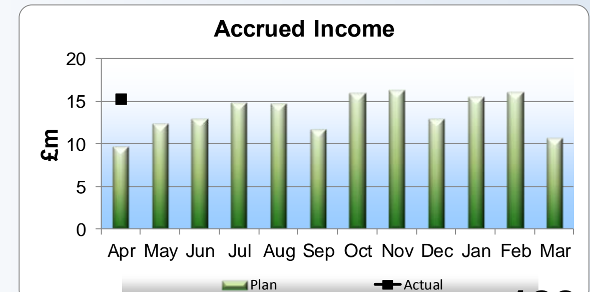












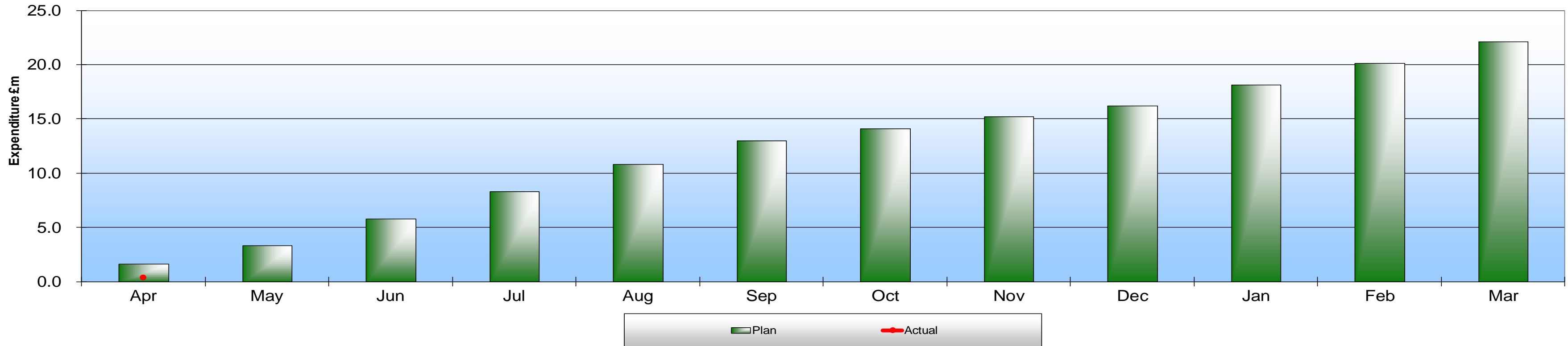
Capital Programme

Month 1 - The Period 1st April 2019 to 30th April 2019

York Teaching Hospital NHS Foundation Trust

Key Messages:

* The plan submitted to NHS Improvement was for a total spend of £22.150m, this included £8.5m spend on the VIU Extention however this scheme has now slipped into 2020-21 which has reduced the capital plan by £6.0m to £16.150m
* The Total capital programme of £17.294m is overcommitted by £1.2m in line with available funding of £16.150m,
* This will have to be managed throughout the year and means that any new schemes will have to have its own funding stream.
* The main schemes this year are the completion of the Endoscopy Development at York and the Community Stadium project towards the end of the financial year.



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
Community Stadium	2,658	0	2,658	0	
York Electrical Infrastructure	200	0	200	0	
Fire Alarm System SGH	820	197	820	0	
Other Capital Schemes	417	0	517	-100	
SGH Estates Backlog Maintenance	750	0	1,000	-250	
York Estates Backlog Maintenance - York	750	0	1,003	-253	
Cardiac/VIU Extention	8,500	0	2,500	6,000	
Medical Equipment	375	50	200	175	
SNS Capital Programme	1,200	0	1,800	-600	
Capital Programme Management	1,313	111	1,472	-159	
Endoscopy Development	4,500	0	4,500	0	
Charitable funded schemes	250	0	624	-374	
contingency	417	0	0	417	
Estimated In year work in progress	0	0	0	0	
TOTAL CAPITAL PROGRAMME	**22,150**	**358**	**17,294**	**4,856**	

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	11,401	358	11,401	0	
Loan Funding b/fwd	-2,876	0	-2,876	0	
Loan Funding	13,000	0	7,000	6,000	
Charitable Funding	624	0	624	0	
PDC funding	0	0	0	0	
Sale of Assets	0	0	0	0	
TOTAL FUNDING	**22,149**	**358**	**16,149**	**6,000**	

Key Messages:

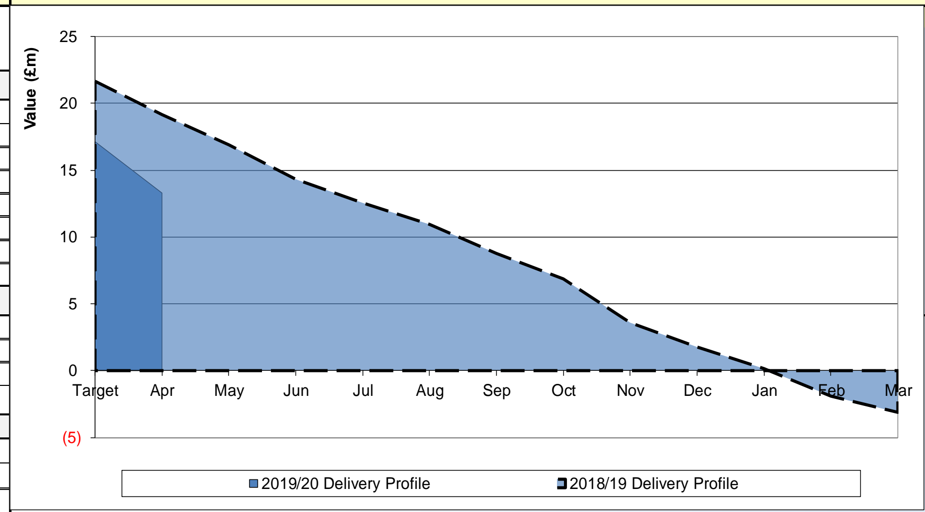
* Delivery - £3.8m has been delivered against the Trust annual target of £17.1m, giving a gap of £13.3m.
* Part year NHSI variance - The part year NHSI variance is (£0.3m).
* In year planning - The 2018/19 planning gap is currently £3.5m.
* Four year planning - The four year planning gap is £17.8m.
* Recurrent delivery - Recurrent delivery is £3.8m in-year, which is 22% of the 2018/19 CIP target.

Efficiency - Total CIP

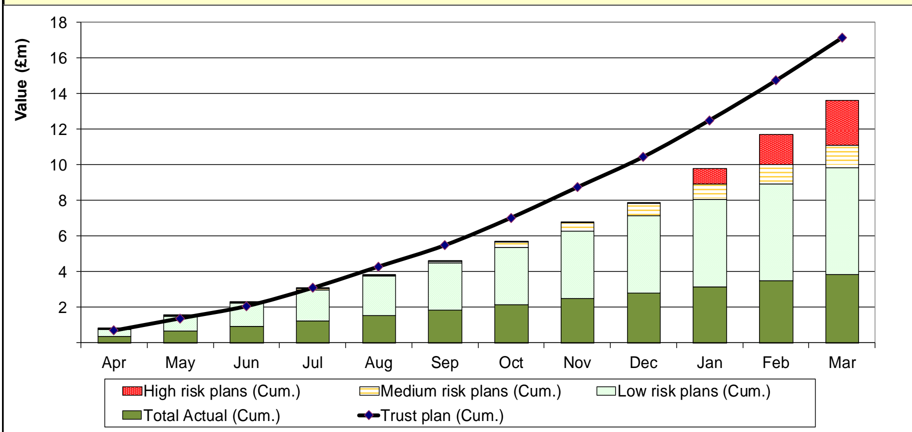
Executive Summary

	£m
2019/20 CIP Target	**£17.1**
In Year Delivery	
NHSI YTD Target at Month 1	£0.7
Actual Delivery at Month 1	£0.4
NHSI Variance Month 1	**-£0.3**
Recurrent Delivery	£3.8
Non Recurrent Delivery	£0.1
Total Delivery	**£3.8**
In Year (Gap)/Surplus to Delivery	**-£13.3**
In Year Planning	
Forecasted Delivery	£13.6
Forecasted Planning (Gap)/Surplus	**-£3.5**
Long Term Planning	
4 Year CIP Target (19/20 to 22/23)	**£42.8**
4 Year Plans	£25.0
4 Year Planning (Gap)/Surplus	**-£17.8**

Gap to delivery 2018/19 - Progress profile compared to 2017/18



In Year CIP Delivery and Future Plans by Risk



Governance Risk Heat Map

Total Number of Schemes	238
Total Number of Assessed Schemes - Directorate	82
Total Number of Assessed Schemes - Signed Off	24

Probability/ Likelihood					
Almost Certain	1				
	1				
↕	1	2			
	1	9			
Rare	59	6		2	
	Negligible - None	⟷			Catastrophic/death
	Consequence/Severity				

Moderate Risk Plans: 15

Efficiency Programme

Month 1 - The Period 1st April 2019 to 30th April 2019

York Teaching Hospital NHS Foundation Trust

Key Messages:

* Transactional CIP schemes represent £13.9m of the £17.1m Efficiency Target.
* Delivery at Month 1 is £2.1m of which £2.1m is recurrent.

Efficiency - Transactional CIP

Executive Summary

	£m
2019/20 Transactional CIP Target	**£13.9**
In Year Delivery	
NHSI YTD Target at Month 1	£0.5
Actual Delivery at Month 1	£0.2
NHSI Variance Month 1	**-£0.3**
Recurrent Delivery	£2.1
Non Recurrent Delivery	£0.1
Total Delivery	**£2.1**
In Year (Gap)/Surplus to Delivery	**-£11.8**
In Year Planning	
Forecasted Delivery	£12.1
Forecasted Planning (Gap)/Surplus	**-£1.8**
Long Term Planning	
4 Year Transactional CIP Target (19/20 to 22/23)	**£38.5**
4 Year Plans	£20.7
4 Year Planning (Gap)/Surplus	**-£17.8**

Governance Risk Heat Map

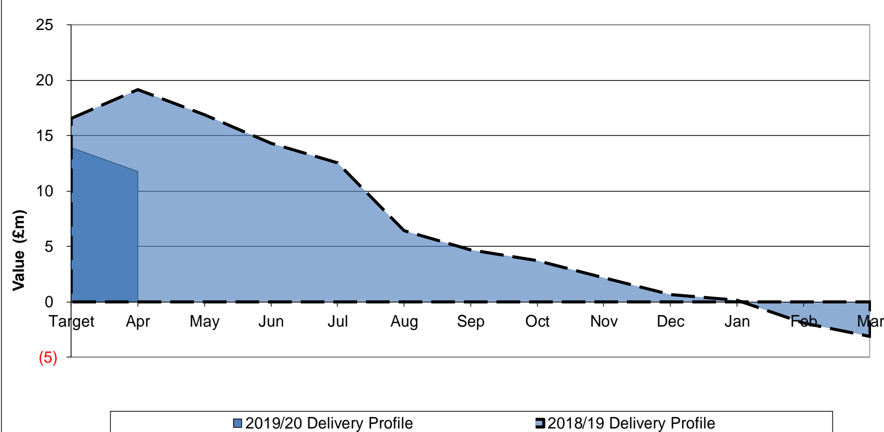
Total Number of Schemes	232
Total Number of Assessed Schemes - Directorate	79
Total Number of Assessed Schemes - Signed Off	23

Probability/Likelihood (Almost Certain ↕ Rare) vs Consequence/Severity (Negligible - None ↔ Catastrophic/death)

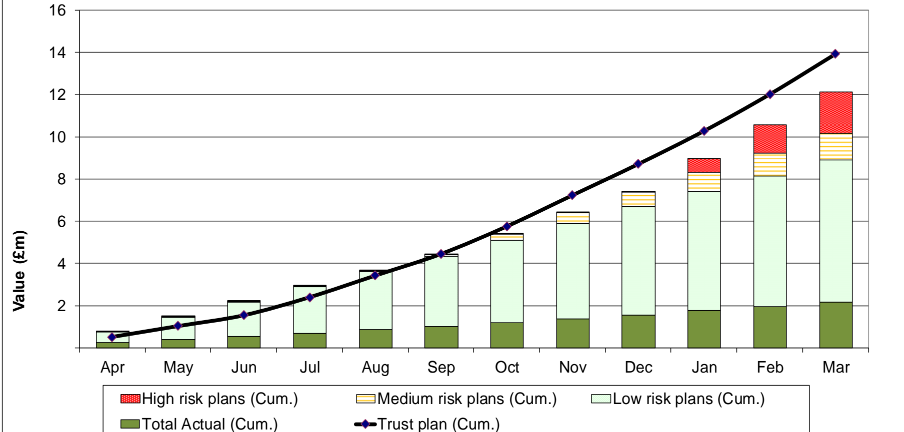
Probability/Likelihood	Negligible - None				Catastrophic/death
Almost Certain	1	0	0	0	0
	1	0	0	0	0
	1	2	0	0	0
	1	9	0	0	0
Rare	56	6	0	2	0

Moderate Risk Plans: 15

Gap to delivery - 2018/19



In Year CIP Delivery and Future Plans by Risk



Key Messages:

* 3 Transformational schemes represent £3.2m of the £17.1m Efficiency Target.
* Delivery at Month 1 is £1.7m, of which £1.7m 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
2019/20 Transformation CIP Target	**£3.2**
In Year Delivery	
NHSI YTD Target at Month 1	£0.2
Actual Delivery at Month 1	£0.1
NHSI Variance Month 1	**-£0.0**
Recurrent Delivery	£1.7
Non Recurrent Delivery	£0.0
Total Delivery	**£1.7**
In Year (Gap)/Surplus to Delivery	**-£1.5**
In Year Planning	
Forecasted Delivery	£1.5
Forecasted Planning (Gap)/Surplus	**-£1.7**
Long Term Planning	
4 Year Transformation CIP Target	**£4.3**
4 Year Plans	£4.3
4 Year Planning (Gap)/Surplus	**£0.0**

Governance Risk Heat Map

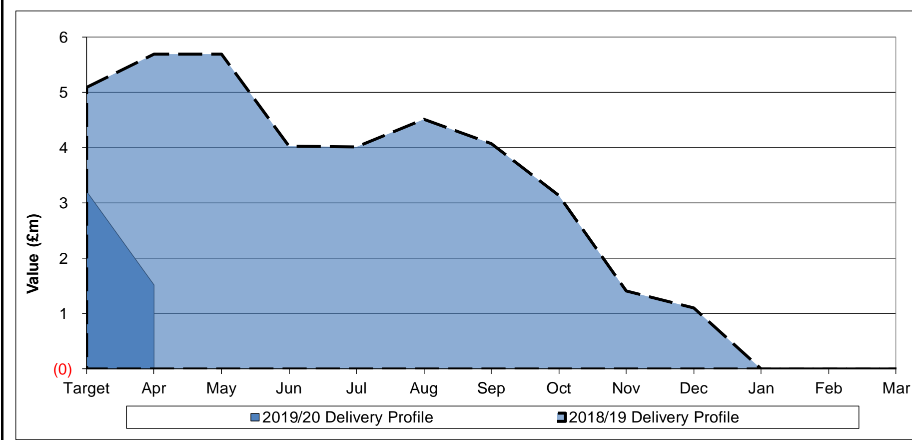
Total Number of Schemes	6
Total Number of Assessed Schemes - Directorate	3
Total Number of Assessed Schemes - Signed Off	1

Probability/ Likelihood	Negligable - None				Catastrophic/death
Almost Certain	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Rare	3	0	0	0	0

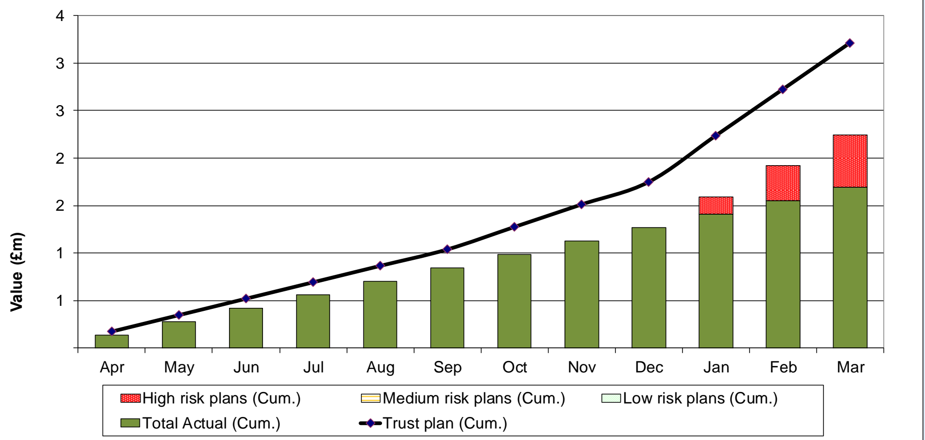
Consequence/Severity

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

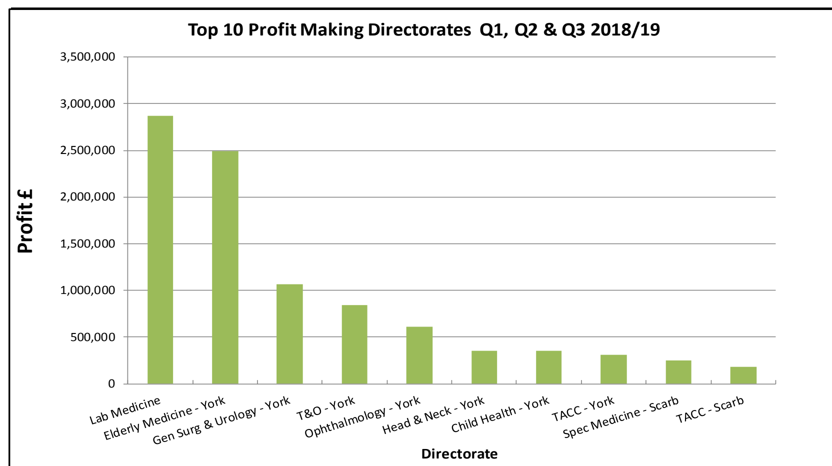


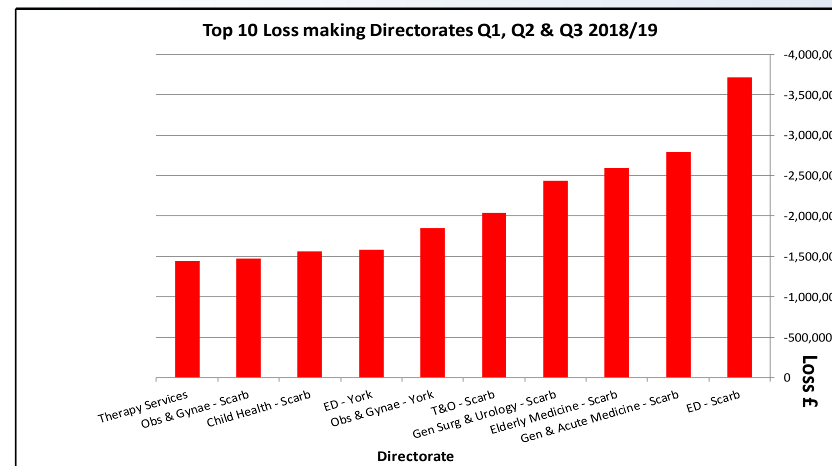
Service Line Reporting
Month 1 - The Period 1st April 2019 to 30th April 2019

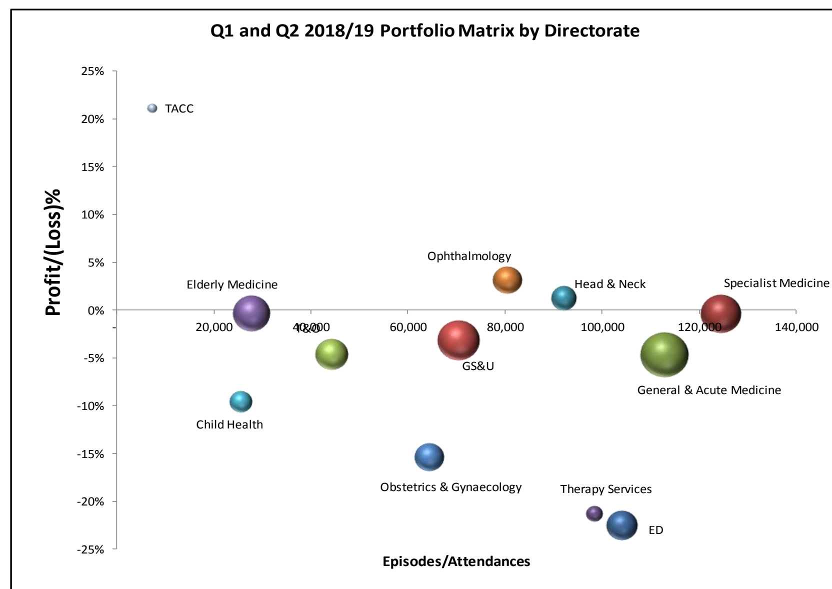
York Teaching Hospital
NHS Foundation Trust

Key Messages:

* Current data is based on Q1, Q2 and Q3 2018/19
* Preparing for the mandatory NHSI National Cost Collection submission is now a key focus for the team







DATA PERIOD	Q1 , Q2 & Q3 2018/19
CURRENT WORK	* Q4 2018/19 SLR reports and the mandatory NHSI National Cost Collection requirements are now the key focus for the team. * The Q4 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	* 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.

FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	£3.68m

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 May 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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of the Report

To update the Board of Directors on the delivery of the Trust's Efficiency Programme.

Executive Summary – Key Points

The 2019/20 target is £17.1m with plans of £13.6m.
Full year delivery as at April 19 is £3.8m.

The key risks to the programme are:

2019/20 - recurrent delivery (£3.8m)
2019/20 - planning gap of £3.5m including high risk plans of £1.3m.

Recommendation

The Board of Directors is asked to note the April 2019 CIP position.

Author: Wendy Pollard, Deputy Head of Resource Management

Director Sponsor: Andrew Bertram, Finance Director

Date: May 2019

Briefing note for the Board of Directors meeting 29 May 2019

1. Summary reported position for April 2019

1.1 Current position – highlights

Delivery – Full year Delivery is £3.8m as at April 2019 which is (22%) of the £17.1m annual target. This position compares to a delivery position of £2.5m in April 2018.

Part year delivery is £0.3m behind the profiled plan submitted to NHSI.

In year planning – At April 2019 there is a planning gap of £3.6m.

Four year planning – Four year planning shows a gap of £17.8m, of which £11.2m falls into years 3 and 4.

Recurrent vs. Non recurrent – Of the £3.8m full year delivery, £3.8m has been delivered recurrently which is 22% of the overall target for 2019/20. Recurrent delivery is £1.6m ahead of the same position in April 2018.

1.2 Overview

Transactional schemes

Transactional scheme Plans of £13.8m represent 81% of the overall Efficiency Target. Full year Delivery is £2.1m as at April 2019 of which £2.1m is recurrent.

Transformational schemes

Transformational scheme Plans of £3.3m represent 19% of the overall Efficiency Target. Full year Delivery is £1.7m as at April 2019 of which £1.7m is recurrent.

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.

Table 1: Efficiency Programme Summary						
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	£13.8	£ 2.1	£ 2.1	£ 0.0	£ 0.5	£ 0.2
Transformational	£ 3.3	£ 1.7	£ 1.7	£ 0.0	£ 0.2	£ 0.1
Total Programme	**£17.1**	**£ 3.8**	**£ 3.8**	**£ 0.0**	**£ 0.7**	**£ 0.3**

Table 2: Transformational Scheme Summary						
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	£ 0.8	£ 0.0	£ 0.0	£ 0.0	£ 0.0	£ 0.0
Outpatients	£ -	£ -	£ -	£ -	£	£ -
ADM	£ 0.8	£ 0.4	£ 0.4	£ 0.0	£ 0.1	£ 0.0
Pharmacy	£ 1.6	£ 1.3	£ 1.3	£ 0.0	£ 0.1	£ 0.1
Paperlite	£ 0.0	£ 0.0	£ 0.0	£ 0.0	£	£ 0.0
Printer Strategy	£ 0.1	£ 0.0	£ 0.0	£ 0.0	£ 0.0	£ 0.0
Total Transformational Schemes	**£ 3.3**	**£ 1.7**	**£ 1.7**	**£ 0.0**	**£ 0.2**	**£ 0.1**

Table 3: Efficiency Programme by Carter Category						
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**
Carter W/force (Medical)	£ 1.9	£ 0.1	£ 0.1	£ 0.0	£ 0.1	£ 0.0
Carter W/force (Nursing)	£ 1.4	£ 0.1	£ 0.1	£ 0.0	£ 0.0	£ 0.0
Carter W/force (AHP)	£ 0.2	£ 0.0	£ 0.0	£ 0.0	£ 0.0	£ 0.0
Carter W/force (Other)	£ 1.8	£ 0.0	£ 0.0	£ 0.0	£ 0.1	£ 0.0
Carter Procurement	£ 3.2	£ 1.4	£ 1.4	£ 0.0	£ 0.2	£ 0.1
Carter Hospital Medicine & Pharmacy	£ 2.0	£ 1.6	£ 1.6	£ 0.0	£ 0.2	£ 0.1
Carter Corporate & Admin	£ 0.5	£ 0.1	£ 0.1	£ 0.0	£ 0.1	£ 0.0
Carter Estates & Facilities	£ 1.0	£ 0.4	£ 0.4	£ 0.0	£ 0.1	£ 0.0
Carter Imaging	£ 0.5	£ 0.1	£ 0.1	£ 0.0	£ 0.0	£ 0.0
Carter Pathology	£ 0.6	£ 0.1	£ 0.1	£ 0.0	£ 0.0	£ 0.0
Other Savings	£ 3.9	£ 0.0	£ 0.0	£ 0.0	£ 0.0	£ 0.0

Plans/Unidentified						
Total Programme by Carter Category	**£17.1**	**£ 3.8**	**£ 3.8**	**£ 0.0**	**£ 0.7**	**£ 0.3**

It should be noted that Transformational Schemes will also be included in the Carter Categories.

NHSI Operational Productivity and Model Hospital

Work continues with NHSI Operational Productivity Team with a focus in 2019/20 on Imaging, Orthopaedics, Cardiology and Corporate and Admin Services.

The Programme around Get It Right First Time (GIRFT) continues to be rolled out with a schedule of visits arranged for the coming months.

The Model Hospital opportunity is presented in the table below and we are currently working through this with NHSI and our commissioners. The maximum residual opportunity is £17m which is over and above our 2019/20 plans and should be adjusted for warranted variation, for example, Emergency Medicine presents £7m opportunity however, this has already been discounted in the work carried out with the support of McKinsey looking at a clinical solution for the East Coast Services.

It should be noted that the £2.47m - £17.17m opportunity is over a period of 2 years. We are working with the NHSI Lead for Corporate and Admin Services to fully understand the real unwarranted variation as we know from the work already undertaken there are a few areas that have warranted variation.

	ORIGINAL MODEL HOSPITAL OPPORTUNITY 17/18	ADD MONTH MONTH 11 POSITION (RECURRENT DELIVERY) (FROM NHSI RETURN MONTH 11)	Indicative Adjusted Opportunity presented by DO on 08.05.19	Recurrent 19/20 Plans	Indicative Residual Opportunity	adjusted for month 12 18/19 actual delivery	Final indicative residual opportunity taking into account Month 12 18/19	Residual Opportunity removing double count of Corpoate from Workforce (therefore Workforce opportunity reduces and Corporate remains as is)
Workforce	£9.9m - £24.6m	£3.31m	£6.59m - £21.29m	£3.88m	£2.71m - £17.41m	£0.87m	£1.84m - £16.54m	£1.6m - £11.64m
Procurement	£1.04m - £3.8m	£2.05m	£0 - £1.752m	£2.88m	£0 - £0	£0.23m	£0 - £0	£0 - £0
Hospital Medicine and Pharmacy	n/a	£1.52m	n/a	£1.97m	n/a	£0.22m	n/a	n/a
Pathology	£1.5m**	£0.28m	£1.22m **	£0.56m	£0.66m **	£0.03m	£0.63m **	£0.63m **
Estates and Facilities	£0.09m - £3.2m	£3.29m	£ 0 - £0	£0.97m	£0m - £0m	£0.37m	£0 - £0	£0 - £0
Corporate and Admin	£2.04m - £6.66m	£1.09m	£0.9m - £5.56m	£0.28m	£0.62m - £5.28m	£0.38m	£0.24m - £4.9m	£0.24m - £4.9m
Imaging	n/a	£0.55m	n/a	£0.28m	n/a	£0.06m	n/a	n/a
Fleet	n/a	£0.00m	n/a	£0.00m	n/a	£0.00m	n/a	n/a
Other Savings Plans	n/a	£0.00m	n/a	£0.20m	n/a	£0.00m	n/a	n/a
Total	**£14.57m - £39.76m**	**£12.09m**	**£8.71m - £29.82m**	**£11.02m**	**£3.99m - £23.35m**	**£2.16m**	**£2.71m - £22.07m**	**£2.47m - £17.17m**

Quality Impact Assessment (QIA)

Quality Impact Assessments (QIA) are carried out following the Trust's Risk Management Framework.

There are 238 Schemes in total at the end of April 2019 and these are categorized into the following risks:

High Risk Schemes	0
Moderate Risk schemes	15
Low Risk Schemes	67
To be re-assessed	156

As this is the start of the new financial year the schemes are currently being re-assessed by the Directorate Teams and will be presented for sign off by Corporate Directors (Medical Director and Chief Nurse).

2019/20 and 2020/21 Planning

Work continues to develop plans to bridge the Planning Gap in 2019/20 which is £3.6m. Opportunities presented in the Model Hospital will be investigated.

Focus is required on converting High Risk Plans (£2.5m) and Medium Risk Plans (£1.3m) into deliverable low risk plans for 2019/20.

Discussions are ongoing with Directorates to bolster the plans for 2020/21 which currently stand at £5.8m.

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York Teaching Hospital
NHS Foundation Trust

Board Assurance Framework

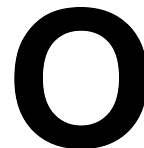
Board Assurance Framework – At a glance

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**

Revised BAF approved in Aug 18 – current version 0.09 (May 19)



Humber, Coast and Vale Health and Care Partnership

Update Report

May 2019

The following report highlights recent work of the Humber, Coast and Vale Health and Care Partnership across some of our key priority areas. It also provides an overview of the issues and topics discussed at the May Partnership Executive Group meeting.

A full list of our priorities and further information about the work of the Partnership can be found on our website at www.humbercoastandvale.org.uk.

Executive Group Overview

Clinical Leadership and Engagement

A key challenge for the Partnership is the development of effective mechanisms that connect the Executive Group and the work of the Partnership's collaborative programmes with the frontline health and care workforce across Humber, Coast and Vale.

The Clinical Advisory Group has developed proposals for a Clinical Assembly, which will act as the key mechanism for supporting clinical engagement and building a clinical network approach across the Partnership. The Clinical Assembly will have a mixture of fluid membership and more formal membership with clinicians leading and influencing specific programmes of the Partnership.

The Executive Group agreed to support the Clinical Advisory Group to pilot the approach with a small number of the Partnership's collaborative programmes in order to assess the level and type of resource required to put this in place across the whole Partnership. The CAG will then develop a further implementation plan based upon this experience. There was also an agreement to ensure regular communications from the Partnership's collaborative programmes to facilitate greater clinical involvement.

Communications and Engagement

The Partnership Executive Group also discussed the refreshed Partnership communications and engagement strategy. The strategy has been reviewed by the HCV Communications and Engagement Network and refreshed to more closely reflect the way in which the network is currently working as well as set an overall strategic direction for closer alignment of communications functions across Partner organisations and facilitate joint working.

The commitment to support joint working amongst communications and engagement colleagues was reaffirmed and there was an agreement to support the further development of the HCV Communications and Engagement Network.

Digital

The Partnership Strategic Digital Board provides oversight and strategic leadership to the digital transformation agenda across the Partnership. There are a number of important programmes currently underway supported by the Strategic Digital Board.

Digital Strategy

The Board had identified the need to produce a coherent digital strategy for the Partnership as a whole, which can underpin the Partnership's clinical transformation strategies and other key developments over the coming years. A process of broad stakeholder engagement is currently underway with the aim to produce a draft strategy by early July. The strategy will identify key **principles** and **ambitions** for health and care transformation enabled by digital technology. This will support the Partnership to deliver digital transformation across all of its clinical programmes.

Health System Led Investment Fund (HSLI)

The Strategic Digital Board is also currently overseeing the process for drawing down investment to support digital transformation within provider organisations. The Partnership is expecting to be able to draw down up to £9.977m over three years (2018/19 to 2020/21) through the Health System Led Investment Fund (HSLI).

In 2018/19, just over £2.3 million was invested in provider organisations across the Partnership supporting the digitisation of patient records, improving information-sharing, supporting care homes to access NHS systems and improving safety and patient flow within our hospitals. A further £2.5 million is available to the Partnership this year. The Board is currently overseeing a prioritisation process, with a view to signing off a two-year investment schedule to allocate the remainder of the fund, by July. The proposed schedule of investments will need to align with the Partnership's emerging digital strategy and support transformation.

Yorkshire and Humber Care Record

The Yorkshire and Humber Care Record programme is supporting care providers across the whole of Yorkshire and Humber to join up existing electronic patient records to improve patient care. Within Humber, Coast and Vale, the technology behind the Leeds Care Record is being rolled out to local providers, as part of the local delivery of the programme. Nine pilot sites (GP practices) went live using the technology in March 2019 and a second wave of pilot sites is due to come online by the end of May.

Additional support has been brought in through the programme to support local colleagues in the broader rollout of the Yorkshire and Humber Care Record across our region. Over the coming months the team will focus on the introduction of an EPACCs system (to support the sharing of end of life care plans and preferences) and implementation of the Cancer Care Record as well as continuing to bring more providers on board with the record sharing technology. In addition, there is work underway at a Yorkshire and Humber level to put in place the technical capabilities that are required to support the development of population health management.

Personalised Care

The NHS Long Term Plan sets out that personalised care is one of the major, practical changes needed to achieve a Health and Care model that is fit for the 21st century over the next five years. It includes the ambition that people will get more control over their own health, and more personalised care when they need it and aims to benefit up to 2.5 million people by 2023/24 through supporting initiatives such as social prescribing and personal health budgets.

The Partnership has been able to secure £50,000 from NHS England (subject to the signing of an MOU) and other dedicated support to assist the development of personalised care within Humber, Coast and Vale. Initially, the approach for 2019/20 will focus around the design and development of Personalised Care in social prescribing and self-management.

Specifically, the Partnership will focus on the following key areas this year:

- Understanding the baseline (numeric, conditions covered and effectiveness) of social prescribing within the Partnership to support the development of future options around viable and effective social prescribing models;
- Developing and delivering supported self-management (including Patient Activation Measurement) in maternity care around supporting smoking cessation as well as considering other potential priority areas to extend the work to e.g. diabetes, respiratory or CVD; and
- Considering how we align Personalised Care with Population Health and Prevention at a strategic level to ensure clearly defined objectives, outputs and outcomes.

Partnership Programme Resourcing

The Partnership has established a number of collaborative programmes through which we are seeking to achieve our transformational and operational objectives. As a result each of the collaborative programmes has either put in place, or has identified, the resources required to support delivery in 2019/20. In addition, as the Partnership we have decided to develop our Partnership Long-term Plan around our collaborative programmes and have therefore recognised a need to commit to these programmes beyond 2019/20.

The Executive Group made recommendations for further work to be undertaken to identify the current and future resource requirements to support all the Partnership's ongoing programmes of work to ensure the Partnership continues to make progress across all programmes and address any gaps or other issues arising out of the current approach to resourcing.

Other News from the Partnership

Focus Meeting

On 13th May, our Partnership Lead and Partnership Director attended a focus meeting with the Regional Director for NHS England/Improvement and other senior leaders to provide an update on progress of the Partnership over the past six months and discuss next steps for development.

The discussion covered a number of important topics, including:

- Our approach to developing the Partnership Long-term Plan;
- Development of the Partnership towards ICS status;
- The relationship between the Partnership and the Regional Team;
- Operational plans for 2019/20, including finance and performance;
- The Partnership's support requirements.

The key conclusions from the discussion can be summarised as follows:

- The Partnership is continuing to make good progress;
- The Regional Team will support the Partnership to enter into a formal supported process to achieve ICS status;
- The Partnership's support requirements have been recognised and, where possible, these will be addressed through the ongoing staff alignment process that is currently being undertaken by NHS England/Improvement;
- Whilst there is recognition of the positive work that is happening in and through the Partnership, challenges in relation to finance and performance in all three sub-systems continue to have a negative impact upon the overall reputation of the Partnership.

Cancer Champions

The Humber, Coast and Vale Cancer Alliance recruited its 1,000th Cancer Champion on Monday, 29th April, as supermarket chain Asda hosted a training event at its Mount Pleasant store community hub in east Hull.

Almost 20,000 people in the Humber, Coast and Vale area are diagnosed with cancer each year; a rate significantly higher than the England average. With research showing that four in 10 cancers are preventable, over 1,000 Cancer Champions now have the knowledge to raise awareness about early signs and symptoms, promote healthy lifestyle choices and increase uptake of screening in their communities. The free training supports people to openly talk about cancer with their friends and family, which could minimise the risk of cancer and improve survival rates by helping those with cancer get diagnosed and treated earlier.

Partnership Event – 11th June 2019

The next Partnership Systems Leaders Event will take on **11th June 2019**. Contact the Partnership office for further details about how to register your attendance at the event. This will be an important milestone in the development of the Partnership Long Term Plan and it is hoped that all partner organisations will be represented by both executive and non-executive/lay leaders.